

JUST BEING A TEENAGER: EXPLORING THE SOCIAL DRIVERS OF HIV RISK AND RESILIENCE IN A RURAL SOUTH AFRICAN CONTEXT

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ABSTRACT

This article describes an adapted rapid situational analysis that was used to investigate the HIV-related environment that teenage girls and young women negotiate in the rural province of Limpopo in South Africa. This research contributed to the development of a sex and relationships educational programme to improve the skill sets young women use to negotiate the HIV and AIDS epidemic. Conceptually, the methodology was informed by the social drivers of HIV debate and was designed to illuminate both the HIV-related risk environments that the young women encountered, as well as the resilience strategies they used to negotiate these contexts. The qualitative design included an Archetype Extraction technique and focus group discussions, with the former guiding the structure of the latter. The findings suggest that (a) young women negotiate multiple HIV risks, (b) are aware of these risks and (c) have developed resilience strategies to negotiate these types of environment. However, the reported risk factors were more dominant than the reported resilience strategies. The adapted rapid situational analysis was found to be fit for purpose and contributed to the community partner's ambition of updating its sex and relationships education programme.

Keywords: Archetype Extraction; rapid situational analysis; sex and relationships education.



INTRODUCTION

HIV and AIDS continue to be a major public health concern in South Africa. In a survey carried out by the National Department of Health, the statistics indicate that whilst HIV prevalence in South Africa is stabilising, HIV incidence remains unacceptably high and young women are particularly vulnerable to HIV infection (Shisana et al. 2014). The overarching purpose of the research was to prepare for the development of updated curricula for an educational sex and relationships programme for teenage girls and young women in the Limpopo province of South Africa. The article is structured as follows: (a) the context of the research is explained; (b) the rationale for the approach is outlined; (c) the method and the results obtained are described, followed by (d) a discussion of the results, limitations and recommendations.

The Community-University Partnership

The Waterberg Welfare Society (WWS) has partnered with the University of Limpopo on several projects over the past 10 years. The WWS primarily focuses on wellness in the context of the HIV and AIDS epidemic. The Waterberg District extends over an area of 44,000 square kilometres in the Limpopo province in the north-west part of South Africa. Statistics about the socio-demographic profile of the district are imprecise due to high levels of migration. Nevertheless, a survey carried out in 2011 indicated that, among the 670,000 inhabitants, about 35.5 per cent of the young people were unemployed (Statistics South Africa 2012). Statistics also indicated that HIV prevalence declined from 28.8 per cent in 2009 to 27.3 per cent in 2013—marginally less than the national average of 29.7 per cent (National Department of Health 2015, 27, 55).

The WWS contributes to reducing the impact of HIV and AIDS through multiple strategies that include the empowerment of the youth by making them aware of HIV and providing them with economic empowerment opportunities (WWS 2015). In 2013 the University component of the partnership agreed to undertake a situational analysis of the risk and resilience environment that young women negotiated, based on which the WWS could update the sex and relationships educational package provided for teenage girls and young women. The research began in the latter part of 2013 and was completed in the second quarter of 2014.

HIV Risk, Resilience and Young Women

In a survey by the Joint United Nations Programme on HIV and AIDS (UNAIDS) (2014b, 135) it was indicated that globally “15% of women living with HIV are aged between 15 and 24, of whom 80% live in sub-Saharan Africa” and that “in sub-Saharan Africa, women acquire HIV five to seven years earlier than men”. It has been argued that many of the factors that contribute to this situation are social determinants of health such as intimate partner violence (Jewkes et al. 2010)(10, economic marginalisation (Watt

et al. 2012), structural influences (Shannon et al. 2014) and intergenerational sexual relationships (Leclerc-Madlala 2008). Despite these challenges, there is evidence that in South Africa young women are pioneering a new wave of resilience to the epidemic that—as far as the authors could establish—has not been fully interrogated or reported on. Figure 1 provides evidence that although young women remain a high-risk group, the associated incidence rates—when compared with the other cohorts—have fallen significantly.

