Training course in adolescent sexual and reproductive health 2021

HIV prevention and care

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Question 1

Name three factors that increase adolescent girls' risks of acquiring HIV and of the consequences of HIV infection?

Three factors that increase adolescent girls' risks of acquiring HIV is their lack of basic knowledge on prevention of HIV as reflected in a the study in sub-Saharan Africa, only 28% of the young women had the knowledge. It was also evident that girls did not have the communication skills to negotiate the use of condoms due to the low levels low levels of economic independence, interpersonal violence, and power differentials related to age and gender. Adolescent are also less likely to get tested for HIV as in most of the countries parental consent was required. As a consequence of HIV infection adolescents results in significant mortality rates due to undiagnosed and untreated HIV. It was also evident that girls are bearing the burden of HIV more than males as a 61% of the infected patients in sub Saharan are female.

Question 2

Name three reasons why we have to do more to address HIV in adolescents than we are doing now?

Three reasons why it is important to address HIV in Adolescents is the need to achieve epidemic control and decrease the spread of the disease although there are less new infections in younger children, for adolescents but the epidemic is not controlled yet. As for the death decline in adolescents it has flat lined, this line should decrease in order to ensure the safety of Adolescents. The inadequate access to antiretroviral therapy for adolescents should be addressed and access to these treatments and medications should be available.

Question 3

Name two ways in which service organization of medication refill visits could be differentiated to make them more friendly to young people living with HIV.

Service organization of medication refill visits should be spaced out for adolescents to every 3 – 6 months to reduce their visits to the clinics. The location of ART delivery should be out of the facility and pregnant or breast feeding adolescents supported with a differentiated ART models for clinically stable adolescents. The delivery can be provided by nurses, doctors and even lay providers with adolescent friendly health services training and experience. If the adolescent is in need of contraception should be distributed with the ART refills and should ensure its adherence and within a disclosure process during check in and ensure a pathway to identify needs for referral to clinicians.

Question 4

What is the DREAMS initiative? What is meant by "layering" in the context of the initiative? What challenges has the initiative experienced in layering interventions?

DREAMs initiative is a program that aims to halt persistent pattern of HIV infection among adolescent girls and young women, by creating opportunities for them to live Determined, Resilient, Empowered, AIDS – free, Mentored and Safe lives. It provides a combination of HIV prevention packages that targeted multiple sources of risk for adolescents and young women. They core packages includes interventions that aim to reduce vulnerabilities to HIV and enhance individual agency. Layering in DREAMS means providing multiple interventions of services from the core package to each of the Adolescent girls and young women. The combination differs and depends on several factors; which services are included in the country's DREAMS program, the age group of the girl/women and specific circumstance of the individual adolescent/ young women. It also includes contextual level interventions, to build on existing infrastructures and are intended to be integrated within government- supported systems. As for the challenges, coordinating the multiple components of the DREAMS core package at the institution level was challenging. As new system it was found to be a new way for working and difficult given the lack of existing systems. Structures or incentives to the organization to linking their services when delivering all interventions in the core package in one geographic area was difficult within the time allocated. In addition in the layering services in the DREAMS package, the individual adolescent girl and young women, tracking the layering of services DREAMS required a huge effort.

Question 5.1

Explain what Theory of Diffusion of Innovation is?

An innovation, according to the Theory of Diffusion of Innovations, can be new knowledge, an attitude, a belief, a practice, or some other entity that is viewed as new by a person or a society and can be diffused to a particular group. Over time, participants of a social system learn about an innovation across specific networks (here, the school). A central point in this theory is the use of opinion leaders as 'change agents'. Peer educators are assumed to have this role by influencing not only those for whom the activities are organized (their peers), but also others of relevance in the peer's environment (family, friends, etc.) through an informal diffusion. Behavioral change thus comes about through a process of formal or informal communication and modelling by trained peers.

Question 5.2

Who are "Change Agents"?

An important factor in this theory is Change agents and in this case the opinion leaders; peer educators have undertaken this role by influencing the peer and their environment through an informal diffusion.

Question 5.3

Statistically speaking, what impact did the peer education intervention have on students' knowledge, as compared to students who were not exposed to the intervention?

The impact of peer education on students' Knowledge about HIV/AIDS transmission and prevention reflected a higher score of knowledge about HIV/AIDS transmission and prevention at 62.8%. It was noticeable that female scored higher than male in a good knowledge towards HIV and AIDS, 71.2% and 54.7% respectively. When compared students of targeted by peer to those not targeted, 68% of students targeted by peer education had good knowledge scores, compared with 43.3% of students not targeted by peer education. They were also found to have less misconceptions and better knowledge on modes of transmission and prevention. There was only one exception, which involved having sex with an infected person, and this was found not statistically significant.

Question 5.4

In your country, what role do you believe that peer educators could play in a project/ programme to address HIV among adolescents or young people? Please provide a relevant reference or example.

Peer educators' role is to influence the targeted population, adolescent, and their influencing actors, any relevant person within their environment. This is conducted through several techniques and uses informal ways of interaction to ensure behavioral change. This can take place in community based organizations, youth clubs and other centers were adolescents and their peers are present. Peer education can also be school based and provide an integrated approach to achieve behavioral change. Students are trained to become Peers and begin through a methodology of peer-to peer to educate their peers through advocacy campaigns, debate sessions and other interactive informal methods to ensure the change. Juzoor has been implementing this methodology in implementing the SRHR programs for many years. Peer groups conduct activities within their communities and schools, mother-to-mother groups and counselor-to-counselor to ensure all adolescent influencers are targeted within the targeted community. (Bavitch, 2010)

Question 6.1

What are the five principal components of the regional strategy for the health sector response to HIV's priorities?

The five principal components of the regional strategy for the health sector response to HIV's priorities included: Strengthening health information systems for HIV and operational research, fostering political will, broad participation and increased financing for a coordinated and sustained national response to HIV. Providing quality HIV prevention, care and treatment services and enhancing their utilization; strengthening the capacity of health systems for effective integration of HIV services and Promoting a supportive policy and legal environment to facilitate the health sector response.

Question 6.2

In your opinion, which of the five principal components of the regional strategy for the health sector response to HIV's priorities is most needed in your country? Please provide a relevant reference or example.

I think that a comprehensive approach with all principal components is essential especially in Palestine, as the low testing and diagnosed cases reduce the prioritization of this topic on the Palestinian Health Agenda. The most important principle to initiate the strategy would be related to *providing quality HIV prevention, care and treatment services and enhancing their utilization*. The Palestinian MoE has collaborated with the MoH and UNFPA and UNICEF to formulate a policy concerning reproductive health and sex education, with the aim to introduce the concept of HIV/AIDS as a cross cutting issues in the curricula. Based on a pilot project implemented on HIV/AIDS education, which resulted in a need to create and culturally acceptable information to be provided. (Husseini and Abu-Rmeileh, 2007)

The MoE is still in the process of integrating the SRH education into the curricula and specifically into the adolescent health manual which is undergoing an update and will be finalized this year. The updated manual will include information on SRH to include HIV/AIDS. This will pace the way to introduce the concept on HIV/AIDS in the community. There is also a need to work on HIV prevention and enhance the capacities of the health service providers to test, identify and treat patients and ensure that this information is available to all adolescents.

References

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