

## **Strength in numbers: Integrating Support Groups into Adolescent Health Policies for Self-Care.**

### **BACKGROUND:**

HIV prevalence is a significant public health concern in Zambia, with an overall infection rate of 11.1% among women and men aged 15-49. Notably, the prevalence is higher among women, reaching 14.2%, compared to 7.5% among men. The urban-rural divide reveals a striking contrast, as HIV prevalence is twice as high in urban areas (15.9%) than in rural settings (7.1%). Furthermore, there are notable provincial disparities, with the Copperbelt region experiencing the highest prevalence at 15.4%, nearly three times that of Muchinga (5.4%) and Northern (5.6%) provinces. Among young people aged 15-24, the HIV prevalence remains a concern at 3.8%, with young women facing a higher rate of 5.6% compared to young men at 1.8%. These statistics underscore the need for targeted interventions, particularly in urban areas and regions with higher prevalence in Zambia, to address the complex factors contributing to the disproportionate impact on different demographic groups.

Recognizing the holistic needs of this population, we advocate for the seamless integration of support groups into the adolescent health policies outlined in the Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection and the Zambia National Adolescent Health Strategy. As we navigate the complex landscape of adolescent health, the integration of community support groups into policy frameworks becomes pivotal. By aligning emerging strategies with established guidelines, we can create a cohesive and supportive environment that addresses the unique Self-care needs of adolescents, fostering their overall health and well-being.



## **ABOUT COPPER ROSE ZAMBIA:**

Copper Rose Zambia (CRZ) is the largest youth-led organisation working towards the empowerment of youth and women in Zambia. Its mission is to build a conducive environment for young people to thrive in all aspects of their lives. The main thematic areas of work are; Health and Wellbeing, Gender Equity, and Youth Development and Leadership. The You(th) Care project, implemented by CRZ in Chilanga, Lusaka, Kitwe, and Kalulushi districts, aims to empower vulnerable adolescents and young people, especially girls in Zambia. Focused on promoting self-care, sexual and reproductive health and rights (SRHR), family planning, and preventing HIV/AIDS, the project has specific objectives for policy improvement and enhanced access to services, having reached over 50,000 adolescents and young people through community-based peer education activities. This policy brief provides a comprehensive overview of policy commitments, laws, and government guidelines related to support groups for adolescents and young people (AYP), with a focus on those living with HIV. Acknowledging the unique challenges faced by vulnerable adolescents, particularly girls, the You(th) Care project seeks to create a supportive policy and community environment.

## **KEY FINDINGS:**

Community support groups outlined in the Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection offer a range of benefits, including shared experiences, life skills acquisition, and increased self-esteem. To maximize impact, it is essential to promote synergy between existing community initiatives and health care providers, ensuring a comprehensive and inclusive approach to adolescent health. Evaluation results indicate that 193 respondents (55%) have been connected with a support group by their health facility, while 55 respondents (19%) have not. Additionally, 65 respondents (26%) are unsure whether their health facility does indeed facilitate a connection with a support group. These findings highlight the importance of clear communication and awareness regarding available support group resources within health facilities, as a significant portion of the surveyed population appears uncertain about this aspect of their healthcare support system. Addressing this uncertainty may contribute to better use and implementation of support groups and enhance overall patient care and support.

There was also a divided perception regarding the adequacy of training and capacity building for Peer Educators and Adolescent Health Focal Point Persons at the site. Half of the respondents highlighted a definite skills gap, suggesting a need for further clarification or evaluation of the training programs provided by the Ministry of Health. This split opinion highlights the importance of reassessing the training protocols, addressing any identified gaps, and ensuring a consensus on the effectiveness of training initiatives for these key roles. Regular feedback mechanisms and continuous improvement strategies could enhance the overall capacity-building efforts for peer educators and Adolescent Health Focal Point Persons. This may actually give context to our previous findings where only a little more than half of respondents were aware of support groups at facilities which may be due to a skills gap on the part of Peer Educators and Adolescent Health Focal Point Persons.

*“There is a need for more training of focal point persons and peer educators for us to deliver quality services to all adolescents.”*

*“Peer Educators need more training and information on RHR like HIV, STIs, Family Planning, Safe abortion, GBV. Because they fail to answer questions raised in the community due to lack of knowledge”*

The integration of HIV support groups into adolescent health policy to enhance self-care represents a progressive step towards addressing the multifaceted needs of adolescents living with HIV. By advocating for the inclusion of support groups within the health promotion framework, we not only enhance the clinical aspects of care but also create a nurturing environment that promotes peer-led initiatives and community support.

## **A CALL TO ACTION:**

Drawing insights from the You(th) Care Project, we find various valuable parallels. Copper Rose Zambia emphasises the significance of clear communication, peer support, training for stakeholders, dynamic adaptation to participant needs, feasibility assessments, and policy considerations. Applying these principles universally, irrespective of the specific program or project, can contribute to reducing uncertainty, improving awareness, and strengthening support group utilisation and self-care in HIV, or reproductive healthcare settings.

The lessons learned from our work provide a relevant framework for enhancing overall patient care by fostering transparent communication, encouraging peer support, and ensuring well-trained stakeholders such as Peer Educators, Duty Bearers, and Community Health Workers who can adapt to evolving Adolescent and Young peoples' needs within the broader context of healthcare policy considerations. The following recommendations seek to enhance the integration of community support groups into the broader framework of adolescent health policy.

### **1. Peer Support Groups for Adolescents Living with HIV:**

- Health care providers should actively link adolescents to peer support groups, recognising their effectiveness in easing fears, anxiety, and doubts among adolescent clients. These groups create a safe space for sharing experiences and providing mutual support which in turn leads to positive outcomes through self-care.
- Additionally, consider the inclusion of peer support groups in schools to increase the availability of supporting structures for young people living with HIV.

### **2. Community-Based Adolescent Health Spaces:**

- The establishment and promotion of community-based health spaces for adolescents should be prioritised. These spaces serve as holistic support platforms beyond medical aspects, fostering overall well-being.
- One way to attain this is to use the Constituency Development Fund (CDF) to construct and run the community structures.
- Further, there is a need to engage with government budgeting processes to advocate for increased budgetary allocations for the construction and operation of Adolescent-Friendly spaces.

### **3. Peer Educators:**

- Peer-led initiatives, including peer educators, should be encouraged. These educators contribute valuable insights based on shared lived experiences, enhancing the effectiveness of health education and promotion.

### **4. Family and Caregiver Support Groups:**

- While focusing on adolescents, interventions should indirectly address the needs of families and caregivers. Programs should provide resources and guidance for families dealing with disclosure-related challenges which are instrumental in ensuring that patients actually integrate self-care into their daily lives without fear of stigmatisation from family members.
- Additionally, there is an identified need for enhanced community sensitization for parents and caregivers of young people living with HIV (YPLHIV) on the key issues around this subject matter as they are and remain the first line of support.

### **5. Neighbourhood Health Committees (NHCs):**

- Strengthening community engagement through NHCs can actively support adolescents by fostering a sense of community and addressing local health challenges given that adolescents and young people are integrated into the NHC structures.