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

Insights from the DREAMS Partnership

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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

<table>
<thead>
<tr>
<th>Country</th>
<th>Study Sites</th>
<th>Data Type</th>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>DREAMS/ non-DREAMS AGYW N = 1,778</td>
<td>Health provider survey n = 361</td>
<td>DREAMS/ non-DREAMS AGYW N = 1,915</td>
<td>DREAMS beneficiaries n = 27</td>
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<tr>
<td></td>
<td>Panel data DREAMS AGYW n = 740</td>
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<td>Panel data DREAMS AGYW n = 885</td>
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<td><strong>Men in ‘hot spots’</strong></td>
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<td><strong>Men in informal settlements</strong></td>
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<td></td>
<td>Round 1 n = 962</td>
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<td>Round 2 n = 886</td>
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<td>Program staff n = 3 FGDs</td>
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<td>Program staff n = 9 FGDs</td>
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<td>Men in ‘hot spots’</td>
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<td>Program staff n = 3 FGDs</td>
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<td>Program staff n = 9 FGDs</td>
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<tr>
<td>South Africa</td>
<td>Men in informal settlements</td>
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<td>MP of AGYW n = 72 IDIs</td>
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<td>Program staff n = 9 FGDs</td>
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</tbody>
</table>
How can we better understand HIV vulnerability/risk & tailor programming?
Even in these contexts, differences in vulnerability (among out-of-school AGYW)

Mathur, S, Pilgrim, N, Patel, SK. et al. HIV vulnerability profiles among adolescent girls and young women and association with HIV-related outcomes: Multi-country latent class analysis. *International Journal of Public Health*, Focus on Youth special issue. Accepted.
Multiple characteristics define high HIV vulnerability

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Zambia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate HH wealth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lack of adult supervision</td>
<td>✓</td>
<td></td>
<td>✓</td>
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<tr>
<td>Sometimes or often hungry</td>
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<td></td>
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</tr>
<tr>
<td>No comprehensive knowledge of HIV</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>No comprehensive knowledge of condoms</td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>Lower support for equitable gender norms</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
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.

Study site: South Africa, n=1,846 (Eswatini findings similar)
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

Study sites: Lusaka & Ndola, Zambia
Very positive DREAMS experiences

<table>
<thead>
<tr>
<th>Malawi (1,295)</th>
<th>%</th>
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<tbody>
<tr>
<td>AGYW felt comfortable seeking advice or referral from mentor</td>
<td>86</td>
</tr>
</tbody>
</table>

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 year olds over time

ZAMBIA (N=885)


Note: similar results in Kenya & Malawi
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)

Study site: Eswatini (similar findings in Uganda and South Africa)
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.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>In School</th>
<th>Out of School</th>
<th>Married</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unmarried</td>
<td>Living with both parents</td>
<td>Living with just one or neither parent</td>
<td>Has A Child</td>
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<tr>
<td>06-09</td>
<td>62</td>
<td>7</td>
<td>55</td>
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<td>10-14</td>
<td>60</td>
<td>10</td>
<td>22</td>
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<td>15-17</td>
<td>19</td>
<td>1</td>
<td>3</td>
<td>2</td>
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</table>

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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• **Malawi**: Local implementing partner – COM, Effie Chipeta, Victor Mwapasa, Wanangwa Chimwaza & Collaboration with USAID/Malawi and DREAMS IPs

• **Tanzania**: Local implementing partner—CSK (Catherine Kahabuka), Neema Makyao (NACP, Tanzania) & collaboration with NACP/MOH and local USAID and PEPFAR DREAMS teams

• **South Africa**: Local research partner—Epicentre: Cherie Cawood, & collaboration with: South African DOH, SANAC, eThekwini Municipality, PEPFAR-South Africa, DREAMS Implementing Partners

• **Eswatini**: Local research partner & investigators—Institute for Health Measurement (IHM): Patrick Shabangu, Kelvin Sikwibele, Muhle Dlamini (SNAP), Muziwethu Nkhambule (NERCHA); & Collaboration with Ministry of Health, NERCHA, SNAP, PEPFAR-Eswatini, DREAMS Implementing Partners

• **Uganda**: Local research partner—Makerere University, Child Health and Development Centre (CHDC): Godfrey Siu, Anne Katahoire, & Collaboration with: Ministry of Health, District local government, PEPFAR-Uganda, DREAMS Implementing Partners

Funding support from the Bill & Melinda Gates Foundation and Project SOAR/USAID (Malawi)
MSM in sub-Saharan Africa

Stigma

cMPTs: HIV & FP

Tools for hard to measure topics

Social & gender norms

Empowerment for AGYW

Quality of Care Framework

Data depository: Girl Center

Research use/Impact

Male circumcision & HIV risk

Male circumcision & HIV risk
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

Marriage take place age 20

Conflict; periods of brief separation then reunification

Relationship legend:
- Wife
- Side long-term partner
- Casual, short-term partners

Long-term side relationship develops

Short-term relationships develop, more age-disparate over time

Study site: Uganda (94 IDIs)
Men’s experiences with violence frequent, strongly associated with HIV risk behaviors

- 59% in lifetime witnessed an armed attack
- 39% in lifetime robbed at gunpoint of knifepoint
- 77% before age 18 beaten at home
- 22% 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).

Study site: South Africa, n=962 (similar findings in Eswatini)
Stigma inhibits AGYW’s access to and use of PrEP

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

<table>
<thead>
<tr>
<th>Factor</th>
<th>Adj. IRR(^1) (95% CI)</th>
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<tbody>
<tr>
<td>Negative attitudes toward AGYW sexuality</td>
<td>0.81 (0.66–0.99)*</td>
</tr>
<tr>
<td>Behavioral disinhibition scale</td>
<td>0.89 (0.79–0.99)*</td>
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</table>

\(^1\)Adjusted 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.