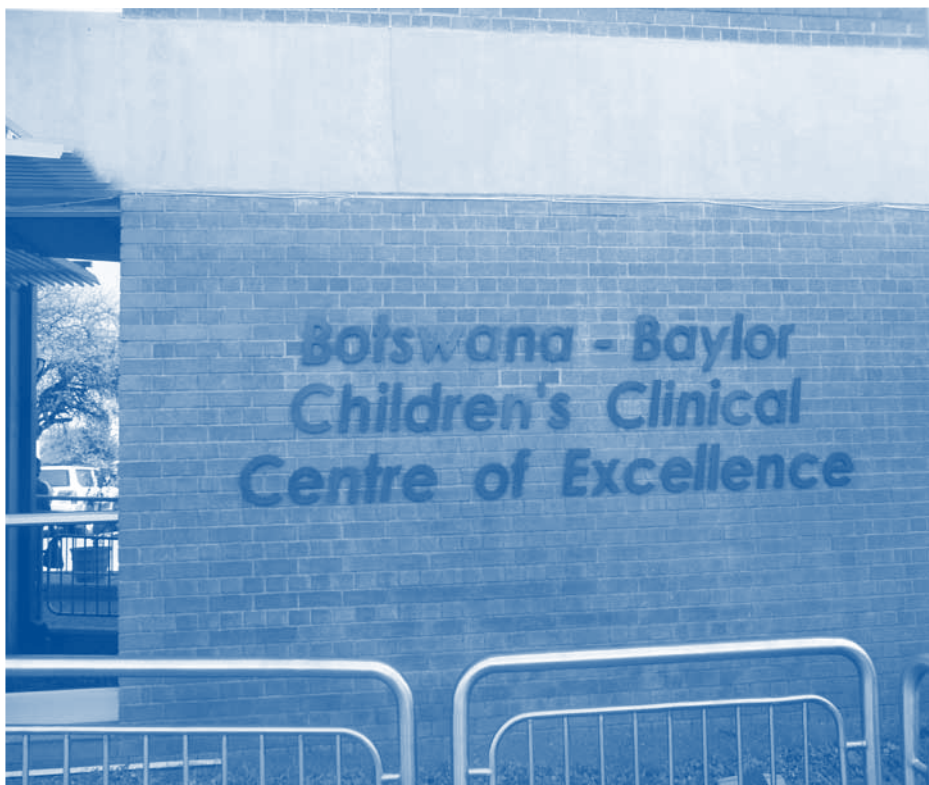


Botswana's positive adolescents: Challenges of living with HIV

By Jabulani Sithole



It is 10.30am and I am sitting in a busy reception area at The Botswana-Baylor Children's Clinical Centre of Excellence with children, adolescents and their caregivers. They are minding their business and do not notice me, a stranger, trying to understand how the group relates with the centre. Most of these clients come to the centre every month to collect their medication. Many at the reception are waiting for their life-saving drugs and are still grappling with the realisation that their life depends on anti-retroviral therapy.

The Botswana-Baylor Children's Clinical Centre of Excellence was opened in 2003 to provide services that enhance the health of children and their families through a comprehensive approach to treatment and care. The centre uses a family model clinic where HIV and AIDS prevention, care and treatment for both the adult and the child are provided in a single setting. The clinic is a public-private partnership between the government of Botswana and the Baylor College of Medicine International Paediatric AIDS Initiative. It works in close partnership with other organisations such as UNICEF and Elizabeth Glaser Paediatric AIDS Foundation.

In Botswana, HIV prevalence in young people aged 15–24 years is 16.9 per cent and 6.6 per cent among adolescents aged 15–19 years. One study indicates that among youth aged 15–24 years: as many as 76 per cent of young men and 81 per cent of young women knew that a healthy-looking person could be infected with HIV. But only 33 per cent of young men and 40 per cent of young women could both identify two methods of preventing the transmission of HIV, and reject three misconceptions about HIV transmission – indicating that a significant number of young people do not have complete information about HIV. (Francoeur and Noonan, 2004)

Botswana's 2008 AIDS Impact Survey (BAIS III, 2009) estimated national HIV prevalence at 17.6 per cent and incidence at 2.9 per cent. Botswana's population, according to the 2011 census, is about 1.9 million.

According to the Botswana Millennium Development Goals Status Report for 2010, the country successfully rolled out anti-retroviral therapy (ART), achieving coverage of 82.3 per cent (133,032 out of 161,700 needing treatment). Of these, children constitute 6.7 per cent. The country's success story of its ART rollout programme in the last several years has reduced infection among babies at birth and by September 2009, over 90 per cent of HIV-infected pregnant women were receiving prevention of mother-to-child transmission (PMTCT) services. The success ensures that the infected are living longer and surviving to adulthood.

Treatment adherence

Botswana has high ARV adherence rates resulting in secondary resistance rates of less than four per cent after eight years of ART provision, although Ntobelezdi Boitumelo, Acting Coordinator of the Teen Club at The Botswana-Baylor Children's Clinical Centre of Excellence says adherence to ART among positive adolescents remains a challenge.

Adolescents in their restless nature find it difficult to adhere to treatment as they are constantly out of their homes on school sporting activities and other school-related trips. They are also on the move visiting family members, while orphans are always between family members seeking their care and support — like food and financial help.

"Adolescents struggle to adhere to antiretroviral treatment because of their unwillingness to disclose their status among peers and extended family members, participating in school trips, sporting events and visiting aunts, uncles and other extended family members," Boitumelo said.

