

# 2018–2023

## UNICEF–Oxford–UCT PD Final Narrative Report

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Generating evidence  
and capacity building  
for scalable solutions  
to improve wellbeing  
of adolescents living  
with HIV and  
adolescent HIV-  
affected mothers in  
Eastern and  
Southern Africa



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Throughout this PD, the Oxford-UCT team created a diverse range of outputs, in collaboration with the UNICEF ESARO team, based on the three main programme outputs:

- **Generate real-life high-quality evidence on programming for better adolescent health outcomes**
- **Expert-level knowledge exchange with ESARO country partners to strengthen the provision of differentiated adolescent programme**
- **Build the capacity of UNICEF ESARO country offices to engage in research and use evidence-building tools in programme implementation**

The team met and exceeded the number of deliverables that were agreed upon for the PD.

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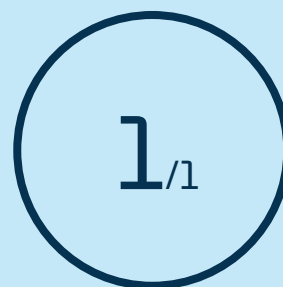
## Outputs Snapshot



Peer-reviewed  
Publications



Policy Briefs



Synthesis Report



Research Tools  
Shared



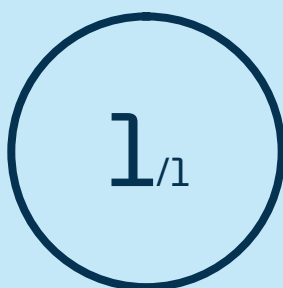
Peer-reviewed  
Evidence Reviews



Webinars



Research Clinics



Consultation



Regional Evidence  
Workshops

# PEER-REVIEWED PUBLICATIONS

Papers were submitted under six themes related to adolescent health, including supporting adherence to treatment, identifying factors affecting successful transition in ART programmes, differentiated service delivery models, programming to improve adolescent mothers and child health outcomes, programming to improve adolescent mothers' sexual and reproductive health outcomes, and analysing the association of social media and informal m-health use with sexual risk among adolescents in South Africa. Additional papers were also submitted under each theme.

01

## **Supporting adherence among adolescents. Test alternative methods of adherence including long-term ART adherence.**

### ***Main Paper***

***Clinic and care: Associations with adolescent ART adherence in a prospective cohort in South Africa.***

*Cluver et al. (2021) AIDS. [Full-text link](#)*

This paper examined factors associated with adolescent antiretroviral treatment (ART) adherence in South Africa. A cohort of 969 adolescents were interviewed and their clinical records were collected. The study found that improvements in preventing physical and emotional violence, perceived healthcare confidentiality, and shorter travel time to the clinic were associated with increased adherence. In combination, these factors were associated with an 81% probability of ART adherence. The study highlights the need for collaboration between health and child protection systems to promote ART adherence and effective violence prevention interventions.

### ***Additional Papers***

- Pantelic et al. (2020) Multiple forms of discrimination and internalized stigma compromise retention in HIV care among adolescents: findings from a South African cohort.
- Shenderovich et al. (2021) Relationships with caregivers and mental health outcomes among adolescents living with HIV: a prospective cohort study in South Africa.
- Casale et al. (2021) Bullying and ART Nonadherence Among South African ALHIV: Effects, Risks, and Protective Factors.
- Toska et al. (2023) Factors Associated with Preferences for Long-Acting Injectable Antiretroviral Therapy Among Adolescents and Young People Living with HIV in South Africa.
- Cluver et al. (2023) Impacts of intimate partner violence and sexual abuse on antiretroviral adherence among adolescents living with HIV in South Africa.
- Zhou et al. (2023) Exploring Self-reported Adherence Measures to Screen for Elevated HIV Viral Load in Adolescents: A South African Cohort Study.
- Cluver et al. (2023) Identifying adolescents at highest risk of ART non-adherence, using the World Health Organization endorsed HEADSS and HEADSS+ checklists.

# PEER-REVIEWED PUBLICATIONS

02

**Factors affecting successful transition in ART programmes among adolescents. Identify patterns of transition that may be different in ESAR to Western conceptualisations.**

## *Main Paper*

*Transition Pathways Out of Pediatric Care and Associated HIV Outcomes for Adolescents Living With HIV in South Africa*

Haghighat et al. (2019) *J Acquir Immune Defic Syndr.* [Full-text link.](#)

This paper aimed to explore adolescent transitions out of pediatric HIV care in a health district of the Eastern Cape, South Africa. Patient data was collected and pathways in HIV care were identified. The study found that only 57.8% of adolescents had initiated antiretroviral therapy in pediatric care, and 20.4% of the total cohort had transitioned out of pediatric HIV care. Two main pathways were identified: classical transition to adult HIV care (43.3%) and down referral transition to primary health care clinics (56.7%). Across pathways, 27.3% experienced cyclical transition or repeated movement between pediatric and nonpediatric care. Health care providers described informal "protocols" for mitigating risk of negative posttransition HIV outcomes.

## *Additional Paper*

- Haghighat et al. (2021) The HIV care cascade for adolescents initiated on antiretroviral therapy in a health district of South Africa: a retrospective cohort study.

