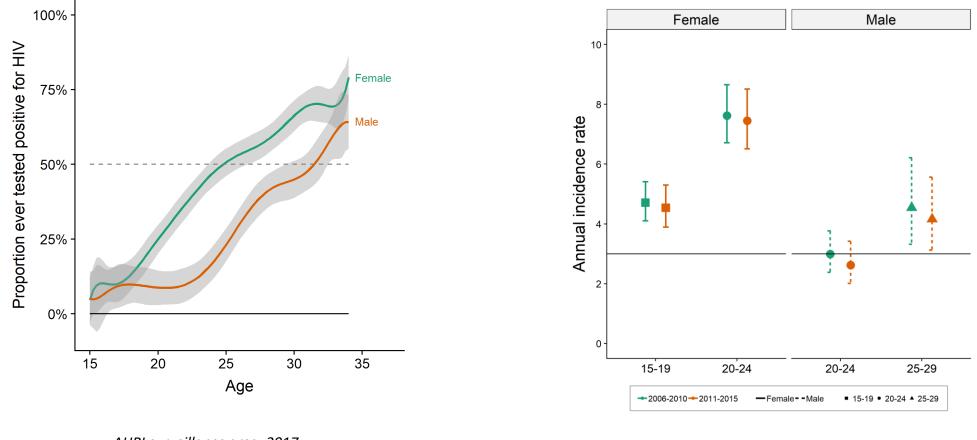
HIV-related vulnerabilities and awareness & uptake of DREAMS prevention interventions in young females in rural KwaZulu-Natal

Nondumiso Mthiyane, Natsayi Chimbindi, Kathy Baisley, Janet Seeley, Jaco Dreyer, Thembelihle Zuma, Nonhlanhla Okesola, Annabelle Gourlay, Nuala McGrath, Frank Tanser, Maryam Shahmanesh, Lorraine Sherr, Isolde Birdthistle, Sian Floyd, Guy Harling





HIV risk remains high for young people





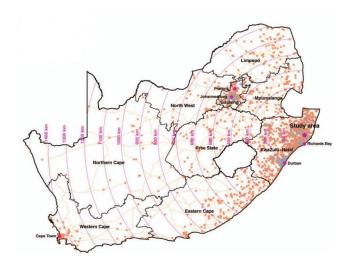
AHRI surveillance area, 2017

Sources: Baisley et al. PLoS ONE 2018 Chimbindi et al. PLoS ONE 2018

Transitions generate vulnerabilities







Source: Dobra et al. AIDS 2017



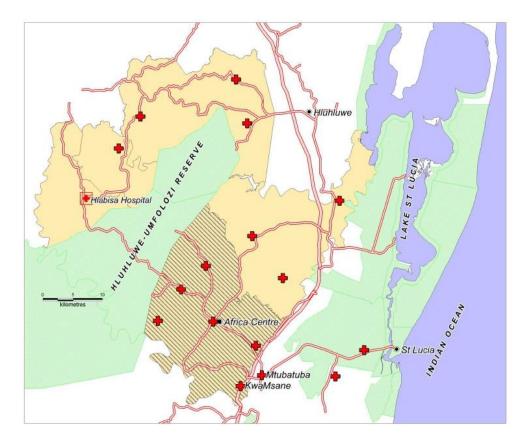
DREAMS intervention programme





Setting: AHRI population research platform site







DREAMS interventions in uMkhanyakude

r Community

School-based HIV/life skills education Female safe spaces Mentorship programme Violence prevention/gender norms interventions



Household/family

Family care intervention Microfinance, financial literacy training, savings groups School costs support, conditional cash transfers Vocational skills/entrepreneurial training Social assets building

Individual

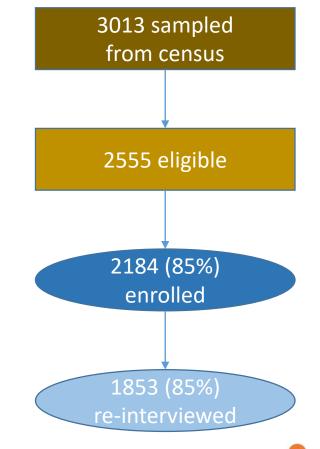
HIV testing (facility, mobile, home, family, partner, self) ART linkage & adherence support Condom provision Contraception/family planning

