



HERStory

HERStory 1: An evaluation of a South African combination HIV prevention intervention for adolescent girls and young women (AGYW) in ten South African Districts

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS



Background to the study

- The Global Fund invested in a South African combination HIV prevention intervention for AGYW aged 10-24 years in 10 priority districts in South Africa
- The intervention was an intensive, comprehensive HIV prevention intervention using a combination prevention approach to reduce new HIV infections amongst AGYW
- **The HERStory Study** was an evaluation of the intervention conducted 2018-2019 by the South African Medical Research Council (SAMRC) and partners
 - Primary objective: determine intervention impact on HIV incidence over 2 year period
 - Secondary objectives included assessing intervention impact on:
 - prevention of HIV risk behaviour and other STIs
 - cognitions, behaviour, and social environments of AGYW



Methods

Survey with AGYW

- Cross-sectional survey with 4,399 AGYW in 6/10 districts in which intervention had been implemented: City of Cape Town (Western Cape), Ehlanzeni (Mpumalanga), O.R. Tambo (Eastern Cape), Tshwane (Gauteng), King Cetshwayo (KwaZulu-Natal) and Zululand (KwaZulu-Natal)
- Representative sample was selected of households and invited all AGYW aged 15–24 years in sampled households to participate

Qualitative Component

- Data collection took place in 5 intervention districts
- IDIs and FGDs conducted with total of 303 respondents
 - including AGYW intervention recipients, AGYW who did not receive intervention, parents/caregivers of AGYW, male peers and partners, school teachers, intervention facilitators, community leaders, and intervention implementers



