Adherence, stigma and behavioral risk factors in HIV-infected adolescents in Asia

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Method

• HIV-infected adolescents who were disclosed to about their HIV status and HIV-uninfected adolescents aged 12-18 years were enrolled from 9 TAPbOD network sites in Malaysia, Thailand, and Vietnam.
• Uninfected adolescents were matched to HIV-infected adolescents on demographics, sexual behavior, substance abuse, adherence to ART, stigma associated with HIV infection, and violence, and a maximum of 57 questions for uninfected adolescents (questions on adherence and stigma were not included).

Results

Demographics

A total of 250 HIV-infected and 59 uninfected adolescents were enrolled across the 9 TAPbOD sites.

More HIV-uninfected adolescents (59%) lived with biological parents than the HIV-infected adolescents (24%; p < 0.001).

Adherence to ART

• Among HIV-infected adolescents, 39% reported difficulties taking ART daily, and 19% reported overall ART adherence of less than 80% for the last month.

Sexual behavior

• A higher percentage of uninfected adolescents reported having initiated sexual activity (p=0.16), and the majority of them had their first sexual activity before being 15 years old (p=0.13).
• One-third of sexually active adolescents in both groups reported never or intermittently using condoms (28% vs. 19%; p=0.91).
• Six of 25 (24%) sexually active HIV-infected adolescents had HIV-1 RNA levels greater than 1000 copies/mL at their last clinic visits.

Substance abuse

• Eighty-four (34%) HIV-infected and 24 (44%) uninfected adolescents had ever either smoked cigarettes or drunk alcohol (p=0.13).
• The HIV-infected group tended to use marijuana less than the uninfected group (3% vs. 8%; p=0.07).

Stigma and violence

• Few HIV-infected adolescents reported problems of stigmatization at home (7%) or school (9%).
• No episodes of serious violence were reported within the past 6 months in either group.

Discussion

• This study found that a significant number of both HIV-infected and -uninfected adolescents reported risk-taking behaviors. However, the majority of the results were not statistically different between the groups in this cohort.
• Our data varied from other reports from Western and Asian countries where HIV-infected adolescents had lower rates of drug use, sexual engagement before 15 years of age, and unprotected sex compared to HIV-uninfected adolescents (Table 2).5-7
• These results help inform our understanding of emerging long-term ART risk behaviors in the context of the long-term ART risk behavior prevention in HIV-infected adolescents.

Conclusion

Although the prevalence of risk behaviors among HIV-infected and -uninfected adolescents were similar, the results highlight the need for appropriate psychosocial support to address these issues in HIV-infected adolescents growing into adulthood.

References