03

**Differentiated service delivery models for adolescent sexual and reproductive health services. Conduct gender-disaggregated analyses.**

## *Main Paper*

*Predictors of secondary HIV transmission risk in a cohort of adolescents living with HIV in South Africa*

Toska et al. (2022) *AIDS.* [Full-text link.](#)

The paper aimed to identify predictors of secondary HIV transmission risk among adolescents and young people living with HIV (AYPLHIV) in South Africa. Findings revealed that 14.2% of AYPLHIV reported high secondary HIV transmission risk. Factors such as sexual infection, power-inequitable relationships, parenthood, hunger, and substance use were identified as risk factors. Adolescents reporting none of these factors had a 4% probability of secondary transmission risk, rising to 89% probability with all five identified factors. Older age and early sexual debut were also strongly associated with a higher risk of secondary HIV transmission. Identifying and supporting AYPLHIV at high risk of secondary transmission is crucial and screening for identified risk factors during routine healthcare visits could aid in identifying and providing resources for the most at-risk adolescents.

## *Additional Papers*

- Banounin et al. (2021) Sexual practices among adolescents and young people in Eastern Cape, South Africa: the association with HIV status and mode of infection.
- Toska et al. (2020) Consistent Provisions Mitigate Exposure to Sexual Risk and HIV Among Young Adolescents in South Africa.

## **Programming to improve adolescent mothers and child health outcomes. Test specific predictors and outcomes and compare impacts.**

### ***Main Paper***

#### ***Adolescent-responsive and accessible healthcare improves multiple HIV outcomes among South African adolescent girls and young women living with HIV***

*Toska et al. (Under review - JIAS)*

Adolescent girls and young women (AGYW) living with HIV have poor HIV outcomes and high rates of unintended pregnancy. A study in South Africa analysed survey responses, medical records, and national health laboratory data from 792 participants aged 11-25 years. Two healthcare factors that improve outcomes are accessible (safe and affordable) health facilities and adolescent-responsive healthcare services (respectful staff). These factors were associated with higher odds of adherence, clinic attendance, uninterrupted ART treatment, no TB symptoms, and viral suppression for AGYW. Accessible and adolescent-responsive healthcare is crucial to improving HIV-related outcomes and reducing risks of morbidity, mortality, and onward HIV transmission.

### ***Additional Papers***

- Toska et al. (2022) Achieving the Sustainable Development Goals among adolescent mothers and their children in South Africa: findings from a community-based mixed HIV-status cohort
- Roberts et al. (2021) Adolescent Motherhood and HIV in South Africa: Examining Prevalence of Common Mental Disorder
- Jochim et al. (2022) Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa.
- Kelly et al. (2022) Investing in our future: supporting pregnant and mother learners' return to school, *CSSR Working Paper*
- Jochim et al. (2023) Improving educational and reproductive outcomes for adolescent mothers in South Africa: A cross-sectional analysis towards realising policy goals
- Cluver et al. (2023) Associations of formal childcare use with health and human capital development for adolescent mothers and their children in South Africa: A cross-sectional study
- Steventon Roberts (2023) Exploring the cognitive development of children born to adolescent mothers in South Africa



05

## **Programming to improve adolescent mothers sexual and reproductive health outcomes. Compare most effective service approaches**

### ***Main Paper***

***Reproductive aspirations, contraception use and dual protection among adolescent girls and young women: the effect of motherhood and HIV status.***

Toska et al. (2020) AIDS. [Full-text link](#).

A study conducted in a mixed rural-urban district in South Africa examined reproductive aspirations and contraception use among adolescent girls and young women, including the effect of motherhood and HIV status. The survey included 1712 participants aged 10-24, consisting of adolescent mothers living with HIV, nulliparous adolescent girls living with HIV, HIV-negative adolescent mothers, and HIV-negative nulliparous adolescent girls. Results showed that nearly 95% of first pregnancies were unintended, and hormonal contraception, condom use, and dual protection were low across all groups. Adolescent mothers had the highest probabilities of not using any contraceptive method. Tailored healthcare services are needed to help young women plan their pregnancies and practice dual protection in HIV-endemic communities.

### ***Additional Papers***

- Cluver et al. (2022) Food security reduces multiple HIV infection risks for high-vulnerability adolescent mothers and non-mothers in South Africa: A cross-sectional study
- Cluver and Jochim et al. (2023) Associations of formal childcare use with health and human capital development for adolescent mothers and their children in South Africa: A cross-sectional study

06

## **Associations of social media use and informal m-Health use with sexual risk among adolescents in South Africa.**

### ***Main Paper***

***Associations of social media use and informal m-health use with sexual health risk behaviours among adolescents in South Africa.***

Banounin et al. (Under review – *Sexual and Reproductive Health Matters*)

Increased mobile phone access/use among adolescents in resource-poor settings presents both opportunities and risks for sexual and reproductive health. A study in South Africa found that mobile phone access alone was not associated with sexual risks, but social media use was linked to increased unprotected sex. However, using mobile phones to access health content was associated with decreased risks of substance use and unprotected sex. Boys with mobile phone access and health content use had increased risks of multiple sexual partnerships, while health content use increased risks of inequitable sexual partnerships in adolescents not living with HIV. The study highlights the need for strategies to mitigate risks from social media exposure and promote mobile phone use for protection.