Overview of findings from the HERStory 1 Evaluation

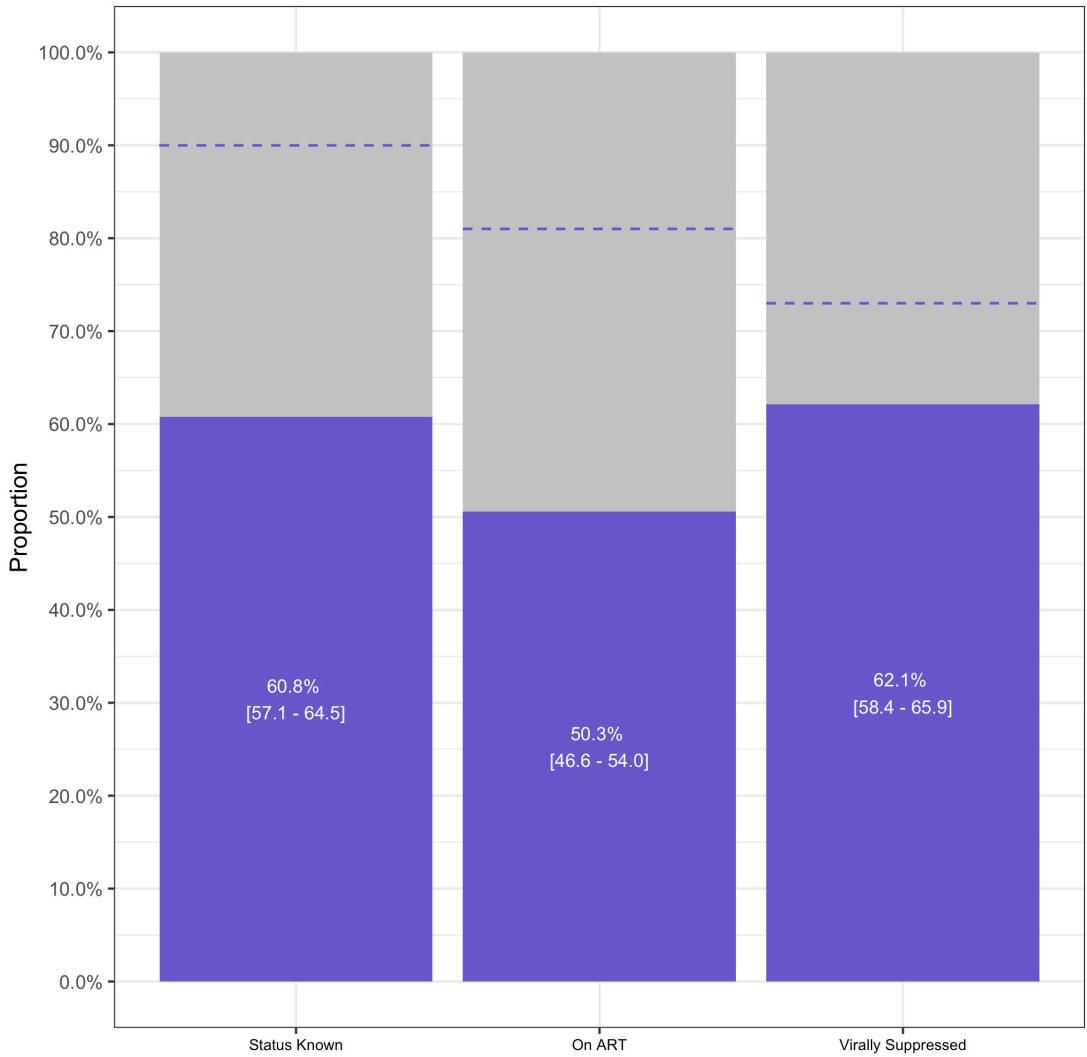
Presentation of key topic areas

- Summary of findings
- Recommendations

Findings – HIV care coverage

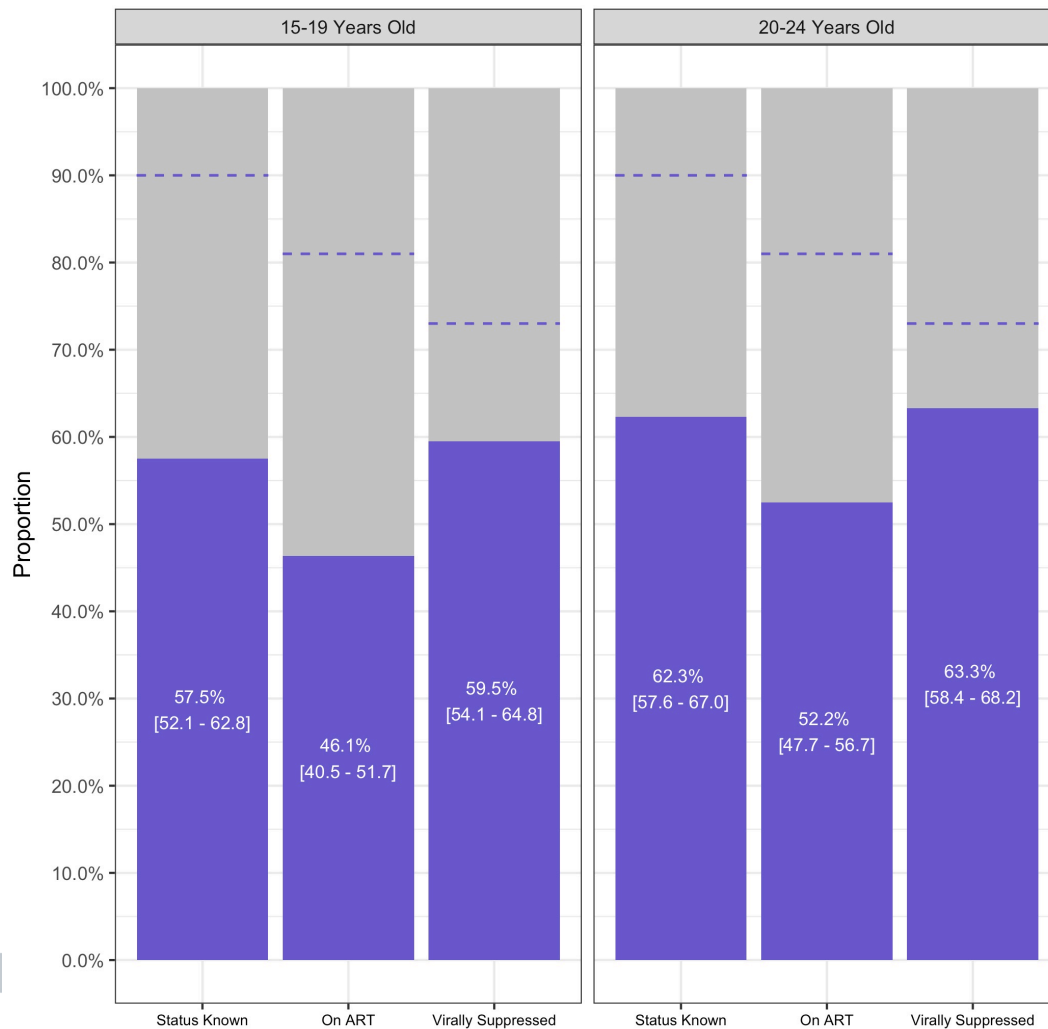
HIV care coverage among adolescent girls and young women aged 15-24 years

