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Review

Child participation in advocacy: A recommended approach for effective HIV prevention among adolescents in Malawi

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Why are adolescents more vulnerable to HIV infection than any other age group in Malawi? This question requires serious attention considering that HIV awareness is at 99 percent, suggesting that almost every Malawians is aware of the pandemic, yet infection rate among adolescents remains unabated. In this paper, I analyze current approaches to HIV advocacy in Malawi to explain why adolescents are more vulnerable than other age groups. Noting that HIV advocacy in Malawi is mostly left to experts and professionals, I argue that the country cannot reduce HIV infection among adolescents when her strategic plan is not inclusive of children as carriers of HIV messages. I therefore, recommend approaches that involve children to actively participate in HIV advocacy in order to be more effective in reducing HIV among adolescents in Malawi.

Key words: Adolescents, advocacy, child participation, HIV, Malawi, peer influence.

INTRODUCTION

The increasingly growing HIV infections among adolescents in Malawi requires serious attention considering that the country has made significant strides in reducing HIV prevalence over the past two decades. Today, 50 percent of new HIV infections occur among young people, with adolescents aged 15-24 accounting for over 6.1 percent of Malawi's HIV prevalence (NAC, 2015: p7), yet the country has reduced HIV prevalence from 16.4 in 1999 to 9.1 percent in 2016 (NAC, 2015: p2; UNAIDS data). This situation calls into question why current approaches to HIV elimination are not impacting positively on adolescents. In this paper, I analyze Malawi's current approaches to HIV advocacy to explain why adolescents are more vulnerable than other age groups. I will suggest that using approaches that encourage child participation could help Malawi to be more effective in preventing HIV transmission among adolescents.

BACKGROUND

Malawi is one of the hardest hit countries by HIV in the world with over 1.254 million HIV related deaths registered since 1990 (UNAIDS, 2016). It is located in Sub-Saharan Africa, bordered by Tanzania to the North-East, Zambia to the North-West, and surrounded by Mozambique from the South-West to the South-East. It has a total population of 16.829 million, and 50.7 percent of which are under 18 children (UNICEF data). The scourge of HIV has negatively impacted Malawi both socially and economically. Every household has either lost a child or a parent, and the population of orphans has increased astronomically. Today, Malawi has over 530,000 orphans who lost their parents because of HIV and AIDS (UNAIDS, 2015). Also, HIV has deprived Malawi of human capital, thereby impacting negatively on her economy. Over 81 percent of HIV related deaths occur among over 15 years old people who could have contributed towards economic development (computed from UNAIDS data).

In recent years, HIV prevalence in Malawi has declined following concerted efforts by government and partners. Today, HIV prevalence stands at 9.1 percent (UNAIDS). UNAIDS data shows that Malawi has experienced improvement in averting HIV infections among infants from only 3200 in 2010 to 12000 in 2015,

meaning that more infants are being protected from mother to child transmission (UNAIDS data). Another significant improvement is life expectancy which has risen from 46 years in 2000 to 50.4 today due to availability of Anti-Retroviral Therapy (ART) treatment (UNAIDS, 2014: p2). Also, worth noting is the decline of new HIV infections almost by half between 2009 and 2015 as shown by the solid line in figure 1 below.

However, while the progress shown by the solid line in figure 1 below seems promising, the bad news is that new HIV infections among adolescents aged 15-24 remain unabated. In the period 2009-2015, adolescents in this age group accounted for an average of 27 percent of the total new HIV infections in Malawi (computed from UNAIDS data), while in 2015, 9500 out of 33000 new infections were adolescents as shown in figure 1 below. Much as new HIV infections among adolescents in 2015 look smaller than in 2009, the dotted line shows no significant progress in eliminating new HIV infections among adolescents compared to overall progress shown by the solid line in the chart in figure 1. It might be suggested that Malawi's overall progress in HIV reduction could have been much better if there was substantial reduction of HIV transmission among adolescents. This situation undermines Prevention from Mother to Child Transmission (PMTCT) efforts because an infant who has been protected from HIV infection at birth might still contract the virus at adolescence due to high risk among teenagers. This situation of adolescents is even more complicated because HIV advocacy has not skipped any village, and HIV awareness is almost 99 percent in Malawi (NAC, 2014: p12). An interesting question for HIV advocates and epidemiologists is therefore, why are Malawian adolescents still vulnerable to HIV infection when HIV awareness is high among them?

