Addressing An Unmet Need:
Young Women ≤30 Years Living with HIV:

Often Overlooked and Highly Vulnerable

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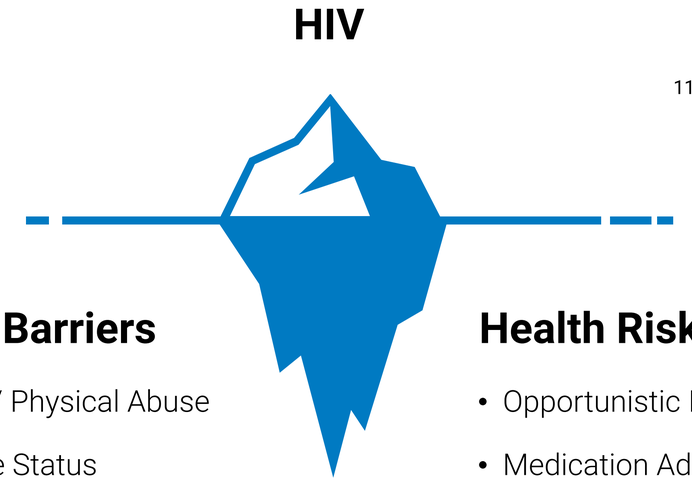
Background

Data from 2018 revealed that young people aged 15-30 made up approximately one-quarter of all reported HIV cases in Canada with approximately 20% of reported cases being young women ≤30[1]. HIV positive women often have worse health outcomes than HIV positive men[2], including an increased frequency of mental health issues including anxiety, depression and PTSD[3-5]. For women, dealing with HIV infection exacerbates psychological distress and increases barriers to care[3]. This leads to the deferral of ART(antiretroviral therapy) initiation[5], decreases treatment adherence to ART once starting, and leads to negative health outcomes and riskier behavior[3]. Psychological distress is compounded by isolation, lack of social supports, maladaptive coping skills, and stigma[3,5].

Independently, several young women approached clinical staff at SAC (Southern Alberta Clinic) expressing difficulties adjusting to HIV care, feelings of isolation, anxiety, and depression and enquired about the possibility of meeting other young HIV positive women. These women described feeling 'overlooked' because they did not feel comfortable in the support groups accessed through the community which consisted of women in older demographics.

In order to be responsive to the needs of these young women, a nurse, social worker, and clinical support facilitator established an ongoing support group to create a safe space for young women to form healthy relationships with each other and care providers, resulting in improved mental and physical health[6].



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Social Barriers

- Sexual / Physical Abuse
- Refugee Status
- Stigma
- Isolation
- Anxiety / Depression
- Risk of Transmitting

Health Risks

- Opportunistic Infections
- Medication Adherence
- High Viral Load / Low CD4
- Increased ART Resistance
- Risk of becoming Lost to Follow Up

Methods

Data were pulled from the SAC database that included any female patient ≤30. A registered nurse (RN) or social worker (SW) contacted the patient over the phone or in-person at their clinic visit informing them of the existence of the support group and the women were provided dates for the next meeting. The meetings were held once per month and were attended by a RN, SW, and clinical support facilitator. Participants are required to sign confidentiality agreements. Discussion topics are selected by the participants resulting in themes such as sex and relationships, HIV disclosure, pregnancy, careers, stigma, and mental health. Participants are encouraged by clinic staff to participate in the discussions, however, the participants ultimately decide their level of participation. Attendance is recorded at each meeting, and quotes originating from the group members are recorded with their permission. Clinical staff also distribute accurate health information about HIV and encourage group members to ask questions. The primary outcomes measured are participant-reported decreases in anxiety, depression, isolation as well as regular attendance of the group meetings. Biological variables such as CD4 and Viral Load are monitored. The primary focus at this stage is on increasing social/emotional well being and positive outcomes that show a relationship with SAC, such as clinical appointment attendance and completion of lab tests.

Results

20 women ≤30 years have been contacted and regular attendance of 6 participants has been established. Approximately 7 additional patients have expressed interest in attending the group meetings but are unable due to complex child care burdens, fear of violence from partners or ex-partners, or concern about their HIV status becoming known within their community. Establishment of the support group has led to the reported increase in social support among participants with participants stating “I have found my true friends” and “before the group, I was depressed, now I am not depressed”. They reported improved self-esteem with one participant expressing that she did not want to hide her HIV anymore and that she wanted to be proud of having HIV to help decrease stigma related to the disease. Participants have stated they “did not know there were other people my age with HIV” and that the knowledge of this has diminished feelings of isolation and loneliness. Outcomes such as increased viral suppression have been achieved by some participants and clinic attendance and completion of lab tests among attendees have improved. Some members schedule their lab and clinic appointments together so they provide each other support. Most importantly, participants have reported decreased feelings of anxiety and depression and increased connectedness with other participants.

Discussion

Women ≤30 years old face considerable challenges dealing with HIV. Adolescence is turbulent, and HIV compounds the difficulties of this demographic by adding to it additional issues pertaining to relationships, disclosure, stigma, and fear of rejection[7,8]. Health outcomes for women in this age group are often poor, include riskier behaviors[9], and increased struggle with mental health issues including anxiety, depression and PTSD[3-5]. The main objective of this group was to utilize a common HIV social intervention strategy[10] that created a safe space for young women to form healthy relationships with each other and care providers. The overwhelming response from participants was extremely positive, resulting in reports of decreased isolation and an overall improvement in mental health. Participants report looking forward to the continued facilitation of the support group. The overwhelming response from participants was the appreciation of meeting people of similar demographic and life stages. We anticipate that these relationships will continue to increase engagement in care, leading to more positive mental health outcomes. Monthly support sessions will continue to be facilitated by clinic staff, with active recruitment of more participants. Biological and social outcomes will continue to be evaluated to determine ways to alleviate the burden of HIV on this vulnerable group of young women.

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