Adolescent-friendly services Emergency contraception STI screening and treatment Post-violence care



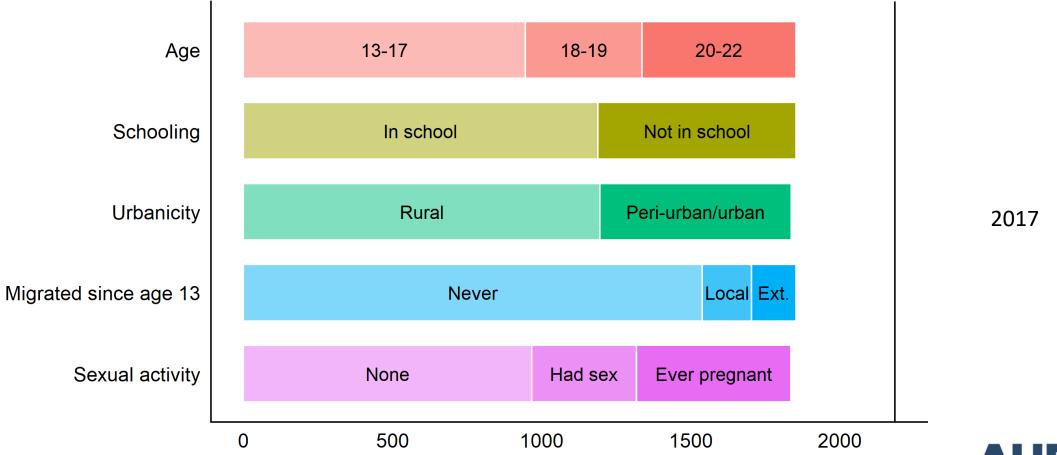
Cohort study

- Random sample of AGYW aged 13-22 years, stratified by age and area
- Interviewed in 2017 & 2018
 - General health; Sexual behaviour; Awareness & uptake of DREAMS interventions
- AGYW were considered vulnerable if they were:
 - Ever pregnant
 - Out-of-school & aged <20
 - Moved home since age 13



