Current Status and Trends of Adolescent Health Care in Uganda

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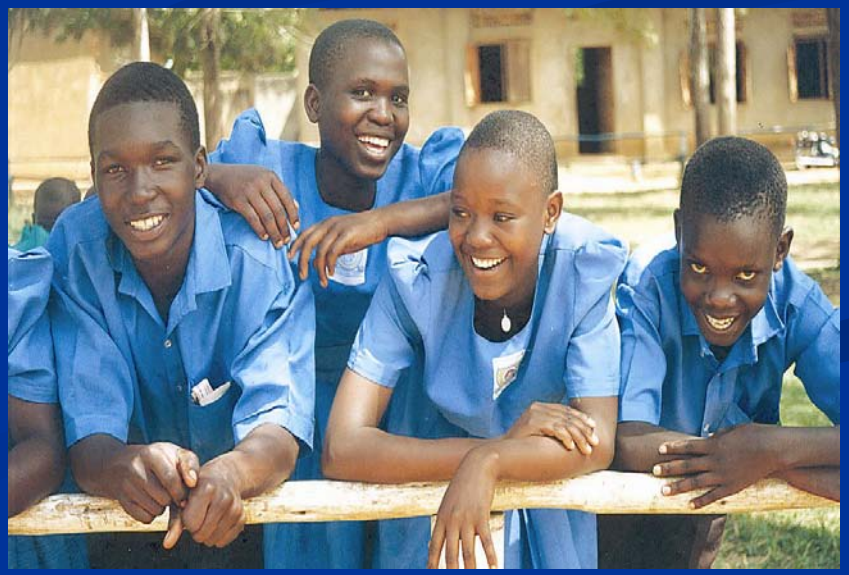
Presentation Outline

- Introduction
- Adolescents in different situations
- Status and trends of HIV care and treatment for adolescents in Uganda
- Opportunities
- Challenges

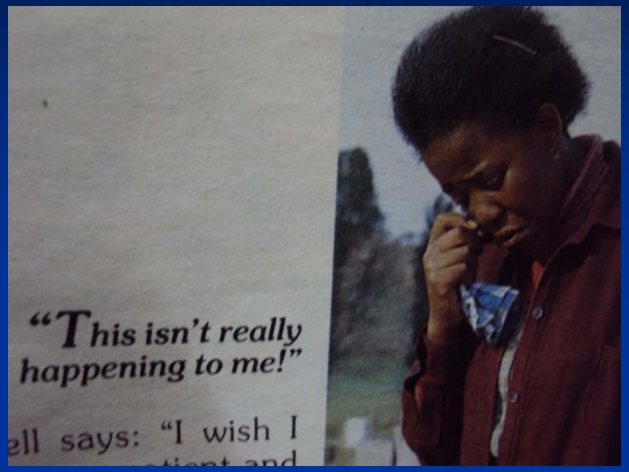
Uganda has a young population

- 55% of Uganda's 31 million people is less than 15 years, and yet their specific health needs have not been taken care of
- Often adolescents 'fall through the cracks',



From different backgrounds

- There are those in school and out of school,
- Those in long term relationships
- Those in acute and chronic care
- Malnourished and obese

