

# ADOLESCENT MOTHERS AFFECTED BY HIV AND THEIR CHILDREN: A DRAFT ADVOCACY AGENDA



In December 2019, the Coalition for Children Affected by AIDS and the World Health Organization co-hosted a learning session to develop an evidence-informed advocacy agenda on adolescent mothers affected by HIV and their children. 43 global thought leaders took part - from the HIV, sexual and reproductive health, early childhood development, poverty reduction, rights, gender, exclusion and mental health sectors. It was accompanied by a global literature review and a video of the voices of young mothers across Sub Saharan Africa.

The World Health Organization has produced a full report of the Learning Session, which is available separately. This document sets out just the draft advocacy messages and recommendations for donors, governments, and civil society, which were prioritised by participants of the Learning Session. This is a 'live' document and has been put out for further consultation with adolescent mothers affected by HIV and the communities of practice that work alongside them.

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# KEY MESSAGES

## **We have the evidence; we know what works; what we need now is leadership!**

We can and should start now to deliver change for adolescent mothers affected by HIV and their children. This is a transformative issue that cuts to the core of gender equality, human rights, and the rights of the child, while also obliging sectors to work together in new ways. Achieving change will take time and therefore requires political and donor leadership.

## **Adolescent mothers and their children are a vast and growing population being left behind.**

Both mothers and children are more vulnerable to HIV, delayed early childhood development, gender inequality, poverty, violence, exclusion, and poor health and education—all of which limit generations across a lifetime. Despite this, they are underserved; with many too far away, too poor, too stigmatized and discriminated against, and too mentally or emotionally distressed to access services or remain in care.

## **Adolescent mothers and their children face a double burden of stigma.**

Stigma associated with HIV is compounded by entrenched stigma surrounding young motherhood itself. Many adolescent mothers and their young children are rejected by their families, communities, schools, clinics, and other service providers.

## **Harmful traditional practices and social norms deny them access to information and support.**

This includes practices and norms associated with contraception, female genital mutilation, child marriage, gender inequality, and toxic masculinity.

## **A holistic approach that addresses the comprehensive needs of the adolescent mother and child together is more effective, feasible, and affordable.**

The days of working in siloed sectors are over. We must use a tailored, integrated program to combine services and support for HIV, health, education, protection, poverty, gender, and other areas. Mental health, in particular, requires far greater attention. We must support all adolescent mothers in areas with a high burden of HIV infection, not just the people already living with HIV. Any service reaching an adolescent mother and child is a window to provide this holistic support.



# KEY MESSAGES

## **Start early.**

What happens to children during pregnancy and in their first 1,000 days determines their path through life. Children born to adolescent mothers face a heightened risk of delayed development, especially in areas with a high burden of HIV infection. Comprehensive sexuality education and positive gender messaging from early childhood are key to tackling harmful traditional practices and social norms. A life-cycle approach is essential for delivering transformative change.

## **Men and boys are a key part of the solution.**

We must work with men and boys to tackle harmful traditional practices and social norms. Men often hold leadership roles in communities, services, and political institutions, which gives them the power to determine local policies and practices affecting adolescent mothers and their children. Improving their health-seeking behavior would be a major step in reducing HIV infection among girls and adolescents.

## **Strengthening the capacity of adolescents, communities, and families is key.**

Strong national policies and laws are important. However, these are only enacted when complemented by supportive and resourced communities and families. Moreover, community-based organizations are well-placed to reach out to those unable to access mainstream institutional services.

## **The participation of adolescents is essential.**

They know what they need; they are critical for providing peer support to each other; and they should be supported to participate in decisions that affect them, and in holding governments to account.

# RECOMMENDATIONS FOR GOVERNMENTS, DONORS, POLICY MAKERS, AND CIVIL SOCIETY

*To achieve these goals:*



## **DONORS MUST:**

- Give priority to adolescent mothers and their children in donor strategies, programs, and indicators across a range of outcomes; encourage all grant applicants to consider what role this population has in its proposed program; and support further research, communication, and youth-led campaigns targeting this population.
- Make funding more accessible to small, community-based organizations by creating special funding structures for them that enable greater flexibility in allocating funding.
- Allocate a percentage of all investment towards indirect resources to enable grant recipients to build the system around multisectoral integration and to put money aside for when the intervention transitions to being locally resourced.
- Make multisectoral collaboration a donor requirement, for example, in funding applications and progress indicators.
- Champion these recommendations among other donors and key stakeholders.



## **GOVERNMENTS MUST:**

- Champion an enabling environment for adolescent mothers affected by HIV and their children, with strong laws and policies that promote and protect their human rights and tackle harmful norms, practices, stigma and discrimination associated with them.
- Provide adolescent mothers and their children a comprehensive package of integrated services and support, backed up with strong laws and policies. This should combine support on HIV, health, education, justice, and social protection. It should also include, for example:
  - Support to adolescent mothers to return to school
  - Comprehensive sexuality education for all children
  - Combatting harmful traditional practices and social norms

- Support should be delivered in various settings across sectors and go beyond the health center. It should be friendly and welcoming, and carried out in partnership with adolescents.
- Improve the coordination of support and information on adolescent mothers and their children—both across sectors and between clinics and communities. This includes sharing data more systematically between stakeholders.
- Disaggregate data between 15–19 and 20–24 years old, and use this to increase visibility, improve programming, and strengthen accountability for adolescent mothers. This could include a scorecard, national index, and other tools. It may require changes to ethical guidance and consent laws to enable adolescents to report on their needs more effectively.



## **CIVIL SOCIETY MUST:**

- Support the meaningful participation of adolescents and young people at every stage. This includes:
  - Supporting them to design and disseminate communication strategies and activities led by adolescents.
  - Helping them monitor and report on the implementation and quality of services and policies.
- Promote the design and implementation of multisectoral approaches around adolescent mothers affected by HIV and their children. This includes reviewing current programs, strategies, and policies and identifying gaps and priorities for each context.
- Champion collaboration, learning, and sharing between sectors, stakeholders, and settings on adolescent mothers affected by HIV and their children.
- Tackle stigma surrounding adolescent mothers affected by HIV and their children at all levels and in all forms, including using the People Living with HIV Stigma Index as a tool for engaging faith-based organizations.