Original Research Paper Nursing

HIV/AIDS AMONG ADOLESCENTS

Ms. Swapna KG* Assistant Professor, Govt.College of Nursing, Thiruvananthapuram, Kerala *Corresponding Author

Prof. Dr.Valsamma Joseph Principal, Govt.College of Nursing, Thrissur, Kerala

ABSTRACT Adolescents are disproportionately affected by HIV. The majority of young people living with HIV are in low- and middle-income countries. Countries in this region already have youthful populations, and this trend is expected to increase until 2050. This narrative review article highlights various issues like increased HIV vulnerability among adolescents, factors contributing to increased risk, young people who are more at risk, prevention of HIV and challenges for prevention.

KEYWORDS : HIV/AIDS among adolescents, Adolescent HIV, HIV/AIDS among youth.

Since 1980s, the HIV and AIDS pandemic[1] caused great distress to many and made many morbid and mortal. Globally, adolescents are disproportionately affected by HIV[2,3]. About 2.1 million adolescents were living with HIV in 2012, and 74% lived in high burden countries like South Africa, Nigeria, Tanzania and India. Most of them (85%) were in sub-Saharan Africa and 58% were females. About 5 per cent of HIV population and 12% of new adult HIV infections are adolescents[4]. The HIV related mortality declined during 2003-13, but adolescent and young adult HIV prevalence globally was increased in 2014[5].

HIV infected adolescents (10-24 years) pose unique challenges. The national HIV and AIDS plans usually focus on adults and children and often neglect adolescents. Thus, there is inadequate youth-friendly health services[6].

Vulnerability of young people to HIV

There are two epidemiologically diverse subgroups of HIV susceptible young people with unique biomedical and psychosocial considerations and needs; those who got HIV perinatally during the first decade of life, and through risky behavior during the second decade. The data showing percentage of young people infected at each stage is lacking[6,7].

The first group has enhanced life expectnacy after the start of ART. The pressures such as puberty, amplified risky behaviours, changed treatment needs and new responsibility for own health make their transition to adolescence and adulthood become difficult and some may stop ART adherence[6,7]. Most of the HIV infected children and adolescents universally were perinatally infected[8,9].

The second group has higher CD4 levels and would expect to be in earlier stages of HIV infection. They may be benefitted from simpler treatment options and rarely develop viral drug resistance[7]. Idele et al[10] reported that HIV vulnerability is increased during the second decade of life.

Factors contributing to increased risk for adolescents

HIV-infected adolescents embody a mixed group in terms of socio-demographics, mode of transmission, sexual and substance abuse habits, clinical and immunologic status, psychosocial development, and medication adherance[7,13]. Several behavioral, psychological and biological factors contribute to a bigger risk for adolescents[11].

Behavioral factors

Many normative behaviors of adolescents overlap with risk-taking behaviors[12].

Sexual debut during adolescence.

Low condom use among young people and adolescents- only 34% of young women and 45% of young men in South and East Africa use them.

The number of sexual partners young people have- it is high in countries most affected by the HIV epidemic. More than 25% of young men in Lesotho, Madagascar and Swaziland are thought to be in multiple relationships.

In transactional sex, older partners who are living with HIV, risk exposure to young people. Young women and girls are compelled to have unprotected sex by their dominant older partners using power or bribe.

Biological factors

HIV infection rate is high among young females. They have almost eight times high HIV prevalence as same-age men in Sub-Saharan Africa, and their annual HIV incidence is about 8%[13].

- The pre-pubertal exocervical lining of single-layer columnar cells are vulnerable to STIs[12].
- The mechanics of sexual contact and the bigger surface area of the female genital tract make the STI transmission easy from male to female[12].
- STIs among women more often remain asymptomatic and untreated[12].

Socioeconomic factors[12]

Poverty, lack of access to health care and education, prevention skills, distrust of the health system, fear of inappropriate disclosure, and lack of awareness of rights to confidentiality, language and cultural barriers increases the susceptibility to HIV[12].

