
HIV and AIDS

Social and Behavioral Science Research (SBSR)

1-30-2020

Reducing HIV risk for adolescent girls and young women and their male partners: Insights from the DREAMS Partnership

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REDUCING HIV RISK FOR ADOLESCENT GIRLS AND YOUNG WOMEN & THEIR MALE PARTNERS

Insights from the DREAMS Partnership



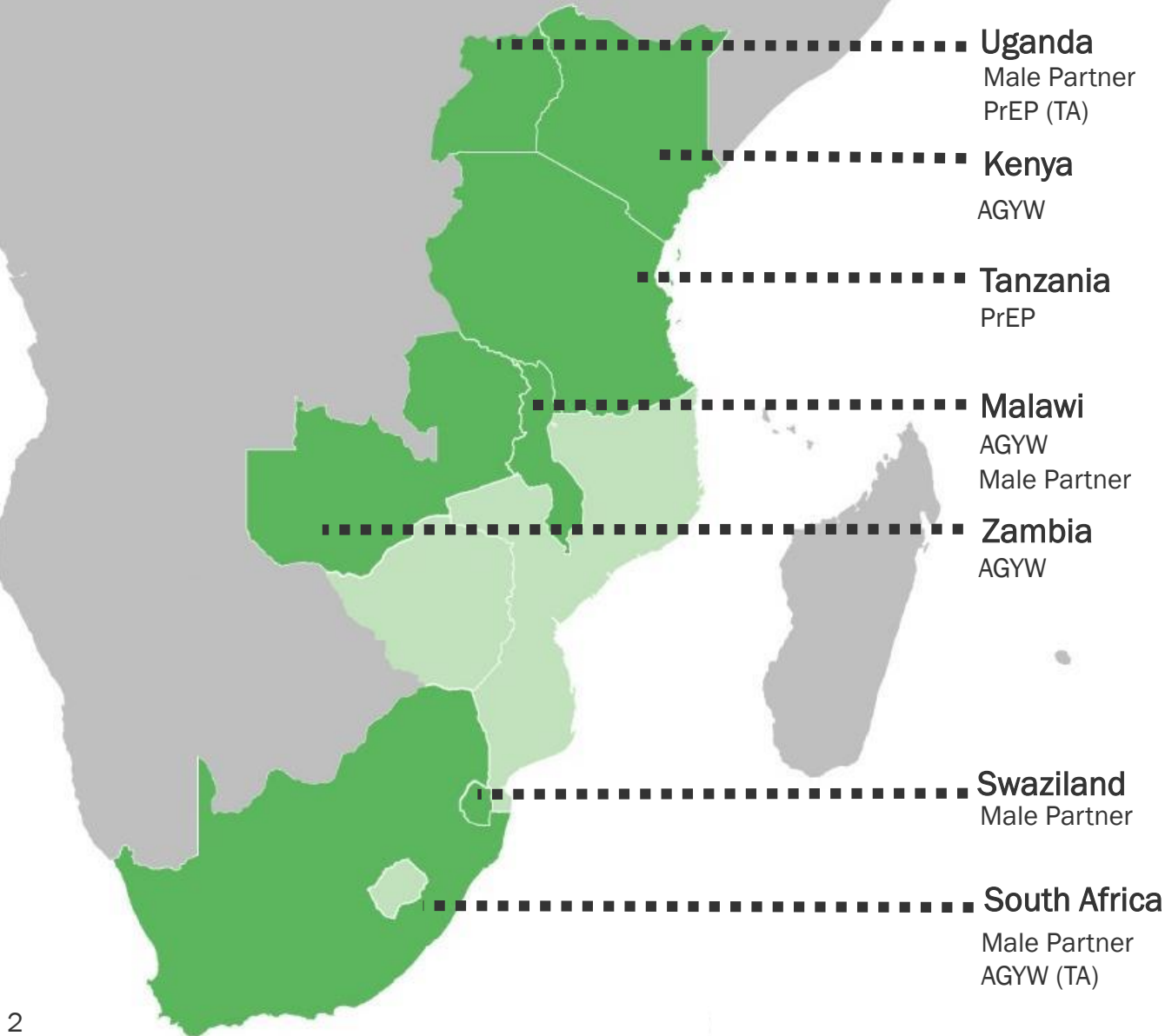
Sanyukta Mathur, DrPH MHS

HIV Prevention programs among AGYW, UNAIDS

30 January 2020

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DREAMS Implementation Science Research