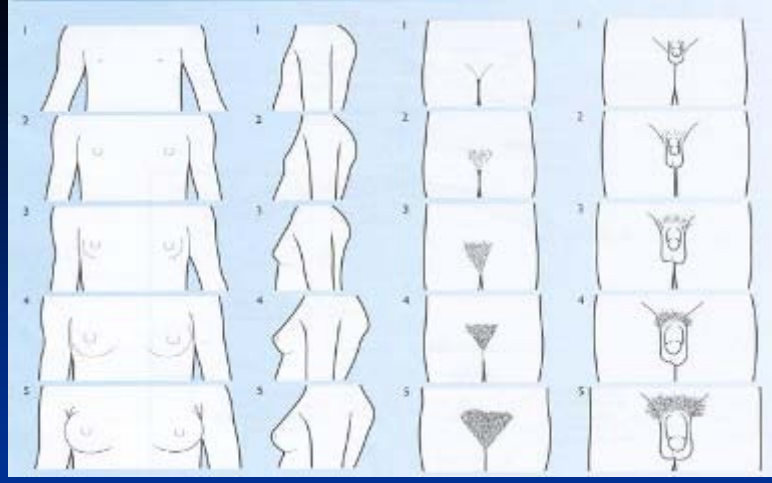


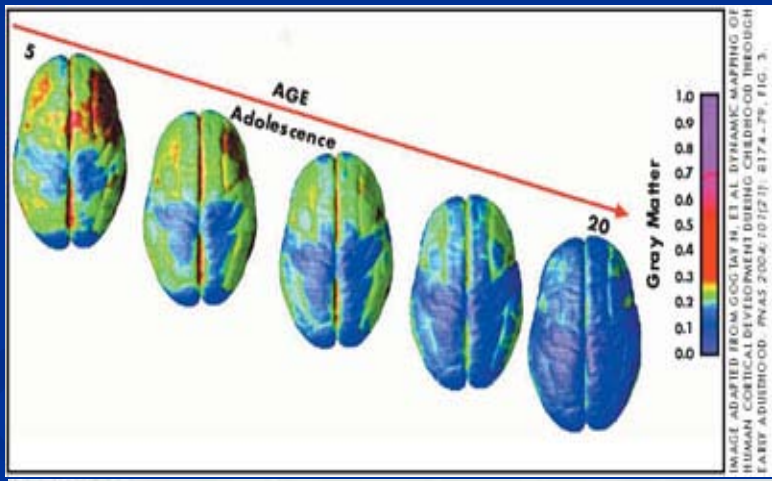
Adolescents in long term care

- In the sickle cell clinic of Mulago, there are over 5000 patients registered, an estimated 10% of these adolescents
- The Mulago diabetic clinic has 90 patients aged between 8-14 years
- Data from the Mulago neuro clinic has over 100 patients with seizures , cerebral palsy , movement disorders
- Adolescents with HIV….

What makes adolescence different from childhood and adulthood?

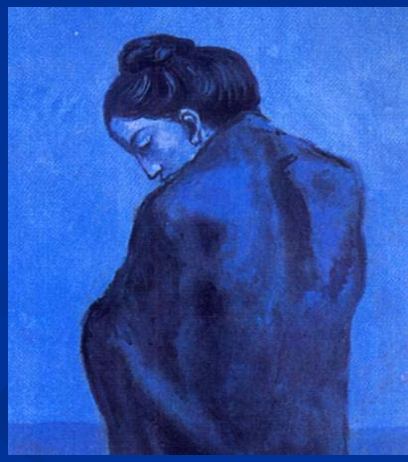
- A period of rapid development and change:
  - **Physical**: their bodies and brains
  - **Psychological**: how they think about themselves and others; how they deal with and express their emotions
  - **Social**: their relationships and roles, expectations (of themselves and by others), opportunities, moving towards family formation, economic security, and citizenship





One of the whole marks of maturity as a challenge

- Establishing intimacy:
  - As adolescents grow into young adults desire intimate relationships, sharing experiences with another
  - Today, many adolescents with HIV are having children of their own,(PIDC>70 since June 2006) and often do not disclose to their partners..



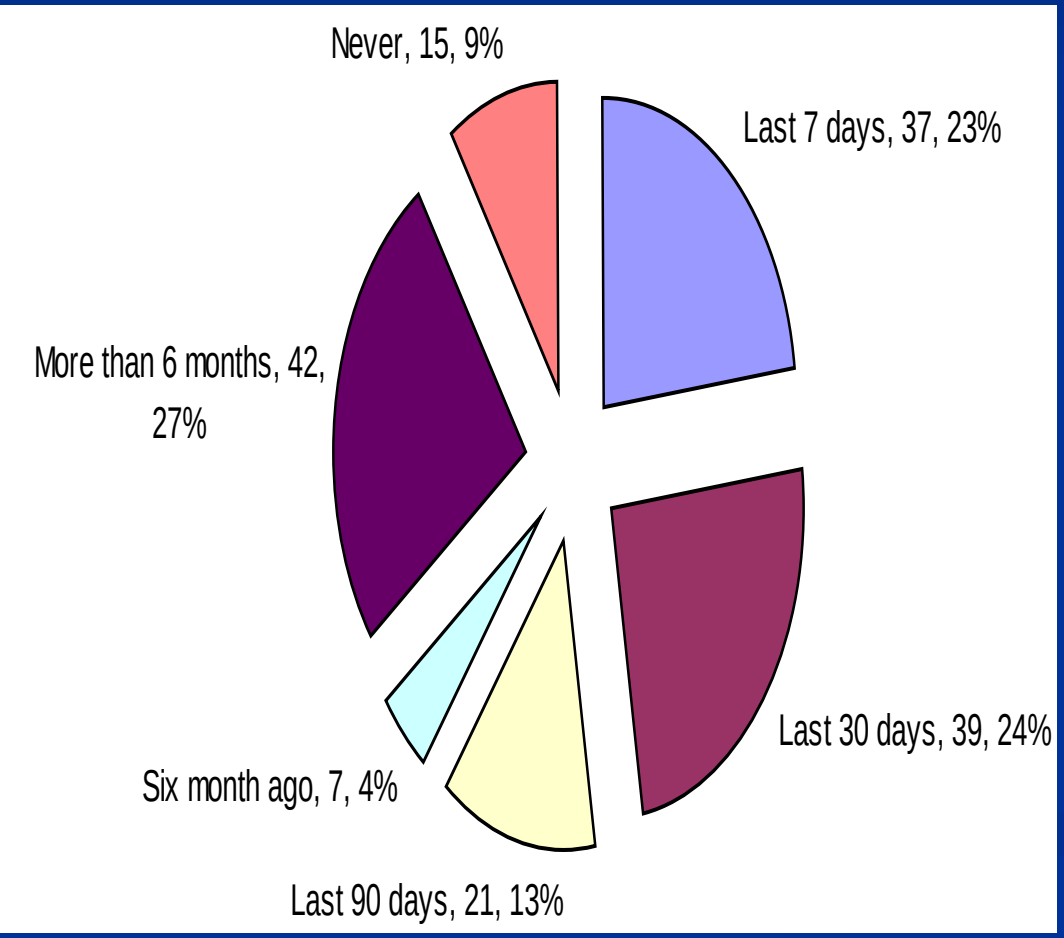
–S.Bakeera-Kitaka,C.Noestlinger,et al,AIDS Impact Journal,Vol 3,April 2008)