Young people who are more at risk

Young people from key affected populations - They often face strict laws and discrimination concerning to their behaviours that prevent them from accessing specific HIV information and services[4].

- Sex workers - In North America, East and South Asia, 40% of female sex workers (FSW) started sex work before the age of 18. In Bangladesh many started before they reach 12 years,. In Papua New Guinea, 12.1% of young FSW and 14.6% of young male sex workers are living with HIV[4].
- Male homosexuals- In the US and Europe, young men who have sex with men (YMSM), particularly black, are at maximum risk of infection[13]. In Bangkok, HIV incidence among young MSM had risen visibly, from 4.1% in 2003 to 25% in 2012.
- Injection drug users- their world-wide HIV prevalence is 5.2%. In Pakistan 23% of young people aged 15-24 who inject drugs are living with HIV.
- Transgender people- Data for this demographic is very less. An Indonesian survey reported that HIV prevalence was high

among both adolescent and young transgender people. Many of them started sex work at a younger age to cope with issues of social exclusion, homelessness and financial problems which put them at increased risk of HIV[4].

Young women- young women constitute 60% of new HIV infections among young people. Women are likely to become HIV-positive 5-7 years earlier than men in sub-Saharan Africa. Owing to gender-based violence and a lack of access to education and healthcare services, more than 5,000 young women and girls acquire HIV every week. At some places, up to 45% of women stated that their first sexual experience was against their will. Several studies also uncovered that majority of HIV infected adolescents were females[14, 15]. The Indian tradition of early marriage of girls; especially to older men, pregnancy related complications, abortions, closely spaced pregnancies, lack of awareness about family planning all makes Indian adolescent girls more vulnerable[3].

Prevention of HIV among adolescents

Age-appropriate services- to age specific HIV and sexual health services like sexual and reproductive health education, contraception and condoms, mental health services, peer support, and support transferring from paediatric to adult health services, young people react much better. More stress should be given to behaviour change, instead of just giving condoms[4].

Voluntary medical male circumcision (VMMC)- among men under the age of 25, the reduction of transmission of HIV from female to male through vaginal sex seems to be most successful. It may be due to the reality that younger people can be easily persuaded to safe sex practices than older people who have conventional behavioural patterns. Younger males also encounter less pressure from female partners in refraining from sex during the healing process, due to better cultural approval of circumcision among younger people[4].

Engaging schools in the response-Schools have the capacity to provide complete health education on HIV and AIDS and other sexual health issues. It should be ensured that both girls and boys have equal access to schools and prevent them from dropping out[4].

Engaging young people in the response-Young people have more possibility to become great peer educators, and to help in planning HIV related services and activities. Technology and social media can much efficiently utilise young people in sharing HIV knowledge[4].

The future of HIV among young people

The age of sexual debut among young people is rising, the number of sexual partners is declining and voluntary medical male circumcision becomes more acceptable. Yet, they are usually excluded from national strategic plans and international HIV response to tackle the HIV epidemic, especially those who belong to other key affected populations. They are not targeted with age-appropriate HIV prevention programmes and facts about their susceptibility are not collected. Involving young people is important to protect their health and to address the HIV epidemic in total[4].

Prevention Challenges

- School based health education is the key[2] for HIV prevention among adolescents. In many places in India sex education is controversial[16] which prevents parents and teachers from giving effective sex education.
- High rates of sexually transmitted diseases (STDs). A person's chance of getting or transmitting HIV is increased by presence of another STD[13].
- Stigma around HIV. Kaiser Family Foundation survey 2012 reported that 84% of youth aged 15-24 years felt stigma around HIV in the United States, which prevents them from discussing their status with others and approving on actions of self and partner protection[13].
- Feelings of isolation. Gay and bisexual high school students may engage in risky sexual behaviors and substance abuse because of feeling of isolation and lack of support. There are more chances for bullying and other forms of violence, which can lead to mental distress and involvement in risk behaviors associated with HIV[13].

