

Aids mortality has doubled with girls most at risk

In the South African rural setting, 52% of all sexually active young people aged between 15 and 24 report having never used condoms with their most recent partners in the last year.

In the adolescent population aged 10-19, there are 320,000 young people infected with HIV in South Africa.

Adolescent girls most susceptible

The good news is that youth HIV/Aids incidence rates have declined and prevalence is stabilising. However controlling incidence in young girls is a high priority.

Nearly a third of all new HIV infections in South Africa occur in 15-24 year olds with adolescent girls being up to eight times more likely to be infected with HIV than their male counterparts.



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According to HSRC statistics, black African females aged 20-34 have a HIV prevalence rate of 31,6% and that almost a quarter of all new infections occur.

In all other age groups, mortality due to Aids is decreasing, however in the adolescent population the mortality has doubled, with 120,000 adolescents dying from Aids in 2013.

Due to the severe vulnerability of adolescent girls to HIV infection, Dr Marnie Vujovic, paediatric and adolescent psychosocial programme manager of [Right to Care](#) says, “We need to focus on a well-targeted package of interventions that can address some of the most pressing challenges we face. Worrying levels of sexual coercion, age disparate relations and violence, high rates of teen pregnancy. A coordinated response is needed which strengthens the support systems available to young women at various contact points such as family, school and healthcare facility, and which offers education around issues such as sexuality and HIV risk.”

Specific programmes

Only a quarter of young women (15-24) can correctly name ways of preventing HIV transmission and reject major misconceptions. Helping young women build skills to increase personal and social competence, and providing them with health knowledge that is age appropriate and which promotes healthy decision-making is an important component of Right to Care’s adolescent programme.

The organisation has developed a 20-session support group tool that addresses issues such as contraception, teen pregnancy, gender relations, self-esteem, HIV and treatment adherence. This provides facilitators of the healthcare facility, community and school-based support groups with a means of addressing key health issues in an age appropriate manner.

Stigma

The National Strategic Plan on HIV, STIs and TB (2012-2016) states as one of five key objectives as: the need to reduce self-reported stigma related to HIV by at least 50%.

Over 10,000 people of 15 years and older were interviewed in the SANAC HIV Stigma Survey Results study which found that while external stigma has decreased in South Africa, levels of internal stigma are still high. Over 40% of the study participant’s experienced internalised stigma with women and young people aged 15-24 years reporting the highest levels. Internalised stigma is the negative beliefs a young person holds that result in guilt, shame and silence.

Vujovic explains, “Adolescents find different ways of coping, including keeping their status secret beyond the immediate family. The extent to which teenagers do this suggests that stigma is still a significant factor in determining how young people deal with HIV infection. However some adolescents confront the reality of infection by educating their peers and through activism, and speaking out against stigma at public gatherings.”

Youth and immortality

The belief that “it can’t happen to me” is an example of an immature brain structure that gives rise to feelings of invincibility. However adolescents can develop new skills and behaviours. The resource that Right to Care has developed for use in adolescent support groups is an example of how a psycho-educational tool can help young people to evaluate their decision making.

Challenges

Challenges include encouraging healthcare providers and educators to work with young people in a way that is sensitive to their needs, and which does not reflect their own personal values and attitudes regarding adolescent sexuality.

Other challenges include difficulties experienced in getting groups started and ensuring sustainability. For example there are issues around space, accessibility and the transport costs involved in regular attendance. In response to this, Right to Care has put together a trouble-shooting guide that provides guidance on how to overcome some of these issues.

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