# POLICY BRIEFS

[Link: Translating evidence into practice | UNICEF Eastern and Southern Africa](#)

## 1 NEW EVIDENCE AND PROGRAMMING IMPLICATIONS FOR ADOLESCENT PATHWAYS IN HIV CARE IN SUB-SAHARAN AFRICA

This brief summarizes new evidence from a systematic review and a longitudinal study of 1000 adolescents living with HIV, as well as qualitative work with HIV care providers and provides some considerations for programming.

## 2 MENTAL HEALTH AND ANTIRETROVIRAL TREATMENT ADHERENCE AMONG ADOLESCENCE LIVING WITH HIV: EVIDENCE ON RISK PATHWAYS AND PROTECTIVE FACTORS

This brief summarises findings on mental health challenges interfering with the ability to adhere to ART among adolescents living with HIV. It recommends social support and positive caregiver-adolescent relationships to improve both mental health and adherence among adolescents living with HIV. Integrating mental health support into HIV care and intervening at various levels can enhance adherence and wellbeing.

## 3 NEW EVIDENCE ON THE IMPACTS OF VIOLENCE ON ART ADHERENCE AMONGST ADOLESCENTS LIVING WITH HIV

This brief recommends evidence-based parenting programs, social protection, and safe schools to reduce violence. Effective violence reduction programs can improve adherence to ART, sexual and reproductive health, mental health, and school progression for adolescents living with HIV.

### NEW EVIDENCE AND PROGRAMMING

#### IMPLICATIONS FOR ADOLESCENT PATHWAYS IN HIV CARE IN SUB-SAHARAN AFRICA

The brief summarises new evidence from a systematic review and longitudinal study of 1000 adolescents living with HIV, as well as qualitative work with HIV care providers and provides some considerations for programming.

Highlights: R. Berman, J. Clancy, S. (2017) The effects of decentralising antiretroviral therapy care delivery on health outcomes for adolescents and young adults in low- and middle-income countries: a systematic review. *BMC Health Services Research*.

Highlights: R. Trank, S. Clancy, L. Sobel, L. Mark, D. S. Davis, K. (2017) Transition Pathway Out of Pediatric Care and Associated HIV Outcomes for Adolescents Living with HIV in South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 83(2).

#### KEY MESSAGES

- The idea that "transition" in HIV care is the movement from specialized paediatric to general adult care may not apply for most adolescents living with HIV in sub-Saharan Africa.
- Findings showed that in decentralised healthcare systems, the majority of adolescents initiate ART and are engaged ongoing care in generalised primary care clinics, whilst others remain in paediatric care through young adulthood. For adolescents who do transition there have critical issues between care types.
- Transition from paediatric to adult care was not associated with negative HIV outcomes for adolescents. Referral to generalised primary care clinics does not show damaging effects on adolescent viral suppression, mortality or retention in care.
- Healthcare providers can and do support successful adolescent care pathways through careful readiness assessments, best transition planning and support between facilities.
- Transitions need to be tailored to the best care and service needs.

#### BACKGROUND

Adolescents have the lowest rates of retention in HIV care and ART adherence compared to other age groups. We have usually understood adolescent HIV care transition as the deliberate process of shifting from child-centred to adult-centred care and this shift has been considered a time of high risk for treatment attrition. Much of the research on adolescent transition has been in high-income countries or in higher-resourced services.

It is essential to understand more about adolescent HIV care pathways in sub-Saharan Africa, where public HIV services have decentralised throughout the region. This means that many adolescents now receive the majority of their HIV care in generalised primary care clinics, with specialised care in tertiary hospitals reserved for clinically unstable patients.

This brief summarises evidence from a systematic review of adolescent care pathways in low and middle income countries, a longitudinal community-based cohort of ART-initiated adolescents in South Africa, and qualitative interviews with HIV care providers. It also provides highlights, some key programming considerations.

We ask what adolescent care transitions look like when they do occur, and whether they are associated with health outcomes.



### MENTAL HEALTH AND ANTIRETROVIRAL TREATMENT ADHERENCE AMONG ADOLESCENCE LIVING WITH HIV

#### EVIDENCE ON RISK PATHWAYS AND PROTECTIVE FACTORS

#### KEY MESSAGES

- Adolescents living with HIV are likely to experience mental health challenges, interfering with their ability to adhere to antiretroviral treatment (ART).
- Bullying and stigmatization impact on the mental health and ART adherence of adolescents living with HIV.
- Social support and caregiver-adolescent relationships can protect against some of these negative effects, and more family lead to better mental health.
- Integrating mental health support into HIV care and intervening at the individual/family/community and health facility level is a critical step in promoting better adolescent adherence and wellbeing.

#### STUDY COHORT

**Study design:** A longitudinal study of 1176 adolescents (10-19 years) who initiated ART at one of the 13 public healthcare facilities in the Eastern Cape, South Africa.

**Timeline:** Between 2014 and 2017, participants were interviewed at baseline and 18-month follow-up, with responses linked to medical records.

#### BACKGROUND

Good mental health and psychosocial wellbeing is especially important for adolescents during their transition to adulthood. It can support resilience, help initiate healthy behaviors, and shape long-term positive health outcomes. Mental health is influenced by a range of biological, social, psychological, and cultural factors, all of which may contribute to an adolescent's ability to function independently and contribute positively to society.

