

Retaining adolescents with HIV in care through targeted youth camps in Kisumu, Kenya

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Introduction

In Kenya, 29% of new HIV infections are among adolescents and youth and HIV remains their leading cause of mortality and morbidity. Kenyan adolescent HIV/AIDS programs are developing comprehensive psychosocial interventions to address this vulnerable population. Camp Sunburst-Kenya, a residential camp, is focused on supporting HIV prevention, disclosure, and treatment adherence. This evaluation examined the effectiveness of Camp Sunburst-Kenya on retention in care among adolescents in Kisumu, Kenya.

Methodology

HIV positive adolescents ages 10–19 years from Family AIDS Care and Education Services (FACES) supported facilities attended a 5-day intensive camp consisting of peer engagement, art therapy, narrative writing, HIV/AIDS knowledge games, role plays and personal experiences sharing. Staff were trained in team building, leadership, and addressing stigma, discrimination and diversity. Two independent camps were held, one in August 2013 and August 2014. Non-camper controls were randomly selected and matched 2:1 to campers from both sessions based on age, gender, and ART regimen.

Demographic and clinical factors were abstracted from medical records of both campers and non-campers. Participants active in care 6-months following the camp interval were considered retained. P-value from a mixed-effect generalized likelihood model was used to compare campers to non-campers both before and after the camp session controlling for repeated measures.

Results

In total, 71 campers and 142 non-campers were analyzed. The median age was 13.8 years (IQR 10.7, 16.2) and 108 (51%) were female. From multivariate analysis, campers were 4 times more likely to be retained in care (aOR 4.03, 95% CI 1.46-11.14, $p < 0.01$) compared to non-campers. The odds of retention in care may be lower per increasing year of age, (aOR 0.88, 95% CI 0.78-1.00, $p = 0.06$). Patients on first line regimen were 7 times more likely to be retained in care than those not on any ART, (aOR 7.15, 95% CI 3.06-16.7, $p < 0.01$).

Conclusion

Intensive adolescent resident programs, such as Camp Sunburst-Kenya, may be effective in improving retention in care particularly for youth experiencing stigma and other psychosocial challenges. Our results also indicate that the current test and start policies will also improve retention to care and likely provide additional opportunities for intense psychosocial support.