



## **TITLE OF PRESENTATION:**

Investigation of retention on treatment and care among adolescents and youth initiated on antiretroviral therapy within the universal test and treat programme in region F, city of Johannesburg

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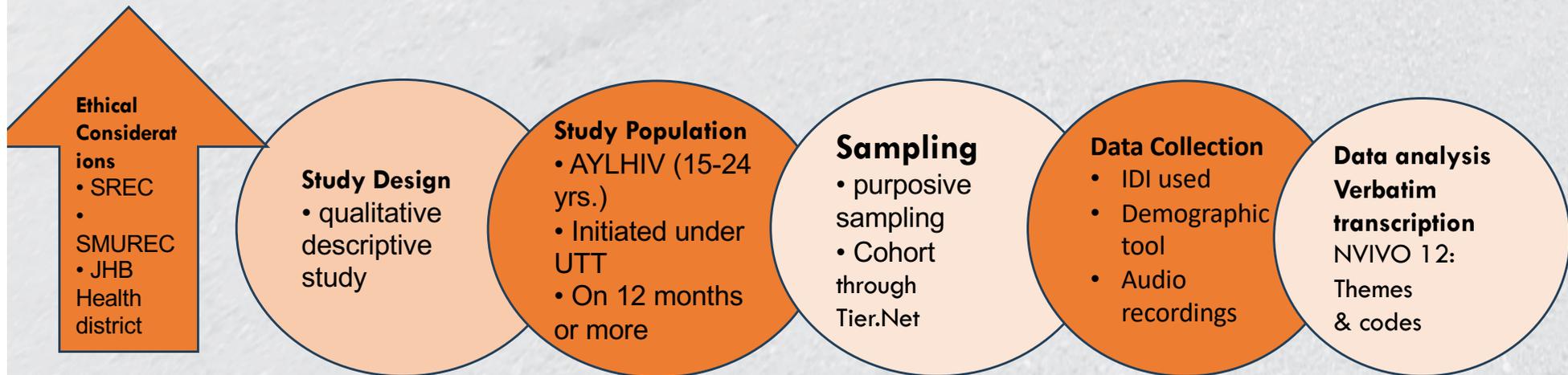
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# Background

- South Africa's enlarging access to the HIV services and ART has led to an increased number of adolescents and youth population receiving HIV testing services and early treatment under the UTT programme for over five years now.
- Maintenance of acceptable levels of retention in care for the 15-24-year-old age group remains a great challenge to both perinatally and behaviorally infected patients.
- Despite high number of PEPFAR or donor funder organizations in Gauteng province including Johannesburg region to support HIV/ AIDS services, ART, and updated HIV/AIDS guidelines;
- In a study by Beerey et al (2018) done in Gauteng Province, Johannesburg, only 74% of adolescents were retained into care within 12 months following ART initiation in UTT programme.
- South Africa implemented the WHO evidence-based guidelines of UTT by 1st September 2016.
- Challenges in retaining adolescents and youth in ART continuously persists currently with UTT initiative.
- We explored strategies used, as well as reasons leading to retention on art among adolescents and youths initiated during UTT programme at region f health facilities in city of Johannesburg, Gauteng province.
- It is necessary to develop relevant interventions that will be aimed at assisting adolescents and youth to remain on treatment and maintain the efforts for those young people who are remaining on ART

# Methodology

- The study was conducted in urban area of the City of Johannesburg, Region F in three facilities which are: Essellen Street Clinic, Yeoville clinic, and Malvern Clinic, that are in the inner city of Johannesburg.



Data was collected over a period of 15 months (Sep 2021-Nov 2022)