Adolescents living with HIV are more likely to experience mental health challenges compared to their peers who do not have HIV. Adolescents and youth also have lower rates of adherence to ART and retention in HIV care and higher rates of HIV-related deaths compared to other age groups.

It is important to understand risk factors that may link poor mental health and poor ART adherence among adolescents and to identify factors that can support their treatment adherence, even in the face of mental health challenges. Exploring these factors can shed light on how mental health and HIV treatment outcomes are linked and guide the development of more effective interventions to support adolescents living with HIV.

This brief presents combined findings from several published analyses using data from a longitudinal community-based study of adolescents who initiated ART in South Africa. We draw from these analyses, and the findings of previous studies, to provide some key programming considerations.

### NEW EVIDENCE ON THE IMPACTS OF VIOLENCE ON ART ADHERENCE AMONGST ADOLESCENTS LIVING WITH HIV

#### KEY MESSAGES

- Many adolescents in Eastern and Southern Africa are exposed to various forms of violence in their homes, communities, and relationships. The impact of violence on the risk of morbidity and mortality is more pronounced for adolescents living with HIV compared to their peers who do not have HIV.
- Adolescents living with HIV who are exposed to violence, of any form, are less likely to adhere to antiretroviral therapy (ART).
- Intervening in evidence-based parenting programmes, social protection and safe schools can reduce violence exposure amongst adolescents living with HIV.
- Programmes that effectively reduce violence amongst adolescents living with HIV can have profound effects on adolescents' adherence to ART, in addition to increasing adolescents' sexual and reproductive health, mental health, and school progression.

#### BACKGROUND

Eastern and Southern Africa is home to 70% of adolescents, ages 10-19, living with HIV globally and this age group has the highest rates of ART non-adherence\*. Non-adherence to ART can result in elevated viral load, increasing the risk of onward HIV transmission, AIDS-related morbidity, and mortality\*\*. Therefore, identifying factors that lead to ART non-adherence is essential for the wellbeing of adolescents living with HIV.

Given global evidence of multiple negative impacts of violence on children's mental/physical health, violence may also be an important contributor to ART non-adherence amongst adolescents. In 11 countries that have conducted the national Violence Against Children Surveys (VACS): 23% of girls and 10% of boys experienced sexual violence; 40% of girls and 54% of boys experienced physical violence; and 23% of girls and 10% of boys experienced emotional violence\*\*. Violence exposure occurs within a range of settings: family, authority figures, child marriage, intimate partner violence, and witnessing domestic violence between adults. Psychological trauma from experiencing and

witnessing violence can lead to physical injury, mental stress and a loss of sense of agency\*\*†. Such psychosocial factors have been associated with increased risk to ART non-adherence.

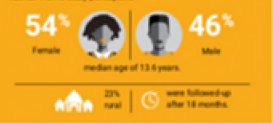
This brief uses data from a longitudinal cohort of adolescents living with HIV to examine violence experienced by adolescents living with HIV, associations between exposure to violence and ART non-adherence and suggests actions that can be taken to reduce these risks.

#### METHODS

The Mbereti Wabho study recruited 1060 adolescents living with HIV (10-19 years old) from 12 public healthcare facilities and community tracing in the Eastern Cape, South Africa. Adolescents were interviewed three times between 2014-2018. Self-reported ART adherence was validated against viral load data from clinical records. Physical and emotional violence were measured using UNICEF Measures for National-level Monitoring of Orphans and Other Vulnerable Children† and Social and Health Assessment peer victimization scale†. Exposure to sexual violence was measured using the Juvenile Victimization Questionnaire (JVQ)†.

We tested whether different types of violence are associated with ART non-adherence, if there was an additive effect of multiple victimization on adolescents' ART non-adherence, and the impact of combination services on reducing violence and ART non-adherence for adolescents living with HIV.

#### Mbereti Wabho study participants



This brief summarises evidence from reports:

- 1) [Berman, R., Clancy, S. \(2017\) The effects of decentralising antiretroviral therapy care delivery on health outcomes for adolescents and young adults in low- and middle-income countries: a systematic review. BMC Health Services Research](#).
- 2) [Trank, R., Clancy, S., Sobel, L., Mark, D., Davis, K. \(2017\) Transition Pathway Out of Pediatric Care and Associated HIV Outcomes for Adolescents Living with HIV in South Africa. Journal of Acquired Immune Deficiency Syndromes](#), 83(2).

References

- 1) [Berman, R., Clancy, S. \(2017\) The effects of decentralising antiretroviral therapy care delivery on health outcomes for adolescents and young adults in low- and middle-income countries: a systematic review. BMC Health Services Research](#).
- 2) [Trank, R., Clancy, S., Sobel, L., Mark, D., Davis, K. \(2017\) Transition Pathway Out of Pediatric Care and Associated HIV Outcomes for Adolescents Living with HIV in South Africa. Journal of Acquired Immune Deficiency Syndromes](#), 83(2).



