



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 within their families, 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).
- Investing 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 improving 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-adherence¹. Non-adherence to ART can result in elevated viral load, increasing the risk of onward HIV-transmission, AIDS-related morbidity, and mortality². 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 and 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): 9-19% of girls and 1-11% of boys experienced **sexual violence**; 17-47% of girls and 19-61% of boys experienced **physical violence**; and 4-21% of girls and 4-15% of boys experienced **emotional violence**³. 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 agency⁴. Such psychosocial factors have been associated with increased risk to ART non-adherence.

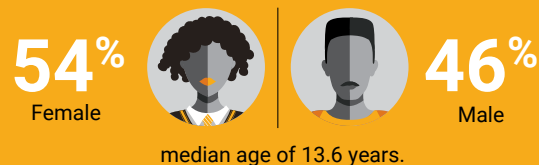
This brief uses data from a longitudinal cohort of adolescents living with HIV to examine violence experienced by adolescents living with HIV, associations between exposure to violence and ART non-adherence and suggests actions that can be taken to reduce these risks.

METHODS

The Mzantsi Wakho study recruited 1090 adolescents living with HIV (10-19 years old) from 52 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 Children⁵ and Social and Health Assessment peer victimization scale⁶. Exposure to sexual violence was measured using the Juvenile Victimization Questionnaire⁷.

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.

Mzantsi Wakho study participants



23% rural



were followed-up after 18 months.

This brief summarises evidence from papers:

- 12 <https://doi.org/10.1002/jie2.25832>
- 13 <http://dx.doi.org/10.1097/QAD.0000000000001795>
- 14 Cluver et al (2022). Impacts of intimate partner violence and sexual abuse on antiretroviral adherence amongst adolescents living with HIV in South Africa. (Unpublished manuscript).
- 15 <http://dx.doi.org/10.1097/QAD.0000000000002882>
- 16 [https://doi.org/10.1016/S2352-4642\(19\)30033-1](https://doi.org/10.1016/S2352-4642(19)30033-1)

References

- 1 <http://www.childrenandaids.org/sites/default/files/2021-06/Adolescents-HIV-Eastern-Southern-Africa-2021.pdf>
- 2 <http://dx.doi.org/10.7448/IAS.18.7.20745>
- 3 <https://www.togetherforgirls.org/impact-report-2021/>
- 4 <https://doi.org/10.1016/j.chiabu.2018.03.005>
- 5 http://www.childinfo.org/files/PsychosocialMeasures_Final06_Pdf





DEFINITIONS

- **Physical violence:** violence which results in physical harm from an interaction with a caregiver, teacher, or peer^{5,8}.
- **Emotional violence:** failure to provide a developmentally appropriate and supportive environment. Acts include patterns of belittling, denigrating, scapegoating and threatening^{5,6,8}.
- **Intimate Partner Violence:** past-12-month exposure by a romantic partner or spouse to physical abuse (pushed, shoved, grabbed, or slapped), emotional abuse (insulted, swore, or said something to spite me), and controlling behaviour (always wants to know where you are)⁹.
- **Sexual violence:** a sexual act that is perpetrated by anyone against someone's will, including a completed non-consensual sex act (rape), attempted non-consensual sex acts, abusive sexual contact (unwanted touching), and non-contact sexual abuse (unwanted looking/showing)⁷.
- **ART non-adherence:** ART medication adherence below 95% over the preceding seven days, including the weekend and/or viral load < 1000 copies/mL.
- **Supportive parenting:** measured as consistent positive parenting and parental monitoring¹⁰. Parenting refers to the act of caregiving for a child and includes biological and non-biological caregivers¹¹.

