Engaging Adolescents in Health Education Curriculum through Cartoons

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PRESENTATION OUTLINE

- Background and Context
- Introduction
- Aims
- Summary of Cartoon Story
- Cartoon Delivery
- Lessons from the Field
25.8 million people living with HIV in 2014 are in Sub Saharan Africa (WHO, 2015).

Sub Saharan Africa accounts for almost 70 percent of the global total of new infections (WHO, 2015).
SUUBI+ Adherence: An Innovative Economic Empowerment Intervention to Increase Adherence to HIV Treatment for HIV-Infected Adolescents.
<table>
<thead>
<tr>
<th>Control arm (n= 344)</th>
<th>Treatment arm (n=358)</th>
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<tbody>
<tr>
<td>Usual care</td>
<td>Usual care PLUS</td>
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<tr>
<td>Wise pill devices</td>
<td>Child Development Accounts</td>
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<td>Viral load tests</td>
<td>Microenterprise workshop</td>
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<td>Mentorship</td>
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BOLSTERED STANDARD OF CARE

- Bolstered Standard of Care: Participants have the opportunity to attend at least six sessions of Bolstered Standard of Care during which time the participants may become aware of ways that may help them set short- and long-term goals and how to take better care of their health.

- Aims

  - To provide ART literature to all Suubi+Adherence study participants
  - To ensure more standardised ART adherence counselling to participants
The story introduces two young people within the same age range, with a similar socioeconomic background; Mabebere (boy) and Kamperempe (girl).
Both characters are HIV positive.

The story depicts the importance of adhering to HIV medication as prescribed by medical personnel, the risks of non-adherence, as well as puberty related issues and how children may react to such changes.

It describes risky situations and how young people can refrain from risky behaviors such as alcohol and drug use.

The story portrays scenarios involving stigma and discrimination and how they can be handled.
CARTOON ILLUSTRATIONS....
PRE-TESTING CARTOON ROLL OUT

- Took place in two health centers: Villa Maria Hospital & TASO
- Combined total of 9 participants and 7 guardians attended
- Each health center was represented by one contact person and one expert client
- Feedback was collected from participants, guardians, contact persons, and expert clients
TRAINING OF FACILITATORS

- 32 contact persons and 33 expert clients were trained (65 total)
- 36 clinics were represented
- 3 clinics were not represented
CARTOON ROLL-OUT SESSIONS

- Conducted by contact persons & expert clients guided by the facilitator’s manual
- Cartoon booklets distributed to participants and guardians
- Drama was incorporated in the study sessions
- Wrap-up included evaluation and feedback from participants and guardians
GRAPH OF PARTICIPANT ROLL OUT ATTENDANCE

Participant Roll out Attendance

- Active Participants
- Cartoon Attendance
## Observations and Challenges

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<th>Observations</th>
<th>Challenges</th>
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<td>Participants responded well to the cartoon roll out.</td>
<td>Comforting/dealing with emotional participants during sensitive topics such as stigma and discrimination.</td>
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<td>A lot of participants did not know a lot about puberty.</td>
<td>Time management. Covering all sessions at a go meant lengthy sessions thus a lower attention span of participants</td>
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<td>Participants and guardians had a lot of questions regarding HIV knowledge.</td>
<td>Missing out on some participants. This includes participants that didn’t attend the roll out.</td>
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<td>Sessions attracted non-participants (children and adults)</td>
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<td>Participants enjoyed the drama used in the cartoons.</td>
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RECOMMENDATIONS FROM STUDY PARTICIPANTS AND GUARDIANS

- Provide booklets in color
- Allow participants to act out scenes from the sessions
- Present cartoon sessions at schools to alleviate discrimination and stigma in classroom settings
- Provide booklets to children outside the study
REFERENCES


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