## 4 INCREASED SCREENING FOR ADOLESCENTS AT HIGH RISK OF ANTIRETROVIRAL NON-ADHERENCE

This brief presents a short and simple evidence-based screening mechanism using the World Health Organization endorsed HEADSS assessment and the HEADSS+ questionnaire. This screening mechanism operates to identify adolescents at high risk of antiretroviral therapy (ART) non-adherence, and to inform effective and integrated HIV care.

**INCREASED SCREENING FOR ADOLESCENTS AT HIGH RISK OF ANTIRETROVIRAL NON-ADHERENCE**

A short and simple evidence-based screening mechanism using the World Health Organization endorsed HEADSS assessment and the HEADSS+ questionnaire

**KEY MESSAGES**

- This screening mechanism operates to identify adolescents at high risk of antiretroviral therapy (ART) non-adherence, and to inform effective and integrated HIV care.
- It provides a simple method to identify adolescents who are very likely to need additional support to remain healthy.
- Through integrating violence prevention, mental health, sexual health and family support into medical care, it helps reduce mortality amongst adolescents living with HIV.

**LOCATION**

South Africa

**THE NEED**

Adolescents living with HIV are at a substantially elevated risk of ART non-adherence, and consequent mortality and morbidity, as compared to other age groups [1]. There are many varied and intertwined aspects of adolescence which present complex adherence challenges for both adolescents and their treatment providers, extending well beyond the taking of tablets to the normative social, familial and psychological context of this life stage. In sub-Saharan Africa's high-burden, low-resource healthcare and community settings, providers need to know which adolescents will most benefit from additional support. Methods

## 5 SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG PEOPLE AFFECTED BY HIV: RISK PATHWAYS AND PROMISING PROTECTIVE PROVISIONS.

This brief summarises evidence around exposure to sexual risk and sexual violence for adolescent girls and boys. It recommends consistent interventions like school feeding programs, parenting programs, and violence prevention which can reduce early sexual risk exposure. These interventions, alone and in combination, are linked to reduced sexual risk exposure for adolescent girls and young women living with HIV.

**SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG PEOPLE AFFECTED BY HIV: RISK PATHWAYS AND PROMISING PROTECTIVE PROVISIONS.**

**KEY MESSAGES**

- Exposure to sexual risk and sexual violence is high for both boys and girls. However, adolescent girls and young women experience higher rates of both sexual risk exposure and sexual violence compared to their male counterparts.
- Among adolescent girls and young women, rates of dual protection (the use of condoms and contraception) were low - with usage rates lower for those living with HIV compared to those who have not acquired HIV.
- Among those living with HIV, adolescents and young people who have been recently diagnosed with HIV have an increased vulnerability to sexual risk, compared to those who acquired HIV previously.
- Combinations of interventions reaching adolescents and young people consistently over time can reduce early sexual risk exposure. These interventions include school feeding programmes, parenting programmes, and violence prevention.
- Among adolescent girls and young women living with HIV, these interventions - alone and in combination - are linked to lower rates of sexual risk exposure.

**BACKGROUND**

By 2050, it is estimated that 262 million adolescents and young people, ages 10-24, live in Eastern and Southern Africa (ESA), accounting for nearly 26% of the region's projected total population. While this vibrant demographic offers great potential for their own and future generations, young people often encounter significant sexual and reproductive health (SRH) challenges that threaten their well-being. In 2021, HIV infections among those aged 15-24 years were estimated to account for 37% of

Insights and social stigma associated with being sexually active during adolescence negatively impact the availability, accessibility, and use of critical SRH services, such as comprehensive sexuality education, contraception, safe abortion, and HIV prevention and treatment. Adolescents and young people living with HIV require tailored support to mitigate SRH and HIV-related risk.

Understanding and meeting the SRH needs of adolescents and young people, including those living with HIV, is essential in supporting this generation to thrive. This brief summarises research findings on adolescents' and young people's experience of SRH from early adolescence, with a special focus on those living with HIV. It also highlights key programming considerations to support SRH and rights for this population.

**METHODS**

Findings are drawn from a 4-year (2014-2018) longitudinal cohort study. The dataset includes rich social science data. A variety of quantitative analysis techniques were used to investigate drivers of poor SRH outcomes, map risk pathways, and identify promising SRH interventions.

**RESEARCH:** Adolescents (15-19 years) who initiated ART (n=166) at one of the 53 public healthcare facilities in the Eastern Cape, South Africa were traced and approached for study participation. Adolescents not living with HIV (n=473) who were co-residents or living in neighbouring households were also recruited for study participation.

57% Female median age of 13.6 years 43% Male

## 6 PREGNANCY AND MOTHERHOOD AMONG ADOLESCENT GIRLS AFFECTED BY HIV: RISK PATHWAYS AND PROMISING PROTECTIVE PROVISIONS

This brief summarises evidence around postpartum contraception use among adolescents living with HIV. Poor mental health was higher among adolescent girls compared to adolescents who had never experienced pregnancy, with the prevalence of any common mental health disorder being highest among adolescent mothers living with HIV.