Evidence generation intended to refine programs

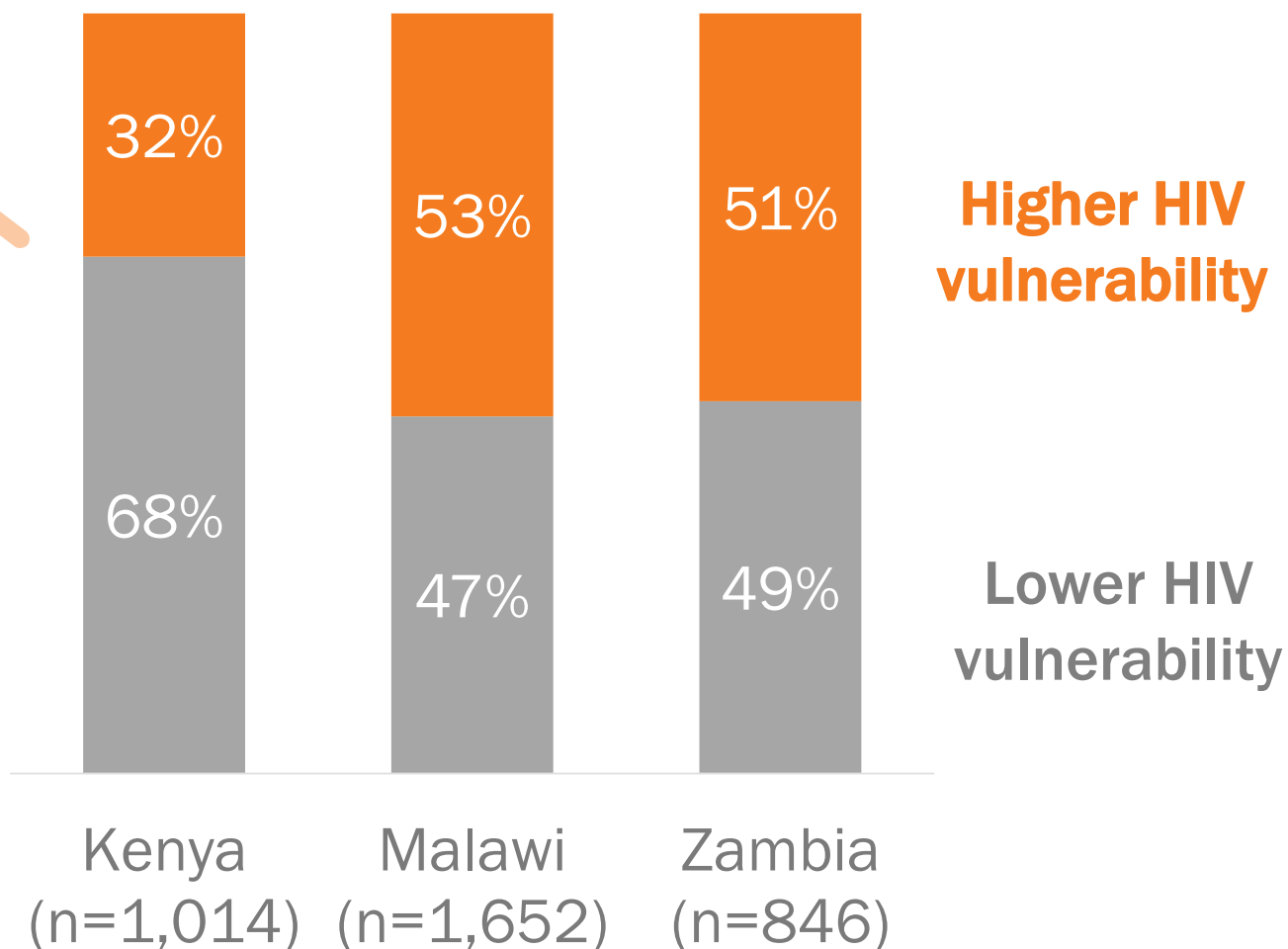
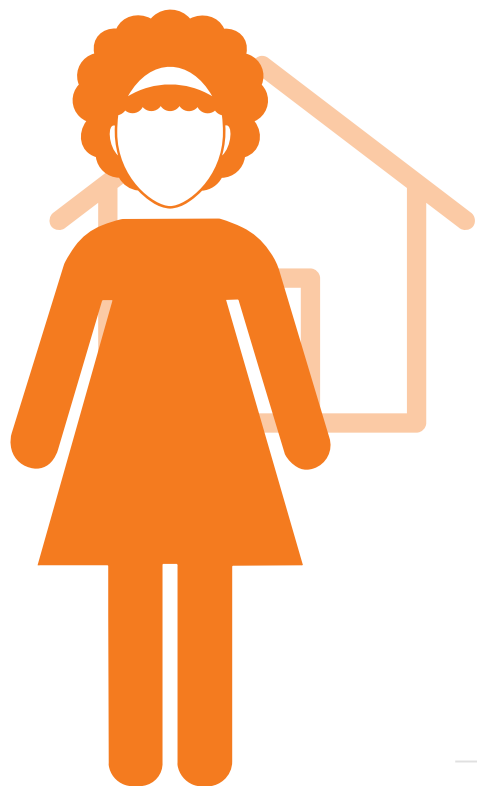
10 research activities across **7** DREAMS countries

Study sites & data

	Kenya	Tanzania	Zambia	Malawi	Eswatini	South Africa	Uganda
Quantitative	DREAMS/ non-DREAMS AGYW N =1,778 Panel data DREAMS AGYW n=740	Health provider survey n=361	DREAMS/ non-DREAMS AGYW N=1,915 Panel data DREAMS AGYW n=885	Round 1 DREAMS AGYW n=1672 Panel data DREAMS AGYW n=1257 Men/MP of AGYW n=612	Men in 'hot spots' Round 1 (MEASURE Evaluation) n=843 Round 2 n=1,180	Men in informal settlements Round 1 n=962 Round 2 n=886	
Qualitative	DREAMS beneficiaries n=27 Program staff n=27 IDIs	FSWs n=24 Unmarried AGYW 4 FGDs Policymakers n=21 IDIs Parents / guardians n=4 FGDs Partners of AGYW n=16 IDIs	DREAMS beneficiaries n=44 Program staff n=31 IDIs	DREAMS beneficiaries n=36 IDIs Program staff n=35 IDIs Facilitators n=18 FGDs Men living with HIV n=4 FGDs & 16 IDI	MP of AGYW n=66 IDIs Program staff n=3 FGDs	MP of AGYW n=72 IDIs Program staff n=3 FGDs	MP of AGYW n=126 IDIs Program staff n=9FGDs

**How can we better understand
HIV vulnerability/risk & tailor
programming?**

Even in these contexts, differences in vulnerability (among out-of-school AGYW)

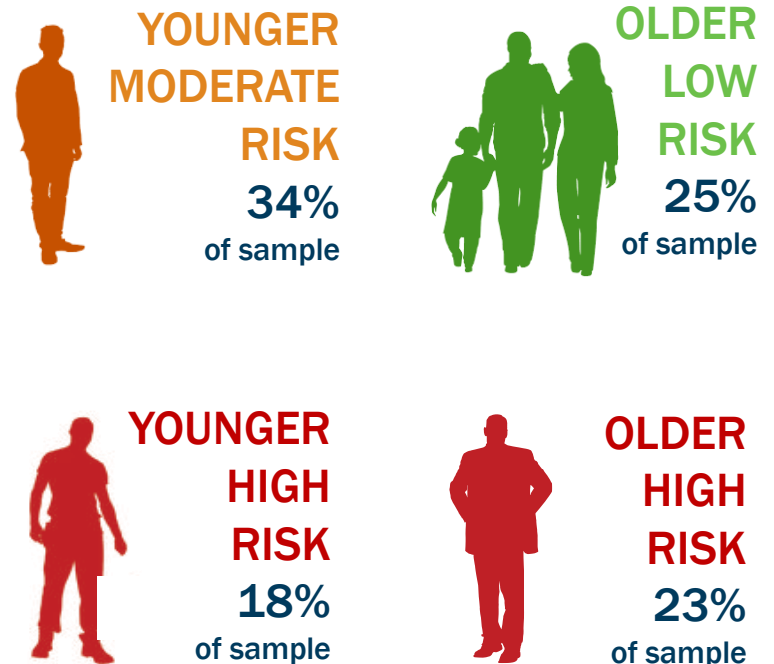


Multiple characteristics define high HIV vulnerability

	Kenya	Malawi	Zambia
Moderate HH wealth	✓	✓	
Lack of adult supervision	✓		✓
Sometimes or often hungry	✓		
No comprehensive knowledge of HIV	✓	✓	✓
No comprehensive knowledge of condoms			✓
Lower support for equitable gender norms	✓	✓	✓

