

Training course in adolescent sexual and reproductive
health 2021

HIV prevention and care

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Question 1

Name three factors that increase adolescent girls' risks of acquiring HIV and of the consequences of HIV infection?

The reasons for the increase in the incidence of HIV among girls are: gender inequality and harmful masculinity, violence, poor access to education and employment opportunities, low level of economic independence (1).

Question 2

Name three reasons why we have to do more to address HIV in adolescents than we are doing now?

- 1- There are fewer new infections in young children, but in adolescents, the reduction is almost flat.
- 2- AIDS-related deaths continue to decline for all age groups, but for adolescents, the decline is flat.
- 3- Adolescents living with HIV have inadequate access to antiviral therapy.

Question 3

Name two ways in which service organization of medication refill visits could be differentiated to make them more friendly to young people living with HIV.

Primary Health Care: ART recharge should be as close to people's homes as possible. ART delivery models can be considered as an individual or group outside the center.
Outside the facility: Pregnant or lactating adolescents should continue to be supported in various ART delivery models for clinically stable adolescents.

Question 4

What is the DREAMS initiative? What is meant by "layering" in the context of the initiative? What challenges has the initiative experienced in layering interventions?

The DREAMS Initiative is an ambitious, multi-sectoral program that aims to stop the persistent pattern of HIV infection among AGYW adolescent girls and women by creating opportunities for a determined, resilient, empowered, AIDS-free, mentored, and safe life. DREAMS is a combination of HIV prevention packages that target multiple sources of risk such as economic, social, cultural, behavioral, and biomedical factors that increase AGYW vulnerability to HIV infection.

Layering in the text of the initiative refers to community-based activities that are not delivered directly but that it may benefit from. Also, the layering of services and interventions depends on several factors: 1) Which interventions and services are included in the country's DREAMS program. 2) AGYW age groups (10–14, 15–19, 20–24 years); And 3) specific AGYW individual circumstances (e.g., experiences of sexual violence).

The initiative in layering interventions faced the following challenges:

Layering services in the DREAMS Core Package—at individual AGYW level
Tracking the layering of services (2).

Question 5.1

Explain what Theory of Diffusion of Innovation is?

Innovation diffusion theory believes that innovation can be new information, attitudes, beliefs, or practices, or any other object that seems new by the individual or society and can be disseminated in a specific group. In this theory, behavior change through process Formal and informal communication and modeling are created by trained peers (3).

Question 5.2

Who are “Change Agents”? (Choose one)

Opinion Leaders

Question 5.3

Statistically speaking, what impact did the peer education intervention have on students’ knowledge, as compared to students who were not exposed to the intervention?

The students targeted for peer education had statistically fewer misconceptions and better knowledge of how to transmit and prevent. The only exception was knowledge about sex with an infected person, which was not statistically significant. Of the students targeted for peer education, 68% had good knowledge scores, compared to 43.3% of students who did not receive peer education (3).

Question 5.4

In your country, what role do you believe that peer educators could play in a project/ programme to address HIV among adolescents or young people? Please provide a relevant reference or example.

Peer education plays an important role in health education, especially for HIV prevention, due to the interaction that occurs between peers. Peer education intervention for HIV / AIDS prevention is usually based on behavioral theories. Educating peers over time creates innovation among members of a social system (school, university, working children, drug users) (3).

In Iran, studies have been conducted in the past several years on the role of peers in HIV / AIDS interventions. All studies have shown the role of peers in changing the knowledge, attitude, and behavior of participants. Ahmadi et al. (2019) examined the peer education program in preventive behaviors related to human immunodeficiency virus (HIV) and hepatitis B virus on 100 women with drug-related disorders. Topics in peer education, problem-solving skills, and HIV / HBV information included testing, transmission, and prevention. The number of sexual acts under the influence of drugs and alcohol was significantly reduced. The number of sexual partners also decreased significantly, but total drug use showed no change. In contrast, the percentage of women who came for HIV testing and condom use increased. But the control group did not show a significant difference (4).

Peer education was an effective and practical educational method in increasing knowledge (transmission, prevention) and improving attitudes about HIV / AIDS among street children (5), Students (6). Also, this method of teaching through peers increased the scores of knowledge, attitude, practice, behavioral intention, mental norms, and behavioral control perceived in

students (7). Given the effectiveness of peer education, and despite the fundamental gap in knowledge, negative attitudes towards HIV / AIDS and its transmission among Iranian school students, schools should be considered as one of the main activities in AIDS risk reduction strategies. Education of school students on all aspects of HIV / AIDS should be given serious consideration by education policymakers (8).

Question 6.1

What are the five principal components of the regional strategy for the health sector response to HIV's priorities?

1. Strengthen health information systems for HIV and operational research
2. Strengthen political will, broad participation, and increase funding for a coordinated and sustainable national response to HIV
- 3- Providing quality prevention, care, and treatment services and increasing their use
- 4 - Strengthen the capacity of health systems to integrate HIV services more effectively;
- 5- Upgrading the protection policy and legal environment to facilitate accountability in the health sector (9).

Question 6.2

In your opinion, which of the five principal components of the regional strategy for the health sector response to HIV's priorities is most needed in your country? Please provide a relevant reference or example.

Promoting protectionist policies and legal space to facilitate accountability in the health sector is the most important component of a regional strategy in Iran. Health leadership needs to strengthen partnerships with non-health stakeholders as well as with civil society and PLHIV to support supportive policies. Khodayari et al. (2015) categorized the factors influencing the HIV / AIDS policy process into five main topics: situational factors, structural-managerial factors, socio-economic factors, political and legal factors, and international factors.

The phenomenon of HIV / AIDS in Iran has deep roots in the culture and traditions of society. The HIV / AIDS policy process in Iran is considered a governmental process, and the role of civil society and non-governmental organizations in this process seems to have been completely ignored. The lack of a system of government authority (Ministry of Health) in prioritizing HIV / AIDS prevention programs is one of the challenges in Iran, and there is a need for the involvement of a higher-level government structure that has the necessary powers for strategic policy-making. Several challenges were identified in the policy process, including difficult access to high-risk groups, low levels of population coverage in HIV / AIDS prevention/treatment programs, and a lack of sufficient evidence for policy (10).

In many cases, there are no accurate statistics on the incidence of HIV infection. For example, the number of people under the age of 15 who have had sex. Knowledge about HIV prevention is poor. For example, people's knowledge about HIV prevention was about 11 percent (8). Schools should be neglected as one of the main activities in AIDS risk reduction strategies, and educating school students about all aspects of HIV / AIDS should be given serious consideration by education policymakers (10).

Obstacles and problems that patients face when receiving health care services are fear of disease manifestation, fear of confrontation with providers, seeking support, not going to health care

providers, inappropriate behavior of health care workers, Hiding the disease, enduring hardship, financial worries, stress and pressure and disclosing patient information (11). Challenges of the National HIV Control Plan in Iran include social taboos, the population of susceptible adolescents, changing the epidemiological pattern of the disease and increasing the incidence of sexually transmitted diseases; Infrastructure and administrative constraints; Lack of HIV care and treatment services have been mentioned (8).

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