

HIV-Focused Sexual Risk- Reduction Interventions Targeting Adolescent Boys and Young Men in Sub- Saharan Africa: A Scoping Review.

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Introduction

- Adolescent girls and young women's exceptionalism with HIV interventions has left adolescent boys and young men (ABYM) trailing behind, thus becoming a marginalized and underserved population.
- ABYM are seldom addressed in HIV prevention policies and programs.
- Several reviews have assessed the impact of HIV on adolescents in general, but few have focused on ABYM.
- Much of the available data do not disaggregate adolescent boys from adult males or adolescents in general, yet the contexts and life challenges of ABYM can be markedly different from those of other ages or genders.

ABYM risk factors

A combination of high frequency of sexual behaviors; e.g.

- condomless sex,
- sex under the influence of alcohol,
- multiple sexual partnerships
- poor health-seeking behaviors, such as not getting treatment for sexually transmitted infections (STI)
- not testing for HIV (among others)

Despite ABYM being at lower risk of HIV acquisition than girls, they are still at risk!



- Adolescent boys experience increased HIV prevalence as they age, and adolescence may be a critical time for the formation of attitudes toward sex and sexual behaviors (Govender et al, 2018).
- In sub-Saharan Africa (SAA), the epicenter of the HIV epidemic, 43% of boys and 53% of girls have had sex before age 18 in the period between years 2000 and 2015 (Melesse et al, 2021).
- There were 46% fewer deaths due to AIDS-related illness among girls and women in 2019 than in 2010, compared to 32% fewer deaths among ABYM over the same period, indicating a worse AIDS mortality risk for ABYM than for AGYW (UNAIDS, 2018).



AIMS



To provide an overview of interventions that have targeted sexual risk behaviors of ABYM in SSA between 2000 and 2020, with critical insights on ‘what works’ in preventing risky sexual behavior that could lead to HIV transmission.

- The central research questions of the review were
- 1. What evidence-based HIV-directed sexual risk-reduction interventions exist for ABYM in SSA over the review period in the published or grey literature
- 2. how effective have these interventions been in mitigating HIV risk?