# Results

## Demographic characteristics

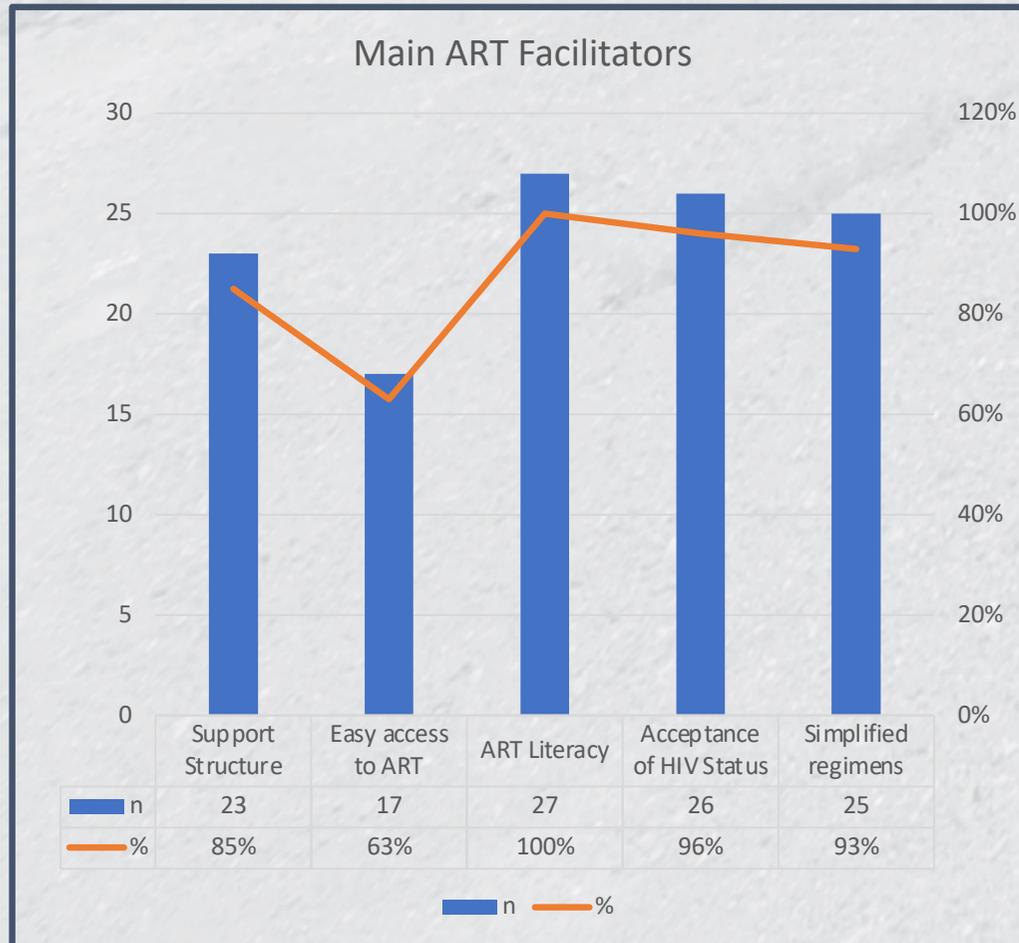
Variables	Frequency	Percentage
<b>Age</b>		
15-18 yrs	10	37%
19-24 yrs	17	63%
<b>Gender</b>		
Male	07	26%
Female	20	74%
<b>ART Start date</b>		
2016 Sep-2017 Dec	04	15%
2020 Jan-2021 Nov	16	59%
<b>Months on ART</b>		
12-24	16	59%
25-48	10	37%
49-72	01	4%
<b>Age at ART start</b>		
10-15	8	30%
16-18	10	37%
19-24	09	33%
<b>ART Regimen</b>		
Fixed dose regimen (One pill)	27	100%
Single dose formulation	0	0%
<b>Mode of transport</b>		
Walk Tertiary 08 30	21	78%
Taxi/ bus	6	22%
<b>Transport Fee</b>		
R0	21	78%
R10-R30	3	11%
R30-60	3	11%

# Results

## Demographic characteristics

Variables	Frequency	Percentage
<b>School/ Employment status</b>		
Secondary	11	40%
Tertiary	08	30%
Employment	08	30%
Not doing anything	0	30%
<b>Family background</b>		
Living with both parents	04	14%
Living with mother alone	11	41%
Living with father alone	01	4%
Living with grandparent	01	4%
Living with guardian	01	4%
Living with my siblings	02	7%
Living with Other	05	19%
Alone	02	7%
<b>Age of HIV status knowledge</b>		
10-15 yrs	08	30%
16-18 yrs	10	37%
19-24 yrs	09	33%
<b>Person who disclosed HIV status</b>		
Mother	05	18%
Father	01	4%
Grandmother	01	4%
Nurse	05	18%
Doctor	04	15%
HIV counsellor	01	4%
Other	10	37%
<b>Age when disclosed to</b>		
10-15 yrs	08	30%
16-19 yrs	10	37%
20-24 yrs	09	33%

