

# HIV Prevention and Family Planning Use Among Adolescents on ART:

## Preliminary Results from the Qualitative Phase

### STUDY TEAM

FHI 360 is conducting this research in collaboration with the following study sites:

*Arthur Davidson Children's Hospital*

*Ndola Central Hospital*

*Kitwe Central Hospital*

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### Study Purpose

The purpose of this study is to better understand adolescents' experiences taking ART and their sexual and reproductive health needs from the perspectives of youth, their parent/guardians and the health clinic staff. The overall goal is to identify ways to strengthen services for adolescents living with HIV. To achieve this, the study team is conducting qualitative and quantitative research.

### Qualitative Phase

In-depth interviews with 32 adolescents, 23 of their parent/guardians, and 10 clinic staff were conducted from December 2011 to February 2012 at Arthur Davidson Children's Hospital (ADCH) and Ndola Central Hospital (NCH).

- Half of the 32 adolescents interviewed were female, all were aged 15–18 and were on antiretroviral treatment (ART)
- Mainly female parents/guardians participated in an interview; the most common family member types were aunts (7), mothers (4), sisters (3), and grandmothers (3)
- ART clinic staff members, 6 from ADCH and 4 from NCH, included clinical officer (1), nurses (3), adherence counselors (2), pharmacy technologist (1), and data entry clerks (3).

Each adolescent had the opportunity to participate in two interviews. During the first interview the youth were asked about learning their HIV status, starting ART, and what facilitates or acts as barriers to taking ART daily. During the second interview the youth were asked about their sexual and reproductive health experiences and needs. Parent/guardians and clinic staff were each interviewed for their views on similar topics.

### Preliminary Findings:

#### ART Adherence: Facilitators

**Family support:** Youth shared that the people they live with often know their HIV status, while people outside of the home do not. They also discussed how they keep their ARV drugs at home and how their family members often help them to remember to take their ARVs. Almost all parent/guardians reported that having one or more family members remind and encourage the youth to take their drugs helps them adhere. Additionally, several parent/guardians stated that they even administer and watch the youth swallow the ARV drugs. More than half of clinic staff members discussed how family and friends' involvement improves adolescent ART adherence.

**Tools for remembering:** Adolescents, parent/guardians, and clinic staff discussed how the counselling from clinic staff, specifically adherence counsellors, setting a mobile phone alarm, using a watch, and carrying their ARV drugs helped them to remember their ART daily.

### ART Adherence: Barriers

**Arriving home late/being away from home:** Both youth and parent/guardians stated that arriving home late and being away from home is the most common reason an adolescent misses a dose of ART. Underlying this experience is a fear of disclosure. Youth did not want to carry ARV drugs with them, or stop an activity (playing with friends, a school activity) to go home to take ART, for fear people may ask questions and learn they are living with HIV. Clinic staff also reported being away from home and not wanting to disclose to friends or family as a key barrier to adherence.

**Forgetting to take drugs:** A few youth and parent/guardians also mentioned that sometimes youth simply forget to take their drugs.

**Lack of understanding of why youth are taking ARV drugs and misconceptions:** Some youth, parent/guardians, and clinic staff reported that youth's lack of understanding of why they are taking ARVs and misconceptions about HIV treatment cause youth to miss or stop taking their drugs.

**Lack of family support:** Four clinic staff also stated that lack of stable family support such as knowledge and skills to support an adolescent living with HIV was a barrier to ART adherence.

### Sexual/reproductive health

**Sex and Disclosure:** About one third of adolescents discussed having ever had sex, most reporting consensual, but some reporting non-consensual sex. Disclosure to sex partners was rare with only one female youth discussing having disclosed her HIV status to a sex partner.

**HIV prevention and family planning use:** The few sexually active youth who have used HIV prevention or family planning methods used either condoms or abstinence. None of the youth reported using other modern family planning methods such as pills or an injectable like Depo Provera. The four youth that reported using condoms said they used condoms to prevent pregnancy, to prevent infecting their partner, and to prevent re-infection.

**Misconceptions:** Some youth discussed ineffective methods of preventing pregnancy such as combining Coca Cola and pain medicine. A few youth also expressed misconceptions about family planning methods such as birth control pills and condoms being harmful to one's health and that to be effective multiple condoms must be used at the same time. Several youth also did not have a clear understanding of how family planning methods worked, such as the pill, injectable, and implant.

**Desire for children:** Most adolescents reported a desire to have children in the future. One of the most common questions asked was how to have a healthy baby and not infect one's sex partner.

**Clinic staff's views on safe sex:** More than half of clinic staff members expressed the need for adolescents to learn about and have access to condoms in order to prevent unintended pregnancies and to protect against HIV transmission or re-infection. In addition, more than half of clinic staff members thought it would be effective or beneficial to add family planning counselling and services to the ART clinics. Challenges to adding family planning services to ART clinics included the need for staff training and authorization to offer family planning services.

## Next Steps

### Qualitative analysis

The team will continue to analyze the qualitative data and write up the results.

### Quantitative Phase

In the next phase the study team will interview all available and eligible adolescents between 15 to 19 years of age at Kitwe Central Hospital, NCH, and ADCH using a survey that was created using the qualitative results. Interviewer training is planned for December 2012, followed by data collection. The purpose of the survey is to assess across all youth their ARV drug adherence and sexual and reproductive health needs. From the quantitative results, the study team will develop recommendations and strategies for supporting HIV prevention among adolescents on ART.

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