- A large proportion of adolescents living with HIV, both boys and girls, experienced violence of different kinds.
 - One in five (20%) adolescents reported witnessing someone being shot or stabbed in their community.
 - Between 24-32% of adolescents reported exposure to physical abuse from a caregiver, teacher or peer. About 27% were exposed to emotional abuse from caregivers. Amongst both boys and girls, 3% had experienced intimate partner violence.
 - About 41% of adolescents reported exposure to violence at schools, perpetrated either by teachers or peers.
 - One in five (20%) adolescents had experienced verbal abuse, being shouted at, from healthcare staff at clinics.
 - About 23% of adolescents reported exposure to sexual violence, with girls experiencing sexual violence at a higher rate than boys (27% vs 16%).
- Non-adherence to ART increased as adolescents experienced violence in multiple settings.
 - Exposure to physical or emotional abuse at home increased risk of non-adherence to ART by 12% for both girls and boys.
 - Adolescents with no sexual violence or no intimate partner violence exposure reported 72% adherence in the past week. This reduced to 38% ART adherence with exposure to both sexual and intimate partner violence [Figure 2].
 - Ending exposure to any form of violence (physical abuse, emotional abuse, clinic verbal abuse and violence at school) was predicted to reduce the risk of non-adherence from 75% to 25%.

FINDINGS¹²⁻¹⁶

- Adolescents' adherence to ART was low and did not differ by sex. Only 37% of adolescents reported ART adherence at all time points: boys=35.2% and girls=39.1% [Figure 1].

Figure 1: Adherence rates amongst adolescents living with HIV between 2014-2018.

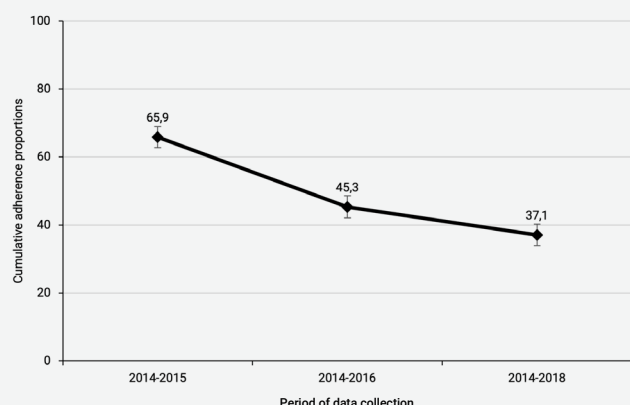
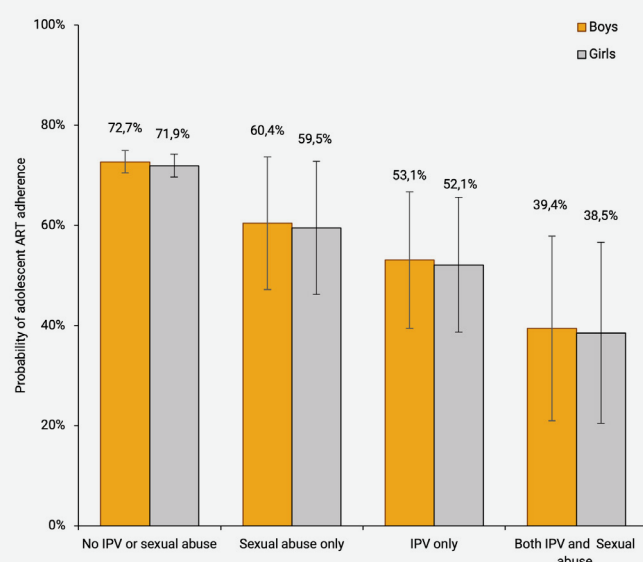


Figure 2: Effects of sexual violence and intimate partner violence on probabilities of ART adherence for adolescent girls and boys living with HIV.