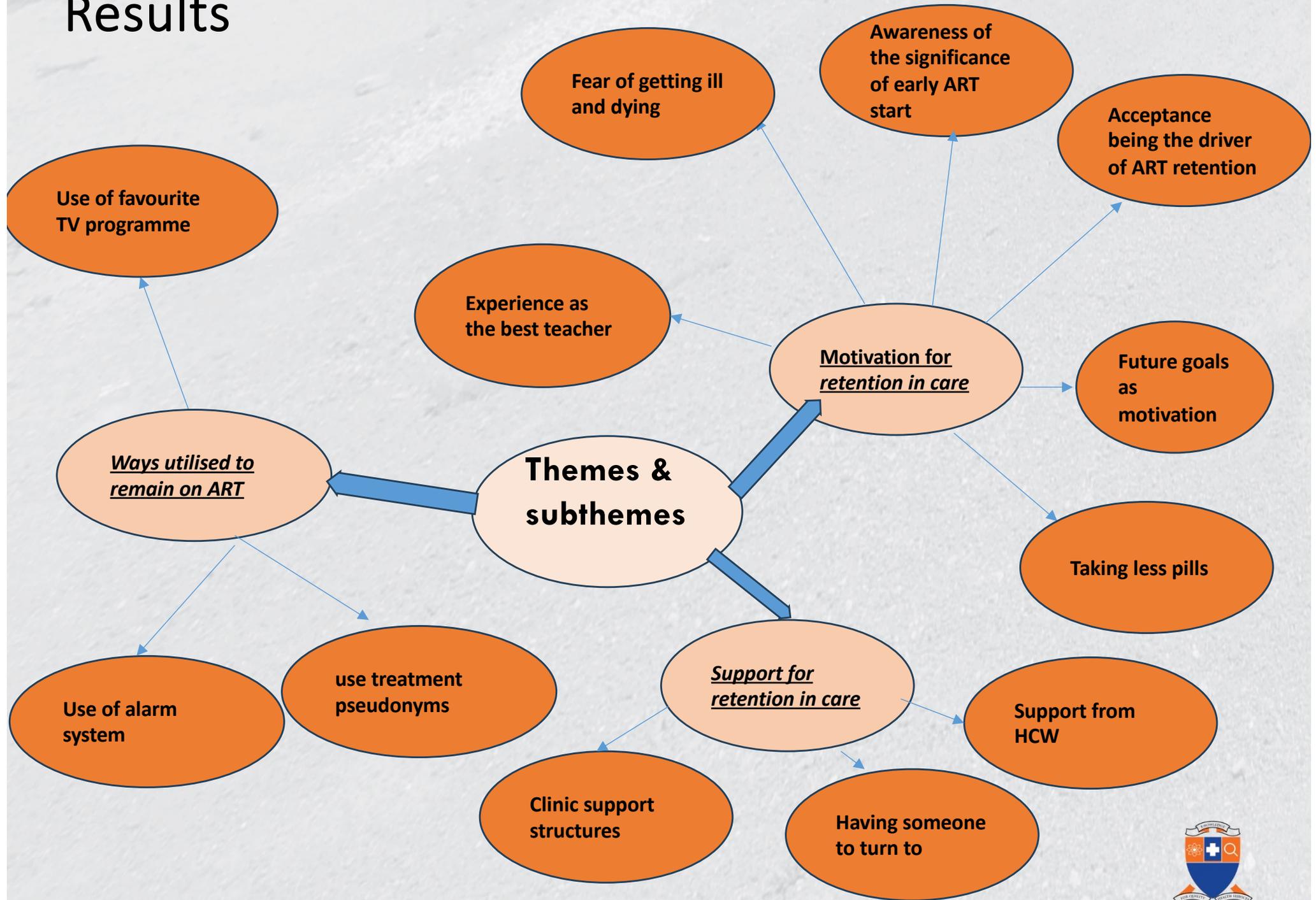
# Results



100% (n27/27) of the study participants indicated that earlier ART start benefited them in improving their health status including:

