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Programatic Management of HIV and Aids among Adolescents and Young Adults in Institutions

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Abstract:- Adolescents (13-19years) and Young Adults (15-24) (AYA) form part of a highly vulnerable group for HIV infections according to UNAIDS. This study focused on investigating programmatic management of HIV and AIDS among AYA in a learning institution, on-governmental organisation and Urban Clinic. The study adopted a descriptive study design. A stratified random sample of 102 students was taken from the training institute and a purposive sample of 13 respondents' representatives from two organisations was drawn.

The study indicated that AYA themselves perceived the severity of the HIV epidemic as they believed certain behaviours had to be promoted to overcome perceived fears of contracting the HIV virus and AIDS. About 72.3% indicated that they would prevent contracting HIV by condom usage and 60.6% said, limiting sex to one partner. The study recommended strengthening communication methods and programmes in managing the fight against HIV and AIDS among AYA in organisations by incorporating communication plans in their strategic plan programmes.

Keywords:- *Programmatic Management, Communication, HIV and AIDS, AYA.*

I. INTRODUCTION

Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemics have remained complex, incurable and devastated individuals, communities and nations. Each and every society globally keeps trying to overcome the adverse effects of HIV and AIDS. Although in some parts of the world HIV and AIDS had met reasonable success in reducing its prevalence, in others, it remains the biggest challenge.

Since the emergence of HIV and AIDS, progress continues to be made towards reduction of HIV and AIDS amongst adolescents (13-19years) and Young Adults (15-24) (AYA). The reductions in HIV infections fall by a 46% globally among AYA (UNAIDS, 2021). The proportions of the fall showed that girls' infections by 2010 dropped from 200 000 to 130,000 2019. The boys' infections by 2010 dropped from 61,000 to 44,000 in 2019. However, despite achievements in reduction of infections among AYA, there has not been sufficient reduction in incidences of those that get infected in the population (UNICEF, 2020)

The management of HIV and AIDS among AYA had been considered as independent groups due to characteristics of this population. The AYA are a group of individuals whose body development had been associated with processing sexual maturation and learning how to handle intimate relationships (Naswa and Marfatia, 2010). AYA experience a stage in life of transiting from childhood to adulthood and that in itself presents diverse challenges, later on growing within the HIV and AIDS epidemic era. Basically, we are living with AYA that acquired HIV in their first decade of life through perinatal (clinical info, 2021).

The effects of HIV and AIDS pull efforts to manage the epidemic from every infected and affected population groups in society. Organizations around the world have continued to offer strategies intended to stop transmission of HIV amongst the generation of AYA. Major measureable strides toward global initiatives for AYA had been made. Among such, had been the global imitative 'All in to end the adolescent and young people AIDS epidemic' launched by UNICEF and UNAIDS (2016). 'All in' was targeted ending adolescent transmission of HIV and AIDS epidemic by 2030. All-in, was launched as a fast track initiative for adolescent and young people that builds on the 90-90-90 treatment target to show improvement in three areas: 90% people on antiretroviral therapy, 90% knowing their HIV status and a 90% viral suppression by 2030.

To end AYA HIV transmission, global society organisations have continued to push for improved intervention as they gain in sight on previous ones. The UN General Assembly by 2001 had earlier set targets and another was made by 2005. The targets indicated to achieve by 2010, at least 95 per cent of young men and women aged 15-24 had access to the information, education, including peer education and youth specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection (UNICEF, 2011). In 2015 and 2016, member states met at the UN general assembly for a high level meeting on HIV and AIDS. The meeting resolved after revising lessons, progress and gaps of previous initiatives to end HIV and AIDS among AYA by 2030.

On several set interventions made previously, it was realized that commitments made to end HIV and AIDS might had been made in a general appeal and not directly linked to youth alone. However, the general appeal might

not had been effective to end HIV and AIDS among AYA who form part of a huge global population amounting to 1.2 billion making 16% of the global population (United Nations Economic and social affairs, 2018).

Further, previous interventions led to understanding several factors on HIV and AIDS management that focused on determining the knowledge, attitudes and practices of individuals who were deemed at risk for infection. Some were based on behaviour change of the HIV epidemic focusing on providing correct information about transmission and prevention, relying on the theories that lacked accurate information about HIV transmission and that acquisition was a primary catalyst for the spread of infections (Witte, 1998). Such approaches were said to had fallen short of producing the desired effect, and it became clear that more complex, multilayered strategies needed to be developed (Becker-Benton, Bertrand and McKee, 2004). WHO, 2009 urged that changes were anticipated of interventions as new scientific understanding of HIV and AIDS would render previous works obsolete.