**PREGNANCY AND MOTHERHOOD AMONG ADOLESCENT GIRLS AFFECTED BY HIV: RISK PATHWAYS AND PROMISING PROTECTIVE PROVISIONS**

**KEY MESSAGES**

- Adolescent girls in Eastern and Southern Africa experience high rates of unintended first pregnancies. Adolescent mothers, particularly those living with HIV, are more likely to experience sexual risk exposure than adolescents who have never been pregnant.
- Although antenatal (ART) uptake during pregnancy was high for adolescents living with HIV, only a third had started before pregnancy and overall, engagement in antenatal care was suboptimal.
- Postpartum contraception use, particularly dual protection rates, was extremely low.
- Poor mental health was higher among adolescent girls compared to adolescents who had never experienced pregnancy, with the prevalence of any common mental health disorder being highest among adolescent mothers living with HIV.
- Multisectoral packages - that include school access during pregnancy, formal childcare, confidence strengthening, and youth-friendly clinic services - are a critical step in supporting adolescent mothers with school continuation and progression after giving birth, reducing HIV risk behaviours, strengthening a positive future outlook, and supporting healthy development of their child.
- Despite multiple pregnancy-related challenges, most adolescent mothers are the primary caregivers of their children and are hopeful about their life trajectories.

**BACKGROUND**

Eastern and Southern Africa (ESA) have among the world's highest rates of adolescent pregnancy and parenthood, with an estimated 21% of girls becoming pregnant before the age of 20. The demands of parenthood, often coupled with low partner support, compound adolescent mothers' vulnerability to school dropout, poverty, isolation, and HIV acquisition.

Two-thirds (64.7%) of the global population of adolescents living with HIV ages 15-19, reside in ESA. Challenges related to pregnancy and parenthood can threaten ART adherence among adolescents living with HIV whose ART adherence rates are already lower than those of all other age groups. These disadvantages are predicted to extend to the children of adolescent mothers, with the next generation showing lower educational achievement, higher poverty, and increased risk of becoming adolescent parents themselves.

Yet, there is limited research on how to improve health, economic, and social outcomes for adolescent mothers and their children. This brief summarises adolescent experiences of pregnancy and early motherhood, with a special focus on adolescents and young mothers living with HIV. It highlights key programming considerations that can foster positive pregnancy and parenting experiences and good outcomes for adolescent mothers and their children.

**METHODS**

We used quantitative and qualitative data from interviews conducted between 2018-2019 with adolescent girls and young women, some of whom had become mothers. Adolescent girls and young women were enrolled in the following cohort studies:

- The Mbitani Wadoho study is a cohort study of 1,519 adolescents aged 10-19 years, both living with HIV (n=548) and without HIV (n=472), recruited from 53 public healthcare facilities and neighbouring communities in the Eastern Cape, South Africa. About 57% of this cohort is female and median age is 13.6 years.
- The Helping Empower Youth Brought up in Adversity with their Babies and Young (HEY BABY) study is a mother-child dyad cohort study of 1,048 adolescent mothers, both living with HIV and without HIV, and their 1,343 children. Participants were living in the Eastern Cape, South Africa, and the average age of the firstborn child was 20 months at time of interview.



# RESEARCH TOOLS SHARED

Three research tools were created for programme implementers.



## HEY BABY Study Research Tools

The HEY BABY study tools, which were used to collect data with 1046 adolescent mother and child dyads since March 2018, have been made publicly available. Study tools include the Adolescent Health and Well-being Questionnaire and Adolescent Parent Questionnaire from baseline data collection, the Adolescent and Young Parent and Health and Well-being questionnaires from follow-up data collection, and the HEY BABY guidelines for referrals. [Link](#)

## SDG accelerator analyses: A step by step guide on what to do with observational data

GCRF Hub Meeting, Jan 26th  
Will Rudgard and Mark Orkin

## SDG accelerator analyses: A step by step guide on what to do with observational data

A [guide](#) and Stata [syntax](#) to conduct accelerator analyses with observational data were also made publicly available. SDG accelerators are interlinked interventions that can expedite progress across a range of goals, and the guide helps choose accelerators and outcomes while identifying synergies using an example on child violence.

## REMOTE METHODS FOR ENGAGING ADOLESCENTS AND YOUNG PEOPLE IN RESEARCH:

Lessons from adolescent advisors in Kenya and South Africa during COVID-19

May 2022

## REMOTE METHODS FOR ENGAGING ADOLESCENTS AND YOUNG PEOPLE IN RESEARCH: Lessons from adolescent advisors in Kenya and South Africa during COVID-19

This resource shares lessons from 18 months of remote research with adolescents and young people in South Africa and Kenya. It is a practical toolkit for research projects, policy makers, and organizations conducting or planning to conduct remote research with this demographic. [Link](#)



# Peer reviewed Evidence Reviews

4

Evidence  
Reviews



## **Recent Interventions to Improve Retention in HIV Care and Adherence to Antiretroviral Treatment Among Adolescents and Youth: A Systematic Review.**

The first review of evidence has been conducted and published in the Journal of AIDS Patient Care and STDs. This systematic review provides an evidence update of empirically evaluated interventions that keep adolescents in HIV treatment and care. Key messages were presented to ESAR Country Offices during a webinar in September 2019.