Characteristics of the adolescents who reported sexual experience (N=19/75)

Characteristics		Frequency (N=19)	Percentage (%)
Age at first sex	Below 15	8	42.1
	Above 15	8	42.1
	Don't remember	3	15.8
Number of sexual partners	1	9	47.4
	2 - 7	6	31.7
	13	1	5.3
	Can't remember	3	15.8
Currently have a boyfriend/girlfriend	Yes	9	47.4
	No	10	52.6
Gender	Female	9	47.4
	Male	10	52.6
Residence	Urban	7	36.8
	Suburbs	11	57.9
	Rural	1	5.3

Sexuality: **Data from the Transition Clinic, IDI, Kampala, August 2008**

Last sexual encounter



Adolescent mothers

- Although maternal health services have a potentially critical role in the improvement of reproductive health
- A recent study in Wakiso demonstrated that adolescent mothers showed poor health seeking behavior for themselves and their children, and experienced increasing community stigmatization and violence
  - L. Atuyambe,et al 2008
- Case shared by Dr .Ivy:, a 19 yr old who died of toxoplasma encephalitis during pregnancy

HIV and other STIs

- HIV/AIDS in Uganda is recognized as a serious health and developmental concern. Fuelled by poverty, gender inequality and lack of information, adolescents are exposed to the risk of HIV and eventually AIDS.
- Data from the AIC shows a general decline of HIV among 1st time testers, from 11% in 1992,to 2.7% in 2007

Sexual health: the debuts

- Most people become sexually active in their teens, some before 15 years of age.
- Young sexually active teens are a high risk group for STD/HIV and unwanted pregnancies
- At the PIDC total number of pregnancies among the YPLHIV(13-19 years) between 2006-2009 was 63,ONLY 6 disclosed to their partners