Why Malawian adolescents are at high risk

Analysis of Malawi's current strategy for HIV and AIDS

To explain why adolescents are more vulnerable despite high HIV awareness levels requires analyzing current approaches that are being used to combat HIV. HIV initiatives in Malawi seem to stress more on intervention and restoration rather than prevention although this is the common song among HIV advocates. Emphasis on intervention and restoration is clear in the country's revised National Strategic Plan (NSP) for HIV and AIDS which runs up to 2020. Malawi's vision is to have a *healthy and prosperous nation free from HIV and AIDS* (NAC, 2014: p2). According to Malawi government, this NSP is the main guiding document for all HIV related initiatives in the country (NAC, 2014: p2). In terms of HIV intervention, Malawi's NSP stresses administration of Nevirapine to HIV infected pregnant women for PMTCT and ART to prolong lives of HIV infected people (NAC, 2014). On restoration, Malawi's NSP promotes home-based care and Voluntary Counselling and Testing (VCT) for early HIV diagnosis to introduce HIV infected people on ART before CD4 count degenerates (NAC, 2015: p18). In addition, Malawi discourages stigma and discrimination to enable People Living with HIV (PLHIV) to freely access medication (NAC, 2015: p17).

However, while Malawi's vision to eliminate HIV seems compelling, there is no clear HIV prevention strategy especially for adolescents apart from information dissemination. Besides, the Malawi National Strategic Plan for HIV and AIDS (2014) does not include child participation. All strategies in the plan seem to confine roles and responsibilities to adults and HIV experts. Adolescents are treated as passive recipients of HIV information. Much as the strategic plan recognizes adolescents as the age group which is most prone to HIV infection (NAC, 2014: p22), it does not provide them with space to act as message carriers. This exclusion of children is more evident in the process of revising the National Strategic Plan itself. All committees that provided input in the revision of the NSP were composed of experts and adult professionals (NAC, 2014: pp3-4). One of the reasons for child exclusion is that most Malawians have a low opinion of children. Undermining children in Malawi is often expressed in sayings such as "children are future leaders," thereby relegating them to the sidelines as mere spectators. If children are not actively involved, how can HIV project programming address issues that are core to children's lives? Current approaches that do not include children are inefficient and seem to contribute towards vulnerability of adolescents to HIV infection.

