



*Advancing the health and well-being of people
most affected by AIDS*



SHAPING THE HEALTH OF ADOLESCENTS IN ZIMBABWE (SHAZ!)

Key Findings and Recommendations from an Economic
and Life skills intervention addressing SRH and HIV
issues among female adolescents

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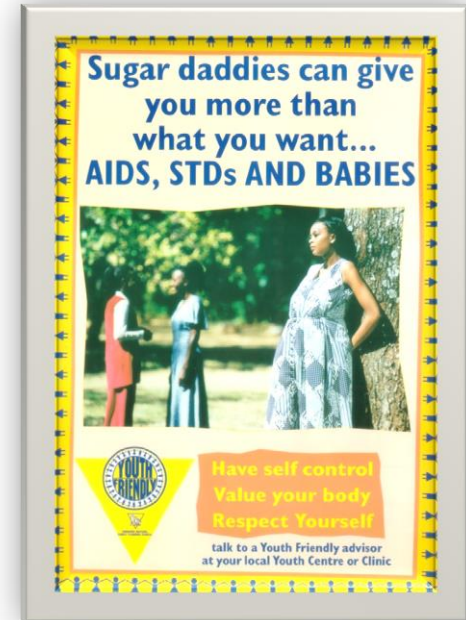
In this Presentation

- Context, background and SHAZ!
- Description of Program Model and Intervention Components
- Key findings and Recommendations
- Discussion points
- Next Steps

