

Understanding HIV prevention in high-risk adolescent girls and young women in two South African provinces

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Creating HIV prevention strategies that resonate with adolescent girls and young women requires an understanding of the factors influencing their decision-making and behaviour, particularly with respect to relationship management.

In South Africa, a disproportionate number of new HIV infections occur among adolescent girls and young women (AGYW). This study aimed to identify factors influencing uptake and effective use of HIV prevention in this group.

Research was conducted to explore the decisions and behaviours of AGYW, and key drivers and barriers to their uptake of HIV prevention behaviours and products. The study took place in KwaZulu-Natal and Mpumalanga provinces and included 240 high-risk AGYW (aged 15 - 24 years) and 135 influencers (male partners, matriarchal figures, nurses, and community health workers).

The analysis showed that participants cared primarily about the preservation and management of sexual relationships, but not explicitly about HIV prevention. Current HIV prevention methods often conflict with relationship goals,

making HIV prevention uptake and adherence challenging. Feelings of HIV risk are experienced as transitory 'blips', with benefits of prevention not tangible or well understood by AGYW, whereas the relationship rewards of high-risk behaviour are immediate.

Creating HIV prevention strategies that resonate with AGYW requires an understanding of the factors influencing their decision-making and behaviour, particularly with respect to relationship management. The study concluded that messages and interventions perceived to jeopardise or increase friction within sexual relationships are unlikely to resonate or effect behaviour change. In order to optimise the impact of HIV prevention messages and programmes, consideration should be given to the priority that AGYW with high-risk behaviours place on relationship preservation and management.

i AIDS Vaccine Advocacy Coalition

ii Final Mile

iii Upstream Thinking

Introduction

Data from a 2017 Human Sciences Research Council survey¹ indicate that HIV incidence among adolescent girls and young women (AGYW) in South Africa declined by 44% from 2012 to 2017. Despite this progress, incidence among AGYW remains relatively high (1.51% or 66 000 new infections in 2017), three times the rate found for young men (0.49% or 22 000 new infections in 2017). HIV prevalence and incidence (overall and in AGYW) are much higher in some settings, including in KwaZulu-Natal and Mpumalanga. This informed the site selection for this study.

Numerous studies have explored the dynamics surrounding young women and HIV prevention in clinical trials, demonstration projects, and service settings.²⁻⁵ The literature indicates that the partners of AGYW often influence the latter's interest in and ability to use HIV prevention products and strategies, and that for the women, preserving their relationships and maintaining trust can take priority over HIV prevention.⁶ In addition, AGYW tend to be more concerned about unintended pregnancy than acquiring HIV.

This chapter reports on findings from the qualitative research phase of a sequential mixed-methods study focused on understanding HIV-prevention decisions and behaviours among AGYW in KwaZulu-Natal (eThekweni, King Cetshwayo, Ugu, uMgungundlovu and Zululand districts) and Mpumalanga (Ehlanzeni and Gert Sibande districts).

Two hundred and forty AGYW were interviewed in groups of five across two age groups (15 - 19 years and 20 - 24 years). Eligibility criteria included participants who self-reported that they: were HIV-negative; were sexually active; had more than one sexual partner or knew that their partner had had additional partners in the previous 12 months; and had unprotected sex (sex without a condom) during that period. In addition, 135 influencers of AGYW were interviewed, including male partners (aged 20 - 35, with the AGYW partner five or more years younger than the man), matriarchal figures (aunts, mothers, older sisters), community health workers (CHWs), and urban and peri-urban-based nurses (directly involved with AGYW for a minimum of 12 months).

In order to develop a systematic understanding of the problem context, each research session incorporated three interdependent research methods, namely persona development,^{7,8} EthnoLab,^{TM,9,10} and journey framework.^{11,12} While the study provided an in-depth understanding of the factors conditioning the perspectives and actions of AGYW with high-risk behaviours, it did not assess the weight or prevalence of different factors.

Key findings

This study identified relationship management as the most likely decision-making frame and overarching motivation for the thoughts and actions (and often inaction) of AGYW related to HIV prevention. Motivation to implement preventive measures was transient and there was an asymmetry between motivation and actual risk. Unfortunately, there are no explicit or immediate rewards for preventive behaviours.

