Parental communication and HIV care outcomes among African adolescents and young adults

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BACKGROUND

- Adolescents and young adults living with HIV (ALHIV) experience suboptimal outcomes along the HIV care cascade.
- Communication between youth and parents or guardians may influence HIV testing uptake, treatment, and viral suppression outcomes.
- Using population-representative HIV surveys, we examined the relationship between parental communication and HIV care cascade outcomes among ALHIV.

METHODS

Data Source

Nationally representative data were collected from 2019-2023 from 9 population-based household surveys including biomarkers.

- *The Botswana HIV/AIDS Indicator and Impact Survey (BAIIS)*
- *Population-based HIV Impact Assessment surveys (PHIAs)*

Sample and Target Population

- This analysis included 1819 individuals aged 15-24 years who consented and tested HIV-1 sero-positive in their survey blood samples.
- This represents a population of 961,552 individuals living with HIV in the nine countries in Southern and Eastern Africa.



	Study Sample	Target Population
Botswana	156	14,090 (1%)
Eswatini	251	17,125 (2%)
Lesotho	249	21,430 (2%)
Malawi	201	81,381 (8%)
Mozambique	243	327,274 (34%)
Tanzania	115	114,341 (12%)
Uganda	162	163,425 (17%)
Zambia	196	103,024 (11%)
Zimbabwe	246	119,281 (12%)
Total N	**1819**	**961, 552** (100%)

Exposures

- Self reported ever discussed HIV with a parent/guardian (yes/no)
- Self reported ever discussed sex with a parent/guardian (yes/no)

Outcomes

UNAIDS 95-95-95 indicators:

- HIV status awareness (self-report or antiretrovirals detected)
- Antiretroviral therapy (ART) use (self-report or antiretrovirals detected)
- Viral suppression (viral load <1000 copies/mL)

Parent/guardian-adolescent communication is associated with improved care cascade outcomes among 1 million adolescents and young adults living with HIV in African settings.

METHODS (Continued)

Statistical Method

- Survey-weighted log-binomial regressions estimated adjusted prevalence ratios (aPRs) with 95% confidence intervals. We report conditional (within-cascade) models.
- Adjusted for age, sex, urbanicity, and marital status, and accounting for the complex survey design.

RESULTS

- Of 961,552 adolescents and young adults living with HIV, 73% were female, 34% aged 15-19, and 57% lived in rural areas.
- 40% (95% CI: 38–44%) reported ever discussing HIV with a parent or guardian.
- 22% (95% CI: 19-24%) reported ever discussing sex with a parent or guardian.

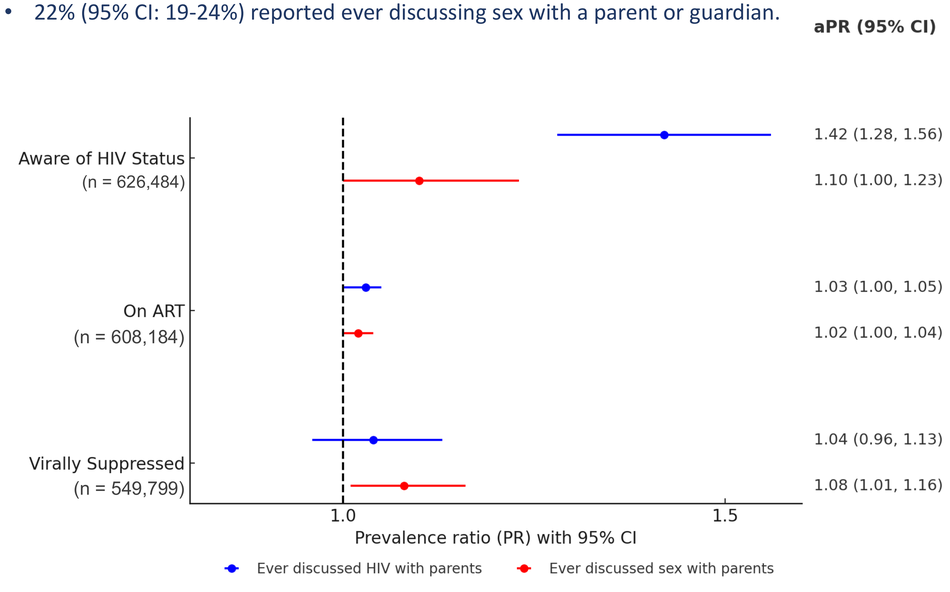


Figure 1. *Weighted conditional prevalence ratios for HIV care outcomes by parental communication*

RESULTS (continued)

ALHIV who ever discussed HIV with a parent/guardian had:

- Higher awareness of HIV status (aPR=1.42, 1.28-1.56),
- Greater likelihood to be on ART (aPR=1.03, 1.00-1.05)
- Similar viral suppression (aPR=1.04, 0.96–1.13).

ALHIV who ever discussed sex with a parent/guardian had:

- Higher awareness of HIV status (aPR=1.10, 1.00-1.23)
- Greater likelihood to be on ART (aPR =1.02, 1.00-1.04)
- Higher viral suppression (aPR=1.08 1.01-1.16)

CONCLUSIONS

- Parental and guardian communication on HIV and sex is associated with better HIV care cascade outcomes among ALHIV in Southern and Eastern Africa.
- Caregiver–youth dialogue as a form of family support represent promising, scalable targets to enhance diagnosis, treatment success, and viral suppression, and merit evaluation in intervention studies.

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