

Responding to the Psychosocial needs of Children and Adolescents living with HIV

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Presentation outline

- Challenges faced by children and adolescents
- The response
- Program delivery
- Results of the response
- Emerging issues
- Conclusion

Challenges faced by the children and adolescents

Some of the challenges include:

Identity

Stigma and
discrimination

Fear of
disclosure to
sexual partners

Pill
fatigue

Non disclosure
by parents

Fear of death
and dying

Consequences

- Poor adherence
- Suicidal ideations
- Poor academic outcomes
- Loss to follow up
- Poor social networks
- Low self esteem

The Response

MMPZT uses a three pronged approach

- the individual living with HIV,
- the parent/caregiver(family) and
- the school/ church/ health facility (service provider/ community).

Interdependence of the three facets in treatment, care and support enhances the health, mental and social outcomes of the children and youths living with HIV.

Program Delivery

Premised on the understanding that:

- Children and adolescents have strengths and resources to address the challenges they face.
- They mostly need empowerment and an environment that accepts and gives them unconditional positive regard.

Therefore, the program is delivered by a group of energetic and motivated youths

At individual level

Youth led Active Citizen Clubs:

- Meet in their community settings

experiential learning

treatment literacy

solution focused counseling



SRHR

career guidance

memory workbook

At parent/caregiver level

Parents and caregiver meet once per month for 2 hours at the site where their children meet.

- Parenting skills sessions- premised on the solution focused approach
- Communication and conflict resolution
- Counselling
- Stress management
- Treatment literacy

At school/church/Community

- Awareness sessions ,
 - ✓ poster and essay competitions targeting stigma and discrimination, change of attitudes
- Interactive meetings bringing in communities and young people to discuss topical issues and responses to the needs of young people living with HIV.
- Raising awareness among strategic groups and institutions e.g. men, journalists, church leaders and community leaders.

The results of the response

- The children and adolescents are adhering to treatment better as compared to those not reached out to with activities.
- Young people tracing defaulters and monitoring them through re-initiation on medication.
- Increased interest in the welfare of the children and adolescents by the parents and caregivers.
- Commitment to be responsive to the needs of the children and youths living with HIV in the school environment.

Emerging issues

- Motivating/Dealing with the topic of death with youths who have watched their colleague die.
- Knowing that “ I am dying soon” e.g. when they have treatment failure , kidney malfunction etc.
- Calls for guidance on choice of sexual partners by the youths- complicated by disclosure and law around disclosure.
- How to handle relatives who push for marriage (not knowing the sero status of the girl/boy)

Conclusion

The possible tipping point for change can be reached by innovative programs that are coupled by a supportive and informative home, school and community environment.

- Duty bearers have a strong bearing on policy framework and practices that impede access to information and treatment for young people
- If adolescents are empowered and feel supported, they should be able to make informed choices about their lives and in particular their sexual reproductive health. The psychosocial support model which looks at the needs of the target group holistically, best explains this theory .

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