A five-stage journey was identified for AGYW in the study to achieve sustained HIV prevention behaviours. The journey includes clear milestones that, once reached, result in positive sexual relationships. However, the AGYW were not focused on HIV prevention in a sustained manner and balancing the adoption of healthy sexual behaviours while successfully navigating their relationships was challenging and affected attainment of the milestones identified. The findings were grouped according to the five main themes described below.

Preservation of relationships

The findings suggest that the primary goal for most AGYW in this study was the preservation and maintenance of their sexual relationship(s). Ceding control over sexual decisions and displaying trust in their partners emerged as important elements in maintaining these relationships.

For most AGYW participants, HIV acquisition was perceived as a distant, long-term, low-probability event. They indicated a strong preference for focusing on their immediate reality and goals, with their priority being to maintain their sexual relationships.

Focus of preventive action

Few participants explicitly associated the term 'prevention' with HIV. Rather, prevention was associated with preventing unintended pregnancy, and participants were more likely to report taking consistent and proactive steps to that end. In contrast, participants reported a more passive and reactive approach to HIV. Many had adopted HIV testing as a prevention strategy, characterising testing as more feasible and within their control than actual preventive behaviours such as condom use. Some also interpreted an HIV-negative test result as an indication that their approach to HIV prevention was already adequate, giving them a false sense of assurance and potentially reinforcing high-risk behaviours. Furthermore, many AGYW used subjective probabilities to distance themselves from risk and overestimated their ability to assess risk, e.g. judging by eye if a man looked healthy. This distorted risk perception

was sometimes challenged by a risk ‘blip’, for example if a woman contracted a sexually transmitted infection (STI) with someone who she felt was sexually healthy and safe. In these instances, AGYW may still make suboptimal risk-reward trade-offs because they may see prevention as a nil benefit with distant rewards, while costs are certain and immediate, especially relationship conflict.

Stages in development of HIV prevention awareness

A five-stage map was developed from the data findings, as described below. The stages and accompanying milestones are not linear, but involve a forward, backward and circular movement through stages and milestones (Table 1).

Early in the journey (stages 1 and 2), the AGYW were more concerned about the expectations of their male partners, and sometimes also those of peers and family members. Their responses suggest that many of them had unstable, unhealthy habits aligned with external influences, centred on what others want or expect, but that failed to provide effective protection against HIV. Comparison among the study participants revealed that the stage 3 milestone

was the pivotal point, after which AGYW began to practice healthy, habitual HIV prevention behaviours. This stage represents a shift from an external focus on the sexual desires and expectations of others, to an internal focus on one’s own needs and goals.

Those in the later stages of the journey (stages 4 and 5) had developed more of a sense of self-agency that allowed them to assess risk and act in alignment with their own needs and priorities. They had realised that a healthy sexual relationship could be achieved; however, the study found that they needed support to achieve this. On its own, the shift represented by stage 3 is insufficient to ensure sustained HIV prevention behaviour, since some AGYW still needed strong support to overcome possible risk underestimation and friction in their relationships.

Support networks

In the study, AGYW with high-risk behaviours reported having little support. Of the people who influence AGYW, those who are empathetic (e.g. peers) are not knowledgeable about relationships or HIV, and those who are knowledgeable (e.g. nurses) do not necessarily empathise. The study found that

Table 1: Five-stage journey to healthy relationship management and sexual health among AGYW at high-risk of HIV in South Africa

Journey stage	Journey milestone
Stage 1: Shaping opinion	Milestone 1: Opinion formed
As an adolescent girl forms her self-identity, she re-filters or rejects rules imposed on her by society. She educates herself and arrives at a new view of her relationship goals.	Has formed her own opinion on relationships and how to manage them, as well as on what constitutes sexual health and which habits may be misguided or incorrect.
Stage 2: Seeing reality	Milestone 2: New resolutions
Uses her experience to assess the opinions she has formed, and to form her own rules for relationship and sexual health management.	Expresses new, idealised resolutions to protect her sexual health.
Stage 3: Re-calibrating relationships	Milestone 3: Embedding of rule
Explores how her resolution works in the real world in various contexts with different pressures and constraints. This entails forming new ways to deal with partners, driven by personal goals and the ability to cope with fallout.	No longer uses separate rules or exceptions for various partners but a single rule that protects her sexual health. This milestone represents the ‘big flip’ from being externally focused to internally focused, with her own needs prioritised.
Stage 4: Embedding habits	Milestone 4: Lifestyle realigned
Continues to adhere to her own rules for sexual health decisions, and decisions become habitual rather than deliberate. She tries to make new choices aligning her relationship with her goals.	Lifestyle choices are aligned with goals. Exhibits predominately consistent and healthy sexual relationship habits.
Stage 5: Evolving habits	Milestone 5: Continually evolving
Consistent adherence to her own sexual health rules, with the tools, confidence and insight to adapt as necessary.	Continues to evolve strategies and rules according to life and changing circumstances, while adhering to and supporting her larger goals. She consistently makes decisions that are positive for her.