- Of HIV positive AGYW, 39% did not know their HIV-positive status
 - therefore would not have had access to HIV treatment
- Participants who were recently infected were less likely to know their HIV status
 - highlights importance of regular HIV testing to reduce rates of undiagnosed infection
- AGYW who had a deceased parent were more likely to know their HIV status



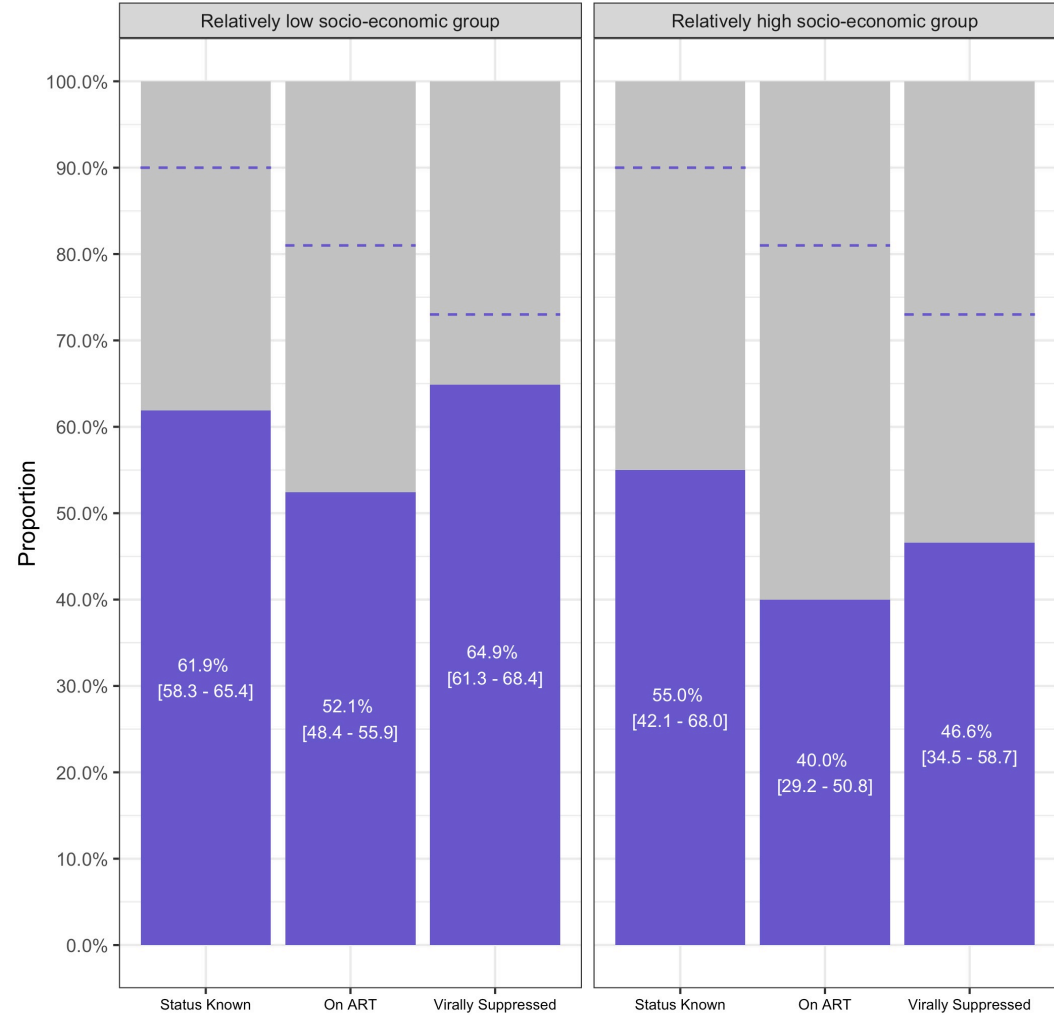


HIV care coverage among adolescent girls and young women, stratified by age group

