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Assessment of comprehensive HIV-risk reduction programming for adolescent girls and young women: Implementation science research in Zambia

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HIV prevalence among Zambian youth aged 15–24 is estimated to be 7 percent, and it increases with age, from 4 percent among 15–17 years olds to 12 percent in the 23–24 years age group. There is also regional variation: Copperbelt province has the highest HIV prevalence among adolescent girls and young women (AGYW) at almost 10 percent while Lusaka province has a prevalence of 8.4 percent. Importantly, a greater proportion of AGYW in this age group acquire HIV annually compared to their male peers (HIV incidence of 1.05 percent vs. 0.07 percent). Estimates indicate that 40,000 AGYW will be infected with HIV each year in Zambia.

AGYW’s vulnerability in Zambia, as in many countries, is due to a host of reasons, including limited knowledge about HIV, low risk perception, and high levels of risk behaviours. Broader social factors typically include early marriage, poverty, gender inequality, sexual violence, lack of education, unemployment, and unequal power relations with older male partners. Further, programmatic factors include limited access to and utilization of health services, resulting from health provider’s attitudes, inconvenient clinic hours or locations, cost of services, and health care staff inadequately trained to deal with adolescent health needs.

In collaboration with the Zambian government, the PEPFAR-supported DREAMS (Determined, Resilient, Empowered AIDS-free, Mentored, and Safe) Partnership in Zambia is responding to these challenges by delivering through existing platforms a comprehensive package of interventions designed to empower AGYW, mobilize communities, strengthen families, and reduce AGYW’s sexual risk. Trained providers also are offering youth friendly services or making appropriate referrals based on individual AGYW needs.

The Population Council is conducting implementation research to build needed evidence to inform decision-making around effective implementation of community-based, girl-centred interventions and to assess their effectiveness in reducing HIV vulnerability among AGYW—a population in which AIDS is the leading cause of death in the region.

Learnings from this study and similar ones in Kenya and Malawi will be valuable for informing each country and the region how to implement AGYW programming that goes beyond the health sector to reduce AGYW’s vulnerability to HIV.
The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in about 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees.

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