Promoting Resilience in the context of multilevel HIV prevention: Experiences of Adolescents and young adults in rural KwaZulu Natal, South Africa

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BACKGROUND

- Adolescents and young adults continue to be at highest risk of HIV acquisition and high HIV-related morbidity and mortality.

- Some adolescents (including those living with HIV) do not succumb to risk, or, if involved, seem to survive and adapt successfully to instabilities that threaten their daily functioning.

- We explore conceptualizations of protective processes contributing to positive developmental outcomes in adolescents and young adults in rural KwaZulu-Natal, South Africa.

- We use a protection-risk conceptual framework to explore factors that promote positive and negative experiences of HIV prevention interventions among young people.
Study setting

- DREAMS site
- Predominantly rural
- High HIV prevalence ~24% (15-49y)
- High unemployment rates >80%
- Few targeted HIV prevention interventions prior to DREAMS
METHODS

• Design
  • Qualitative research design
  • Rapid community mapping in 4 communities
  • In-depth individual interviews (IDIs) and Group discussions

• Sample
  • n=35 IDIs with AGYW (10-24 years)
  • n=23 IDIs with ABYM (15-35 years)
  • 10 group discussions with AGYW & ABYM

• Analysis
  • audio-recorded, transcribe, translate
  • Thematic analysis
  • Nvivo v11
FINDINGS

Access to appropriate and accurate HIV and sexual and reproductive health-related information

Good family and peer relationships, open communication and doing things together strengthened social resilience and cohesion

“In these present [DREAMS Multilevel interventions] programmes, young people get intensive education about HIV and we are realising that to have a bright future, we must prevent ourselves from such and such things [bad behaviour]. These new interventions help us” (rural community IDI, 17-year-old female, in school).

“I can say I like the fact that I am surrounded by a lot of my peers. I spend most of my spare time with them, just like that friend of mine (friends name) I was talking to. She is the only person I talk to in this community, yes, I chat with her around this time. I stay with her and chat, but I also stay with elders in this household”: site C, female, IDI
FINDINGS

• Cultural, traditional and religious values
  - Schools, health care facilities and certain religious and traditional values had protective characteristics which promoted safety, gave young people hope for the future and provided a sense of belonging within a supportive network.

“...because I have my aunt and we are Christians here, everything is good, the clinic and the school is closer. There is nothing that will worry me”: Site B IDI, 17-year-old female, in school
Summarizing Risks & Resilience

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<th>Individual</th>
<th>Family and other institutions</th>
<th>Religious values and traditions</th>
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<tbody>
<tr>
<td>• Reduced self efficacy (drug and alcohol use)</td>
<td>• Cross generational relationships “Blessers”</td>
<td>• Lack of hope</td>
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<td>• Exposure to unsafe situations in community</td>
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<td>• Accurate and appropriate HIV-related information</td>
<td>• Supportive family</td>
<td>• Hope for a good future</td>
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<tr>
<td>• Remaining in school and furthering education</td>
<td>• Supportive peer networks</td>
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<td>• Community cohesion</td>
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Risk promoting factors (negative outcomes)

Resilience promoting factors (positive outcomes)
Conclusion

• Process of resilience happens within certain individual, relationship and contextual mechanisms

• Knowledge, positive relations and support from role models, including peers and family members is important in supporting building resilience, close connections and improves confidence to access care

• Fostering the family and social norms that support resilience is important e.g:
  • identifying youth champions
  • using peers to map health and social assets in the community
  • mentoring
  • youth groups
  • youth led activities (sport and edu-tainment) to support during wait-hood
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