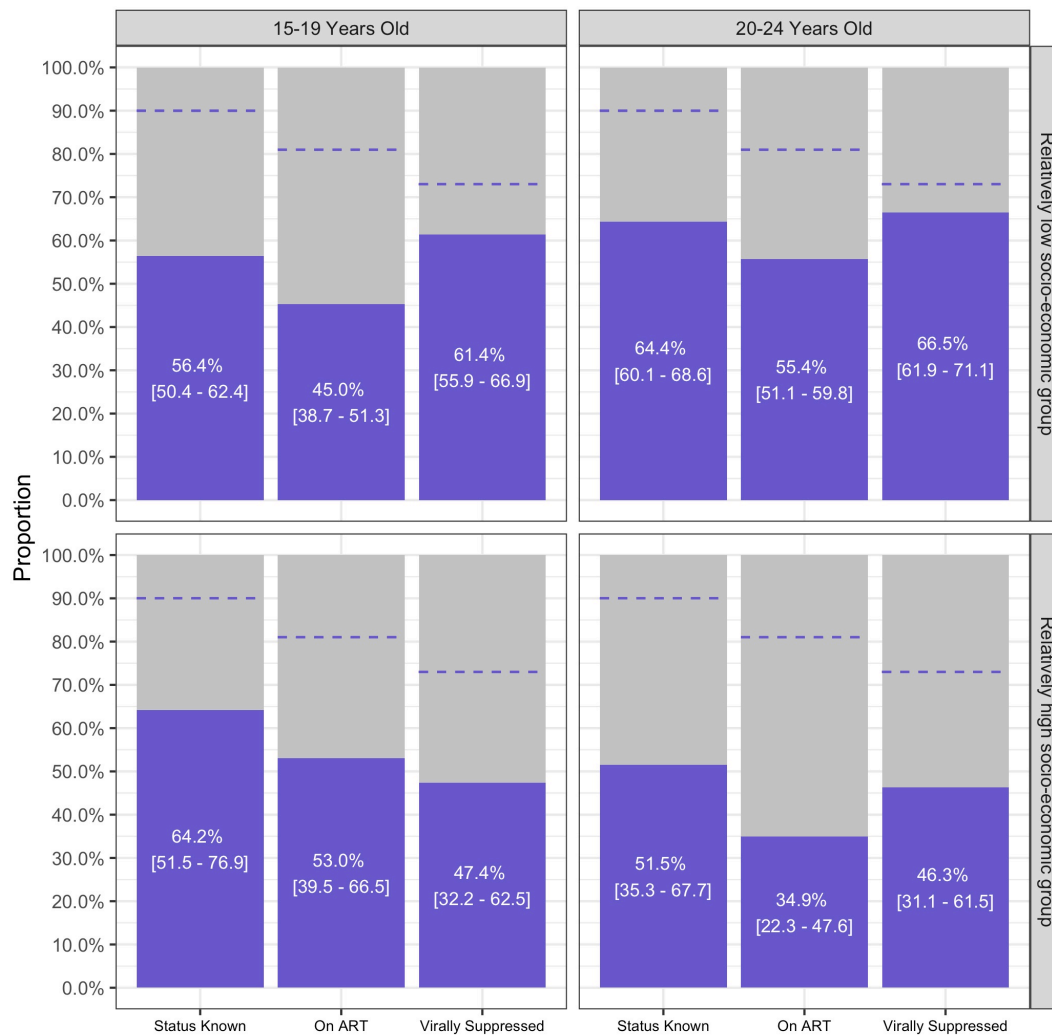


HIV care coverage among adolescent girls and young women aged 15-24 years, stratified by socioeconomic status

- AGYW with low SES were more likely to have better coverage
 - This could be because those with higher SES are more likely to be employed and thus struggle to get to clinics