Analysis of HIV progress among adolescents

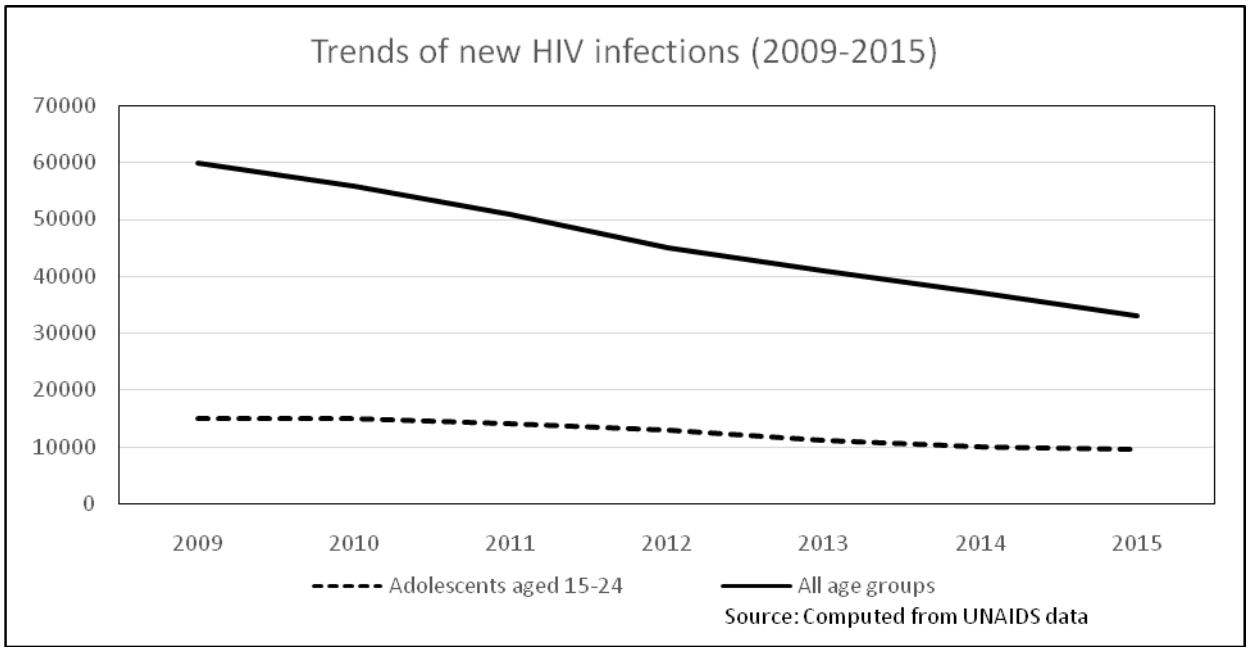
To ascertain that current HIV strategies in Malawi have not been effective among adolescents, I run a test statistic for proportions at alpha level ($\alpha = 0.01$) with a specific focus on the period 2009-2015 as follows:

$P_o = 0.27$ (average proportion of new HIV infections among adolescents between 2009-2015)
$\hat{P} = 0.29$ (Sample proportion, n = 33,000 in 2015)
H_o: P = 0.27 (efforts to reduce HIV are effective among adolescents)
H_1: P > 0.27 (efforts to reduce HIV are not effective among adolescents)
$$Z = (\hat{P} - P_0) / \sqrt{(P_o (1 - P_o) / n)}$$
$$Z = 8.2$$
Since $Z > 2.33$ ($\alpha = 0.01$)
We reject H_o: P = 0.25

Thus, there is adequate evidence at $\alpha = 0.01$ ($P > 0.27$) to conclude that current strategies in Malawi's NSP have not been impactful among adolescents.

Several studies agree that HIV transmission remains unabated among adolescents in Malawi due to ineffective strategies. Bekker et al. (2015) argues that

Figure 1. Malawi trends of new HIV infections in the period 2005-2015.



HIV infections and HIV related deaths among adolescents are increasingly growing because HIV elimination strategies do not serve young people effectively (Bekker et al., 2015: p1). In her study which focuses on HIV among adolescents in Sub-Saharan Africa, Bekker et al. (2015) notes that current strategies are not impactful because they focus on factors that escalate HIV transmission among adolescents instead of stressing focus on the adolescents themselves (Bekker et al., 2015: p5). She recommends approaches that are adolescent-centered and community based rather than health facility based or issue-based (Bekker et al., 2015: p5). Similarly, Small and Weller (2013) observe that adolescents are more vulnerable to HIV infection than any other age group in Malawi. In their study, Small and Weller (2013) find that some adolescents are at high risk while others are simply at risk (Small and Weller, 2013). Following this heterogeneity among adolescents, Small and Weller (2013) call clinicians to consider HIV strategies that are tailored accordingly based on the degree of HIV risk in order to be more effective when providing services to adolescents.