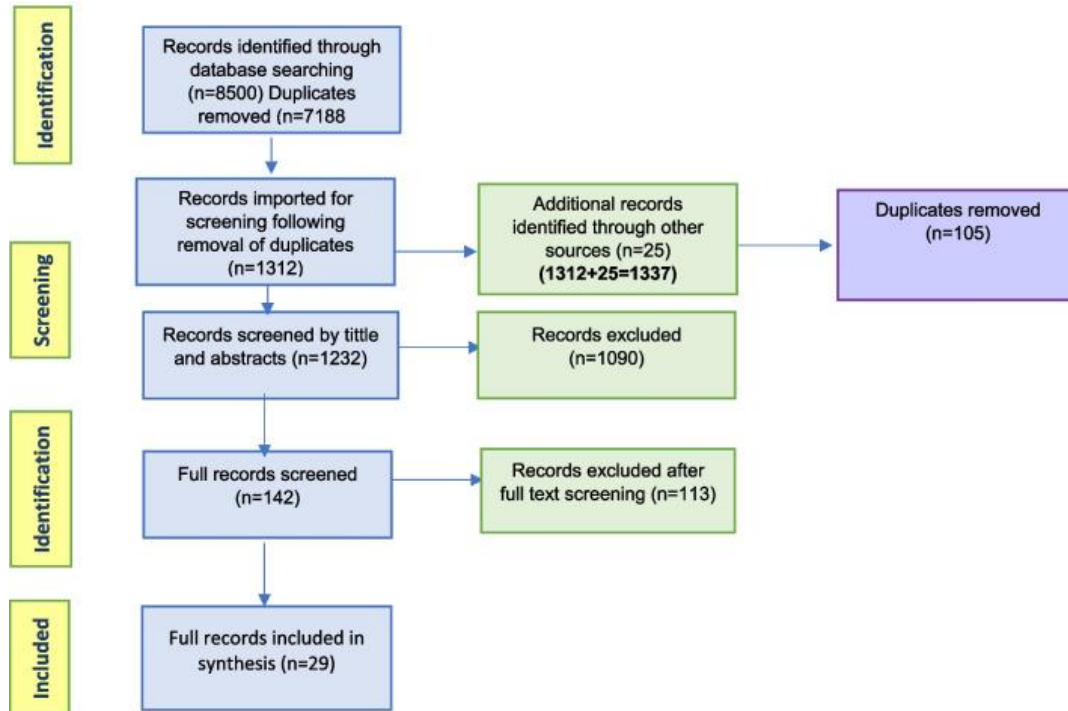
Methods of the review

We used the Joanna Briggs Scoping Review Template

- **Population:** interventions that either target ABYM (10-24) exclusively or include the ABYM population and disaggregate results by age and gender.
- **Studies of Interest:** We included studies evaluating HIV behavioral, biomedical, social and structural sexual risk-reduction interventions, detailing their effectiveness in reducing sexual risk among ABYM 10–24 years.
- **Context:** Studies from SSA between 2000 and 2020.
- **Types of Studies:** Published peer-reviewed data, qualitative, quantitative and mixed methods research. Experimental- and quasi-experimental studies, randomized controlled trials, evaluation surveys, controlled before and after studies, and impact evaluations.
- English-language studies considered.



Methods



- We extracted data on intervention design, sample size, follow-up length, and sexual-risk outcomes from 29 studies.
- Used Joanna Briggs Institute of Meta-Analysis of Statistics Assessment and Review Instrument Quantitative (JBI-MAStARI) for quantitative studies and Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) for qualitative studies.
- Quality assessment using MMAT. 18 out of 29 scoring between 80-100%, six scoring between 60-79% and the remaining five scoring below 60%.

FINDINGS



- Reviewed studies reported positive, negative, and no-effect outcomes for behavioral, norm changing, biomedical, and structural measures.

1. Multiple-sex partnership

A self-reported decline in multiple sexual partnerships was reported in 6/9 studies at 12-month follow-up.

- ❖ 3 interventions did not have a significant effect on multiple sexual partnerships, with the Condom Technical Skills intervention reporting an increase in self-reported multiple sexual partners among ABYM at 6-month follow-up.

2. Abstinence

Improved secondary abstinence in 4/7 studies.

3. No effect on intergenerational sex.

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4. Alcohol and drug abuse

4 interventions measured substance and alcohol abuse and recorded success through reduced consumption, using random drug tests.

5. Knowledge About HIV/AIDS

3/5 studies noted Improved HIV knowledge, attitudes, perceptions of social support, and HIV prevention.

❖ differential gender impact in the Mzakhe ndi Mzakhe which found that the intervention had effect on boys aged 13–15 years compared to females of the same age.

6. VMMC

4/4 successful with improvements in uptake. Measured through clinical records.



HIV testing

7/8 studies recorded improvement in uptake- Sahwira intervention which reported no difference in HIV testing uptake pre- and post-intervention.

7. Norm changing outcomes

- ❖ 6/8 interventions noted positive changes in male controlling behaviors targeting women, less GBV and sexual violence.
- ❖ Findings validated through police or hospital records of physical or sexual violence committed during the preceding 6 months





8. Livelihood Strengthening Outcomes

Only 2:

- ❖ The Stepping-Stones and creating futures intervention found no improvement in past month earnings savings for both men and women at 24-month follow-up.
- ❖ The Siyakha Nenthsa Programme recorded improved budgeting and planning skills in school-going boys and girls (14–16 years) only in the intervention group at the 18-month follow-up.
- ❖ Participants were more likely to have attempted to open a bank account when compared to the control group. Less stealing in the past week due to hunger





- A general improvement in condom use was reported in 8/15 intervention with condom use being consistent in the Condom Technical Skill intervention study at 12-month follow-up.
- ❖ Differential impact across gender e.g. The Healthwise program- boys had greater condom use self-efficacy than girls both at baseline and throughout the study; African Youth Alliance intervention substantially increased condom use, consistency of condom use, and contraceptive use among female but not male participants.
- ❖ PATH-Kenyan Scouts intervention, the proportion of sexually active boys aged 15–18 years using condoms increased compared to girls of the same age



Lessons learnt...