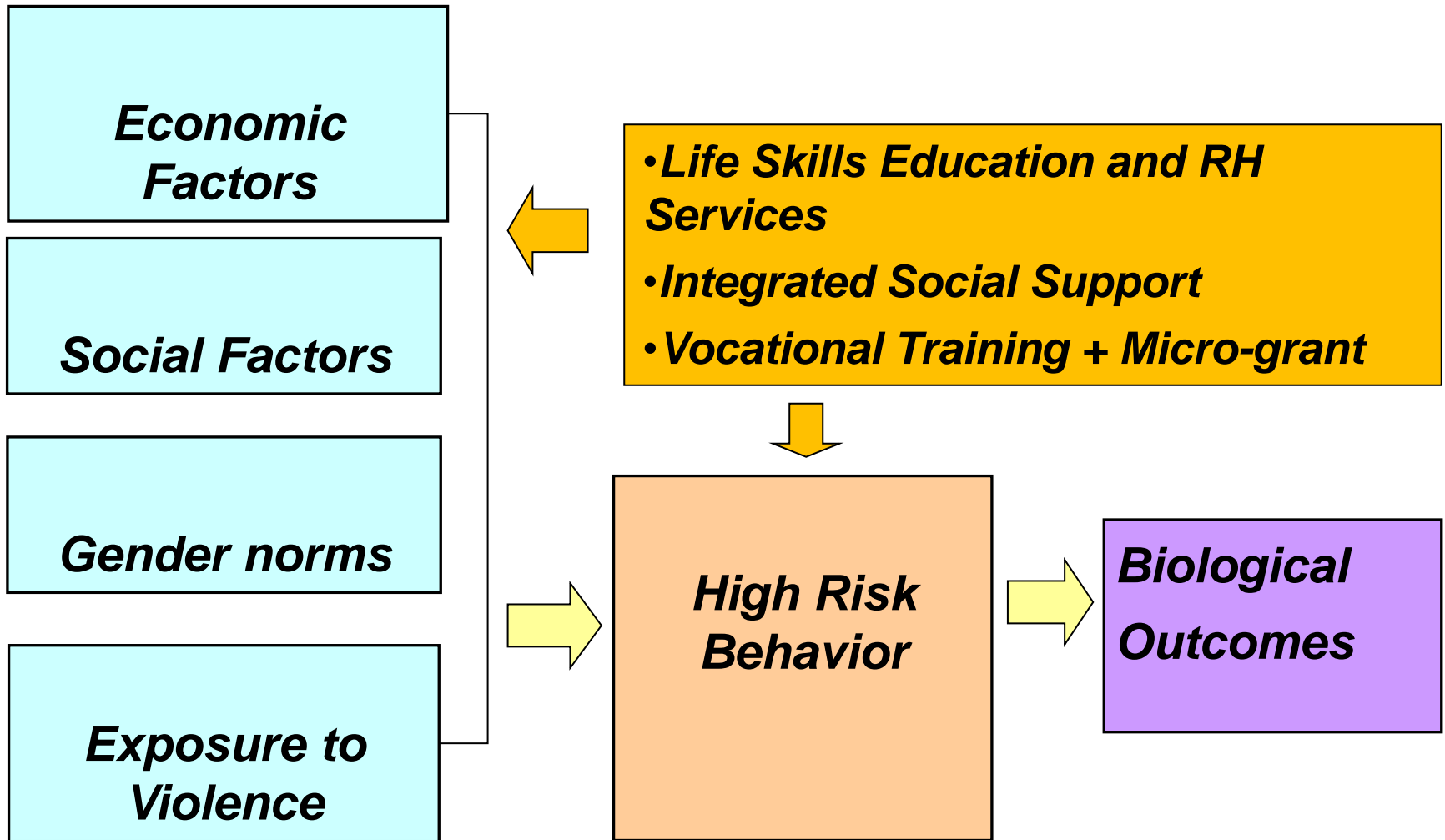


Background and Context

- Zimbabwe ranked 6th World's highest in HIV prevalence
- Zimbabwe's epidemic is stabilizing; HIV incidence is rising among 15-24 years olds
- Adolescent women are 2 times as likely to be infected than male peers (6% vs. 3%)
- Structural factors, including gender inequities and poverty, fuel HIV, and constrain treatment access



SHAZ! Model



Intervention Components

Life Skills Education

- Stepping Stones, CDC-Zimbabwe/Talk Time, Willow and SHAZ! formative research
- 14 modules on:
 - HIV/STI and RH education
 - Relationship negotiation skills
 - Strategies to avoid violence/self-defense
 - Identifying safe and risky places in the community

Community Risk Map



Economic Livelihoods

- Choice of vocational or livelihoods training
 - Course with practical component
 - Hairdressing, garment-making, receptionist, secretarial, nurse-aid training
 - 3-day course on candle-making, floor wax, cordial
- Micro-grant upon successful completion
 - Equivalent of \$100 or less
 - In the form of: capital equipment; supplies or ongoing training
 - Conditional on completing 80% of study visits, and passing vocational training course

Health Services

- Sexual Reproductive Health Services
- Contraception
- HIV - related services (ART)
- CD4 counts
- STI screening and treatment
- Physician consultation

Integrated Social Support

- SHAZ! Guidance counseling at each study visit
- Self-selected mentor to support participant through the program
- SHAZ! reunions every six months



Eligibility Criteria for SHAZ!

Enrolled 315 for Primary prevention and 710 secondary prevention

Females

Aged between 16 – 19

Out of school

Orphaned and Vulnerable Children (OVC)

Not pregnant at enrollment

Willing to be tested for HIV



Study Design of SHAZ!

| | Baseline | 6 Months | 12 Months | 18 Months |
|---------------------|---|---|------------------|-------------------------|
| Control | Life Skills HIV/SRH Services | HIV/SRH Services | HIV/SRH Services | HIV/SRH Services |
| Intervention | Life Skills HIV/SRH Services ISS | Livelihoods HIV/SRH Services ISS | | HIV/SRH Services ISS |

