CONSULTATION REPORT

Feedback from the young women on the coalition's advocacy agenda and learning the experiences of adolescent mothers affected by HIV and their children since the COVID-19 pandemic.

The Coalition for Children Affected by AIDS

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

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ACRONYMS:

The Coalition	The Coalition for Children Affected by AIDS
Y+ Global	The Global Network of Young people Living with HIV
ANC	Ante-natal care
PNC	Post-Natal care
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
UN	United Nations
ARVS	Anti-retroviral Drugs
HPV	Human Papillomavirus
DTG	Dolutegravir
CSE	Comprehensive Sexuality Education
UNICEF	The United Nations Children's Fund
UNAIDS	The Joint United Nations Programme on HIV/AIDS
SRHR	Sexual Reproductive Health and Rights
GBV	Gender Based Violence

INTRODUCTION:

With the aim of building on its work with Adolescent mothers, The Coalition for Children Affected by AIDS together with The global network of young people living with HIV (Y+ global) carried out a consultation with 10 young women in East and southern Africa to inform their advocacy agenda and create a rapport with the young mothers living with HIV for future engagement.

Y+ led the consultations and received feedback from the young women on the coalition's advocacy agenda and also consulted about the experiences of adolescent mothers affected by HIV and their children since the COVID-19 pandemic and how the pandemic has changed their needs. The Adolescent mothers also described the kind of support they needed through the pandemic period.

ANALYSIS OF THE DRAFT ADVOCACY AGENDA:

Adolescent priorities

Young mothers living with HIV need safe spaces that support them to get to friendly ANC and PNC - a place that will not traumatize them and cause double trauma as they are already lost on what to do next or where to go. The major cause of the misunderstanding is the fact that most pregnancies are unintended and come at times when they are not ready to be mothers.

Adolescent mothers need evidence that is accurate, evidence on medical and societal wellbeing. Evidence that is representative of their needs and does not just stop in the urban centers or with more exposed mothers.

"We need the research to go as far as rural areas to reach the mothers who haven't been to school or understand the meaning of the word rights. This will help us get the required needs like quality HIV treatment that doesn't affect the well-being of our unborn children"- Helena, Namibia.

Emphasis and focus on economic empowerment through skills, capacity building and business startups as it promotes autonomy: adolescent pregnancy in the African setting isn't welcomed and quite threatening to the future prospects. Many of our dreams and aims stop there: including risking for forced and arranged marriages.

"*When we get married at a tender age, there is no control over the money or resources as we do not own any" -Helena, Namibia.*

This breeds too many underlying issues and hence adolescent mothers need activities that economically empower their lives: *"when we are economically empowered, we rely less on peoples' support and peoples' threats to our lives."- Robina, Uganda.*

Violence support centers: centers that are wholly build to support violence cases and threats to violence. The services required there could include information, treatment of violence cause injuries or health hazards as well as educating communities to stop normalizing violence for economically disadvantaged adolescents. More so, these violence control centers should look at having housing that provides safety to the adolescents freeing themselves form the perpetrators.

Young mothers commented that laws and policies that are meant to protect their health and wellbeing instead promote discrimination and exclusion in a way that is demeaning. For many of the countries, young mothers are not allowed in school and, even after child birth, the communities do not accept them to go back to school in fear of mixing up and spoiling their school going children. There is need to re-inform these and support adolescent mothers continue with their education after child birth. The laws should also promote better day care facilities and subsidized prices for adolescent mothers who do not have family to support them in looking after their children.

Basic needs like shelter clothing and food. Living with HIV and becoming an adolescent mother doubles the health challenges especially around nutrition. The ARVs require good, consistent and proper nutrition which is in many cases inaccessible due to the competing needs and the levels of poverty. Having basic needs is a priority to Adolescent mothers living with HIV because in so many cases they miss clinic days and are lost to follow up on their adherence.

Mental health services and wellbeing: the level of neglect of mental health is appalling, the idea that black girls are strong and can take it all in is a myth.

“We break down and we do need support even though we might not recognize that early enough”- Sharifah, Uganda;

Beyond routine counselling and peer support, adolescent mothers need access to psychologists to medically support the post pregnancy mental health challenges like postpartum depression. Not just to be treated but to be pre-informed and empowered with information on how to take care of their mental health. In addition to that, it is critical to have specialized mental health services for adolescent mothers living with HIV especially those who just got a sero-conversation in adolescence.

Need for HPV screening and vaccination services and contraceptive access. In many cases adolescent mothers are denied the services because of their age and end up becoming pregnant for a second and third time unintentionally.