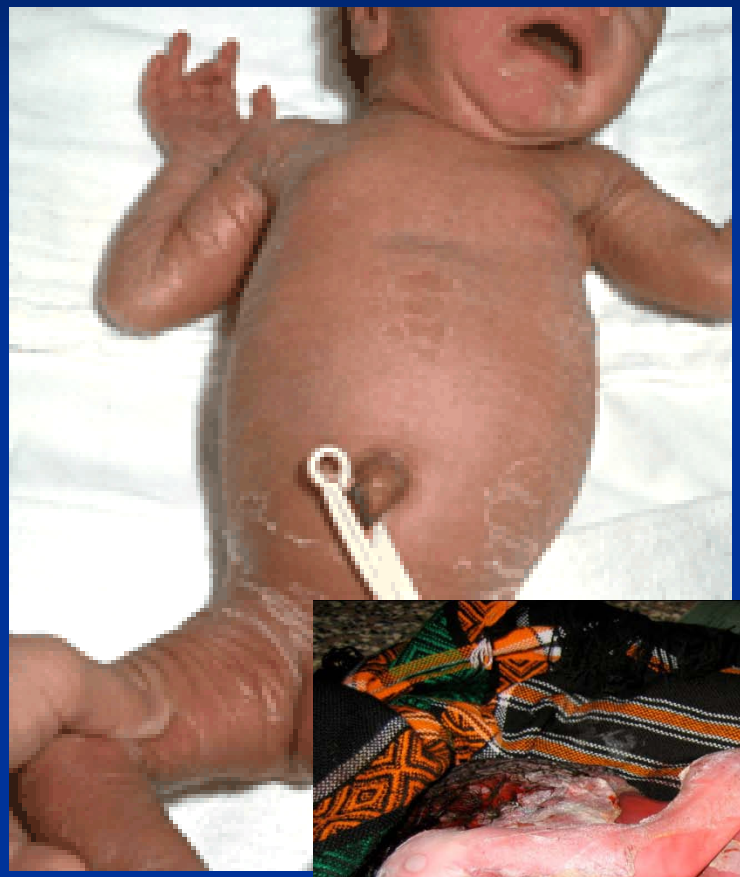
Sexual activity among adolescents

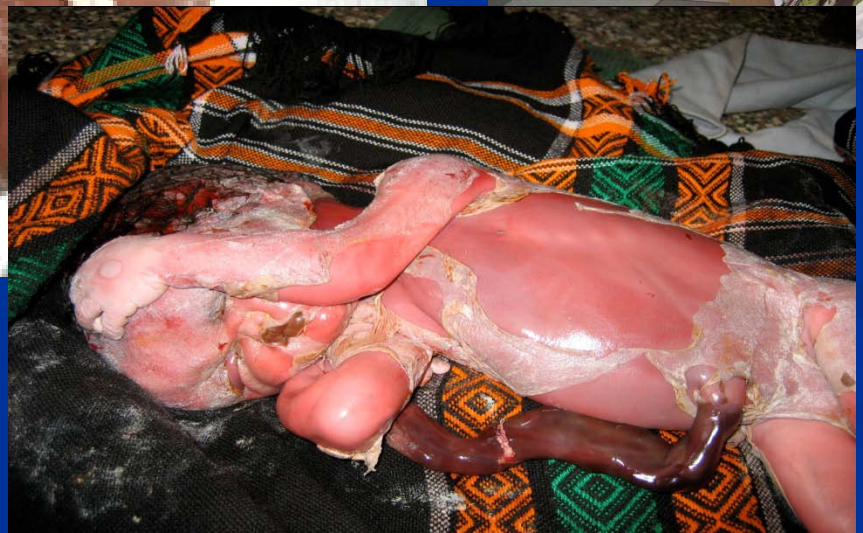
- Although young people in Uganda are now starting sex at a later age than in the past, the age of sexual debut is still early.
- 14% of both men and women aged between 15-24 years reported having had sex before 15 yr, and 63% of women, and 47% of young men had had sex before the age of 18 years
- 10% of women aged 30-34 reported to giving birth before the age of 15 years
  - Gutmacher Institute Report

Contraceptive use

- Adolescents are known to be poor users of contraceptives, despite high levels of knowledge and approval of contraceptives
  - According to the UDHS of 2000-2001,96% of 15-19 yr olds and all their male counterparts knew at least one contraceptive method, yet only 22% of these women had ever used any method, and only 10% were currently using it.
- The low level of protection against unplanned pregnancy is a major cause of unplanned births and induced abortions among young Ugandan women

Consequences





Health care service utilization

- Health services targeting adolescents are often limited to schools
- These services include curative services and information, education, and communication (IEC) on growth and development through film shows, plays,and seminars
- Limited access to youth friendly services and information and information is a major problem affecting adolescents in a bid to have protected sex or to postpone sex

CARE FOR ADOLESCENTS

- Build trust
- Risk reduction
- Contraception\STD treatment
- Drug and alcohol issues
- Social support
- Comprehensive programmes (AFPS
- Counselling and psychosocial care
- Training in life skills.

Are we ready?

- The adolescent statistics in Uganda are alarming, but few clinics
- Only few purely adolescent services in Uganda:
  - Naguru Teens Club,
  - The Straight Talk Clubs

Global HIV Situation…

- The number of children younger than 15 years living with HIV increased from 1.6 million, in 2001 to 2.0 million in 2007;

- In 2007, world wide children accounted for **6%** of all people living with HIV; **17%** of the people newly infected and **14%** of all HIV related mortality
- More than 90% of the children living with HIV are infected through MTCT.