In communication approaches interventions of HIV and AIDS, the role of environmental influences was understood; the social economic status; gender relations; cultural norms; spirituality and government policies. Such approaches were said to been based on the understanding that beyond an individual's social network, they existed larger structural and environmental determinants that affected HIV and AIDS related behaviours. Those approaches to communication reflected a greater appreciation of the complexity of HIV pandemic that emphasized on social groups and contextual factors than individual behaviour alone (UNAIDS, 1999).

The understanding of communications and programmatic management of HIV and AIDS among AYA might had to require exploration of social and programmatic dynamics related to HIV and AIDS responses within AYA led institutions. Knowledge of these aspects can help to develop communication approaches to control the spread of HIV and AIDS AYA.

In Zambia, AYA had showed that HIV incidence decreased between 2001 and 2019 with some reports of interventions being effective. There was a decline among of those aged 15_+ from 67, 000 to 46,000 and 14-years, 23,000 to 8,900 (2010 to 2019). However, despite such improvements, there was a severe and growing problem in Zambia. Zambia was still among 10 countries in the world with a high number of people living with HIV and AIDS (Zambia National HIV and AIDS Strategic Framework, 2017-2021)

Therefore, truth remains that AYA are still part of multiplication of the HIV infected people. This is so because AYA are among a vulnerable population group experiencing early adulthood which is a critical stage of development of physically and emotionally. This stage of AYA is when they are transiting to adulthood and tends to be an exploration and navigation of several issues in life such as intimate relationships and getting to fit with their peers (Avert, 2020).

A. Objective of the Study

This study aimed to investigate the role of institutions in managing of programmatic responses of HIV and AIDS among AYA both male and female.

II. METHOD

A. *Research Design*

The study used two designs. A descriptive design was used to describe AYA's knowledge about effective management of HIV and AIDS. The Exploration of how programmes related to issues of HIV and AIDS among AYA had been responded to in an institute of training or learning and in a nongovernmental organization was undertaken too.

B. *Location of the study*

This study was conducted at Solwezi Trades Training Institute and Solwezi Youth Alive (Z) both based in North-Western part of Zambia. The Trade Training Institute is the Government of Zambia trades training institute and the other is a Non-Governmental Organisation.

C. *Respondents of the study*

The study had 102 who were students within age group of 18-25 years constituting AYA in a training institute and showed independence from their parents. It also included 4 Social Workers and 1 HIV and AIDS Focal Person who particularly manage HIV and AIDS programmes in a Non-Governmental Organisation.

D. *Research Instruments*

The instruments used in this study were primary technique for collecting the quantitative and qualitative data. These were a self-administered questionnaire and an interview guide. The self- administered questionnaire was a 26 item of different formats: multiple choices, asking either for one option or all that applied in knowledge, attitude and perception of HIV and AIDS.

The primary technique was conducting two Focus Group Discussions with 8 Participants (students of Solwezi Trades Training Institute); 4 in-depth interviews with representatives; 3 from a nongovernmental organisation (Solwezi youth Alive Zambia); 1 HIV and AIDS focal person from Solwezi Trades Training Institute Management Board and 1 from Solwezi Urban Clinic (Ministry of Health). The Interview Protocol included seven-eight open-ended questions.

E. *Sampling*

The sample was chosen from a population of five hundred and two (502) and the sample size was of 102 participants being a quarter (1/4) of the population. A sample of 102 students was chosen by a stratified random sampling by sex. At first, the whole total sample of students was stratified, that is, dividing it into females and males (gender was a variable used). Secondly, a random sample

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was taken from each group, that is, a random sample of the required sample size from female and male students (Johnson & Christensen, 2007). Each Student in the selected sample was given a number which corresponded with the questionnaire numbering. For the qualitative study, the purposeful sample was drawn implying intentionally selecting 6 student's participation from the questionnaire survey, 4 social workers, 1 HIV and AIDS focal person and 2 Anti Aids Club members. This was to learn to understand the central phenomenon (McMillan& Schumacher, 1994), of the effective means of communicating and managing programmatic responses of HIV and AIDS among youths in a training institution and a nongovernmental organization with regard to its prevalence.