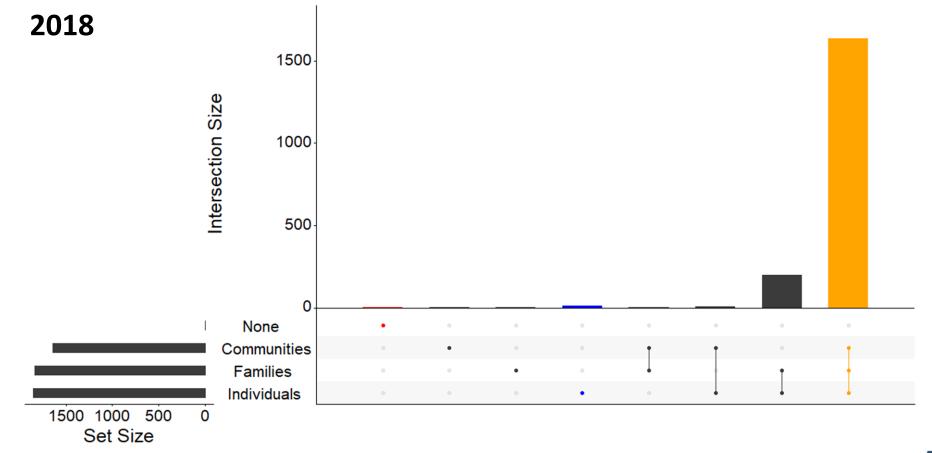


Our AGYW cohort



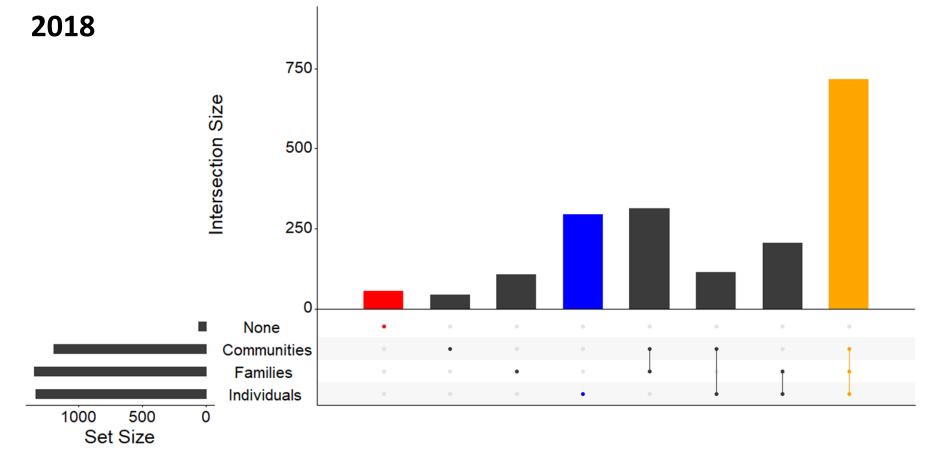


Awareness of DREAMS



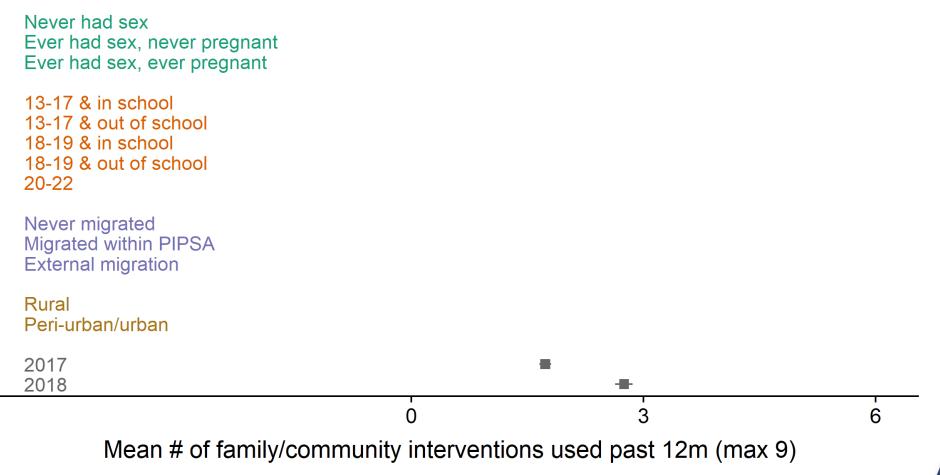


Uptake of DREAMS



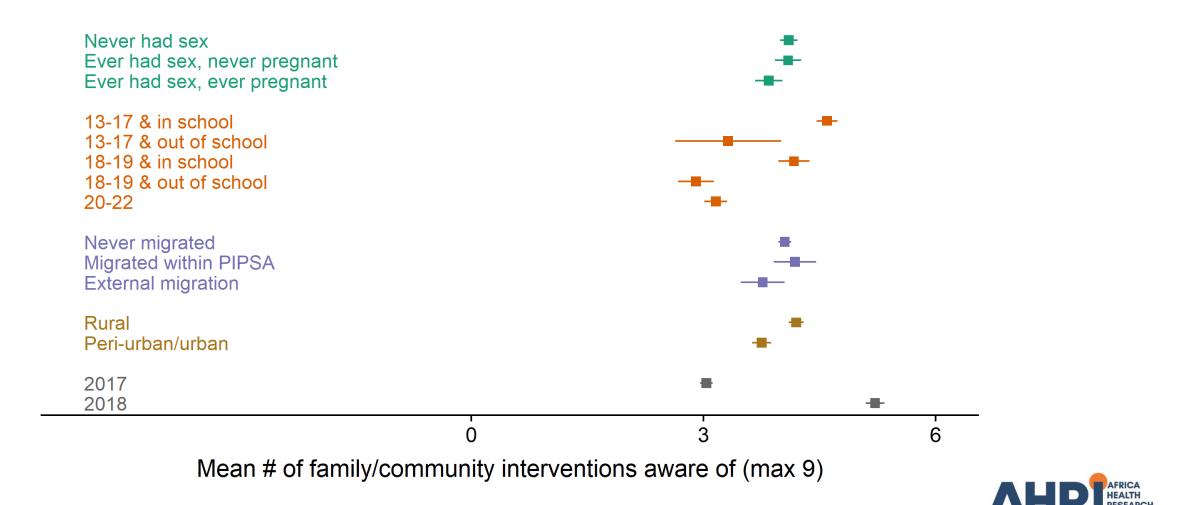


Vulnerability and DREAMS uptake

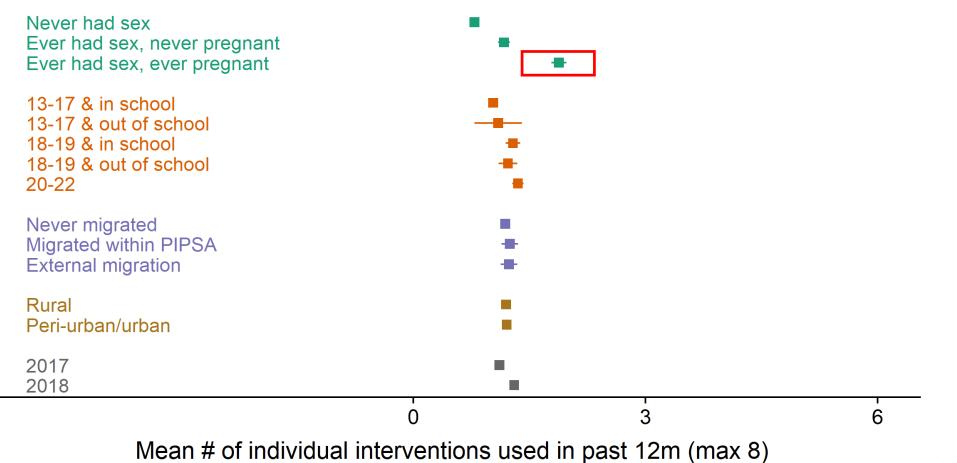




Vulnerability and DREAMS awareness

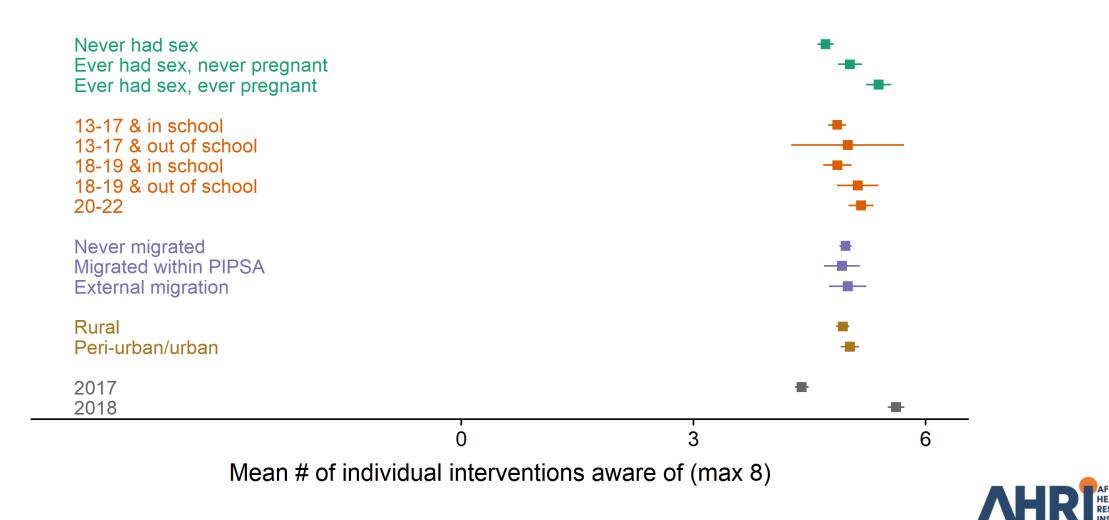


Vulnerability and DREAMS uptake





Vulnerability and DREAMS awareness



Conclusions

- 1. DREAMS awareness was high after one year of roll-out, rose further in year two
- 2. DREAMS uptake rose, particularly for family/community level interventions
 - But still big gap between awareness and uptake
- 3. Vulnerable AGYW had:
 - Lower awareness and uptake of community and family interventions
 - Similar levels of healthcare use, despite potentially greater need
- 4. Still need to identify & reach vulnerable AGYW in high HIV incidence settings



Acknowledgements

• Funders:

This work was supported by the National Institutes of Health under award number 5R01MH114560-03, Bill & Melinda Gates Foundation, Grant Number OPP1136774. Africa Health Research Institute is supported by a grant from the Wellcome Trust (082384/Z/07/Z). The research leading to these results has received funding from the People Programme (Marie Curie Actions) of the European Union's seventh Framework Programme FP7/2007-2013 under REA grant agreement no. 612216

