Distinct subgroups of men found, who should be targeted differently with programming

- Not just older high-risk men, younger men have high HIV risk profiles too.
- Risk profiles of older and younger men don't look the same.
- Distinguishing variables include type of employment, alcohol use, gender attitudes, number of partners.



What are the effects of DREAMS' multi-sectoral, community-based approach to HIV prevention?

Relatively high exposure to DREAMS interventions

Adolescent girls, program exposure (n=380)



63%

Social asset building completion



87%

Youth-friendly SRH services offered



49%

Educational social protection



33%

Economic social protection

Young women, program exposure (n=505)



58%

Social asset building completion



78%

Youth-friendly SRH services offered



25%

Educational social protection



27%

Economic social protection

Very positive DREAMS experiences

	Malawi (1,295) %
AGYW felt comfortable seeking advice or referral from mentor	86

Now that I am aware of these issues surrounding the HIV virus and how it can be contracted or avoided that is why I stopped my old way of putting my life at risk because of my participation in the club....

—23 yr old, Zomba, Malawi

Male partners of AGYW benefited from interventions that addressed social and gender norms

- Men noted improved couple communication and conflict resolution, reduction, or elimination inside partners, and greater impetus to link to HIV services.

[My partner and I] now know how to communicate with each other...we no longer have arguments over simple things....

—Male partner, Mukono

The meeting taught me, as a person, to be safe, and practice self-control.... Have one partner [and] stop admiring other women....

—Male partner, Sembabule

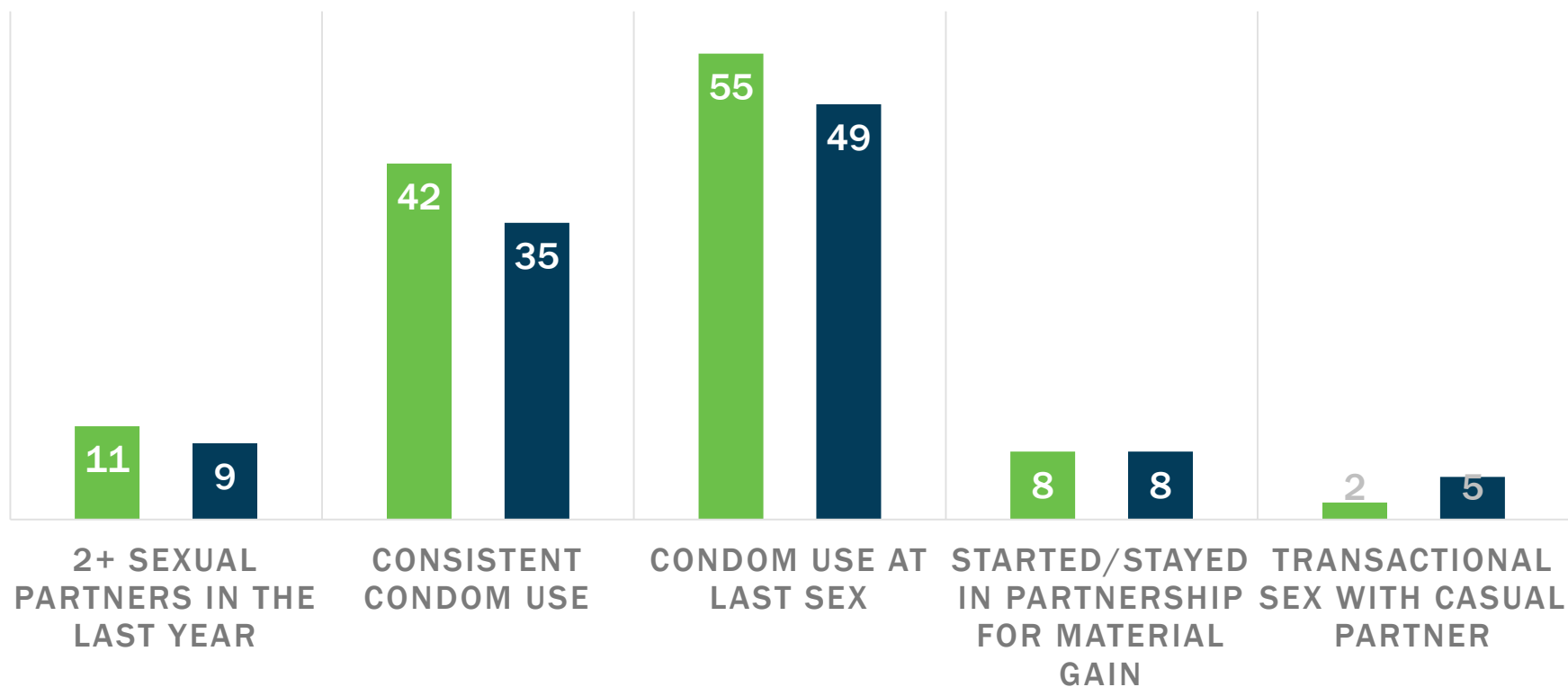
Change over time among DREAMS beneficiaries

- Significant improvements in HIV knowledge, self-efficacy, & HIV testing.
- Lower physical and sexual violence from partners and non-partners over time.
- No significant reductions in sexual risk behaviors (e.g. 2+ partners)
 - Some reductions in condom use and increase in transactional sex (w/ casual partner)