Adolescents on ART face enormous challenges related to taking their medication while on school trips, and even daily in school. They do not want to take medication before their peers for fear of being noticed and being asked about the medication they are taking. It sometimes forces them to disclose their status prematurely and risk stigma and discrimination.

However, there are stories of adolescents who have devised coping mechanisms to fend off premature disclosure of their status to colleagues. They achieve this by throwing their drugs in sweets boxes such as the 'Smarties' (multi-coloured small pill shaped chocolate sweets) to avoid being noticed while taking medication.

The other challenge with non-adherence is the likelihood of transmitting HIV during risky sexual behaviours because of the increased number of copies of the virus present in body fluids and also transmitting drug-resistant strains of the virus.

Risky behaviours

Adolescence is a time of initiation of several risk-taking behaviours such as alcohol consumption, sexual intercourse and drug consumption. In a study (Seloilwe et al., 2001) it was noted that first exposure to penetrative sex among adolescents occurs between 12 and 14 years.

Another study conducted on HIV-positive youths and adolescents (Naar-King et al., 2006), indicates that the group continues to engage in risky behaviours that affect individual health status and pose concern for public health. The genesis of the risky behaviours of positive adolescents can be attributed to depression and other pressures of living with the virus.

Depressed HIV-infected adolescents may be more apathetic and less concerned that they may be exposing themselves to additional infectious agents or risking infecting a partner with HIV. On the other hand, depressed HIV infected adolescents may seek to engage in unprotected sex to alleviate their depression (Murphy et al., 2001).

However, longitudinal data in a study titled *Sexual Behaviour Change Among Human Immunodeficiency Virus-Infected Adolescents With Hemophilia* undertaken by Larry et al., indicated that improvement and maintenance of safer sexual behaviour among adolescents



Young people are empowered to make their own informed decisions and choices about life and sexual and reproductive health. Individuals in this photo are not necessarily living with HIV.
[Photo by REACH/SAfAIDS]

during an intervention is strongly associated with perceptions of peer support for safer sex and lesser degrees of emotional distress. The researchers add that programmes for HIV-infected adolescents may require developmentally appropriate social and psychological approaches to impact peer norms and emotional well-being.

Adolescents are sexually active and have multiple sexual partners. The risky sexual behaviours are reflected by the number of sexually-transmitted infections among the group.

"The major challenge facing sexually-active positive adolescents is adopting safer sex, use of condoms consistently and correctly. In our programme we address these issues and provide condoms in our facilities," said Boitumelo.

Of equal concern is the frequent use of marijuana among other drugs by some positive adolescents ostensibly to deal with health anxiety evolving from the positive status, pressure at school and unemployment among other social challenges.

"From some observations and confessions during counselling sessions, some of the adolescents use marijuana to help deal with feelings of anxiety related to their health. Abuse of these drugs may compromise their judgment in sexual relations and also hamper the effectiveness of ART," Boitumelo said.

The Teen Club

As part of psycho-social support, the Baylor Clinic, in partnership with various community organisations, runs Teen Clubs in Gaborone and other parts of the country



A mural at the Botswana Baylor Children's Clinical Centre of Excellence

such as Francistown, Molepolole, Mochudi and Mahalapye.

The Teen Club's mission is to empower HIV-positive adolescents with skills to help them to build positive relationships, improve their self-esteem and acquire life skills through peer mentorship and adult role modelling.

Thato Ramotswa, 17, stated that "the Teen Club is a place where an HIV-positive teenager can just be him or herself. Teen Club is also a place of learning and fun as the activities are both educational and recreational."

The club organises life skills sessions that tackle various issues critical for positive adolescents such as disclosure, adherence, stigma, love, sex and dating. They help adolescents to approach life with the requisite skills on how to disclose in a relationship and how to deal with sex.

According to *Youth Reproductive and Sexual Health in Botswana*, an article authored by Advocates for Youth, there are several

initiatives that have targeted the youth with the aim of curbing the spread of HIV. The *Basha Lesdi* ("Youth are the Light") a project funded by the US Centers for Disease Control and Prevention (CDC), focused on youth aged 10 to 17 years in Botswana and it hoped to provide HIV and AIDS prevention information and skills to the youth before they engage in risky behaviours.

The article adds that the Social Marketing for Adolescent Health (SMASH) Project, funded by USAID, engaged young people on sexual health issues by facilitating dialogues on reproductive and sexual health through a radio call-in show, youth clubs in schools, peer education, and youth-friendly clinics. On the other hand, the African Youth Alliance (AYA) worked in Botswana with the youth to plan programmes to improve adolescent knowledge, attitudes, values and behaviour on matters related to sexual and reproductive health issues, including STIs, HIV and AIDS, smoking, alcohol and substance abuse, as well as to increase the use of sexual and reproductive health information and services.

Advocates for Youth's YouthLIFE Initiative (Youth Leaders Fighting the Epidemic), was implemented in Botswana, Nigeria and South Africa with a focus on building the capacity of youth-led organisations to better implement HIV prevention programmes for youth. In Botswana, Advocates worked with the Youth Health Organisation (YOHO) to implement youth-specific HIV and AIDS 'edutainment' interventions and to secure greater participation by youth in policy-making bodies. Although their impact has not been established, the implementation of these initiatives was a critical step towards the realisation of the generation of hope. ■

Lessons learned

- The genesis of the risky behaviours of positive adolescents can be attributed to depression and other pressures of living with the virus.
- Adolescents in their restless nature find it difficult to adhere to treatment as they are constantly out of their homes on school sporting activities and other school-related trips.
- Abuse of drugs may compromise their judgment in sexual relations and also hamper the effectiveness of ART.

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