Men, migration, mothers, and HIV risk in adolescent girls

Although there has been substantial progress in controlling the HIV epidemic in sub-Saharan Africa, HIV prevalence and incidence among adolescent girls and young women (AGYW) remains unacceptably high. With these infection rates, the prospect of ending the HIV epidemic in the foreseeable future seems remote.

In The Lancet HIV, Andrea Low and colleagues report factors associated with HIV infection among AGYW aged 15–24 years in the nationally representative Lesotho Population-based HIV Impact Assessment (LePHIA) survey. HIV infection in AGYW was associated with having a known or suspected HIV-positive partner, living outside Lesotho in the past year, and a history of anal sex. The risk of the HIV infection in the AGYW was also increased if the cohabiting partner was older, HIV-positive, and virally non-suppressed if HIV-positive.

Even in contexts with high HIV prevalence, risk of HIV acquisition is not universal. Data such as these are crucial in identifying and targeting higher-risk individuals for more effective HIV prevention programming. Most interventions to reduce HIV acquisition in AGYW target AGYW themselves, rather than their sexual partners. Young men reported a lower age at sexual debut, a higher number of lifetime partners, and more condomless sex than AGYW. A key difference between AGYW and young men was the much higher age of the sexual partners of AGYW with 41% having sexual partners who were more than 5 years older than them. Among these partners, 30% were intergenerational (ie, >10 years older) and these were significantly less likely to use condoms. The individuals who transmit HIV to AGYW often have far more power and potential to change AGYW’s risk than AGYW themselves but are much less commonly the focus of interventions.

Even fewer interventions focus on the contextual factors that underlie the risk of HIV acquisition among AGYW, such as mobility and migration. Studies have reported the increased risk of HIV acquisition associated with migration in both men and women. One potential approach is to identify geographical priority areas, focus on migrants, and implement transnational interventions. A notable finding was the protective effect of education. Education of the AGYWs was associated with a decreased odds of having HIV infection. In addition, maternal education was also strongly protective against HIV status in AGYW with a 64% reduction in odds of HIV infection in the daughter for each increase in scholastic year achieved by the mother. The President’s Emergency Program for AIDS Relief’s DREAMS intervention (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Women) is an example of an initiative that addresses multiple levels of risk including gender inequality, lack of access to education, and poverty in targeted districts in sub-Saharan African countries that have high rates of HIV infection. Clearly, such interventions are not easy, are challenging to evaluate rigorously, and require a long-term perspective.

In the LePHIA survey, only about 50% AGWY living with HIV were virally suppressed and just over half of all partners of AGYW who were HIV-positive reported ever having taken antiretroviral therapy (ART). Treatment with ART results in an undetectable HIV viral load that consequently makes an individual non-infectious to others. WHO now recommends test and treat, initiating all people diagnosed with HIV on ART as soon as possible after diagnosis, not only for individual health benefits but also as a means of reducing the rate of new HIV infections. However, this strategy can only be effective if coverage of ART and viral suppression rates are high. Young people have much lower rates of ART coverage and worse virological outcomes than in other age groups, and the findings of the survey emphasise the pressing need to improve engagement with HIV services and adherence in this age group.
It is clear that adolescents and young people are a high-priority group if the HIV epidemic is to be controlled.¹ To do this HIV programmes need not only to focus on AGYW and in people transmitting HIV to them but also to understand and address the socioecological factors that underpin the HIV epidemic.⁹

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