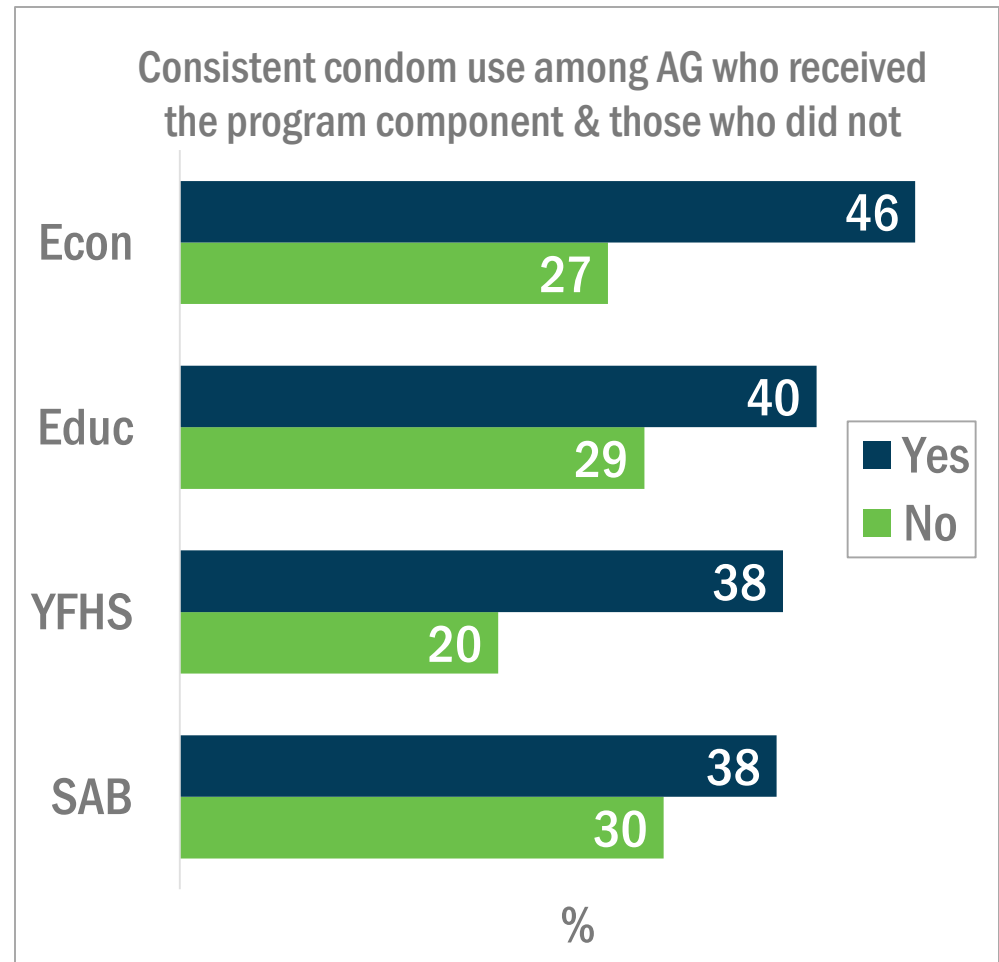
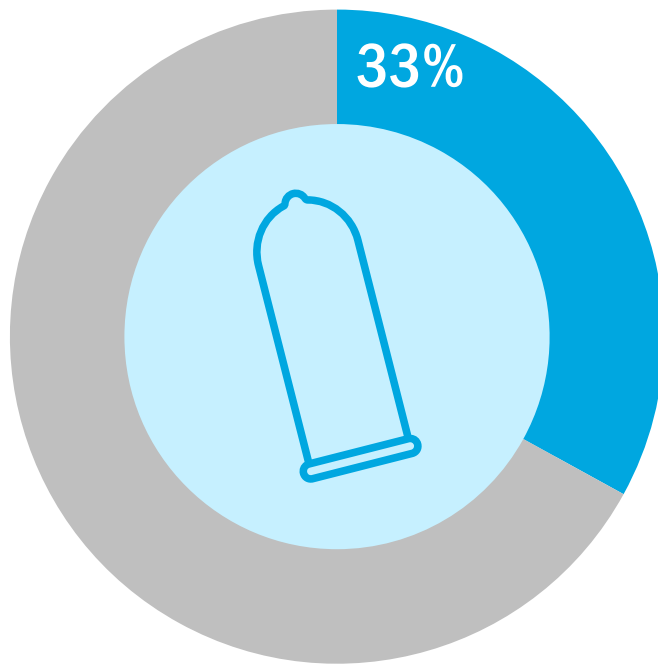
Changes in sexual behaviors among 15-24 yr olds over time

ZAMBIA (N=885)