There has been a lot of funding directed towards treating AIDS, TB, and Malaria, and a resultant neglect of the rest of the health care system

Adolescents and Young people living with HIV -a growing cohort

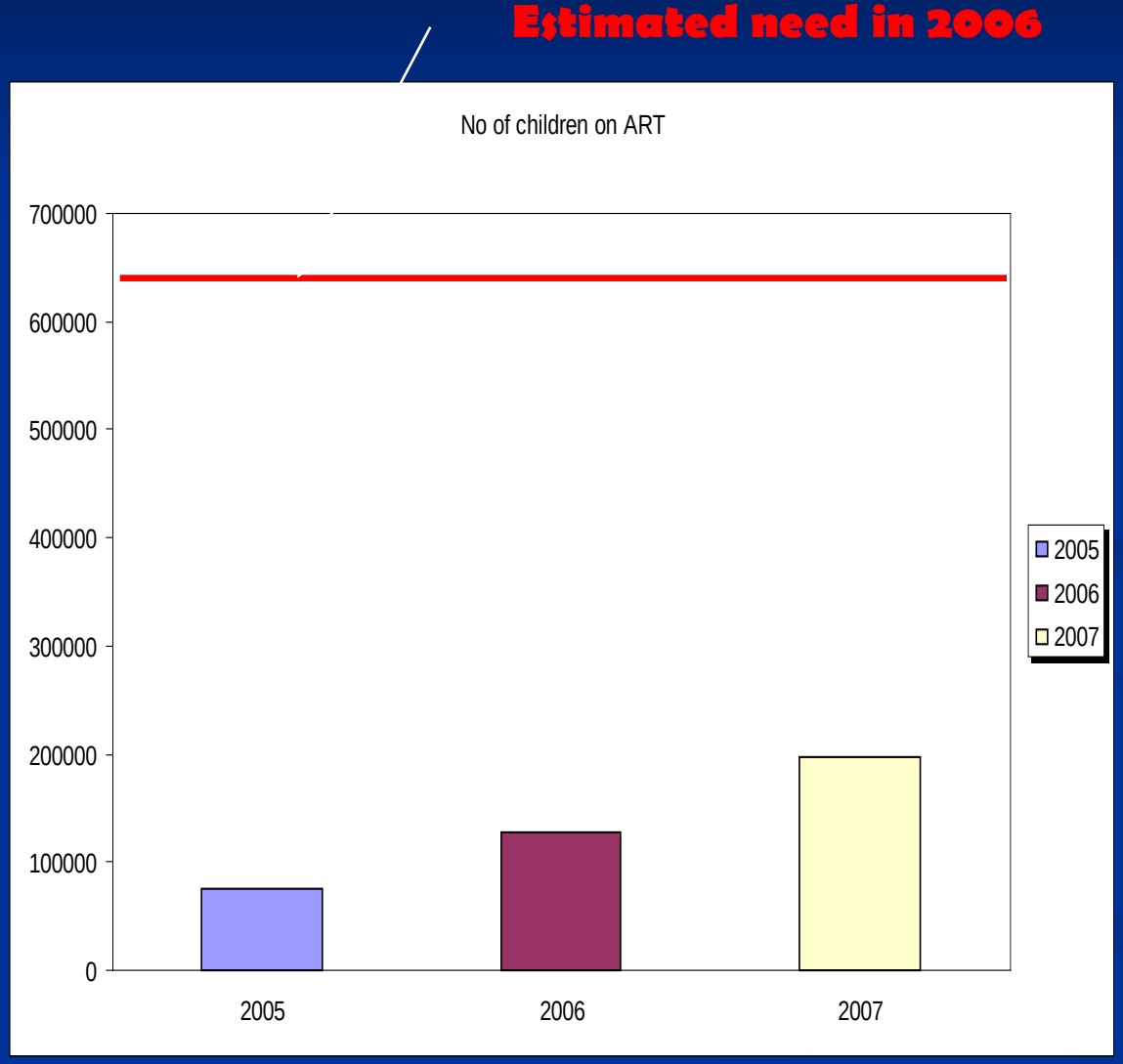
- Young people living with HIV/AIDS (YPLHA) contributed to 45% of the new HIV infections globally in 2007

- There is a great need of ongoing psychological and social services that must be integrated within a broad framework of care to allow these young people to grow into emotionally and physically healthy adults.