F. *Research Procedure*

In conducting the study, it required not only expertise but also honesty and integrity. Therefore, to render study ethics, the rights to self-determination anonymity, confidentiality, informed consent were observed. Written permission was obtained from the Management of Youth Alive Zambia, and Solwezi Trades Training institute. Consent was obtained from participants and anonymity, self-determination and confidentiality were ensured during the administration of the questionnaires and report writing. This was done with the hope that this would promote trust between the researcher and the participants. An informed consent form was attached to the questionnaire were Participants checked in a box saying "I agree to complete this survey", thus expressing their compliance to participate in the study and complete the survey.

G. *Statistical Tool*

The Statistical tools used in this study were frequencies and percentages to assess respondents' perception regarding management of communication programmatic responses of HIV and AIDS.

III. RESULTS

This study explored how programmes related to issues of HIV and AIDS among AYA had been responded to in institute of learning and in a nongovernmental organization. In as much as a training institute and a nongovernmental organization had a mandate to engage AYA in matters of HIV and AIDS, table I. indicated that AYA representing 29.8 % preferred provision of HIV and AIDS matters be done by private Health Care Workers among other services. The 28.7% showed a preference those not part of their immediate family members. The 27.1% preferred a family planning service provider. The 24.5% recommended Radio which is an electronic form of media and 22.3% print media which was in form of magazines and newspapers.

Table II. revealed that 53.2% had not found it easy to access condoms at the institute on which it further revealed that 71.3% (findings in table III) said that the institute did not provide the condoms to the students. The 24.5% of the youth at the institute had easy access to condoms which meant they were well informed than the 53.2%. The issue of not affording to obtain a condom had a low rate at 3.2% which meant that the aspect of affordability in case of purchase was not a factor but availability.

Table I which is preferred means to provide matters on HIV and AIDS

	Count	Percentage
Nowhere	11	11.7
Government Health Care Worker (Doctor /Nurse)	1	1.1
Private Health Care Worker (Doctor/Nurse)	28	29.8
Community Health Worker	2	2.1
Family Planning/Clinic Provider	26	27.1
Lecturer	4	4.3
Other Relatives	27	28.7
Friends	6	6.4
Radio	23	24.5
Television	1	1.1
Newspapers/Magazines	21	22.3
Library	1	1.1
Community or public meetings	6	6.5
Missing	1	1.1

Table II Easiness to obtain a condom

	Count	Percentage
Easy	23	24.5
Not easy	50	53.2
Very easy	17	18.1
Did not know/not sure	4	4.3

Table III Reasons for not accessing condoms

	Count	percentage
Not available in the shop	3	3.2
Not available at the Institute or College	67	71.3
Unaffordable	3	3.2
Did not know/not sure	21	22.3

Table IV, AYA themselves perceived the severity of the HIV pandemic as they believed certain behaviours had to be promoted to overcome perceived fears of contracting the HIV virus. The highest response that was thought to be critical and of much emphasis in providing health services to AYA was a 72.3% of condom usage, 60.6% response to limiting sex to one partner. Avoiding having sex with a prostitute had a 50% response. Having nothing to be done had 3.2%; Abstaining from sex had 1.1%; usage of condoms with a high-risk partners had 1.1%; limiting number of sex partners had 2.1%; avoiding sex with Homosexual had 1.1% stopping stigma had 11.7%; avoiding kisses had 1.1%; avoiding mosquito bites had 3.2%; seeking protection from traditional healers had 2.1% and taking herbal medicines had 3.2%.

Table V, further appended that 78.7% of youths at the training institution felt that they were at a high risk of contracting HIV as opposed to 16% who said it had a medium risk 1.1% who said it had none.

As part of their objective of a Skill for life programme, the non-governmental organization trained within a period of three months 40 youths aged 15-24 years as facilitators in various learning institutions. However, the findings of the study as indicated in table 6 were that, 83.0% of youths had not experienced a regular Anti Aids programme at the institute of which 11.7% said they had and 5.3% were not sure of anything.

Table IV what one can do to avoid contracting HIV

Count	Percentage
Nothing	3 3.2
Abstain from Sex	1 1.1
Use Condoms	68 72.3
Use Condoms with High-Risk Partners, 1.1	1
Limit Sex toOne Partner/Stay	57 60.6
Limit Number of Sex Partners	2 2.7
Avoid Sex with Prostitute	47 50
Avoid Sex with Homosexual	1 1.1
Avoid Injections	1 1.1
Stop Stigma	11 11.7
Avoid Kissing	1 1.1
Avoid Mosquito Bites	3 3.2
Seek Protection from	2 2.1
Take Herbal Medicine	3 3.2
Did not know /not sure	0 0.0