■ 2016-2017 ■ 2018

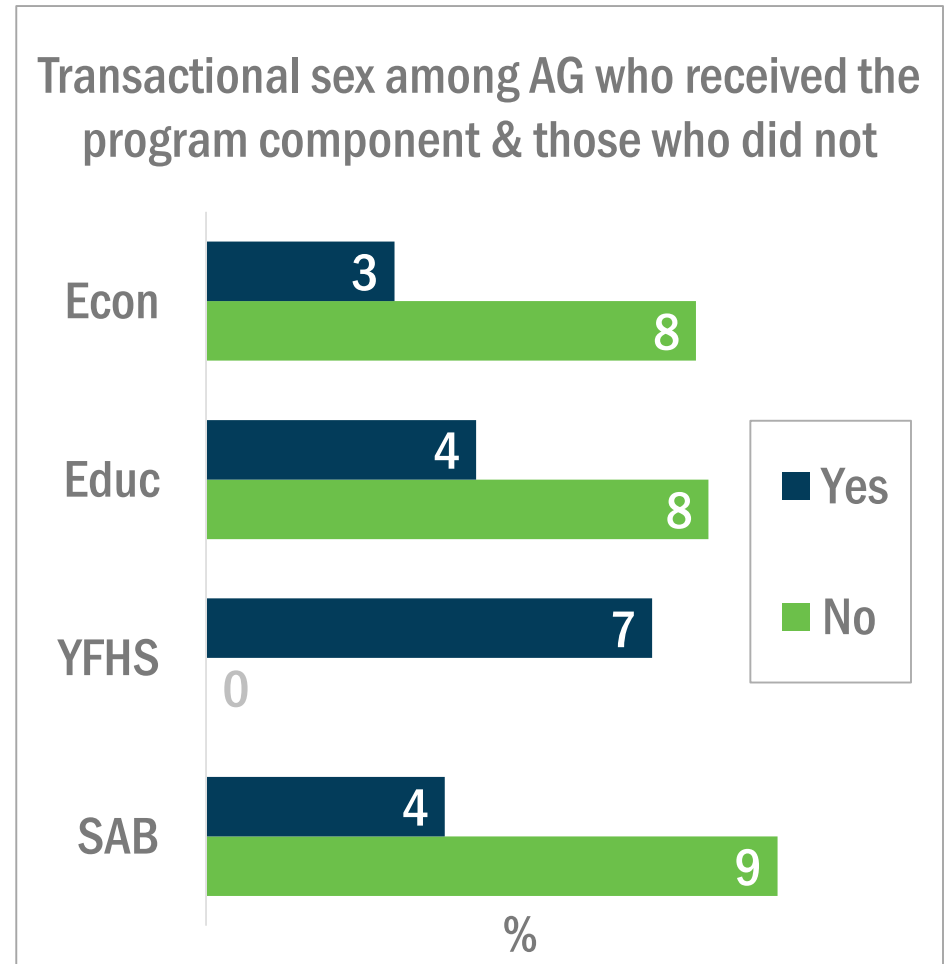
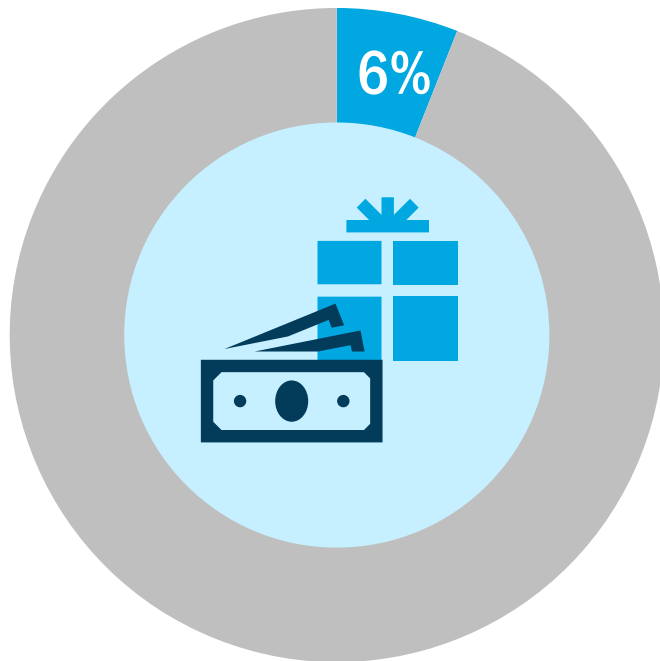


Yet, condom use higher among adolescents who received programming



Study site: Lusaka & Ndola, Zambia, 15-19 year olds (n=380)

And, transactional sex lower among adolescents who received programming



Study site: Lusaka & Ndola, Zambia, 15-19 year olds (n=380)

**What is the influence of “layered”
DREAMS programming on HIV-related
outcomes?**

New analytical technique identifies how program exposure predicts an outcome

- Classification and Regression Tree (CART) analysis
 - Explores the relationships between program components and select outcomes
 - Uses a recursive partitioning method for predicting dependent variables (regression) and categorical predictor variables (classification)
 - Allows for interactions among predictor variables
 - Provides the importance of each variable included into the algorithm in predicting the target variable

What pathways reduced likelihood of transactional sex among 15-19 year olds?

1. AG who completed the social asset building curriculum & received educational support.



2. For those AG who did not complete social asset building curriculum, those who received economic support.



Study sites: Lusaka & Ndola, Zambia, 15–19 year olds (n=380), CART analysis

What pathways reduce likelihood of transactional sex among 20-24 year olds?

1. Completion of social asset building curriculum, receiving YFHS, and educational support, if no economic support.



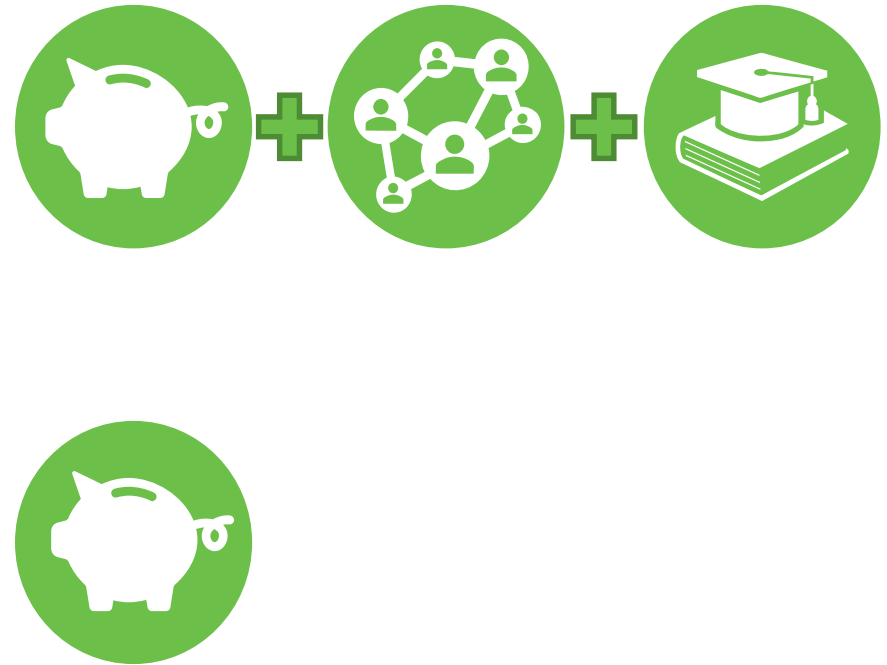
2. Economic support & educational, but did not complete social asset building curriculum.



Study sites: Lusaka & Ndola, Zambia, CART analysis

Pathways to increase the likelihood of consistent condom use?

- Increased from **33% to 57%** among **15-19 year olds** who received economic support, completed social asset building curriculum & received educational support.
- Increased from **36% to 60%** among **20-24 year olds** who received economic support.