As long as PMTCT programmes remain suboptimal, children will continue to be born with HIV



The good news is that more children are now able to receive ART

The "challenging" news is that more and more children will survive into adolescence and require appropriate services

Siobhan Crowley, WHO

Highest no. of YPLA in sub Saharan Africa

TABLE 1: Young people (15-24) living with HIV/AIDS

	Female	Male	Total
East Asia and Pacific	110 000	450 000	570 000
Eastern Europe (CEE/CIS)	100 000	240 000	340 000
North Africa Middle East (incl. Sudan)	47 000	35 000	81 000
Sub-Saharan Africa	2 500 000	780 000	3 200 000
Latin America and Caribbean	140 000	280 000	420 000
South Asia	270 000	440 000	710 000
Totals (Non-Ind. Countries)	3 100 000	2 200 000	5 400 000

Source: UNAIDS, AIDS Epidemic Update, 2007

Two major categories

- There are two groups of HIV-infected adolescents and young people:
  - those who acquired HIV through vertical transmission
  - and those who acquired HIV through horizontal transmission
    - (largely sexual), and IDU.

Differences between the two groups

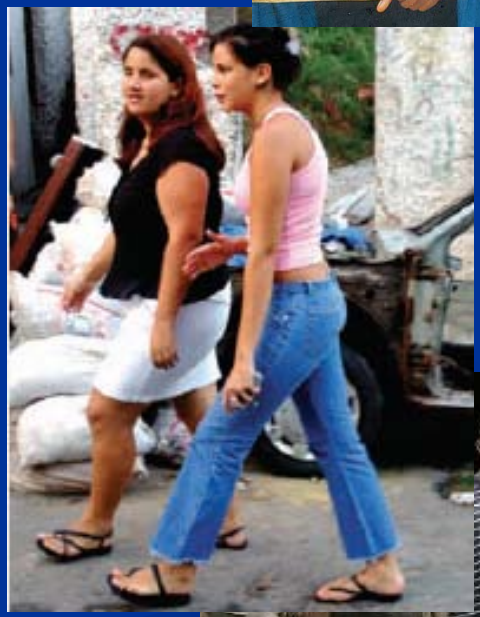
Perinatal:

- Gross delay in physical development
- Not sexually active
- May not know their HIV status and have to be disclosed to
- Most likely already on HAART and have adherence problems
- Stigma and self blame is less

Differences relating to:	Period when acquired HIV	
	Perinatal	Adolescence
Age	• Younger: early adolescence	• Older: usually over 15 years
Physical development	• Delayed: shorter stature	• Normal development
Sexual and reproductive health	• Not yet sexually active • Thinking about sex • Sexual debut	• Sexually active • Need to change risk behaviour(s) • Wanting children
Relationships/married	• No/maybe • Wanting intimate relationship	• Probably in sexual relationship • May want marriage
Disclosure	• To adolescent, if he/she does not yet know the diagnosis • Peers	• New diagnosis • Disclosure to partner, family, peers • Asymptomatic, which can reinforce denial
Family support	• Orphan • Living with caregivers	• Support depends on disclosure • Few resources (such as money, information, experience)
Antiretroviral therapy	• Yes • Adherence may be a problem as an adolescent, not as a child	• Probably not yet needed • When taking ART: adherence may be a problem
Stigma/"blame" for HIV	• Less likely	• More likely

Of course, these adolescents are not all the same

- Age, sex, marital status, parental and financial support, education status, employment, rural-urban location, social context all influence their care



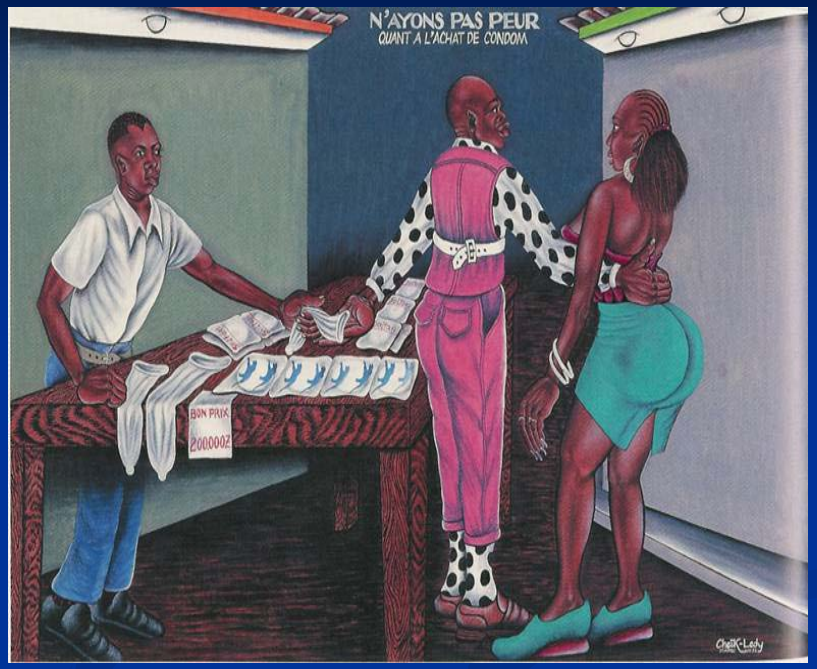
‘Although many adolescents who acquire HIV during adolescence do not know that they are living with HIV, it is likely that more and more of them will get to know as we move towards universal testing, we therefore need to be prepared to the growing challenges of integrating them into care’

