

The dream keepers' hope for the future: 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 empower young women to reduce new HIV infections among adolescent girls and young women (AGYW) aged 15-24 years in eastern and southern African countries. AGYW have remained 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 limited access to youth-friendly health services, education and barriers that restrict AGYW from being able to protect themselves against HIV, particularly as they transition into adulthood.

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.

We collected data, by using participatory community mapping methods & observations, including community mapping during spiral walks in four communities (1 semi-urban, 1 rural and 2 deep rural). Each mapping activity took a minimum of three days and a maximum of five days depending on size of the area



In-depth individual interviews (n=26)



Group discussions (n=4, one in each site) with AGYW participating in DREAMS

Results

AGYW were generally recruited into DREAMS programmes from both primary and high schools (grade 4-11, from age 10-21 years).

Almost all school-going AGYW were aware of DREAMS activities which were conducted within schools and they said these programmes provided information on HIV testing, HIV treatment, sexual and reproductive health, provided guidance around making good life choices and helped to improve and strengthen communication between AGYW and their parents. These included programmes such as HIV and violence prevention and parenting/caregiver programs.

However, mostly parents and carers were unable to attend. 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. Moreover, we found that AGYW who were doing grade 12 did not participate in the school based DREAMS programmes as they were busy preparing for examination.

We found that AGYW who participated had either been told about the importance of HIV testing or referred for HIV testing to a local clinic or another DREAMS implementing partner.

Older AGYW (age 14-22) reported that since they participated in DREAMS, they got encouraged to discuss sexual and reproductive health issues with their parents or guardians, however they also said that some girls attended because DREAMS programmes offered incentives in the form of money and refreshments.

Younger DREAMS participants (age 10-13) reported improved communication with their parents. Most AGYW participating in DREAMS 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 and HIV self-testing.

Aim

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



Conclusion

Findings from this study indicate that the DREAMS initiative has led to:

1. Improved awareness and readiness for HIV-testing
2. Improved parent/child communication
3. Improved sexual and reproductive health and HIV-related information particularly among 13-22-year olds who were still at school.

Key challenges include retaining AGYW in school based interventions, particularly those who were interested in getting refreshments when attending, recruiting parents into parenting/caregiver programmes and involving AGYW in grade 12 and those out of school.

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