Study site: Lusaka & Ndola, Zambia, CART analysis

What are we learning about effect of layering?

Different combinations of program components influence HIV related outcomes for adolescent girls than for young women

- For AG in urban Zambia, social asset building and educational support are more consistently important.
- For YW urban Zambia, YFHS, education and economic support more consistently important.

**How should we shift
programming in the future?**

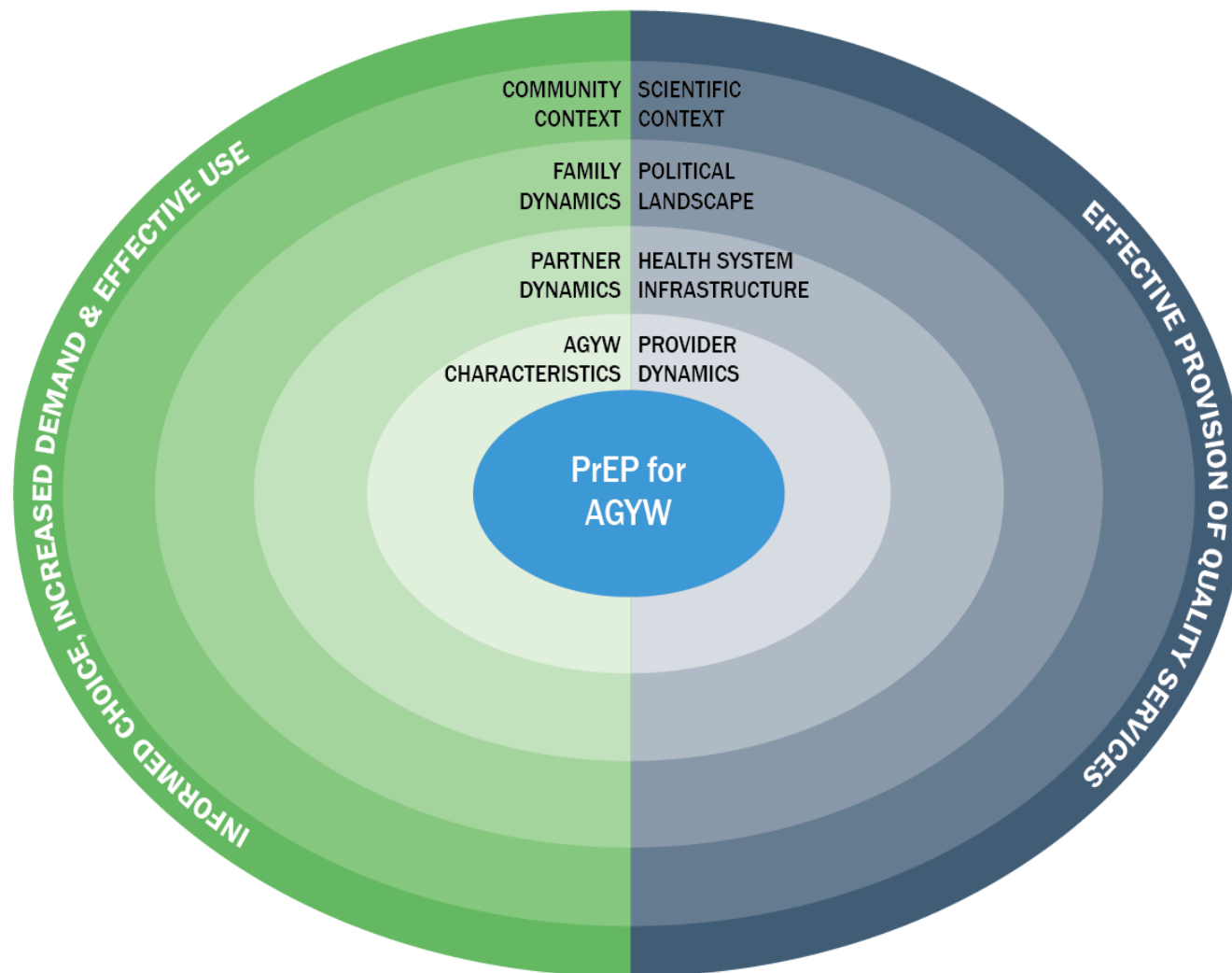
Consider perceived benefits of AG vs. YW program participants

- AG were more receptive to building social networks and gaining knowledge.
- YW were keen to access skills, training, and tangible resources or options to enhance their livelihood skills.

In my opinion, I feel that for the people to be motivated we should be provided with money to start a business so that the profits can be deposited in a VSL they advised that we should establish. At the moment the people are demotivated ...and we don't know ways which we can encourage them...so in my opinion what is needed is money to established businesses.

— DREAMS Implementing Partner, Malawi

Introducing PrEP for AGYW requires multi-level considerations



Address PrEP-related stigma & provide AGYW with strategies to support effective use

When the peers of my age see a person taking PrEP, they will think that the person has AIDS or they are very unfaithful hanging out with many partners. They will speak many things and I will be considered as a bad person in the community, a misbehaving person.

—AGYW, age 22, Tanzania

- AGYW want:
 - Accurate information about side effects.
 - Peer support groups (in-person or virtual), reminders via calls/SMS.
 - Education of partners and parents.
 - Skills to assess HIV risk during key life transitions.

How to tailor to reach men at highest HIV risk

- **Vigilant testers:** perceived importance of early treatment

I didn't decide [to test], I met people like you doing door to door testing so I just used that chance and tested. (Siphofaneni, age 31)

- **Willing yet non-proactive testers:** most common

...it is wiser to know your status and hence take your ARVs before the sickness weakens your immune system to near death, causing...people to gossip about you. (Matsapha, age 34)

- **Resistant testers:** smallest group, yet also highest risk

...testing has to come from my heart before taking that decision... I don't want to take the decision yet in the end that thing will haunt me. ...I have never tested.... (Matsapha, age 23)

Implementers need new systems of communication, coordination, and management across organizations

At the beginning everyone was trying to figure out how you put the pieces together. Everyone was running with their own targets, but I think even at the community level, there were different partners implementing DREAMS, so sometimes the schools were confused....