6 Ruchkin et al. (2004) Social and health assessment (SAHA).

7 <http://hdl.handle.net/20.500.11990/1239>

8 https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

9 https://apps.who.int/iris/bitstream/handle/10665/67422/WHO_FCH_GWH_02.2.pdf

10 DOI 10.1007/s10826-006-9082-5

11 https://www.unicef-irc.org/publications/pdf/IDP_2016_02.pdf

17 <https://doi.org/10.1080/13548506.2016.1271950>

18 <https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children>

19 <https://www.togetherforgirls.org/wp-content/uploads/2019-11-15-What-Works-to-Prevent-Sexual-Violence-Against-Children-Evidence-Review.pdf>

20 <https://www.unicef.org/documents/action-end-child-sexual-abuse-and-exploitation>

21 <https://doi.org/10.2105/AJPH.2021.306509>

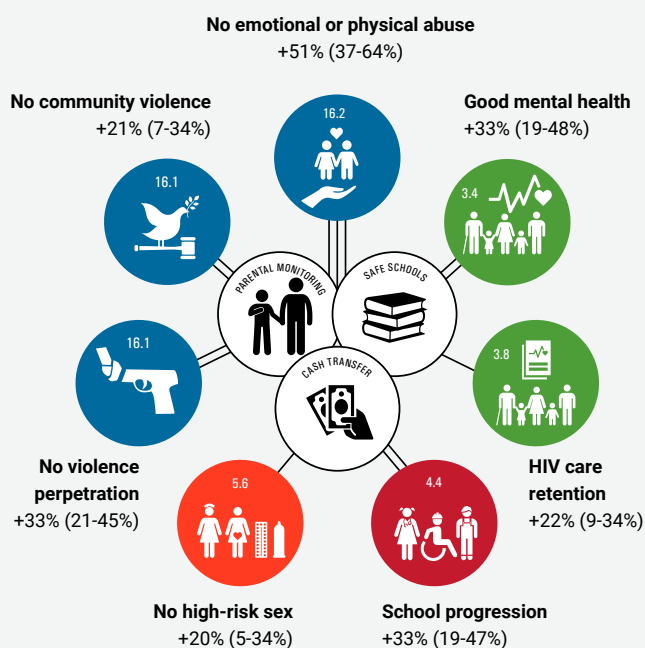




- Supportive parenting was associated with a strong reduction in exposure to multiple forms of violence for adolescents living with HIV.
 - When coupled with social protection (cash transfers) and safe schools (no teacher violence), the proportion of adolescents reporting no emotional or physical violence increased by 51% [Figure 3].
- The combination of supportive parenting, social protection and safe schools had a multiplier effect on several other Sustainable Development Goals for adolescents living with HIV, resulting in improved mental health of 33%, improvements in retention in HIV care of 22%, and school outcomes of 33%, and reduced SRH risks of 20%.



Figure 3: Combination services and their impacts for adolescents living with HIV. The % shown are the increases in positive outcomes for adolescents living with HIV who receive a combination of a government cash transfer (the South African Child Support Grant), supportive parenting/caregiving supervision, and go to a school where they do not experience physical violence from a teacher. This shows increases in no emotional or physical violence of 51%, no witnessing of community violence of 21% and no violence perpetration of 33%.



WHAT DOES THIS MEAN FOR PRACTICE?

- ➔ Adolescents living in Eastern and Southern Africa reported high rates of exposure to violence. Evidence suggests that rates of exposure to violence are similar for adolescents living with and without HIV. **However, violence has different impacts by HIV status:** when violence reduces adherence to ART, it can have severe consequences on HIV-illness and risk of death.
- ➔ Violence prevention and response are important components in supporting adolescents with ART adherence. In addition to other known factors that support adherence to ART, **adolescents should be screened for exposure to violence when starting ART and during subsequent HIV care visits.** Adolescents who have been exposed to violence can be identified through the integration of violence into HIV care screening tools.
- ➔ While there has been an increase in the availability of violence response services in the region, access and uptake remains low¹⁷. **Strengthening linkage and referral pathways** between child protection, violence prevention and response services and HIV care is required. This can include the use of peer navigators for linkages coupled with shorter periods between follow-up calls and visits, approaches that have been shown to promote adolescents' engagement in uptake of services.
- ➔ There is a need to **support the scale-up of effective services** that have been shown to prevent violence exposure for adolescents¹⁸⁻²¹. These include evidence-based parenting programmes, and social protection packages such as government cash transfers.

FUNDERS AND PARTNERS