Much as Small and Weller (2013) and Bekker et al. (2015) agree that adolescents are more vulnerable to HIV infection than other age groups, their recommendations do not provide anything different from Malawi's approach as noted in the NSP. All seem to confine the role of HIV service provider to experts such as clinicians. Like Malawi's NSP, Small and Weller (2013) and Bekker et al. (2015) do not recognize adolescents as potential actors in the fight against HIV, but rather mere targets of HIV project activities. This attitude towards children does not help as seen in unabated HIV transmission among Malawian adolescents despite intensified HIV campaigns across the country. Considering that lack of child involvement in HIV programs has not yielded the desired outcome, it might be helpful to involve peers in reaching out to adolescents with HIV programs. Although Bekker et al. (2015) mentions peer involvement elsewhere (Bekker et al. 2015: p5), she does not highlight children as key players and seems to have mentioned them just in passing. However, peer involvement is key to reduction of HIV transmission among adolescents.

Child participation in HIV advocacy programs

Most experts recommend involving children in addressing issues that affect their lives. Voices of development practitioners and psychologists who have commented on this topic seem to be in unison.

Perspectives from development experts

Gordon (2002) suggests three approaches to advocacy namely *advocacy for*, *with* and *by* those affected by a situation (Gordon, 2002: p22). Seeing that people often think of advocacy as doing something for someone else, Gordon (2002) stresses the need for affected people to actively participate in advocacy (Gordon, 2002: p22). Similarly, HIV advocacy in Malawi must consider active participation of children in order to be effective. According to Gordon (2002), involving affected people in advocacy helps to identify core issues that affect their lives, and also helps them to

learn by involvement (Gordon, 2002: p24). In Malawi, child involvement in HIV advocacy could help to incorporate challenges facing children in the NSP as well as giving them confidence as agents of change, which is important for sustainability. Gordon (2002) regrets however, that in most cases, advocacy is viewed as a professional activity that only experts can undertake (Gordon, 2002: p24). This is a common view in Malawi as seen in the National Strategic Plan for HIV and AIDS. But advocacy approaches that put experts at the center are not effective as evident in the vulnerability of Malawian adolescents to HIV infection despite expert efforts. Instead, Gordon (2002) recommends using all the three approaches to be effective in advocacy (Gordon, 2002: p22). Thus, for Malawi, both experts and children must work together in HIV advocacy activities to effectively reduce HIV infection rates among adolescents.

The importance of involving children is also highlighted by Dick Stellway (2013). He observes that young people often look to their peers for advice, as such, involving peers as HIV educators can be an effective approach (Stellway, 2013: p14). Stellway suggests that children require consideration for capacity building in order to be more effective as peer educators (Stellway, 2013: p14). According to Stellway (2013), peer educators who have special training can provide accurate information about HIV and AIDS, physical or sexual maturation, and about the physical, social, psychological and spiritual significance of sex (Stellway, 2013: p14).

Perspectives from Psychologists

Similarly, Psychologists share the view that peer influence is much stronger among adolescents. Balswick et al. (2016) note that many changes occur in one's life during adolescence, and one such change is peer focused (Balswick et al., 2016: p192). According to Balswick et al. (2016), more attention to peers among adolescents is evident in the increase in peer related social, sports, religious or other extracurricular activities such as attention to romance and sexuality (Balswick et al., 2016: p192). Adolescence is marked by restlessness because it is a stage which prepares children for transitioning into adulthood (Balswick, 2016: p210). As such, adolescents attach great importance to the activities they do with their friends in an attempt to establish their own identity (Balswick et al., 2016: p193). They join with a peer group to such an extent that they act, talk and dress exactly like their group (Balswick et al., 2016: p193).