- prevention of ailments like constant flu and sinusitis
- prevention of HIV transmission to their partners and unborn children.
- HIV diagnosis and ART medication also motivated them to be more driven about their future goals

# Results



## Limitations

- The absence of caregivers as clinic companion for adolescents (below 18 years) prevented the researcher to interview most of these participants as they came to the clinic unaccompanied.
- The study could not assess the association between the caregiver relationship and retention in care, which could have provided more insight in terms of family structures and association to ART retention.
- This study did not include the viral load measure data for retained adolescents to assess the impact of retention in care on the ART outcomes.
- Lastly, the study relied strongly on the utilization of qualitative method to explore adolescents 'views on retention in care.

# CONCLUSION

- Retention on ART for adolescents and youth initiated under the UTT program is crucial for the success of HIV treatment programs.
- The study findings indicate that retention rates were higher among adolescents and youth who received individualized counselling and support services.
- Integrated Health Service provision including health education, Sexual reproductive services and ART by Adolescent Nurse motivated young people to attend their Clinic appointments. Young people are motivated to visit the health care facility for ART care when they do not have to queue for their medication, and they are booked for youth specific clinic days.
- Extended hours and Weekend Health Services that cater for AYLHIV needs at the most convenient time were highlighted as important factors towards improvement of Ric
- Additional youth support groups needed where AYLHIV can discuss their health issues and receive health education messages including HIV information.
- Adolescent specific clinics with reception and waiting areas where adolescents would not have to mix with adults to protect them from judgement and allow peer to peer learning
- Availability of a liquid form regimens or injectables for monthly provision recommended by young people as taking a pill everyday is associated with being ill
- A need of Health care services at school including the health promotion services where young people can learn more about HIV
- In overall, improving retention rates among adolescents and youth on ART is critical in achieving viral load suppression, reducing transmission rates, and ultimately ending the HIV epidemic.
- Lastly, the adaptation and scale-up of the National Department of Health's Matrix of intervention for improvement of health outcomes of adolescents and youth living with HIV in various Districts could assist with improvement of HIV health services provided to youths and sustainability of Health services for young population in turn improving their health outcomes.

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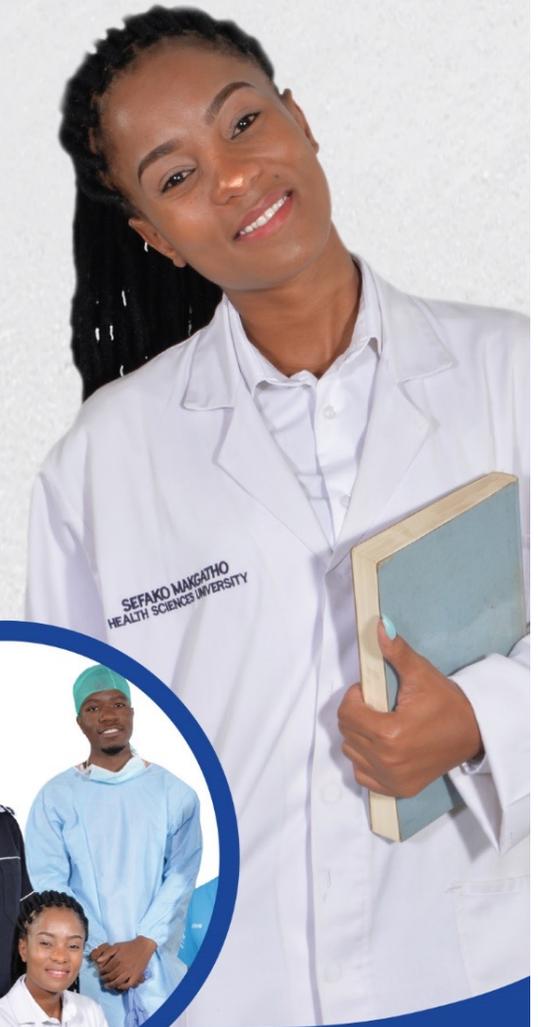
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