

Series 2 – Social Pillar: Health

Enhancing Antiretroviral Therapy Adherence Among the Youth

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Key Messages

There is need to involve the youth as major stakeholders with regard to matters concerning their health and wellbeing.

It is important to leverage on technology to come up with innovative digital solutions to solve current health challenges.

Youth peer counsellors ought to be engaged in hospitals to allow the youth to more freely share their issues.

Context

There are 36 million people living with HIV in the world of which 52 percent reside in sub-Saharan Africa. Around five million young people aged between 15 and 24 years live with HIV. Adolescents and youth (12–24 years) account for over 40 percent of HIV incidence globally (Global Statistics, 2018).

Kenya comes in third in the highest HIV incidence among the youth in the East and Central African region and second highest in the prevalence of HIV among the youth. According to statistics from the National Aids Control Council (NACC, 2015), there are 238,987 young people between the ages of 15 to 24 years living with HIV. By the end of 2015, a total of 171,510 people were living with HIV in Nairobi County, with 14 percent being young people aged 15-24 years. The Nairobi County HIV & AIDS Strategic Plan notes that viral suppression among the youth stands at 59 percent (Strategic Plan, 2015).

Antiretroviral therapy (ART) is highly effective in suppressing viral replication, reducing the amount of virus in the blood to undetectable levels and slowing the progress of HIV. To attain viral suppression, thwart the development of resistant strains, and decrease disease transmission, progression and death, high levels of adherence (more than or equal to 95 percent) are necessary due to the capability of the virus to rapidly replicate and effortlessly mutate (Roser & Ritchie, 2019). The frequently used indicator for adherence is viral load (VL). VL results equal or greater than 1,000 copies/ml of blood is a strong indicator of non-adherence to ART.

Mbagathi District Hospital in Nairobi has approximately 300 youth (15-24yrs) on ART. Viral load suppression for this group was 63 percent for the year 2016. Between 2016 and 2017, 40 percent of the youth initiated on care were lost to follow up. The youth do not feel free to share their issues with clinicians and counsellors who are much older than them for fear of being condemned. Similarly, the counselling approach used is 'old school' and fails to attract the youth who would prefer interactive modern sessions that are more appealing to them (MacCarthy et al., 2018). The youth also lack peer mentors/counsellors and exposure to peer advocacy campaigns to encourage them in their journey towards viral suppression. Ignorance and poor attitude to ART also contributes to non-adherence

as well as a lack of disclosure of their HIV status to their families and friends.

Study Approach and Results

Youth is a challenging period of time whereby high-risk sexual behaviour in addition to other misdemeanour like alcoholism, tobacco smoking, etc, are common and this has led to a lack of engagement with healthcare services. This had led to poor adherence to ART with subsequent high viral load results.

In this study, the youth were asked to select members from amongst themselves who would be trained as peer counsellors/mentors. The purpose was to create ownership of the process so that the youth could pick members with whom they had confidence and could freely discuss issues bothering them. This also removed bias from the project team.

Selected youth were taken through capacity building where they emerged as peer mentors/counsellors. The training covered topics including: Roles and responsibilities of peer mentors; Antiretroviral therapy; Communication and counselling skills; Identifying and tracing people who do not return to the clinic; Healthy relationships, stigma, discrimination and disclosure.

After the training, the youth received certification as peer mentors/counsellors. They were then tasked with spearheading the peer advocacy campaigns targeting their peers who were non-adherent to ART. They mobilized them to come to the clinic for ART by personally reaching out to them through phone calls and home visits. They encouraged their peers to continue with the journey of treatment and adherence. Similarly, they took charge of their monthly counselling sessions and provided the much needed peer-to-peer counselling in a manner that only they could since they were sailing in the same boat.

The clinicians who were previously offering the sessions had not received capacity-building on HIV care, service delivery and youth friendly HIV services. The majority of these counsellors were older and this becomes a barrier to the youth's uptake of the treatment literacy and counselling programme because the youth could not freely engage with them.

A treatment literacy toolkit was developed that included a Mobile App and a training manual. Stakeholders involved (the youth and the clinicians) were consulted during the development of the toolkit for purposes of ownership. The toolkit provided current information concerning treatment

regimens. The App, "Kuwa Smart", is available on Google Play Store and can be freely downloaded onto mobile phones.

The idea behind the App was to bridge the gap between the clinicians and the youth. A majority of the youth could not attend the monthly treatment literacy sessions due to various reasons including lack of finances and time as a result of work or school. Therefore, with a one-time download of the App, they were able to access treatment literacy information wherever and whenever they needed it. Similarly, the comprehensive care centre operates only from 8am to 4pm on weekdays which proved challenging for the youth. The operating hours were not friendly to them as most preferred to come to the clinic in the evenings or over the weekends.

The contents of the treatment literacy toolkit include: HIV background; anti-retroviral therapy; sexually transmitted infections and opportunistic infections; sexual and reproductive health; HIV and nutrition; and exercises and counselling in HIV & AIDS. The App is extremely relevant in today's digital age and was positively welcomed by the youth who are both technophiles and tech savvy. The training manual was given to the clinicians and they adopted it as the standard manual which was used to provide treatment literacy to the youth during their monthly meetings.

Information sharing is key with regard to viral suppression and in the management of HIV/AIDS because an undetectable viral load reduces the risk of transmitting HIV. It is important that use of technology and more youth sensitive methods of sharing information be adopted to reduce stigmatization. The viral load suppression for the year 2018 increased to 70 percent.

In addition, 15 percent of the youth who had been lost to follow up, resumed the ART treatment.

Policy Recommendations

Short-Term

- It is imperative to seek the participation of all stakeholders involved in a project especially when dealing with young people. This is because they succumb easily to peer pressure and can easily influence each other against a certain project.
- It is important to embrace a bottom-up decision-making approach during all stages of a project as opposed to top-down approach for successful implementation and ownership purposes.
- It is important to avoid a judgmental attitude towards HIV-positive youth because a majority of them are actually born with the virus.

Medium-Term

- It makes much more sense for a young person living with HIV to learn about treatment literacy from another youth living with HIV than a mature counsellor who perhaps does not live with the virus and has to employ theoretical knowledge when it comes to delivery of the treatment literacy sessions.
- The peer mentoring and counselling course is a short course which should be encouraged and embraced by the

Government so that the graduates of this course get employed to specifically handle the needs of their peers in both public and private facilities.

- In the wake of the COVID pandemic, it is crucial to come up with lasting digital health solutions that can bridge the gap between the patients and healthcare providers and empower the patients to take charge of their health.

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