

PROVIDING A SAFE SPACE FOR TEENAGERS LIVING WITH HIV

For eight lonely years, since a bout of body rashes first revealed her HIV status to the world, Veronica James has been stigmatised by her disease. The lanky 15-year-old was never able to play with children in her neighborhood because they were afraid of contracting the virus. Others have taunted her mercilessly with nasty names. It was almost too much to bear for an orphaned adolescent, until earlier this year when Veronica sought help from Eva Alex, 17, a friend she met in a club for HIV-positive teenagers at her health clinic in Shinyanga, Tanzania. At Eva's advice, she asked for help from a home-based health care worker who met with neighbours and eventually changed their minds. "It helped a lot—I can deal with it now, and I thank Eva," Veronica says, smiling at her mate. "Friends in the club help each other overcome our challenges," Eva responds.



The Adolescent Club at Shinyanga Regional Hospital is one of 12 established in local health facilities in late 2015, funded by the Accelerating Children's HIV Treatment (ACT) Initiative. Organised by the Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), the ACT implementing partner in the region, the clubs are a lifeline for their 475 members, aged 10 to 19, the population group at the highest risk of sickness and death from HIV. Typical teen challenges with puberty and social anxiety are vastly compounded by HIV. The chances are high that teens will stop taking their HIV treatment, with often fatal consequences. Why? Factors include stigma and discrimination, lack of sexual health knowledge, changing medications, unsupportive schools, and logistical difficulties to make the monthly drug pick-ups. Many teenagers even report feeling scorned by some HIV-positive adults. As a result of these pressures, adolescents in Africa were the only age group to suffer an increase in AIDS-related deaths between 2005 and 2012—up 50% compared to a 30% decline among all ages. That threat is especially alarming in a region like Shinyanga, where almost 60% of the population is under age 19.

Those high stakes bring the purpose of the Adolescent Clubs into sharp focus. On a typical Saturday once a month, club members gather at their local clinics. With a music video system blaring, kids and nurses line-dance to an African techno-pop beat. A game of soccer or tug-of-war ensues, and a hearty lunch of stewed chicken and spinach is served. But interspersed among the fun and games is a deadly serious agenda of discussion and education, entirely led and organised by a team of Peer Educators trained by AGPAHI. In a recent meeting, Edson Justin, 18, directs a group of 70 teenagers in an exchange about the benefits and challenges of telling friends about their HIV status. Later, a dramatic skit depicts the negative consequences for a girl who faces peer pressure to have unprotected sex. At every meeting, a session on adherence to HIV treatment preaches the principles of consistency and timeliness with the passion of a spiritual gathering. "What happens if you don't take your ARVs?" asks the session leader. A young girl calls back: "You can't reach your dreams!"



Eva Alex, 17, counseled her friend Veronica James, 15, on coping with stigma

While the social and entertainment aspects of the clubs ensure attendance, the peer education and camaraderie deliver the impact. The Peer Educators, with training in everything from trauma counselling to family planning, are especially charged with helping friends stay on treatment. One mother recently approached Agnes Herman, 19, for help with her troubled 16-year-old son, who became mixed up with a "bad group," dropped out of school and stopped his medication. But after Agnes visited their homestead and counseled the boy, he rejoined the club and returned to school and his HIV treatment. "We've learned to reorient the kids about what's important, so they gain more confidence," she says.





Members of the Shinyanga Regional Hospital Adolescent Club dancing with ART Nurse Edwiga Zumba

The effect is notable. Shinyanga Hospital used to have dozens of children drop out of treatment every year. But since the clubs started up last year, those cases are rare. Indeed, the number of adolescents on treatment at the hospital has since increased 80%. Although clubs for all ages of HIV-positive children have existed in Shinyanga since 2008, they had little impact on adolescents. Under ACT, AGPAHI separated the older youth from younger children and added the Peer Educators to the mix. Talking about sensitive issues like unprotected sex was never possible with young children in the room. Now all topics meaningful to adolescents are on the table, and they're eager to join in.

Another vital piece of the formula is adolescent-specific training for the nursing staff. When adolescents used to get depressed or refused their drugs, nurses were at a loss to cope, says Edwiga Zumba, the lead HIV nurse at Shinyanga Hospital. Through support from AGPAHI and ACT, they have since learned skills and techniques for building relationships with their young clients. Many even visit Nurse Zumba at home on weekends, and confide in her about their challenges like disclosing their HIV status to sexual partners. "You need to get very close to these kids to find out what's really happening in their lives," she says. "If you don't, you can't help."

TEXT & PHOTOS BY JONATHAN B. LEVINE
DECEMBER 2016

*The **Accelerating Children's HIV/AIDS Treatment (ACT)** Initiative is an ambitious \$200 million programme to put 300,000 children living with HIV on life-saving treatment in nine African countries within two years. The programme is supported by the **US President's Emergency Plan for AIDS Relief (PEPFAR)** and the **Children's Investment Fund Foundation (CIFF)**. These short cases and videos offer a mere glimpse into the complex cascade of strategies, logistics and psychology required to save children from a life-threatening disease. While all of the stories are drawn from one region, Shinyanga in northern Tanzania, and the work of only one of ACT's dozens of implementing partners around the continent – the **Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI)**, an indigenous Tanzanian organisation – they show the kinds of activities led by partners across the initiative.*