“Beyond advocacy and consultations, adolescent mothers want action: translating information into tangible results. Effecting the change that they deserve and desire”- Irene, Kenya.

Will the recommendations meet our needs and needs of children?

The adolescent mothers and young women on the consultation had a consensus that the recommendations are excellent and they will be helpful to addressing their needs. In addition:

Adolescent mothers need a holistic organization that understands diversity of adolescent mothers. Categorizing them, they need an organization that gives the young mothers power to lead and take on their programming and be fully engaged in the decisions that affect their being.

On starting early, it is important to ensure that access to folate for adolescent mothers on DTG to prevent neural tube defects. Evidence has accurately informed us that the risk has been reduced to 3 Neuro tube defects per 1000 live births but three children are still children especially in a bid to leave no one behind.

"*We need to ensure every adolescent in child bearing age is given the required supplementary medicines"- Zoe, Zambia*

Support in restoration of self-esteem, confidence and worth. Empower adolescent mothers and let them see the possibilities beyond early motherhood. Give them the tools, power and knowledge to take their power back and be able to stand up for themselves and their children. Be able to take on the leadership roles and make the tough decisions in managing finances and business.

Some in clinic care reinforces the double stigma, the mode of operation in clinical settings must be tackled. Many adolescents are transitioned into adult clinics when they give birth: this does not only expose them to bullying and toxic environments bit it also kills their confidentiality as they must now interact with older people who might be sharing their residential communities. Many girls would never want to return to their clinics and hence become loss to follow up cases.

Organizations and civil society needs to advocate for rehabilitation centers that have peer mothers and a support system that helps adolescent mothers navigate what pregnancy is, what to prepare for, how to handle a child when they arrive. One of the young mothers.

Break the double standard on traditional practices verses CSE. Girls in Uganda are taught to pull their labia as early as 8 years but they cannot be allowed to learn about sex and rights in school. The tradition pushes for traditional sex preparation for girls but doesn't give them the complete knowledge on what sex is and the details on choice and consent.

Our asks:

- Engage communities in fighting stigma: break the barriers at hospital, family and entire community levels. *"We cannot have health workers with prejudice and school environments that are not welcoming to adolescent mothers"- Robinah, Uganda*. Adolescent mothers need safety and stigma promotes harm.

- Advocate for CSE and education for girls as tools of empowerment. When girls stay in school, the chances of early sexual debut are reduced but this may not be effective if adolescent girls do not have access to comprehensive sexuality education. CSE empowers the girls to have safer sex choices and contraceptive negotiation power and skills.

- Break power dynamics and the social constructs breaking the gender oppressive ideologies: engage men and boys in participatory research as partners in pregnancy, test together, follow up on ANC and get similar consequences that girls face. Girls should not be burdened to take responsibility for both parties.

- Push for peer led interventions as they make self-discovery easier and they are more effective in delivering information to adolescent mothers. Adolescents living with HIV need to understand the different regimens they are taking and how it affects pregnancies and child birth. Many times, this information is over looked although it is always vital that peers deliver it in a friendly manner.

What role can be played in championing the agenda?

- Take on the spaces to interact with the policy makers, communities and young people to disseminate the agenda and ask that our needs and the needs of our children be prioritized.

- Social media advocacy like tweetchats, facebook lives, instalives and many more.

- Mentor other adolescent mothers if a mentorship program is designed and fully funded to support us.

- Train other organizations and get allies who can advocate on behalf of Adolescent mothers.

- Sharifah Nalugo already supports young mothers by giving them tailoring skills free of charges and when they learn, they are able to support her in getting major orders done and delivered on time. In turn, she pays them for their work. She mentioned that she is able to equip these skills to more adolescent mothers.

- Providing programmatic skills like drafting of concept notes and advocacy briefs to support the process.

- Sharing stories to inspire other adolescent mothers and motivate them.

What support do young mothers need for this work?

- Capacity building trainings to improve on the already existing advocacy skills.

- Support to ensure the safety of the children as the mothers go into communities for example, payments for day care centers or nutrition support for their babies when the mothers are in communities.

- Funds to be invested in organizations led and directed by adolescent mothers and that the bureaucracies to acquire these funds be favorable: for example the HERVOICE funds.

- Introductions to political leaders and powerful influencers and organizations like UNICEF, UNAIDS, Parliamentary forums, Ministers of health etc.