SHAZ! Research Sites



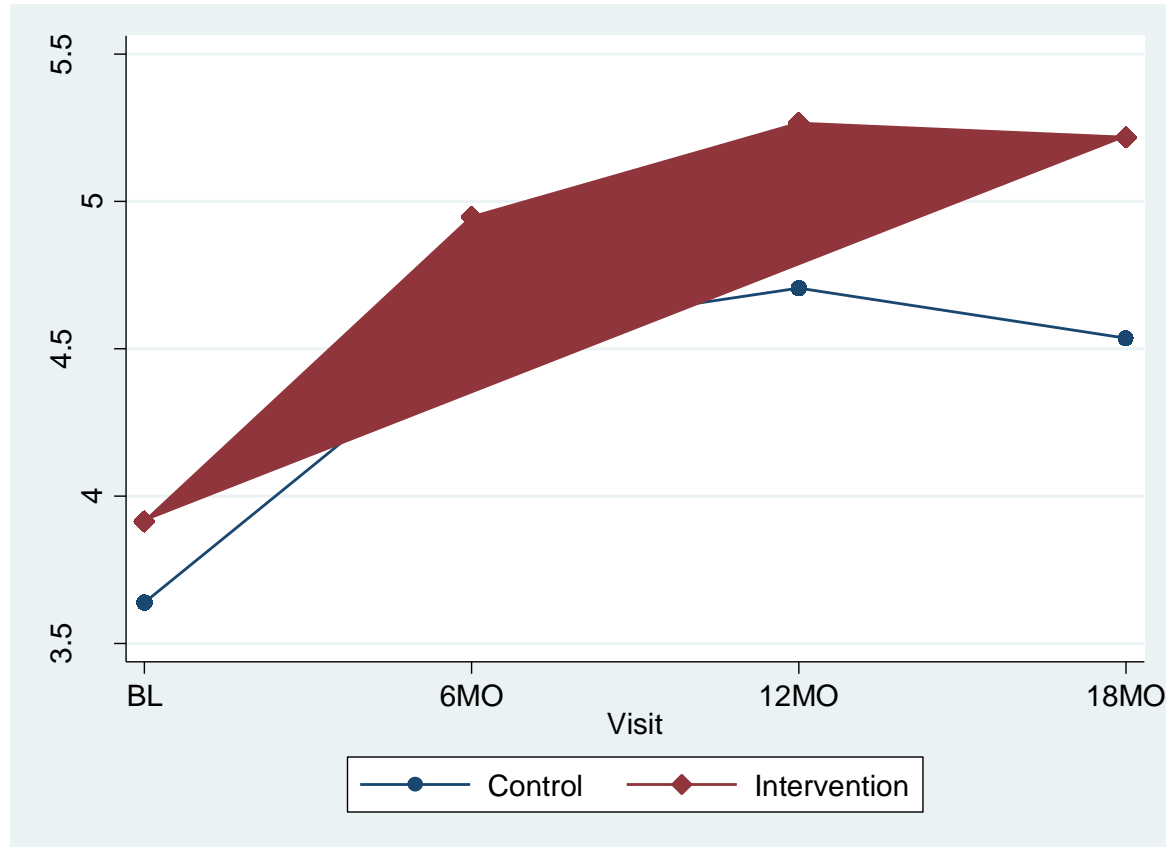
Key Findings Primary Prevention Trial

- Improvements among intervention participants in economic factors such as food security [IOR=0.83 vs. COR=0.68, $p=0.02$], income levels [IOR= 2.05 vs. COR=1.67, $p=0.02$]
- Improvements in HIV risk factors such as transactional sex [IOR=0.64, 95% CI (0.50, 0.83)], condom use [IOR=1.79, 95% CI (1.23, 2.62)], experience of violence)
- Reduction in unintended pregnancy HR=0.62, 95% CI (0.38, 1.02)]
- Improvements in gender equity and relationship power [IOR = 1.30 vs. COR = 1.28, $P= 0.90$]

Key Findings Secondary Prevention Trial

- Improvements from baseline to endpoint in the intervention arm for those who went back to school or were in paid work (IOR=1.56 vs COR=0.95, $p=0.001$).
- Improvements in Condom use [RR 95% CI: 1.43 (1.16, 1.76) $P<0.001$]
- Improvements in food security [RR 95% CI: 1.34 (1.09, 1.64) $p= 0.005$]

Self-reported Wealth over Time



Pre-/Post-SHAZ-Plus! Overall Sample


| Indicator/ Outcome | Baseline, n(%) | 18 Month, n(%) | OR (95% CI) | P-value |
|--|----------------|----------------|-------------------|---------|
| Food insecurity | 320 (46%) | 216 (36%) | 0.84 (0.77, 0.93) | <0.001 |
| Low economic status | 541 (77%) | 358 (60%) | 0.75 (0.69, 0.82) | <0.001 |
| Recent Abuse (physical, Sexual, or forced sex) | 118 (17%) | 34 (4%) | 0.62 (0.55, 0.71) | <0.001 |
| CD4 > 500 | 184 (27%) | 210 (43%) | 1.32 (1.14, 1.54) | <0.001 |
| Self-reported excellent or good current health | 293 (42%) | 422 (71%) | 1.55 (1.36, 1.77) | <0.001 |
| Overall good health (high CD4, normal BMI, and no OI's ever) | 192 (28%) | 192 (34%) | 1.12 (0.97, 1.29) | 0.135 |
| Multiple sexual partners in last 6 months | 40 (6%) | 43 (7%) | 1.05 (0.90, 1.23) | 0.504 |
| Transactional Sex | 117 (60%) | 121 (49%) | 0.87 (0.75, 1.01) | 0.067 |
| Disclosed to current partner | 157 (81%) | 205 (83%) | 1.06 (0.88, 1.29) | 0.528 |

Discussion points


- The 2 trials show some improvements by study arm in economic and social factors but not in biological or clinical outcomes – why?
 - Sample size, study duration
 - Study design (control group)
- Results underscore the need to think of new ways of evaluation designs that best enable assessment of a true/appropriate control condition in settings such as Zimbabwe
- pre and post analysis of data show significant improvements over time among the sample overall suggesting the difference was not in the economic piece but in combination prevention interventions

Way forward

“The Hub”

- HIV services
 - Recreational facilities
 - Peer networks
 - Job services
 - STI screening and treatment
 - ICT centre
 - HTC
 - Contraception
- 

Acknowledgements

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 - AVAC
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THANK YOU!!!!