- I. Uni-dimensional Programming were less successful- combination approach e.g. the Condom Technical Skills intervention improved condom use, while simultaneously increasing multiple partner sexual activity among participants.
- ❖ neglected related aspects of sexual behaviour. Condoms may help in ensuring safety, but this is only applicable when they are used correctly and consistently.
- II. Mixed-gender interventions created a safe space for ABYM and AGYW to explore gender and sex roles.



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Sex-segregated groups are important because men and women in early phases of sex have different levels of sexual awareness, so gender-specific interventions may be more suitable initially.

- III. A network approach is important. Through such interactive and communicative group spaces, participants constructed messages and meanings of their social realities, with the potential for transformation toward healthy masculine attitudes.
 - ❖ Focusing on support via encouragement, affirmation and social support to cope with challenges can help drive behaviour change in ABYM.
- IV. Tailor interventions with active participation and input from the target population for better outcomes. Promote two-way dialogue, equitable participation, local ownership, empowerment, and social change. “Nothing for us without us” – include the target population in interventions affecting them..



- VI. Outcomes from this review suggest that although communication channels, such as the media (TV, newsprint, billboards), can perpetuate harmful gender norms, they also can be potential avenues for shifting attitudes, norms and behaviors. Carefully consider targeted messages and communication channels to reach the intended target.
- VII. Structural interventions are often critiqued as ‘social development’ rather than focused health interventions, however, they can alter the context of young people’s HIV risk by improving personal agency.
- VIII. Use of facilitators who are well-regarded to disseminate messages contributes to intervention success. Engaging influencers provides “wrap-around support” for ABYM. Have specific activities targeting these influencers, and use a diversity of methods to engage them
- IX. Program sustainability, “the ability to maintain programing and its benefits over time” is critical for achieving health benefits for the intended population in which positive change is desired



Recommendations

- Mixed-gender intervention approaches should be adopted;
- ❖ Their strength lies in their ability to enable ABYM to engage with AGYW to explore and reframe gender and sex roles, assumptions, and decision-making in a safe, structured setting.
- Findings also suggest the importance of introducing topics in sex-segregated groups;
- ❖ because men and women in the early phases of sex most likely engage with different levels of sexual awareness. Program goals for men and women should not overlap at different developmental stages.



- Tailor interventions to the target population with their participation to optimize success. Use dialogue, horizontal information sharing, equitable participation, local ownership & and empowerment to promote social change.” .
- Age-appropriate interventions are more effective. Spear & Shield study found younger participants more likely to undergo circumcision.
- combination social protection response may be more effective than unidimensional programming.
- Peer interventions must be implemented with meaningful youth partnership (“youth-designed, youth-focused, youth-driven and youth-presented”); the stories of young people should be front and center (e.g. co-create peer messages, create listening spaces for peers to give feedback, etc.)



Limitations

- We excluded interventions from the review if study results were not stratified by age and/or sex.
- many studies in the review is the reliance on self-reported measures of behaviour change. Self-reported outcomes reduce confidence in demonstrating intervention efficacy
- Study designs of interventions in this review lacked commonalities, suggesting little consensus on the optimal approach to evaluating them.
- Behavior change is hard to sustain. Identifying facilitators and barriers is key to understanding implementation processes and promoting impactful interventions. Properly conceptualizing interventions from the outset is crucial for program sustainability.

Summary

- Interventions targeting sexual risks among adolescents and young men in sub-Saharan Africa show promise, especially those that promote combined risk-reduction interventions.
- The review found a positive impact of interventions on condom use, reduction of multiple sexual partners, abstinence, alcohol and drug abuse, and HIV testing as well as livelihood-strengthening interventions.
- Where gender, age and grade variables were employed in study designs, effects were mixed. Future studies need to pay more attention to these variables when designing and evaluating interventions.
- Interventions reduced risky sexual behaviors, but change was not sustained. Future interventions require more longitudinal studies (including a qualitative and process-level methodology) to document why health behaviors may not be sustained in specific contexts post-intervention.
- Engaging ABYM in HIV prevention interventions should occur in ways that do not harm, but promote gender and sexual diversity, equality, and health for all.

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