Experiences of adolescent mothers living with HIV during Covid19:

Adolescent mothers agreed that covid19 has been a catalyst to issues that affect and impact their sexual health and health in general because it undermines all the efforts and strategies that have worked to promote their empowerment. They have had to unlearn and re-learn process and modes of survival for both them and their children. COVID19 also made access to HIV and SRHR related services is very tricky and challenging:

Drug stock outs, especially for adolescent mothers on the third line. Since many could not reach their health centers, they were advised to go to the nearest health centers some of which were not adequately stocked with the third line regimens, it was

Limited or no HIV testing and counselling services. At the start of the pandemic, there was no personal contacts with the clinicians. For pregnant mothers and the new mothers who had to do tests, this was a major hindrance to follow up on the status of especially the babies who were on nevarapine syrup.

SRHR services including contraceptive access, access to GBV counselling were very hard to access in many places, they were nonexistent and even when they are existent, the service providers were absent at the work stations due to transport challenges.

Access to SRHR and HIV information became complex, everything got so digitalized so quickly and in areas were adolescent mothers were able to access information, there was great chance for mandatory disclosure. Adolescent mothers hence opted to stay at home and do away with

the information since many do not have smart phones, and for some who have, internet access is tough in terms of cost and accessibility.

Team meetings, peer support groups became virtual or limited. This facilitated unsafe spaces to freely share on challenges and experiences and obstacles that they were facing. One mother mentioned that she went into a state of depression because of the many environmental stressors and so few people to share intimate information with.

There is renewed rise in gender stereotyping has submerged the quality of lives of adolescent mothers: exposing them to more unintended pregnancies, planned and forced marriages as a survival plan for the rest of the family. Girls are seen as a source of wealth through dowry, girls who are mothers and were staying with their parents were forced to go live with the fathers to their children as family survival became challenging. Some of the girls had been raped and such acts exposed them more to the sex predators.

Exposed to violence and threat to violence. Since covid19 cut off jobs and sources of income, many adolescent mothers couldn't stop feeding their babies, they resorted to high risk jobs like bar tending to support family incomes. The spouses to the adolescents did not appreciate that and hence beat them up. For others, being enclosed in a house because of the lockdown meant that they will stay with their relatives who have molested and raped them.

Needs during the Covid19 period:

- Ensuring that the mothers have nutritional and food support because covid19 has affected food security for them and their babies

- Funds to support their transport to health centers for appointments or having mobile clinics to attend to the treatment needs of the adolescent mothers and children as long as this doesn't make them even more vulnerable to stigmatization

- Information to help them have informed consent on sex, and future prospects and those of their children. Information on nutrition, access to education and HIV and SRHR related information.

- The drain that came with COVID19 calls for the need for support both physically and emotionally: mental health support, physical education support and routine follow ups to ensure that the adolescent mothers are adhering, because in Zimbabwe health centers close early and are quite a demotivate for the mothers who come from far distances.

CONCLUSION:

Organizations need to work together and not in silo while doing advocacy and promote coordinated funding to ensure services given to adolescent mothers are not being duplicated. Coordinated advocacy will tackle so many issues at ago.

Funding opportunities and focus should not leave HIV and divert all efforts to covid19. As much as organizations are being affected and interrupted by COVID19, they need to put focus onto the milestones achieved with HIV interventions. The communities still need the HIV services as well and the fact that some young people are already living with virus, hindering HIV related services exposes unborn children.

APPENDIX.

AGENDA:

Time(EAT)	Activity	Person Responsible
03:00 pm	Explanation of the consent form and self-introductions (10mins)	Facilitator
03:10 pm	Introduction of Y+ and the Coalition (02mins)	Facilitator
03:12 pm	Consultation objectives/agenda (02mins)	Facilitator
03:14 pm	Setting ground rules (01mins)	Facilitator
	BREAK AWAY ROOMS	
03:15 pm	Analysis of the advocacy agenda (1 hour)	Facilitator
04:15 pm	Impact of covid19 on adolescent mothers (30mins)	Facilitator
04: 45 pm	Recommendations (30 minutes)	Facilitator
05:15 pm	Closure and thanks	Facilitator

ATTENDENCE LIST:

	NAME	COUNTRY
1	NAMWANJE SHAKIRA	UGANDA
2.	NALUGO SHARIFA	UGANDA
3.	OGETA IRENE	KENYA
4.	ZOE NAKAMBA	ZAMBIA
5.	ANGEL NTENGE	UGANDA
6.	LYNNET KIRUNGI	UGANDA
7.	HELENA NANGOMBE	NAMIBIA
8.	TAMBUDZAI MAGWENZI	ZIMBABWE
9.	ROBINAH BABIRYE	UGANDA

10.	HASASHA MIRIAM	UGANDA