

The Impact of an Interactive Social Media Intervention on Sexual Health Knowledge and Attitudes of South African Adolescents Living with Perinatal HIV: A Qualitative Assessment

Scarlett Bergam¹, Thobekile Sibaya¹, Nompumelelo Ndela¹, Mpume Kuzwayo¹, Messaline Fomo², Madeleine Goldstein², Jessica Haberer³, Moherndran Archery¹, Brian Zanoni²
¹University of KwaZulu Natal, ²Emory University, ³Harvard University

BACKGROUND

- South Africa has the highest burden of **adolescents with perinatally acquired HIV (APHIV)** in the world
- APHIV in South Africa have limited access to sexual and reproductive health (SRH) education and services specific to their HIV status.
- When lacking **comprehensive SRH education**, APHIV are prone to sexual risk behaviors that can lead to unintended pregnancy, sexually transmitted infections, and HIV transmission.
- The use of **mHealth interventions** has been shown to deliver information, foster social support, and improve decision-making skills.

OBJECTIVE

In this study, we evaluate how an mHealth intervention influences sexual health knowledge and behaviors in APHIV in Durban, KwaZulu-Natal, South Africa.

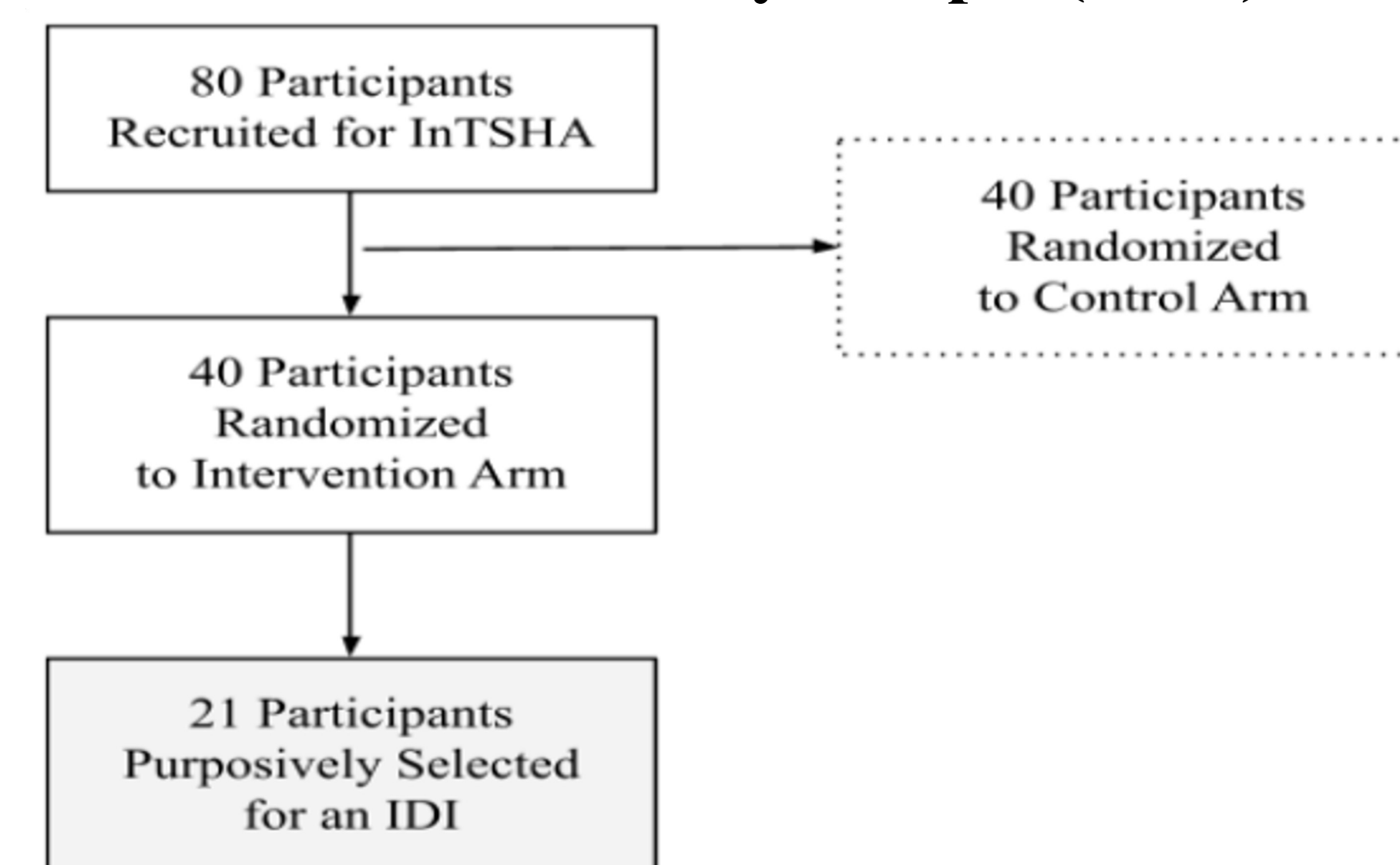
METHODS

- We purposively enrolled adolescents from the intervention arm of a randomized clinical trial assessing a multi-module, moderated WhatsApp-based intervention—**Interactive Transition Support for Adolescents Living with HIV (InTSHA)**, meaning ‘youth’ in isiZulu—within a government supported clinic in KwaMashu, an urban township of KwaZulu-Natal, South Africa.
- We conducted in-depth interviews based on World Health Organization guidelines for asking adolescents about SRH.
- We thematically analyzed data through an iterative, team-based coding approach combining deductive and inductive elements to contextualize **SRH attitudes, knowledge, and behaviors before and after receiving the InTSHA intervention.**

RESULTS

- Of the 21 participants, **13 (61.9%) were female** and the mean age was **16.6 years.**
- Most participants reported first learning about SRH in school, and seeking **clarification through peers and the internet** rather than caregivers.
- Participants reported that InTSHA provided a **holistic and destigmatizing** perspective on relationships, gender, and sexuality specific to growing up with HIV in South Africa.
- They praised the ability to give and receive information from peers in a moderated setting, building their confidence, decision-making skills, and communication with partners and caregivers throughout their everyday lives.
- Adolescents reported that InTSHA was **convenient, confidential, and user-friendly.**

Selection of Study Sample (n=21)



Current Sources of SRH Information

Peers

“My classmates will joke about sex and just make fun of it. Sometimes they also joke around about HIV” (Female, 18)

“[My friends and I] sit down as guys and talk about what can build or destroy relationships” (Male, 18)

Family

“They will think I am already sexually active. They won’t believe that I am just curious” (Male, 15)