HIV care coverage among adolescent girls and young women stratified by age group and socioeconomic status





Recommendations – HIV care coverage

- Our findings emphasize:
 - weaknesses in continuum of care for HIV-positive AGYW
 - need for programming to close gaps in HIV care coverage among AGYW, of whom only 61% knew their HIV positive status and 62% were virally suppressed
- Combination HIV prevention interventions need to include effective ways to address structural barriers
 - so that programmes can be optimized to meet AGYW’s needs
 - and to address structural barriers that undermine AGYW sexual and reproductive health
- Special efforts needed to improve care coverage for adolescent girls, and AGYW in higher socioeconomic group, who have relatively low levels of HIV care coverage



Findings – Sexual Risk Behaviour

Early Sexual Debut

- Compared with those who had later sexual debut, AGYW who had early sexual debut were:
 - more likely to have been coerced at first sex
 - less likely to have had first sex with a lower risk partner
 - less likely to have used a condom at first sex

Transactional Sex and relationships

- 10% of sexually active AGYW reported having ever had transactional sex
- 14% reported having stayed in a relationship for money or material items
- Factors associated with higher reporting of TSR included HIV positivity, household hunger, and alcohol use
- Motivations for engaging in TSR included: 1) “needs”, including food insecurity and education, and 2) “wants”, desire for glamour, social prestige and peer approval



Recommendations – Sexual Risk Behaviour

Early Sexual Debut

- SRH interventions which aim to delay early sexual debut in AGYW should focus on promoting resilience and safer sex practices as this may positively affect well-being

Transactional Sex and relationships

- Interventions need to encourage AGYW to critically reflect on:
 - own agency and choices in transactional sex and relationships
 - aspirations for consumer items that symbolise a better life, as motivation for sexual exchange
 - norms & beliefs that sustain gender inequality in transactional sex relationships
- ‘Gender transformative interventions’ that critically address shared societal expectations that women should have sex with men in return for their material/financial support should be combined with economic empowerment interventions to reduce extent to which AGYW need to rely on male providers



Findings – AGYW access to contraceptives

- AGYW experience difficulties in accessing contraception services:
 - **Interpersonal level barriers:** lack of support for use of contraceptives from parents/caregivers & sexual partners
 - **Health service level barriers:** provider's negative attitudes
- Open channels of communication, accurate sources of SRH information, and social support network required to enable AGYW to make safe and healthy SRH decisions and adopt prevention practices are critical but missing



Recommendations – AGYW access to contraceptives

- Interventions to improve parental/caregiver and sexual partner support for use of contraception services by AGYW urgently needed
- Provision of contraception services on school premises needed
- Improved access to and use of contraception services will:
 - enable AGYW to control their fertility, maximize educational & economic opportunities, enhance SRH & wellbeing
 - reduce unmet need for contraception and decrease unintended & unwanted pregnancies
- Future interventions should incorporate multi-level approaches in addressing structural and contextual barriers to access and use of contraception services
 - Addressing health services level barriers will require entire health systems transformation inclusive of improved providers' attitudes, competent youth-friendly providers, responsive and time sensitive services, prioritization and effective implementation of SRH policies for youth



Findings – AGYW informed sexual decision making

- Reducing sexuality communication barriers improves AGYW access to contraceptives
- There is a need to leverage AGYW ecosystems to support prevention and risk reduction by addressing communication barriers between AGYW and their parents/caregivers, facilitating more effective support to AGYW in their SRH decision-making
- Interventions can be successful in addressing communication barriers between AGYW and parents & reducing barriers to sexuality communication - with support, mothers can and will discuss SRH with their adolescents
- It is possible to overcome norms prohibiting open sexuality communication, and in turn provide more enabling environment for AGYW to make informed decisions





Recommendations – AGYW informed sexual decision making

- Efforts to facilitate more effective support from AGYW in their SRH decision-making and behaviour, need to include:
 - provision of integrated health delivery in schools, of which mental health promotion is key component
- Future interventions need to incorporate meaningful engagement of mothers, and other caregivers to:
 - facilitate reduction in sexuality communication barriers
 - enable more effective support for AGYW in SRH decision-making