— DREAMS Implementer,
management staff, Zambia

Implementing partners need capacity strengthening

- Tools to map AGYW in program community, and assess community resources that AGYW have access to
- Identify male partners of AGYW
- Tools to strengthen skills/capacities of program mentors
- Training and partnerships to strengthen non-health components of the program
- Monitoring program implementation
- Use of program data to assess program effects

Girl Roster™ Tool

- Brief questionnaire administered via **Android phones by program staff** using non-sensitive questions in 7–10 minutes.
- User-friendly, easy to implement **program design**.
- Lays foundation for **targeted, evidence-based** girl-centered program design decisions.

Age Group	Unmarried				Married		Total
	In School		Out of School		Has A Child	Does Not Have A Child	
	Living with both parents	Living with just one or neither parent	Living with both parents	Living with just one or neither parent			
06-09	62	7	55	15	—	—	139
10-14	60	10	22	11	1	9	113
15-17	19	1	3	2	9	5	39
							291

291 girls 6–17 were identified in 278 households. Nearly half “off-track.”

Content to strengthen AGYW programming for DREAMS program partners—Building Assets Toolkit[©]



Stay tuned...

- Understanding reasons for PrEP discontinuation among young female sex workers
- Assessing program effects of DREAMS among most at-risk AGYW
- Multi-country perspectives on men living with HIV and their engagement with the treatment cascade
- Intersections of financial agency, gender dynamics, and HIV risk
- Upcoming special issues
 - Stigma (*AIDS*)
 - Evidence to meet the 90-90-90 goals (*PLOS Collection*)

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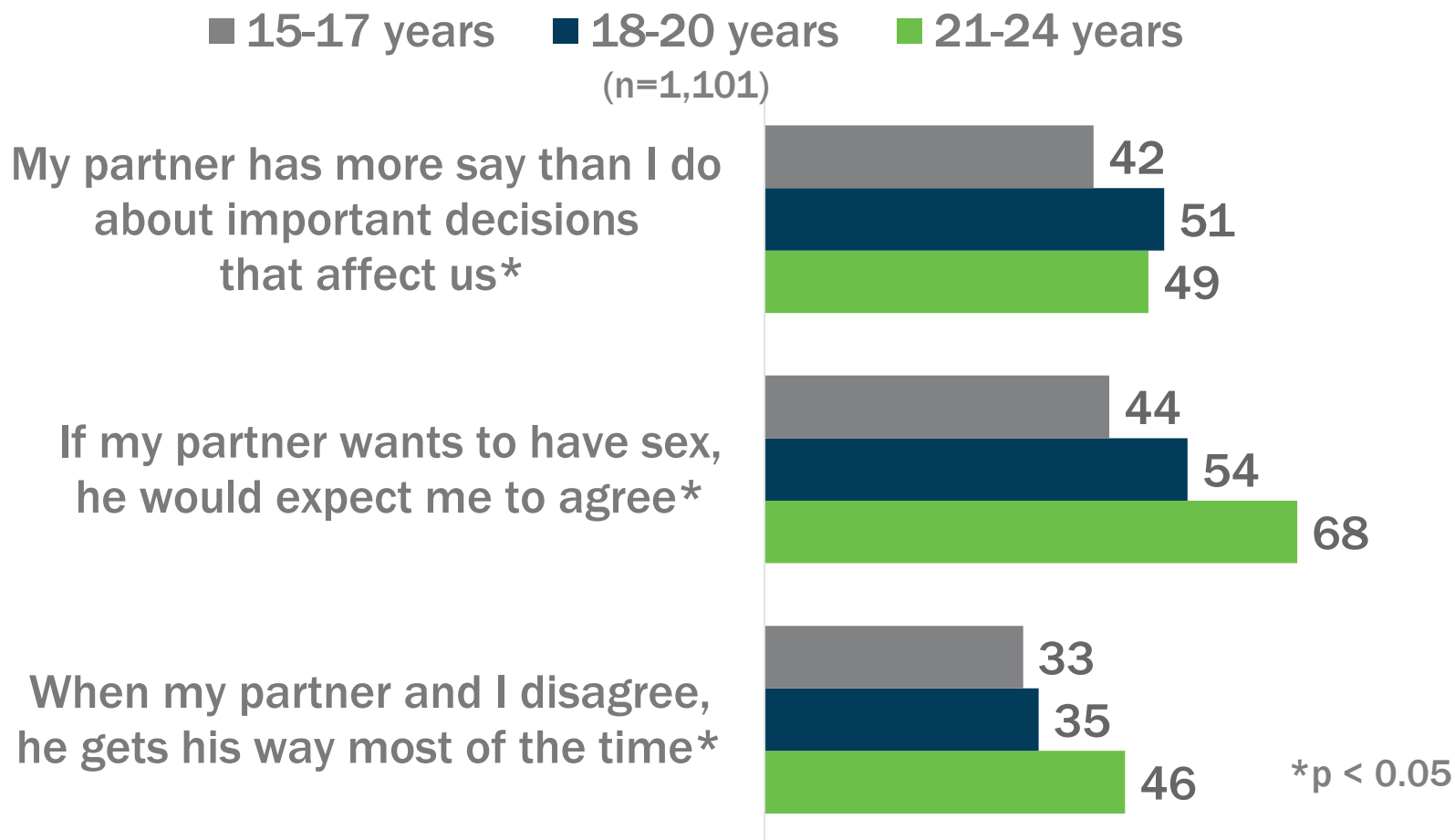
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EXTRA SLIDES

What are some striking insights around social drivers of HIV risk among AGYW and their male partners?