“The way I am brought up, my mother doesn’t communicate. When you make a mistake, she hits you, but she won’t have a deep conversation with you about being a female. Mom is not an open person” (Female, 16)

Technology

“I first heard about sex when we went to a boy’s house to watch a porn DVD. I didn’t understand, all I knew is that we also wanted to do this thing. Us girls then decided to do a role play, one to be a man and one to be a woman. We got caught and we got a hiding” (Female, 16)

“I use the phone internet to learn about what is happening in real life” (Female, 16)

Demographics of Study Sample (n=21)

Variable	n (%) or Median (Range)
<i>Sex</i>	
Male	8 (38.1%)
Female	13 (61.9%)
<i>Age (years)</i>	16.6 (15-19)
<i>Interview Language</i>	
isiZulu	19 (90.4%)
English	2 (9.6%)
<i>Relationship Experience</i>	
No relationship experience	10 (47.6%)
At least one relationship	11 (52.4%)
<i>Education Level</i>	
Grade 8-9	7 (33.3%)
Grade 10-12	13 (61.9%)
Not in School	1 (4.8%)

Post-InTSHA Changes

Topic	Quote	ID
Attitude Change	“I learned not to care about what people say, and not to rush things”	Male, 18
	“Youth must learn ways to build self-confidence, see their own worth, have dignity and self-respect, be straightforward about what we want, and not be influenced by peer pressure”	Female, 16
Knowledge Change	“I learned that we must always use protection when having sex”	Female, 18
	“Now I know sexuality involves two people who agree to be involve in sex, or other things you can agree to do”	Female, 16
Behavior Change	“I don’t harass girls anymore due to what I learned from the group”	Male, 15
	“I realized that if a person puts pressure, you need to distance yourself from them. Be brave enough to say you are not ready and for the person to respect your decision”	Male, 15



Questions Sparked by InTSHA

Topic	Question	ID
Disclosure	“Is it ok to tell your girlfriend that you are HIV positive?”	Male, 15
	“Are we able to tell our partner after being together for a long time?”	Female, 18
HIV Transmission	“As people taking medication, are we able to be sexually active?”	Female, 18
	“If a condom bursts, can the girl get the virus?”	Female, 19
Sexual Abuse	“I want to learn more about sexual abuse”	Male, 16
Age Gap Relationships	“How can a young girl be in a relationship with someone old enough to be their father?”	Male, 15
Reproductive Choices	“With abortion, are there any major after-effects that you go through?”	Female, 17
	“How long does contraception take to work?”	Female, 17
Relationships and Communication	“You must teach us the way we should behave as teenagers”	Male, 17
	“We need to know about relationships, so that when we reach the right age we can understand what life is really like”	Female, 17

CONCLUSION

- South African APHIV receive incomplete and conflicting sexual education from peers, caregivers, teachers, and technology that can be supplemented by mHealth curricula targeted for the unique needs of APHIV.
- Future, scaled-up mHealth interventions can destigmatize SRH by expanding access to sexual education and peer support, supplementing adolescents’ existing SRH education.

ACKNOWLEDGEMENTS

We thank our adolescent participants for engaging honestly and openly in our intervention and interviews.