male partners, who wield the most influence over AGYW with respect to HIV prevention, are largely a negative influence, either subtly undermining or overtly opposing any efforts that the young women may be inclined to undertake. In general, there are few social networks to support sexual health decisions among AGYW, and one of the biggest factors against AGYW appears to be the absence of favourable social norms in this regard.

Influencers

Matriarchs and healthcare providers

The research suggests that matriarchs and healthcare providers tend to have a poor view of the cognitive abilities of AGYW, which often leads them to communicate in authoritative and didactic ways and to resort to warnings. AGYW reported feeling this lack of empathy and therefore being more reluctant to seek the help or advice of these influencers. Nurses and matriarchs also noted the multiple negative forces, such as male partners and peer pressure, driving AGYW behaviour, against which the young women felt powerless. The generally positive intention among matriarchs, namely to protect AGYW, was often compromised by their role as parents and their difficulty speaking with AGYW on sexual matters. AGYW often viewed matriarchs as authority figures with inflexible views and anticipated that the older women would advocate abstinence.

In some instances, sexual topics were seen to be taboo in the immediate circle of the AGYW, driving them to approach the health system with an expectation of privacy. However, the clinics appeared unapproachable and overburdened, and seemed to offer little privacy. CHWs were generally seen as a credible source of information and were regarded more as peers and thus easier to relate to than others in the health system; however, an empathy gap still seemed to exist.

Male partners

Participants indicated that their male partners played the most significant role in influencing their behaviour. Most saw their partners as having more control in the relationship than they did, and they generally reported acquiescing to their partners' sexual health preferences. Women characterised male partners as a negative influence, either subtly undermining or overtly opposing any efforts that AGYW were inclined to undertake.

Conclusion

Results indicate that AGYW in the study prioritised maintaining and managing sexual relationships over preventing HIV. Participants did not appear to be focused on HIV prevention in a sustained manner or as a meaningful priority. At most, HIV was one element within a secondary area of overall sexual health (preventing pregnancy, avoiding STIs and HIV), while successfully navigating relationship(s).

Relationship management was the primary decision-making frame and overarching motivation for their thoughts, actions (and often inaction) related to HIV prevention.

Recommendations

The qualitative stage of this research led to recommendations for ways in which programmes can better support AGYW with HIV prevention in healthy relationships. These recommendations will be refined through additional phases of the project.

Contextualising prevention for AGYW

- Align HIV prevention options and service-delivery channels with the expressed relationship goals of AGYW.
- Focus on building the coping ability of AGYW within relationships so that they can handle situations that challenge their positive HIV-prevention choices. Design programmes and messages that reward and reinforce healthy sexual behaviours and that strengthen the ability of AGYW to cope with tangible and intangible costs of using prevention, e.g. partner mistrust or relationship friction.

Messaging

- Reframe communication on HIV prevention to align with the relationship goals of AGYW and address how to balance relationships and sexual health successfully.
- When introducing HIV prevention strategies in family planning settings, consider the different risk perceptions AGYW assign to unintended pregnancy and HIV.
- Move away from HIV-related communication that focuses predominantly on 'test and treat' and primes a reactive rather than preventive strategy, and move toward more proactive, self-protective behaviours. Frame HIV testing as part of the prevention journey rather than as an end point.
- Use 'trigger events', such as STI treatment, as an opportunity to initiate HIV prevention.

Support

- Incorporate holistic advice and support with managing relationships and sexual health into programmes, rather than focusing solely on HIV prevention.
- Strengthen potential influencers to become both knowledgeable and empathetic, for example, through the following:
 - Develop new models to re-skill CHWs and align their incentives, e.g. remuneration or promotion, to highlight HIV prevention.
 - Help to bridge the 'empathy gap' between influencers and AGYW by helping influencers understand the realities of AGYW lives, and how their own behaviours can impact AGYW decision making.
 - Support development of active listening skills that promote open, two-way communication that is more consistent with AGYW interests and styles.

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