Conclusion

There is a lack of data showing the proportion of young people infected at every stage. Young people are regularly forgotten in national HIV and AIDS plans which usually focus on adults and children. Accordingly, there is a lack of youth-friendly health services.

Reference:

1 HIV/AIDS and STIs resource Book (6th ed.). (2009). Waigani: Department of Education.
2. Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. PLoS ONE, 9(3), e89692. doi:10.1371/journal.pone.0089692
3. Sathyanarayana Rao, T., Ismail, S., Shajahan, A., & Wylie, K. (2015). Adolescent sex education in India: Current perspectives. Indian Journal of Psychiatry, 57(4), 333. doi:10.4103/0019-5545.171843
4. (n.d.). Www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-peo. Young people, adolescents and HIV/AIDS. Retrieved October 16, 2016, from http://www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-peo.
5. Chingwaru, W., & Vidmar, J. (2016). Culture, myths and panic: Three decades and beyond with an HIV/AIDS epidemic in Zimbabwe. Global Public Health, 1-16. doi:10.1080/17441692.2016.1215485
6. HIV and AIDS: The Science Inside. (2004). Washington: The American Association for the Advancement of Science. Retrieved from www.who.int/hiv/en
7. (n.d.). Adolescents and Young Adults with HIV Adult and Adolescent ARV. Retrieved from https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/21/hiv-infe
8. Thorne, C, Turkova, A, Indolfi, G, Venturini, E, Giaguinto, C. (2016). Co-infection with HIV and HCV in 229 children and young adults living in Europe. AIDS, 2016 Sep 24.
9. Mellins, C. A., Brackis-Cott, E., Leu, C., Elkington, K. S., Dolezal, C., Wiznia, A., … Abrams, E. J. (2009). Rates and types of psychiatric disorders in perinatally human immunodeficiency virus-infected youth and seroreverters. Journal of Child Psychology and Psychiatry, 50(9), 1131-1138. doi:10.1111/j.1469-7610.2009.02069.x
10. Idele, P., Gillespie, A., Porth, T., Suzuki, C., Mahy, M., Kasedde, S., & Luo, C. (2014). Epidemiology of HIV and AIDS Among Adolescents. JAIDS Journal of Acquired Immune Deficiency Syndromes, 66, S144-S153. doi:10.1097/qai.0000000000000176
11. (n.d.). Adolescents and HIV Infection. ASSOCIATION OF NURSES IN AIDS CARE: POSITION STATEMENT. September 2011. Retrieved from http://www.nursesinaidscare.org /files/public/PS_Adolescents_Rev_01_2011
12. Epidemiology of HIV among Youth. Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care, and Support. Retrieved from http://hivcareforyouth.org/adol?page=md-module&mod
13. Pettifor, A., Bekker, L., Hosek, S., DiClemente, R., Rosenberg, M., Bull, S. S., … Cowan, F. (2013). Preventing HIV Among Young People. JAIDS Journal of Acquired Immune Deficiency Syndromes, 63, S155-S160. doi:10.1097/qai.0b013e31829871fb
14. Asaolu, I. O., Gunn, J. K., Center, K. E., Koss, M. P., Iwelunmor, J. I., & Ehiri, J. E. (2016). Predictors of HIV Testing among Youth in Sub-Saharan Africa: A Cross-Sectional Study. PLOS ONE, 11(10), e0164052. doi:10.1371/journal.pone.0164052
15. (n.d). HIV Among Youth. Retreived from: www.cdc.gov/hiv/group/age/youth/.
16. Khubchandani, J., Kumar, R., & Clark, J. (2014). Beyond controversies: Sexuality education for adolescents in India. Journal of Family Medicine and Primary Care, 3(3), 175. doi:10.4103/2249-4863.141588