

A Baseline Survey on the Descriptive Characteristics of Young Persons Living with HIV [YPLHIV] at the International Health Care Center [IHCC]

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Background

The HIV pandemic continues to affect both the young and old. In Ghana, Africa, it is estimated that there are 39,327 young people living with HIV [YPLHIV]. In Ghana, specific statistics regarding the prevalence and incidence rates of HIV in young persons are hard to come by as the country struggles to maintain and produce updated documentation that delineates such information. This makes it difficult to create tailored programming that meets the needs and profile of this unique population. While there is some documentation producing health figures, it is reviewed with caution to what the actual situation may be. In 2021, it was reported that there were 39,327 YPLHIV in Ghana¹. Additionally, the prevalence of YPLHIV is believed to be highest in the Eastern Region and Greater Accra Region.

Purpose & Objective

Purpose

The purpose of this study is to improve and develop age-appropriate care and programming for young people living with HIV in Ghana.

Objective

To provide a baseline set of descriptive characteristics of young people living with HIV [YPLHIV] who receive care at IHCC.

Study Design & Sample

This study used a cross-sectional study design coupled with retrospective analysis to generate a baseline profile of YPLHIV receiving medical services at the International Health Care Center [IHCC]. Inclusion criteria for the study was that a participants must be aged 10 – 24 years old, is living with HIV, and is currently being treated and provided HIV services at IHCC. In person and phone surveys were conducted via convenience sampling. The study's final sample size was 34.

Ethical Considerations

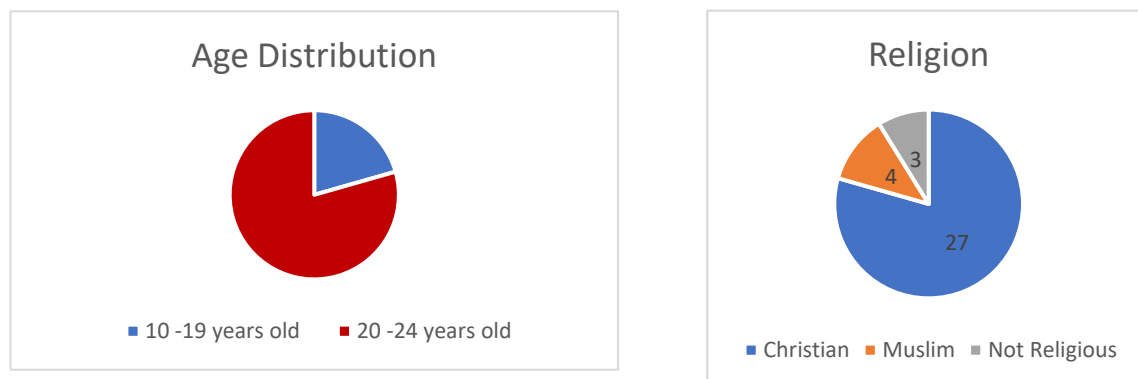
Data collection and analysis originated from the IHCC as a part of an internal project for quality and care improvements. Consent to participate was received from the guardians of clients under the age of 18 and directly from clients 19 – 24. Participation was voluntary. No identifiable characteristics were gathered during data collection, and all complete questionnaires were cross checked to remove any identifies prior to data analysis. Such efforts were done to guarantee the confidentiality of the sample and that no conclusions could be connected back to any clients.

¹

Ghana AIDS Commission. (2017). *National and Sub-National HIV and AIDS Estimates and Projections 2017 Report*. [https://www.ghanaidc.gov.gh/mcadmin/Uploads/2017-2022_national_and_sub%20national_Estimates_Report\(1\).pdf](https://www.ghanaidc.gov.gh/mcadmin/Uploads/2017-2022_national_and_sub%20national_Estimates_Report(1).pdf)

Results

Data was collected from 34 participants.



While most clients lived with 1 – 4 other people (44%), it was uncommon for those that they live with to know of the young person's HIV status (64% do not know vs 14% all know vs 8% some know). 44% of clients were involved in an activity outside of work or school, with a church group/gospel choir being the most common (26%). While 50% of clients reported that they use the National Health Insurance, only 21% (8 out of 34) reported that they had the financial means to cover the costs associated with their medical expense, indicating that most struggle to pay for their medical care.