[Full-text link](#)



## **The effects of decentralising antiretroviral therapy care delivery on health outcomes for adolescents and young adults in low- and middle-income countries: a systematic review**

This systematic review was conducted to assess the impact of decentralising facility-based HIV care on outcomes for youth living with HIV in low- and middle-income countries. Two studies met the inclusion criteria, suggesting the potential for decentralised care to result in equivalent outcomes for youth in terms of retention in care and mortality. However, the limited sample size and significant selection and allocation bias make it challenging to draw clear conclusions. Further research is needed to analyse the effects of decentralising HIV care for youth living in resource-limited settings.

[Full-text link](#)



## **Adolescent mothers affected by HIV and their children: A scoping review of evidence and experiences from sub-Saharan Africa**

Adolescent mothers and their children affected by HIV are often overlooked in research, funding, and programming for health-related outcomes in sub-Saharan Africa. We conducted an extensive scoping review of current evidence on the experiences of adolescent mothers affected by HIV and their children in this region. The syndemic of early motherhood and HIV increases their vulnerability. Promising programs focused on supporting adolescent mothers through novel approaches exist, but complex needs for this vulnerable group remain unmet. Further research and programming priorities are needed to address the gaps in their needs.

[Full-text link](#)



## **Understanding mental health in the context of adolescent pregnancy and HIV in sub-Saharan Africa: a systematic review identifying a critical evidence gap.**

Adolescent mental health is a neglected issue globally, particularly in sub-Saharan Africa where adolescent pregnancy rates and HIV prevalence are high. This systematic review aimed to identify the prevalence of common mental disorders among adolescents living with HIV who have experienced pregnancy in sub-Saharan Africa, as well as risk and protective factors and interventions for common mental disorders. A search of electronic databases and hand-searching identified only one quantitative study reporting on depressive symptoms among 14 pregnant adolescents living with HIV in Kenya, which did not meet the high methodological quality of the review. No studies were identified that reported on risk and protective factors or interventions for common mental disorders. The lack of research on this topic is a critical evidence gap that limits evidence-based policy and programming responses and regional development opportunities.

[Full-text link](#)



# Webinars



In September 2019, the first webinar of a series was held to provide ESAR Country Offices with evidence and solutions to strengthen programming and services for adolescents. The webinar included a presentation on interventions to improve retention in HIV care and adherence to antiretroviral treatment among adolescents and youth.

The second webinar as part the series was on newly identified transition trajectories for adolescents living with HIV.



Webinars were also held as part of the webinar series, "Evidence & Solutions for Adolescents in Eastern & Southern Africa Adolescents, HIV and motherhood: Emerging findings from South Africa". Participants gained insights on how to strengthen programming and services for adolescents living with HIV and adolescent mothers affected by HIV. The webinar focused on:

- A literature review of adolescent mothers affected by HIV and their children was presented to the audience.
- Preliminary analyses on the Mzantsi Wakho & HEY BABY studies in South Africa were shared, including the experiences of adolescent mothers and their children.
- New evidence on adolescents living with HIV, adherence, sexual risk, and violence was discussed.



A webinar held on July 1st 2021 addressed the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa. The webinar promoted differentiated, evidence-based approaches to meet the complex needs of adolescent and young mothers. Using data from HEYBABY, we highlighted achievement towards SRHR and shares key learnings on how to strengthen HIV and health services for adolescent and young mothers and their children. Presented data from HEY BABY study on:

- Sexual Reproductive Health: Hormonal contraception and condoms use, sexual risk reduction
- Mental Health
- Aspiration and Future opportunities

# Webinars



A webinar presented by A/Prof Elona Toska on 10 December 2021 discussed research on the health of adolescents and their children, including prevention and responding to vulnerability. Despite the increase in studies, adolescents still experience high levels of unplanned pregnancies. The presentation shared three strategies to support mothers living with HIV and their children: clinic accelerators, building positive relationships, and mental health and social protection.



A webinar, "Improving violence, mental health, and HIV outcomes among adolescents and young people living with HIV in Eastern and Southern Africa: Evidence Update & Policy Briefs," was presented by Nontokozi Langwenya on May 24, 2022, as part of the Paediatric and Adolescent HIV Learning Collaborative for Africa. The objectives of the meeting were to foster learning, innovation, and collaboration among MOH programming teams and partners in countries on the African continent, provide a platform for sharing guidelines, implementation frameworks, curricula, toolkits, job aids, and client/caregiver information/education/communication materials that can be used to improve paediatric and adolescent HIV programs, and maintain an updated directory of Ministry of health paediatric and adolescent HIV focal persons to ease communication, coordination, and sharing across countries.



Additionally, a webinar series was held for an internal UNICEF meeting in eSwatini titled "Accelerating Gains in Adolescent HIV: Evidence from Two South African Studies" to support the enhancement of UNICEF's adolescent HIV and SRH strategic planning and response, identify good practices, and engage with key partners for the eSwatini team.



A webinar series was held to discuss multisectoral accelerators for adolescents and HIV and SRH outcomes. The event explored working models and practices during the COVID-19 pandemic, establish partnerships, and commit to a clear roadmap for collaboration to support the accelerated national implementation of MPS.

**1** **PROTOCOL REVIEW:** Prof Lucie Cluver and Dr Elona Toska provided feedback on the strengths of a study protocol drafted by UNICEF Zimbabwe. This included feedback on both the strengths of data collection tools as well as study design. Further feedback was provided in a follow-up meeting which allowed the Oxford team to provide expert knowledge exchange. The discussion from this meeting supported the implementation of research tools that would enhance the country office's (Zimbabwe) capacity to implement evidence-building tools.