Table V Risk Students face of contracting HIV

Count	Percentage	
No Risk at all	1	1.1
Medium risk	15	16.0
High risk	74	78.7
Did not know/not sure	4	4.3

Table VI Regular HIV and AIDS program at the institute

Count	Percentage	
No	78	83.0
Yes	11	11.7
Did not know/not sure	5	5.3

IV. DISCUSSION

The findings in table 1 are in conformity with a study done by Kalibala & Mulenga (2011) on which the National Strategic Framework (2010) consolidated best approaches of how the comprehensively youths' programmes on HIV and AIDS are to be attained through Identification of various key programme components management by different key stakeholders in society. The findings in the study indicate that, managing and communicating responses of HIV and AIDS are integrated. They are to be managed in variety approaches and communicated through various channels of communication. The study findings in an interview conducted to a Programme Coordinator were consistent as she asserted that their approaches to managing responses of HIV and AIDS among AYA were integrated with various approaches. The nongovernmental organization had a program on Behaviour Change (BCP) were it trained Facilitators in facilitating behaviour change sessions conducted to Self Help Group members and the community. The target groups of those programs were divided into three: The Primary target included youths between the ages of 15-30years, the Secondary target group, had couples, parent and guardians and the third, the Tertiary target group which consisted of gatekeepers at community and institutional levels.

In conducting programs of BCC/BCP to the targeted audiences, the organization, incorporates them with others. The VCT program is one such. In a Behaviour Change Communication outreach, the VCT team's tents are mounted so as to provide VCT services to the community or target audiences. VCT helps people learn about how HIV is transmitted; practice safer safe; get tested for HIV and depending on the result and take steps to avoid becoming infected or re-infecting others. The organisation's response to HIV and AIDS programmes especially to youths had an integrated approach and this ensured that different issues related to HIV and AIDS were tackled in those programmes.

According to the findings, AYA themselves perceived the severity of the HIV epidemic as they believed certain behaviours had to be promoted to overcome perceived fears of contracting the HIV virus. This was consistent with Rosenstock's (1974) Health Belief Model, on the factor of perceived severity. Interviews conducted to the Social Worker (SW1) confirmed the perceived severity of the HIV epidemic that needed enforcement of promotion of condom usage, limiting sex to one partner and avoid sex with prostitutes among AYA. The SW1 confirmed that there was need to increase such promotions on HIV matters in the area and that was necessitated by the Town's increased mining activities. The Social Worker (SW2) said, *"there is an influx of people from different parts of the country overtaken by the district/Town"*. "t*his in turn"*, she said, had resulted in overpopulation and brought about numerous social problems. The SW2 indicated that there was an increase in the number of social vices including prostitution and a widened gap between the economically stable and poverty stricken persons. These SW2 said did not leave out the AYA who were part of the population hence a response in the findings by AYA to emphasize elements of condom usage, limiting sex to one partner and avoiding sex with prostitutes. However, the research done by Wyk & Pieterse (2006) showed that AYA elsewhere are to be involved in making policies of serious issues over HIV and AIDS because they had brilliant ideas as indicated in the findings.

The perceived feelings of AYA being at high risk of the HIV pandemic indicated in the findings were consistent with a report by WHO (2009) which suggested that the

targeted interventions were to be aimed at offering services to specific populations within the general population and the study was on specifically. In an interview conducted to a Psycho-social Counsellor at the Urban Clinic, the community saw the need of opening up a Youth Friendly Corner services after experiencing an increase in a number of AYA accessing Voluntary, Counselling and testing (VCT) services at the clinic. A report by Kalibala & Mulenga (2011: 5) as it confirmed that Youth Friendly services had to be established in all health facilities in the country offering all health services that would help AYA acquire knowledge and indulge in health behaviours. However, at the time of the study, the Youth Friendly Corner at the Clinic did not have a full-time staff and the programme was found not quite active apart from the Clinic staff helping when need arose.

V. CONCLUSION

The study concluded that students were informed of HIV and AIDS issues. They were able to perceive high risks of contracting HIV and AIDS with regard to understanding influencing factors in the environment. The two study areas indicated that a training institute had less in place with regard to programmatic responses to managing HIV and AIDS among AYA or students while the non-governmental organisation had. However, the two study areas existed in the same environment and that gave either the advantage of benefiting from each other or disadvantaging them. The advantage would be to a training institute to benefit from the non-governmental youth programs and it a disadvantage to the non-governmental organisation if they did not utilize opportunities of understanding needs of the AYA from a training institute to plan their programmes adequately to have impact and success.

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