

Youth Need HIV Counseling When Seeking Reproductive Health Services

A research study in Tanzania found large differences between actual and perceived risk for HIV infection among young reproductive health clients.

More information is needed to address questions that affect the design of HIV voluntary counseling and testing (VCT) services for youth. With the School of Nursing at the Muhimbili University College of Health Sciences, YouthNet conducted a descriptive study of youth attending VCT and other reproductive health (RH) services in Dar es Salaam, Tanzania. (RH services include sexually transmitted infections, family planning, and other services.) The study produced information on alternative VCT service delivery models, their related quality of care, and – the focus of this brief – the proportion of youth who practice risky sex compared with the youth’s own perceptions of risk.

Methods

Exit interviews were conducted with 719 youth (310 males and 409 females) ages 15 to 24 as they were leaving four clinics in Dar es Salaam. The clinics represent four types of sites where youth might seek VCT for HIV, with approximately the same number of youth interviewed from each type of site:

- 1) a youth-only, combined VCT/RH site, where different providers address VCT and RH needs
- 2) a youth-only, combined VCT/RH site, where the same provider offers all services
- 3) a general VCT-only site for all ages
- 4) a general VCT/RH site for all ages with special hours for youth, where the same provider offers all services

The study defined a person as having risky sex if, in the last *three months*, he or she was sexually active *and* either had sex without condoms *or* had more than one sexual partner; or in

the last *12 months*, had been diagnosed with a sexually transmitted infection (STI). Youth were interviewed only if they had received *either* VCT *or* RH services, not if they received both. (In two sites that offered RH services, there were very few male clients who received only RH services.)

Results

The average age of the youth surveyed was 21, and the average age at first intercourse was 17. About a third of the females (34 percent) but only 6 percent of males were married or cohabiting. More than half of the RH clients were married or cohabiting (56 percent), compared with only 11 percent of the female VCT clients. The majority of the male RH clients came for STI services, while the female RH clients came primarily for family planning services.

The study calculated what percentage of youth had had risky sex. The proportion was higher for RH clients, where 80 percent of females* and 61 percent of the male clients were classified as having had risky sex in the previous three months. In contrast, about half of the female VCT clients (49 percent) engaged in risky sex, as did a smaller but similar percent of male VCT clients (42 percent).

To assess youth’s perceived risk of HIV infection, the study asked participants if they thought they were at great, moderate, low, or no risk of getting the virus that causes AIDS (see figure, next page). Among those classified as practicing risky sex, about half of the male VCT clients (56 percent) and RH clients (52 percent) felt that they were at moderate or great

* Married women were included in this calculation because their husbands’ risk is not known. If married women are removed from the calculation, the proportion of RH females at risk drops to 61 percent.

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risk of acquiring HIV. Similarly, among those practicing risky sex, about half (54 percent) of the female VCT clients felt that they had a moderate or great risk of acquiring HIV, while 45 percent of the female RH clients felt this way. Approximately 7 percent of the males and females surveyed said they did not know what their risk was.

When asked why they felt they were at low or no risk of acquiring HIV/AIDS, 83 percent of the RH females who were sexually active said they were “being faithful.” This is not surprising since 30 percent of them were married or cohabiting.

Conclusions and Implications

This study attempted to identify where the clients at most risk are seeking services, from both an objective perspective and from the clients’ own perspectives. It appears that more clients who seek RH services (such as contraceptive services and STI treatment), especially females, are at elevated risk of acquiring HIV/AIDS according to the definition used here. This is not

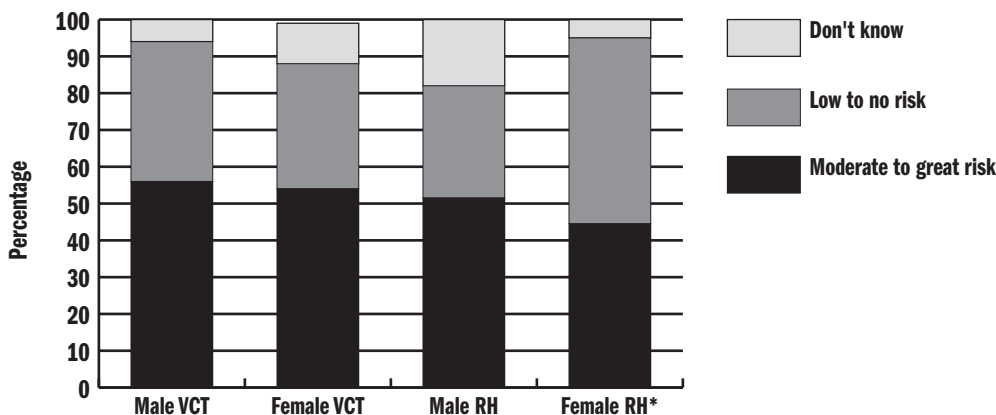
surprising since half of the male clients, and one-quarter of the female clients, came for STI services. Those seeking RH services are less likely to perceive themselves at risk than VCT clients, both males and females.

One could argue that the high estimate of at-risk females seeking RH services is due to the fact that more than half of those clients were married and are thus not likely to be using condoms. However, male RH clients, few of whom were married, were also classified as being at greater risk than male VCT clients. The problem identified in this study is that RH clients, both male and female, lack a realistic perception of risk of HIV infection. This finding points to a clear need: when clients seek contraception or STI testing and treatment, they need counseling on their risk of acquiring HIV/AIDS.

— Sarah Thomsen

Sarah Thomsen, a Senior Research Associate at Family Health International, coordinated this research in Tanzania.

Self-Assessed Risk of Acquiring HIV/AIDS among Those Having “Risky Sex”



* Including married and/or cohabiting females

YouthNet Briefs is an activity of YouthNet, a five-year program funded by the U.S. Agency for International Development to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International and includes CARE USA and RTI International.