Older AGYW have less power in their relationships than younger AGYW

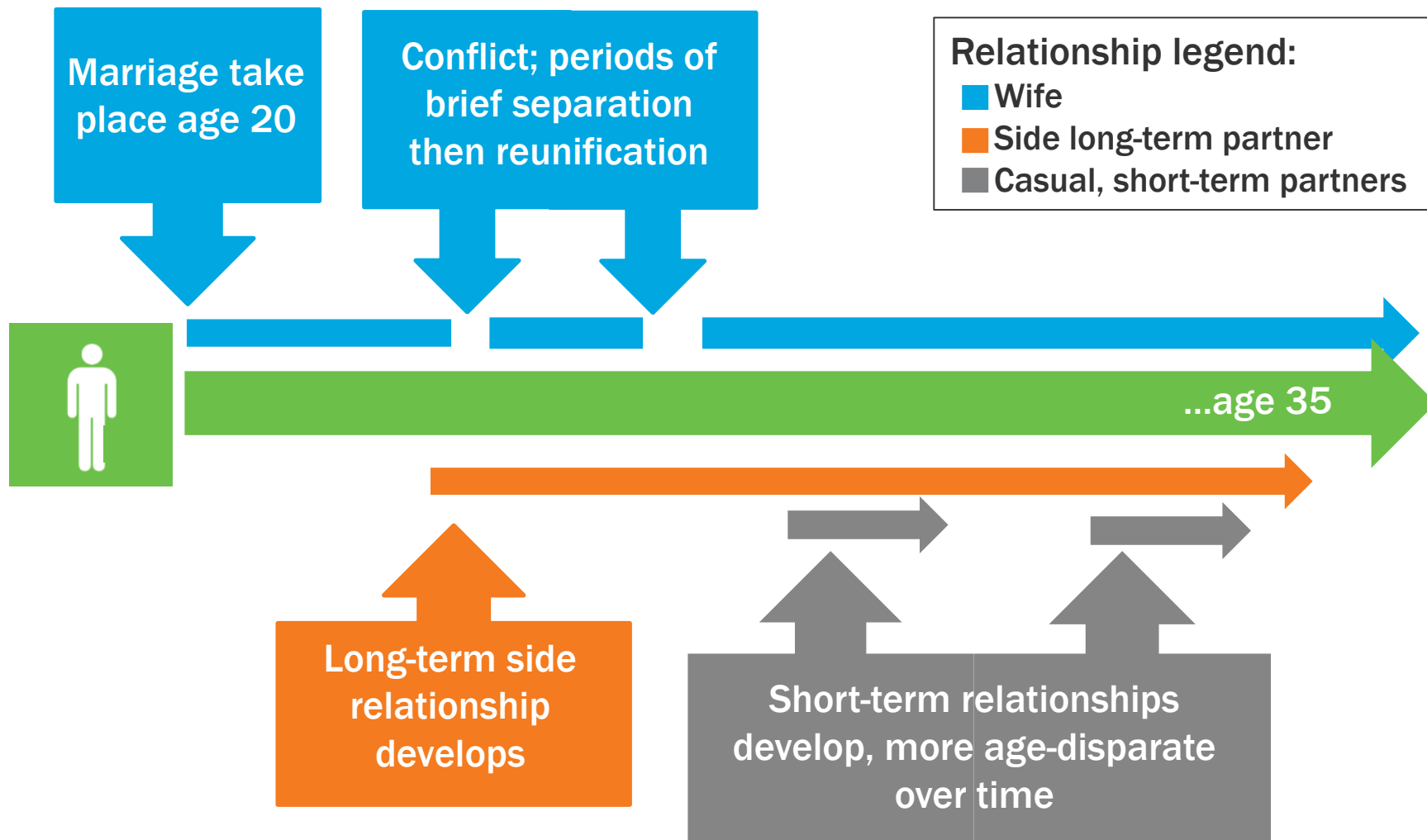


Study site: Kisumu County, Kenya

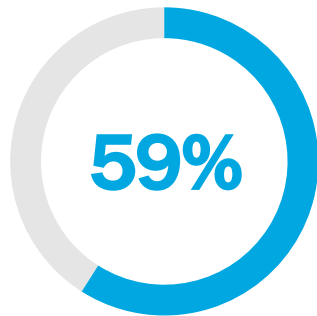
Relationships are often characterized by conflict, material transactions, transitions, and inequality

- Men described conflict and miscommunication as the primary motivation for seeking additional partners.
- Men saw money and gifts as the only way of establishing and maintaining relationships with women.
- Men view most young women as active agents in pursuing transactional sex for cash or material goods.
- Men intentionally sought young women because they are more compliant.

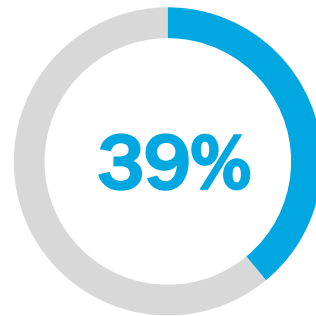
Men describe common trajectories for multiple partnerships



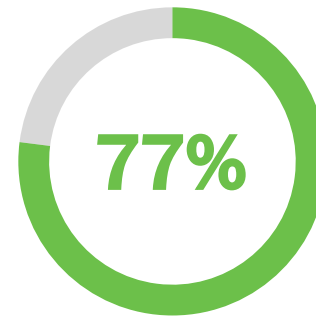
Men's experiences with violence frequent, strongly associated with HIV risk behaviors



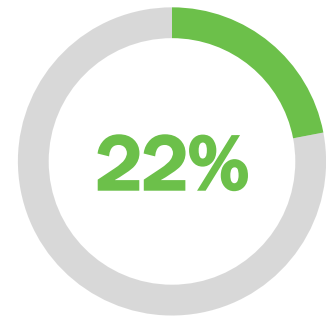
In lifetime
**Witnessed an
armed attack**



In lifetime
**Robbed at
gunpoint of
knifepoint**



Before age 18
Beaten at home



Before age 18
**Saw/heard
mother being
beaten**

- Lifetime experiences of violence associated with having multiple sexual partners in last year ($p=0.001$).
- Childhood experiences of violence associated with having multiple sexual partners in the last year and inconsistent condom use (both $p<0.05$).

Stigma inhibits AGYW's access to and use of PrEP

Factors associated with providers' willingness to prescribe PrEP (n=316)

	Adj. IRR ¹ (95% CI)
Negative attitudes toward AGYW sexuality	0.81 (0.66–0.99)*
Behavioral disinhibition scale	0.89 (0.79–0.99)*

¹Adjusted for provider demographics, prior PrEP knowledge, other facility factors (e.g., stockouts)

*p<0.05

- Parents, partners, health care providers, and policymakers agree that AGYW need PrEP due to sociocultural circumstances (e.g., violence, inability to refuse or negotiate safe sex) that increase their HIV risk.
- Yet have stigmatizing attitudes toward adolescent sexuality and concerns about an acceleration in risk behaviors due to PrEP availability.