Broderick and Blewitt (2015) agree that peers become increasingly more influential during adolescence. They note that peers can motivate children to engage in beneficial as well as risky behaviors (Broderick and Blewitt, 2015: p316). Broderick and Blewitt (2015) observe that there is a tendency among adolescents to exhibit what they term *homophily* (a degree of similarity among members in a peer group), expressed in behavioral attributes such as similar dressing, or haircuts (Broderick and Blewitt, 2015: p316). According to Harakeh and Vollebergh (2012), this conformity is not only a result of peer pressure, but also occurs through peer discussions and information exchange (Broderick and Blewitt, 2015: p316). These views from psychologists underscore the importance of involving children to reach out to their peers with HIV messages. Given that adolescents are highly influenced by their peers, adolescent involvement in HIV education could be more impactful as their peers may see them as role models.

However, this is not to discount adult efforts among adolescents as worthless. Much as peer involvement in HIV advocacy is recommended, the role of adults cannot be underestimated. Adult influence among adolescents is apparent as young people tend to consult adults outside their families for advice (Balswick et al., 2016: p196). To demonstrate the relevance of adult educators among adolescents, Balswick et al. (2016) cite a study by Colby and Damon (1995) which reports that most individuals who demonstrate extraordinary commitment in caring for others in their communities were influenced by adults when they were young (Balswick et al., 2016: p196). From this study, it can be suggested that HIV situation among adolescents in Malawi could have been worse than it is today if it was not for the role which adults are playing in the current HIV approaches. But considering that children are also influenced by their peers, combined efforts of adult experts and children could help to be more effective in HIV reduction among adolescents.

Why child involvement

Involving children in HIV advocacy is not only helpful in order to be effective, it is also their right. According to the United Nations Convention on the Rights of the Child (UNCRC), children have the right to be heard. When adults are making decisions that directly affect children, they must provide space for opinions of children because it is their right to say what they think should happen (UNCRC, Article 12). Other entitlements related to child participation enshrined in the UNCRC include freedom of expression (UNCRC, Article 13). Children have the right to get and share information if the information is not damaging to them and others. Also, children have freedom of association. Article 15 of the UNCRC recognizes the right of children to meet or to join groups and organizations of their interest as long as it does not stop other people from enjoying their rights. These rights recognize children as humans who deserve respect just like anyone else, and appeal for participation of children as their entitlement. Malawi, as a signatory to the UNCRC must provide adequate room for child participation in HIV advocacy to honor her commitment to the United Nations.

Why active participation of children must be encouraged

is well expounded by Crocker and Glanville (2007) who affirm that children are essential to the mission of God (Crocker and Glanville, 2007: p261). Writing from a Christian perspective, Crocker and Glanville (2007) point out that while it is important to target children with the Gospel to achieve the Great Commission, children are not mere objects of God's mission but also agents who must be involved in spreading the Gospel (Crocker and Glanville, 2007: p266). Crocker and Glanville (2007) cite several biblical incidents where child participation produced successful outcomes. For instance, they note that God used the little boy Samuel in bringing the prophecy of redemption and victory for the people of Israel especially in times of spiritual crisis and political turmoil (Crocker and Glanville, 2007: p267). They note further that Samuel was involved in ministering in the temple with Eli since his childhood (Crocker and Glanville, 2007: p288). When children are exposed to the word of God at an early age, Crocker and Glanville (2007) conclude, they become sensitive to God's mission for his people (Crocker and Glanville, 2007: p268). Another well-known figure is David who led his nation to victory over the Philistines when he killed the giant Goliath. Crocker and Glanville (2007) note that while traditional standards of human leadership recommend experienced adult as is the case with HIV advocacy in Malawi, God anointed little David who seemed worthless to liberate the Israelites from their enemy (Crocker and Glanville, 2007: p268). These are important lessons for Malawi to seriously consider child participation in HIV elimination among adolescents.