**2** **PROTOCOL REVIEW:** The Oxford team provided feedback on a study protocol developed for research by UNICEF Tanzania. In early April 2019, the team met with UNICEF Tanzania to discuss a study on adolescents living with HIV and education. Feedback on this study protocol allowed the country office to ensure that research aims are feasible to answer and applied appropriate research design. This consultation provided the country office with feedback that enhances the country to office to successfully implement evidence-building activities.

**3** UNICEF ESAR Network Meeting held on 17th September 2020 aimed to provide opportunities to access and translate research and evidence findings into programming. The objectives of the session included an overview of research designs, summarizing two key research examples, and identifying policy and programming changes based on evidence presented and discussed. The session was facilitated by a group of researchers from both Oxford and UCT.

***Skill building  
sessions for  
UNICEF country  
offices and  
partners planning  
or conducting  
research***



# RESEARCH CLINICS

- 4 UNICEF SACO received feedback on their TOR for m2m evaluation from the Oxford-UCT team. Prof Lucie Cluver and A/Prof Elona Toska provided feedback via email communications and during a meeting on March 30, 2021. The evaluation was for the peer mentor program for adolescent girls and young women in Tshwane, eThekweni, and uMgungundlovu.
- 5 UNICEF ESARO held an internal workshop on December 9th, 2021 to discuss the importance of data disaggregation, which the Oxford and UCT team participated in. The objectives of the workshop included exploring data beyond cohorts, identifying barriers to disaggregating data for children and adolescents, and discussing opportunities for UNICEF ESARO to leverage their comparative advantage.
- 6 A Research Clinic was held with UNICEF ESARO and their Technical Advisor in Malawi for the development of a risk and vulnerability targeting tool, and risk referral pathways. A/Prof Elona Toska shared thinking on drivers from Lesotho and the use of the AGYW Priority Population Size Estimate tool.

# CONSULTATION



Consultation

An additional consultation was conducted with UNICEF ESARO colleagues during this PD.

**Title: Identifying an effective package of support for adolescent mothers: planning research analyses**

In this consultation, the Oxford-UCT research team planned research analyses with UNICEF ESARO colleagues to identify what package of services would address the multiple needs of adolescent mothers and their children. The Oxford-UCT research team presented previous findings on first steps to a package of care, and findings from design incubators with young people - participatory workshops focused on having young people's voices inform the implementation of a new policy on learner pregnancy from the South African Department of Education.

# REGIONAL EVIDENCE SHARING WORKSHOPS



Regional Workshops and Presentations

The Oxford-UCT team successfully conducted three regional evidence-sharing workshops to support partners in developing programs that provide differentiated services. In addition to these workshops, the team has also held 5 other workshops and presentations at conferences as part of this PD.

Event	Title	Presenter
UNICEF Regional Training September 2020	Evidence Translation into programming	<ul style="list-style-type: none"> <li>• Prof Lucie Cluver</li> <li>• A/Prof Elona Toska</li> </ul>
2gether 4 SRHR Regional Programme Steering Committee meeting March 2021	SRHR & wellbeing for adolescent mothers: New evidence update from Southern Africa	<ul style="list-style-type: none"> <li>• Prof Lucie Cluver</li> <li>• A/Prof Elona Toska</li> <li>• Nontokozi Langwenya</li> </ul>
UNICEF ESARO Internal Meeting with the ESARO Programme Coordination Team (including the Deputy Regional Director and all regional advisors. April 2022	Achieving the SDGs for Africa's Adolescents: Multisectoral accelerators	<ul style="list-style-type: none"> <li>• Prof Lucie Cluver</li> </ul>

## Additional Workshops and Presentations

- Event:** 2gether 4 SRHR session in March 2020, which country govt and UN focal points joined
- Event:** SADC SRHR Managers' meeting, Sept 2021
- Event:** African union high level panel on innovation and emerging technologies (APET) & Calestous Juma Executive Dialogue on Innovation and Emerging Technologies (CJED), Sept 2021
- Event:** 2gether 4 SRHR Regional Knowledge Sharing and Learning Symposium, Oct 2022
- Event:** International HIV and Adolescence Workshop Oral Presentation and Panel Discussion, Oct 2022



# SYNTHESIS REPORT



## Identifying drivers and mitigators of adolescent HIV and sexual and reproductive health risk and the implications for practice: A Synthesis of Evidence-to-Action Research



This report summarises the work that was conducted through this partnership between UNICEF, the University of Oxford and the University of Cape Town to identify common themes and generate new insights on factors that put adolescents at risk of poor health and well-being outcomes, and interventions that can improve health outcomes. It also pulls together the cross-cutting implications for policy and practice. The synthesis included secondary data analysis from three longitudinal adolescent cohort studies and four systematic reviews. The research showed that multisector interventions delivered in the right combination can improve outcomes for adolescents across health, education, and violence prevention. Practical considerations for programming at scale include accessible, responsive, and respectful healthcare; strengthened screening, linkages, and referral pathways; positive caregiver supervision and engagement; and empowering adolescents with accurate information and skills. [Link to report](#)



# Oxford-UCT Team



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