Figure 1

Participant Responses on Source of Health Knowledge During Childhood

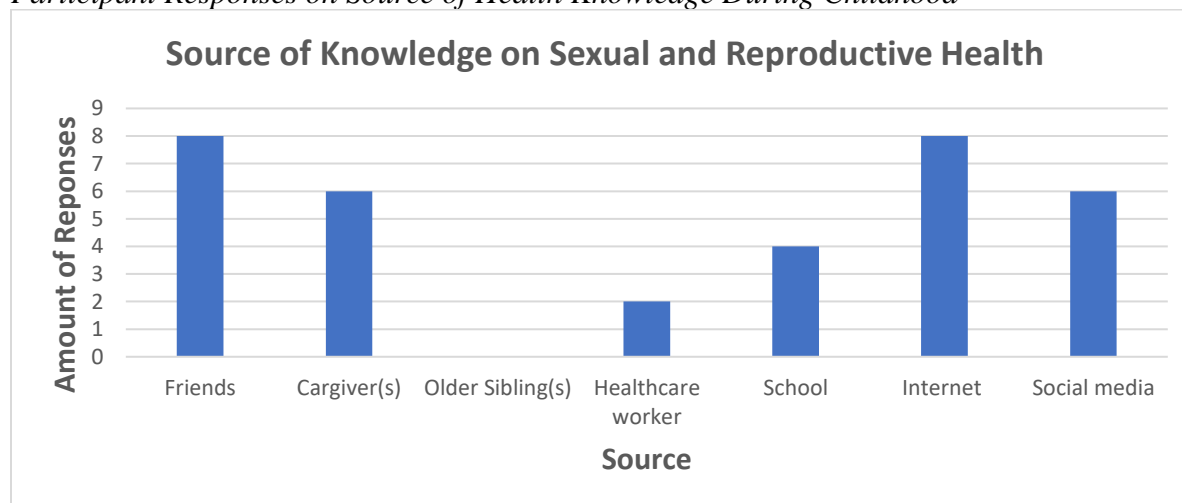
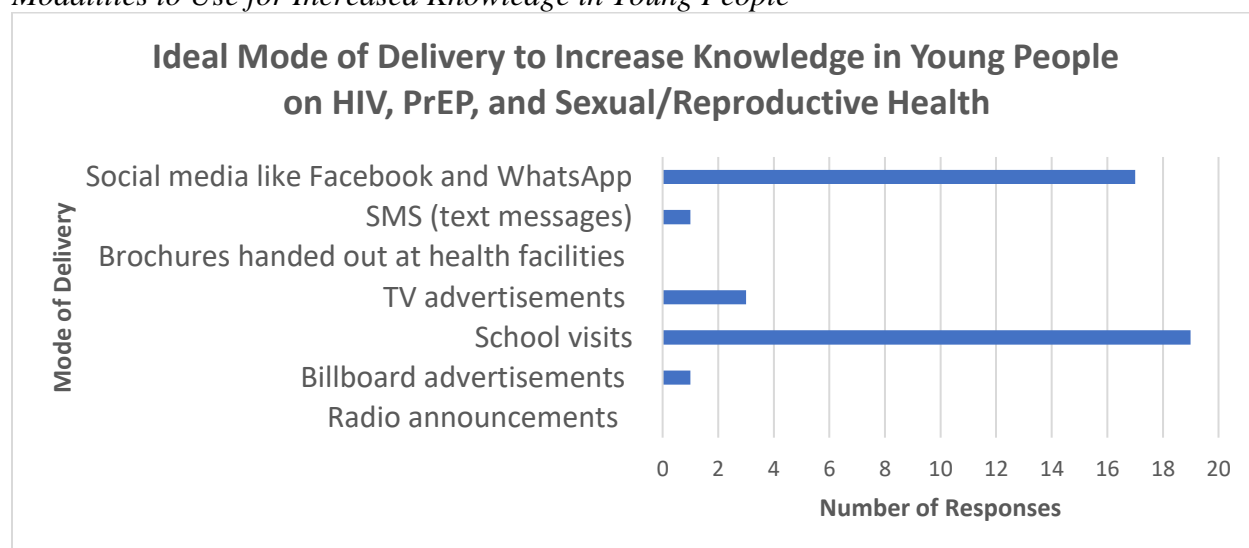


Figure 1 shows the spread of responses regarding who the young person felt he/she gained the most information from on sexual and reproductive when growing up, with friends and the internet being the most common. 51% of clients responded that they first engaged in sex due to curiosity. Peer pressure followed at 17%. Only 5 clients reported having comorbidities, and all indicate different conditions which can be found in Table 1.