Principles of meaningful child participation

How can children participate meaningfully in HIV advocacy? Gabriel (2006) offers helpful insights for effective child participation. She starts by describing what child participation looks like. According to Gabriel (2006), at the heart of child participation is children playing an active role as agents of change who can lead, make decisions, and effect changes in their lives and the lives of their peers (Gabriel, 2006: p25). Arenas in which children can participate formally or informally include home, school, and community (Gabriel, 2006: p27). For children to participate meaningfully, Gabriel (2006) recommends listening as crucial in child participation. She encourages adults to listen to children, recognizing that all children have valid and valuable perspectives and opinions (Gabriel, 2006: p4). Seeing that adults often find it difficult to pay attention to opinions of children, Gabriel (2006) recommends overcoming all sorts of barriers that prevent adults from listening to children (Gabriel, 2006: p4). Ignoring children is a common problem in Malawi as evident in the review of the National Strategic Plan for HIV and AIDS which was undertaken without voices of children. This attitude toward children undermines their right to be listened to as enshrined in the UNCRC. Children are created in the image of God just like anyone else, and are so valuable to Him (Brewster and Packard, 2013: p14). Therefore, just as God values children, we must do the same by respecting their opinions.

Listening to children is not just ~~an~~ ethical or legal as noted in the UNCRC. Listening to children also helps them to be better protected from harm or violation of their rights (Gabriel, 2006: p10). When we pay attention to concerns of children, they become empowered to defend themselves (Gabriel, 2006: p10). Also, listening to children is beneficial because when given space to be heard and to participate, children gain confidence and self-esteem as important members of the society (Gabriel, 2006: p10). Gabriel goes on to remind us that mutual relationships of responsibility and respect between children and adults is integral in promoting child participation (Gabriel, 2006: p25). She adds that child participation revolves around what she terms 'Give Children Respect' as the central principle. She views effective child participation as a wheel called 'Wheel of participation' with three spokes termed 'responsibility', 'opportunity,' and 'support' that are connected to 'Give Children Respect' as a hub (Gabriel, 2006: p28). Gabriel describes how the 'Wheel of participation' works as follows:

"Respect is essential in providing support for all the three principles (spokes) of child participation. Without this, the three principles will not be fulfilled. Respect involves listening to what children say, asking for their opinions, asking for explanation of decisions and actions and giving them equal treatment regardless of their differences.

Children need opportunities to actively participate and to contribute to solving the issues affecting them. Using child friendly methodologies, children can be involved in activities and programs that address their concerns.

If children are given responsibility, they will gradually become empowered as decision makers. It is crucial for the growth and wellbeing of children that they learn how to respond actively to issues affecting their lives, both on their own and with other children. The types and levels of decision making and accountability should be realistic and appropriate for the children's age and maturity, increasing over time as the children grow older and gain experience.

Finally, support for children should be given if they are to participate meaningfully. Adults should help by providing information, teaching them skills and providing material or financial resources so that they can make informed decisions and participate well. Adults should also provide support to children who lack maturity or experience or have disabilities."

According to Gabriel (2006), when one or more of these elements is missing, participation of children may be slowed down or imbalanced in the same way a faulty wheel behaves. Therefore, each of the single elements that constitute the 'Wheel of participation' must be given serious attention in order to make room for active and effective child participation in advocacy.

CONCLUSION AND RECOMMENDATION

In summary, lack of child involvement impacts negatively on HIV elimination among adolescents in Malawi. Current approaches to HIV advocacy mostly involve adults as message carriers while children are only considered as target objects. However, most experts recommend child involvement in reaching out to peers because children are highly influenced by their peers. Given that the current HIV advocacy approaches in Malawi are not impactful among adolescents, and that there is evidence of peer influence among children, using approaches that encourage child participation could help Malawi to reduce HIV transmission among adolescents. Children must be involved in the fight against HIV at all levels including programing, implementation and monitoring and evaluation to ensure their active and meaningful participation. Malawians must develop positive attitude towards children and recognize them as humans with potential to contribute in the fight against HIV. Commonly held notions that view children as future leaders must be changed to make room for children to participate in leadership. Adopting principles of child participation suggested in Gabriel's 'Wheel of participation' could promote child participation and help Malawi to be more effective in reducing HIV transmission among adolescents.

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