

Exploring Perceptions and Experiences of Adolescent Girls and Young Women Participating in DREAMS in Rural Northern KwaZulu-Natal, South Africa

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INTRODUCTION

The implementation of the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) PEPFAR initiative has brought new opportunities to address challenges that often confront adolescent girls and young women (AGYW) aged 15-24, such as limited access to youth-friendly health services, education and other barriers that restrict AGYW from being able to protect themselves against HIV.

AGYW remain at a much higher risk of HIV infection than their male peers, therefore account for a disproportionate number of the new infections among young people living with HIV in Sub Saharan Africa.

The DREAMS initiative seeks to address challenges that often confront AGYW such as fear of HIV-related stigma, gendered social norms, as well as social and economic inequalities that restrict AGYW from being able to protect themselves against HIV, particularly as they transition into adulthood.



In-depth individual interviews



Group discussions with AGYW participating in DREAMS

AIM

We aimed to explore how the DREAMS initiative is understood and experienced by AGYW in rural KwaZulu-Natal, South Africa.

METHODS

Data for this study is part of a Social Science component of a DREAMS impact evaluation conducted by the Africa Health Research Institute (AHRI) within uMkhanyakude district with AGYW aged 10 – 25 years.

We collected data, by using participatory community mapping methods & observations, including community mapping during spiral walks in four communities (1 semi-urban (township) and 3 rural areas). Each mapping activity took a minimum of three days and a maximum of five days depending on size of the area. Thematic analysis was used to explore DREAMS interventions as experienced by AGYW.

LESSONS LEARNED

- DREAMS interventions are well received, however retaining AGYW in school based interventions is a challenge.
- DREAMS improved awareness and readiness for HIV-testing, sexual and reproductive health and HIV-related information particularly among 13-22-year olds who were still at school
- There are challenges in recruiting and retaining AGYW, and parents into curriculum and parenting/caregiver programmes.
- Educational packages that are culturally sensitive and open to rural contexts are needed for these intervention strategies to be acceptable and endorsed by parents.

RESULTS

Participants included n=39 AGYW participating in IDIs, 25 of whom were in high school (grade 9-11); 10 in primary school (grade 4-6); and four were out of school (completed matric). A total of 26 AGYW participated in 5 group discussions spread over the four sites. Themes that were identified included:

1. Awareness and demand of services:

Almost all school-going AGYW were aware of DREAMS activities which were conducted within schools. These programmes were reported to provide information on: *HIV testing, HIV treatment, sexual and reproductive health, provided guidance around making good life choices; improving and strengthening communication between AGYW and their parents, HIV and violence prevention and parenting/caregiver programs.*

“They teach us as young female how we are supposed to behave ourselves, and respecting ourselves. They also do awareness on teenage pregnancy and HIV” (female FGD, township)

Most AGYW who were out of school (from age 22-24) were not aware of DREAMS but stated that they would have liked to participate. Most AGYW knew about reproductive health and HIV-related services offered in local health care facilities such as condoms, family planning and HIV treatment, however, they lacked information on HIV Pre Exposure Prophylaxis (PrEP) and HIV self-testing.

2. Access to services:

Some parents and carers were unable to attend parenting and caregiver programmes which conflicted with other home priorities. Moreover, out-of-school AGYW felt that they were excluded from services as most were delivered within schools. We also found that AGYW who were doing grade 12 did not participate in the school based DREAMS programmes as they were busy preparing for examination. However, Grade 12 students had either been told about the importance of HIV testing or referred for HIV testing to a local clinic or another DREAMS implementing partner. All AGYW reported that the services were relevant and important.

“I feel bad about not being a part of it as I am in grade 12 because when you are part of it you learn many things which makes you get back into the line and become a good kid” (female, IDI, rural area)

3. Support:

AGYW whose parents did not endorse and understand the DREAMS concept were refused participation by their parents. As such, some of those under the age of 18 who required parental consent were unable to participate.

“Sometimes mothers are not keen that their children are attending these programmes because they are scared that they will learn about things out of their ages because sometimes as we are children, we will talk about things carelessly because at programme X they teach us to say things as they are and parents will be surprised that we know about those things, but I don’t see why disadvantages of these programme” (female, IDI, rural area)

4. Fidelity:

None of the participants reported finishing curriculum based and parent-caregiver interventions, which included a total of 11-17 sessions. Barriers included lack of transport, conflicting priorities and lack of school and family support. Participants also reported that some girls attended because DREAMS programmes offered incentives in the form of money and refreshments.

“I don’t know because I also didn’t attend on the last day” (female, IDI, township)

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