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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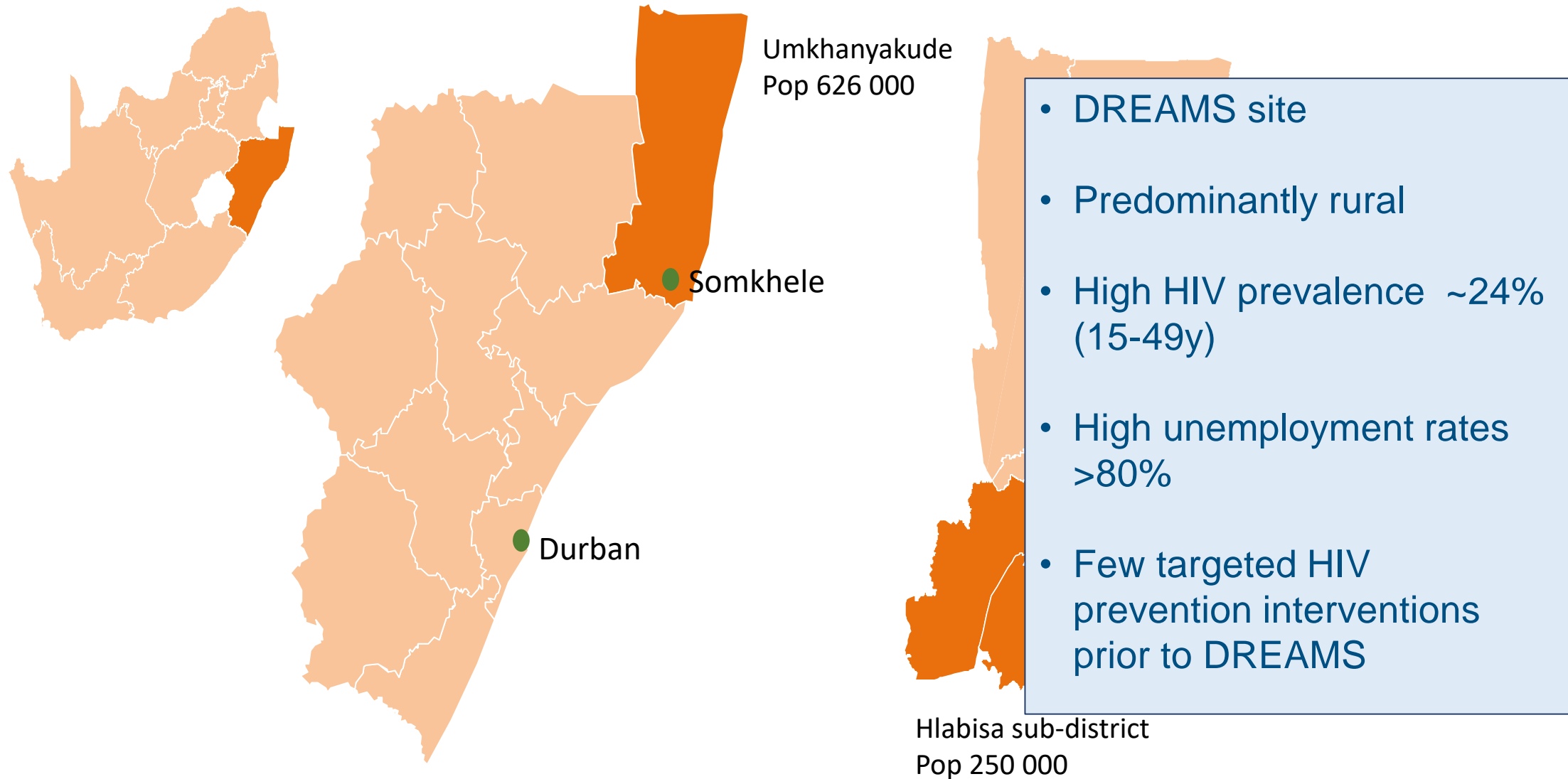
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BACKGROUND

- 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

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Study setting

Umkhanyakude
Pop 626 000

Somkhele

Durban

Hlabisa sub-district
Pop 250 000

- 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).
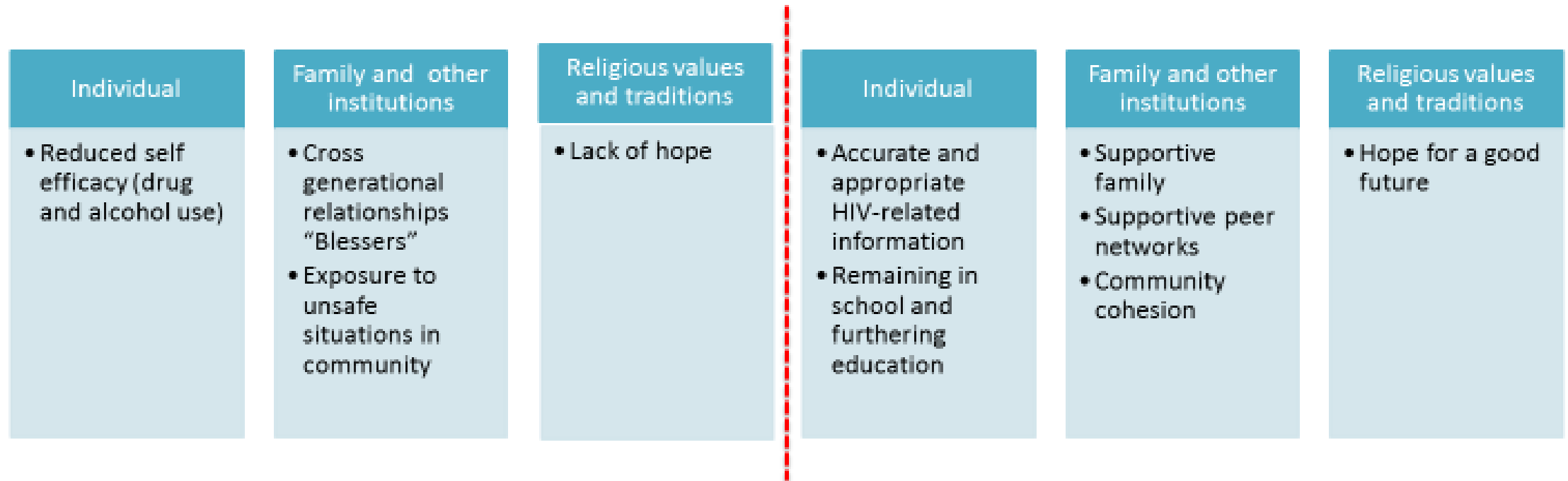
"I can say **I like the fact that I am surrounded by a lot of my peers.** I spend most of my spare time with them, just **like that friend of mine** (friends name) I was talking to. **She is the only person I talk to** in this community, yes, I chat with her around this time. I stay with her and chat, 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

"I have realised that this is a good place 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

Individual	Family and other institutions	Religious values and traditions	Individual	Family and other institutions	Religious values and traditions
• Reduced self efficacy (drug and alcohol use)	• Cross generational relationships "Blessers" • Exposure to unsafe situations in community	• Lack of hope	• Accurate and appropriate HIV-related information • Remaining in school and furthering education	• Supportive family • Supportive peer networks • Community cohesion	• Hope for a good future

◄ RISK

RESILIENCE ►

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

Acknowledgements

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