Positive Prevention

- Abstinence
- Being faithful
- Condom
- ABY:
- Abstinence, and Behavioral Change for the Youth
- The ABC and ABY strategies must be individualized,

Positive prevention

- Includes prevention of onward HIV transmission, and prevention of unwanted pregnancies and STIs
- Truth and transparency must be promoted Abstinence
- Being faithful
- Condom
- ABY:
- Abstinence, and Behavioral Change for the Youth
- **The ABC and ABY strategies must be individualized,**



Responding to the needs of YPLHIV is a growing challenge for service providers

- The Adolescent clinic at PIDC (Mulago) Uganda has registered over 900 YPLHIV(10-24 years)
- The new Transition clinic (August 2008) at the IDI, Makerere University has already registered 320 YPLHIV (age 16-24 years)

The Mulago Teens Club

- **The Mulago Teens Club, based at Baylor-Uganda was started in August 2003**
  - **a**ims at addressing the psychosocial needs and wellbeing of HIV positive children, adolescents and young people.
  - Ref to Fred's presentation

Teen-led Focus Group discussions

Fun and Games

Adolescents uncomfortable in adult clinics and wards

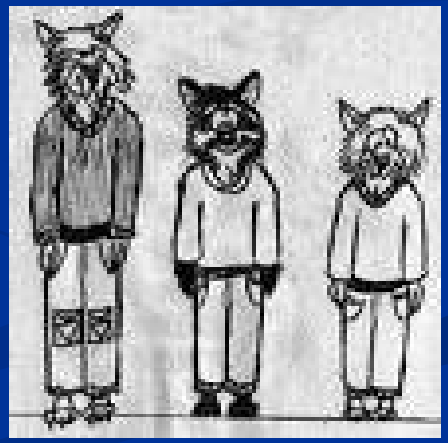
- A needs assessment survey was conducted, at the Infectious Diseases Institute in Kampala, some responses:
- *'Lack of communication with the adults'*
- *'Some adults are not friendly'*
- *'Adults blame us for having HIV at a young age'*
- *'Some of these adults are our parents, and grand parents..'*
- And admitting adolescents on overcrowded wards can be very challenging and overwhelming for them

So what is health care Transition?

"Transition is a multifaceted, active process that attends to the medical, psychosocial, and educational or vocational needs of adolescents as they move from the child-focused to the adult-focused health-care system. Health care transition facilitates transition in other areas of life as well (eg. work, community, and school)."

-Reiss, J, Gibson R. Health Care Transition: Destinations Unknown.