Table 1*Responses on Comorbidities (n = 5)*

	1	2	3	4	5
Qualitative Responses	Hepatitis B	Stomach Ulcer	Cough	Anxiety/Depression	HPV

It was only participants in 20–24-year-old age group who reported these comorbidities. Further, only the 20 – 24-year old's (n = 27) were asked how they thought it would be best to spread awareness and knowledge on HIV, PrEP, and sexual/reproductive health. Some clients chose more than one mode of delivery and thus there were 41 responses to this question. School visits (46%) and social media (41%) were strongly favored as seen in Figure 2.

Figure 2*Modalities to Use for Increased Knowledge in Young People*

Additionally, when participants gave two answers to this question, they were asked to prioritize which they believed was more pressing. For those who chose “School visits” and another mode of delivery, schools visits ranked first 100% of the time. The survey for 20 – 24-year-olds also evaluated the age the young person learnt of their HIV, for which the average was 19.9 years old

Table 2. Distribution on Age Learnt of HIV Status Among 20 – 24 years old (n=27)

Mean	19.9
Median	20
Minimum	14
Maximum	23

Also notable in this age group was that 55% were paying for medical services out of pocket and 81% did not feel they always had the financial means to do so. These data can inform the development of effective interventions for this critically important population as they hold the future health status of their community in their hands.

Limitations

This was an isolated survey in which data was only collected from clients at the International Health Care Center in Accra, Ghana. The profile generated is not fully representative of young people living with HIV in Ghana and thus cannot be generalized, While the sample size

was anticipated to be larger, it was impacted by the client population aging out the targeted age range and transferring to other health facilities which disqualified them based on the inclusion criteria. Waiting for clients to walk-in to the clinic and then using convenience sampling to procure participants also proved to be a barrier as YPLHIV were typically only coming to IHCC if it was time for a medication refill which occurs every 3 months. Due to this, the study's methodology was adjusted to include phone interviews. However, some clients would not pick or had not been seen at IHCC since 2020 or earlier which caused for their contact information to be out of date and thus unreachable. Lastly, participants responses to some of the survey questions regarding sexual activity may be skewed due to the sensitivity of the information and the client's willingness to truthfully respond.

Conclusion and Recommendations

While there was once programming that focused on young people at the West Africa AIDS Foundation [WAAF] and International Health Care Center [IHCC], they are currently inactive. Although there are other non-profits in Ghana doing some work on youth and adolescent health education, it is still limited. With the study's success in building a baseline profile on YPLHIV at IHCC, WAAF can begin to prioritize the development of programming and procurement of funding that will allow them to delivery sexual and reproductive health education to young people. Based on the profile generated, intervention areas to consider include:

- A school-based program (in the form of a club or guest-lecture series) in which credible, active, and age-appropriate sexual and reproductive health education is provided by an IHCC nurse while also training older students on the materials to act as Peers.
- Providing stronger counseling services to the caregivers/guardians of YPLHIV on how to discuss HIV/STIs and other health topics with the young people in their homes.
- Develop an anonymous platform or app where young people can ask questions to the nurses/health professionals at IHCC regarding HIV, STI, and sexual health and receive timely feedback.
- Develop an engaging smartphone game that would provide HIV messaging and education in an entertaining manner
- Advocate for the review of the sexual health education provided in the schools
- Meet young people where they are at by partnering with groups/organizations they are involved with to provide HIV and sexual health education

In addition to these, the data collected can inform future studies on this population in which research is narrowly focused on health behaviors or health beliefs. A key topic for a future study may be the effect of HIV on young people's mental health.

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