Findings – Condom use

- Condoms remain an important method of contraception and HIV prevention, but consistent condom use amongst adolescents and young people is sub-optimal
- Motivations for use or non-use of condoms are gendered and include:
 - Relationship security & desire to demonstrate love, trust, intimacy & commitment
 - Fear of violent reactions from male partners prevents AGYW from raising topic of condom use
 - Negative beliefs & perceived negative side effects of condoms are barriers to use
- For young men, key motivations for condomless sex include:
 - Increased sexual pleasure
 - Proof of masculinity, power & prestige amongst peers
 - Desire to attain sexual prowess, respect, and masculine sexual maturity, enhance male resistance to condom use



Recommendations – Condom use

- Interventions aiming to increase condom use need to engage young men and women in dialogues about gender that aim to:
 - critique and deconstruct existing notions of manhood and womanhood
 - reinforce positive forms of masculinity that enable more equal power in negotiations over condom use
- While efforts should still be made to empower young women in condom negotiation, interventions may also benefit from:
 - shifting focus of improved condom negotiation skills from AGYW to young men
 - engaging men and boys in programmes which foster gender-equitable beliefs, behaviours, and actions, through gender-targeted initiatives that address gender norms and attitudes



Findings – AGYW mental health & SRH

- AGYW face substantial social adversities and related mental health challenges due to range of SRH, social, economic, environmental, physiological and interpersonal factors
- AGYW vulnerability towards early pregnancy, HIV infection and poor mental health are bidirectional and interconnected
- Psychological distress is associated with increased risk behaviours
- Interaction of socio-cultural, economic, structural, gendered, age-related and biological factors increase South African AGYW's heightened risk of negative SRH outcomes, co-occurring with psychological distress and poor mental health





Findings – AGYW peer / social support

- Support from peer relationships can serve as protective factors for physical and mental health
- Through participation in peer-group clubs, AGYW experience improved self-esteem, emotional well-being and increased perceived social support
- Structured interventions and group programmes designed to foster social and emotional bonds between peers, and provide nurturing environments, can improve subjective well-being
- AGYW can benefit from facilitated peer support networks and safe spaces in which they can share and discuss their feelings, discuss with peers, and seek advice from trained facilitators



Recommendations – AGYW mental health & SRH

- Efforts to address early pregnancy and HIV infection amongst AGYW must incorporate mental health components
- Interventions to improve emotional wellbeing and coping mechanisms for AGYW are needed to improve SRH outcomes
 - should be integrated into SRH services and part of large-scale programmes for AGYW
- Combination interventions are likely to be more effective in preventing negative sexual health outcomes such as HIV infection and early pregnancy if they incorporate psychosocial and mental health components which help to build self-esteem, well-being and emotional support among AGYW



Findings – AGYW Educational Attainment

- Student-teacher relationships and connectedness impacts on educational attainment, mental health, wellbeing, and SRH of AGYW
- Pregnancy and socio-economic barriers result in high school absenteeism
 - Factors contributing to school absenteeism and drop out include:
 - pregnancy and childcare responsibilities
 - socio-economic barriers
 - negative school climate/environment





Recommendations – AGYW Educational Attainment

- AGYW need better academic & psycho-social support from teachers to improve academic performance, positive mental health, general well-being, and SRH
- Trusting and supportive relationships between AGYW & teachers needed to improve potential for educational attainment & help decrease rates of teenage pregnancy
- Addressing disconnect between AGYW & teachers would improve AGYW psychosocial support & mitigate HIV risk
- Better monitoring and tracing from education department needed to ensure pregnant AGYW remain in school & ensure consistent attendance and ability to return to school after giving birth
- Provision of food and sanitary pads would mitigate socio-economic barriers to school attendance





Study team and acknowledgements

Investigators' affiliations

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- Centers for Disease Control and Prevention (CDC)
- Epicentre AIDS Risk Management
- National Institute for Communicable Diseases
- University of Cape Town (UCT)
- Brown University (USA)
- Data Yarn

Collaborating partners' affiliations

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For more information on the HERStory Study, please visit our website:

<https://www.samrc.ac.za/intramural-research-units/HealthSystems-HERStory>

Thank you!