Pediatrics. 2002;110:1307-1314



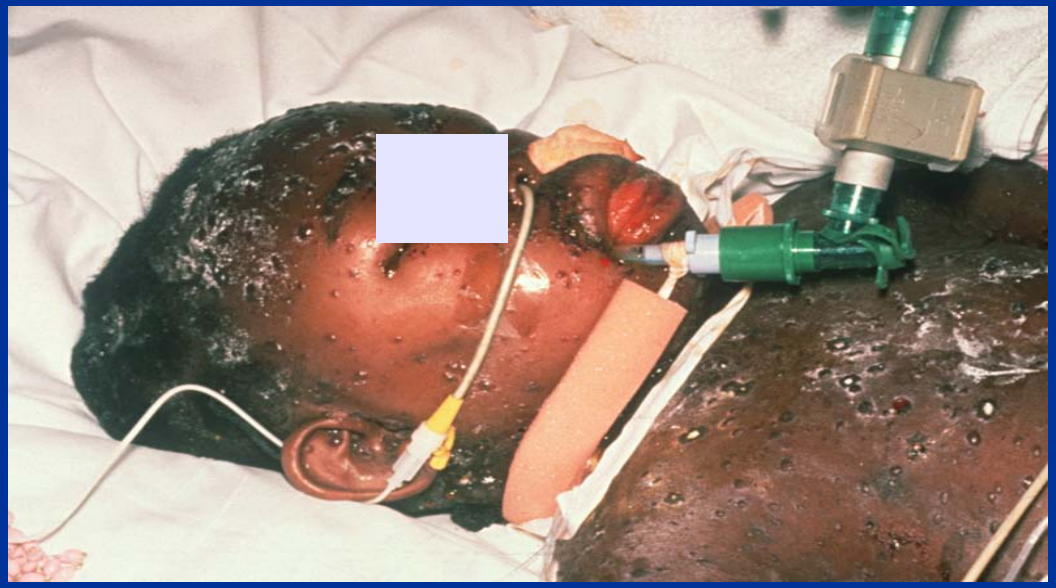
Challenges of Transitioning

"Most developmental transitions create anxiety… timing of the transition will depend on developmental readiness, complexity of the health problems, characteristics of the adolescent and family, and the availability of skilled adult health providers.

Transition is more complex and generally more difficult for those with more severe functional limitations or more complicated medical conditions."

-Reiss, J, Gibson R. Health Care Transition: Destinations Unknown.
Pediatrics. 2002;110:1307-1314

When transition to care is poorly managed it can result in increased morbidity and mortality of YPLA, and other **adolescents with chronic ill health, e.g SCA, Diabetes**

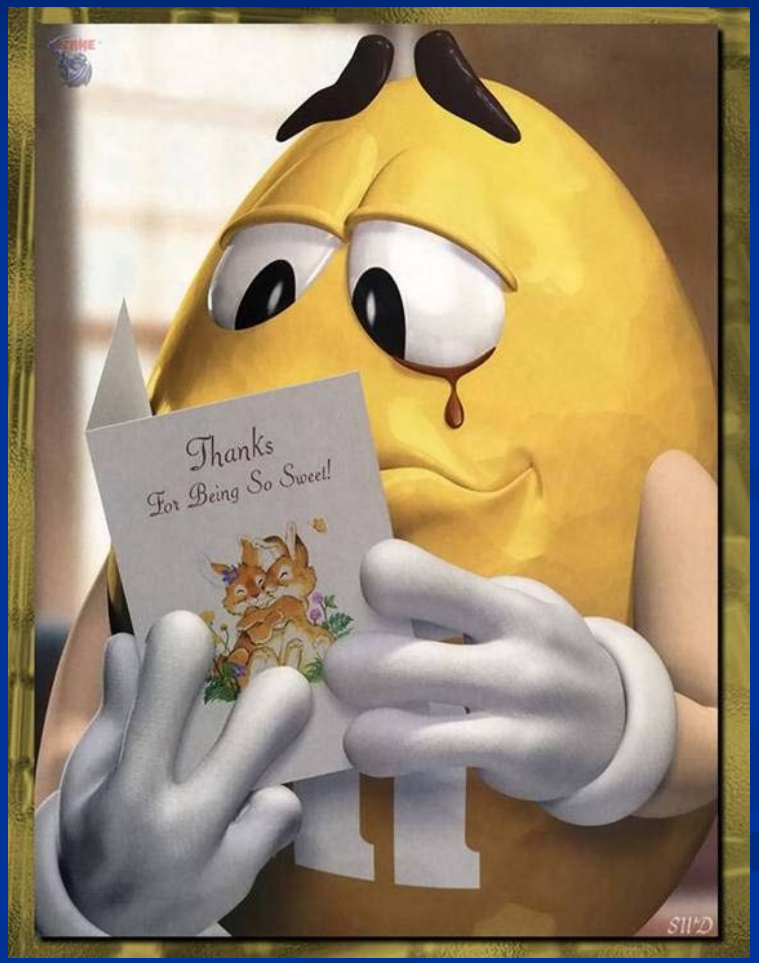


Challenges and opportunities

1. The numbers of adolescents living with HIV, and other chronic illnesses are likely to increase **as the health care situation improves**
2. There is need for better age disaggregation in existing programmes
3. There is need to learn from the existing services,and utilize the resources available
4. Ensure that the policy environment is supportive
5. Make strategic linkages: PMTCT, VCT centres, youth organizations, and having a co-ordinating platform

Acknowledgements

- The Dept of Paediatrics, and Child health, Mulago Hospital
- The Adolescent Clinic at the Baylor-Uganda CEO(PIDC)
- Transition Clinic, at IDI
- All my dear patients, and participants in the programs



Thank you

- Adolescents should be supported to grow into healthy and responsible adults