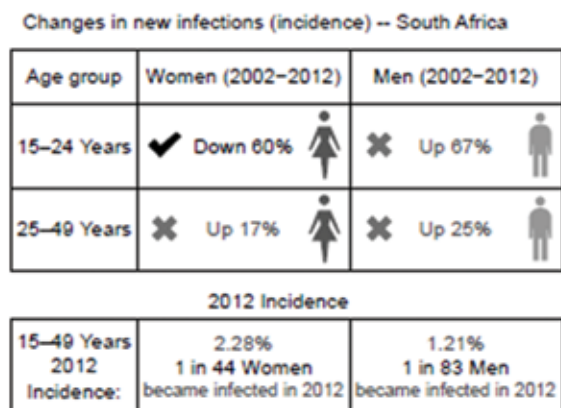


Figure 1: Reduction in new HIV infections, 2002–2012 (based on data from Shisana et al. 2014, 59–60; for details see Burman, Aphane, and Delobelle 2015, 15)

As indicated in Figure 1, whilst HIV is more prevalent among women than men, the associated incidence rates have decreased by 60% between 2002 and 2012. In order to further investigate the drop in incidence rates—and incorporate any changing risk and resilience dynamics into the sex and relationship curricula—a situational analysis was decided upon as a first step, prior to updating the educational programme.

Rapid Situational Analyses

Rapid situational analyses evolved from a methodological approach called rapid assessment. Rapid assessment is a technique that was developed to evaluate a range of public health challenges including tuberculosis (Lee and Price 1995), diarrhoea (Bentley et al. 1988) and HIV and AIDS (Needle et al. 2003). Typically, the rapid assessment technique has been applied in international and national settings (Trotter et al. 2001) but it has also been adapted for carrying out rapid situational analyses in resource-scarce, localised settings (Lippman et al. 2014; Treves-Kagan et al. 2015; Treves-Kagan et al. 2016; Rhodes, Yee, and Hergenrather 2006). Lippman et al. (2014) have argued that a rapid situational analysis can be used to increase stakeholders’ “understanding

[of] the community's local epidemiological profile, the social community norms that shape *vulnerability* [authors' emphasis] to HIV and access to care, and the available community resources" by identifying high-priority themes that influence the epidemic in a particular area.

The community-university partnership consequently decided to adapt the rapid situational analysis technique to focus on the HIV risk and resilience environment that marginalised young women perceived they had to negotiate—rather than focus exclusively on their vulnerability. The adaptation process was influenced by the “social drivers” of HIV and AIDS debate.

The Social Drivers of HIV and AIDS

In 2008, there was a call to recognise and respond to the complexity of the HIV and AIDS epidemic (Piot et al. 2008; UNAIDS 2015). Piot et al. (2008, 854) posited the need for the development of new “analytical tools to capture these [complex] dynamics”. One response to this call included a focus on the social drivers of HIV and AIDS, which have been described as “interactive phenomena reflective of social and cultural processes, institutional practices, and sets of arrangements that facilitate HIV transmission *or* [authors' emphasis] its prevention” (Auerbach, Parkhurst, and Caceres 2011, 3). Despite some extremely valuable conceptual insights into the potential of the social drivers debate to contribute to reducing the impact of the HIV and AIDS epidemic, there has been little—if any—follow-up on the ground from this perspective (Burman et al. 2015). In the current study, the social drivers of HIV were used as a conceptual foundation to develop a framework within which both the risk and resilience dynamics of the young women could be incorporated.

METHODS

The rapid situational analysis aimed to identify the social drivers of risk that young women experienced and the resilience strategies they used to negotiate these risks. In order to achieve this, three dual-moderator focus group discussions were held with 36 young women aged between 18 and 25 to explore their experiences and perceptions of the HIV risk and resilience environments they experienced and negotiated. Of particular importance to consider when conducting the analysis was that there was evidence that even though the incidence rates of HIV among young women were still unacceptably high, these rates were decreasing (see Figure 1). In order to incorporate the possibility that the reduction in incidence rates might be reflected in emergent social practices, an innovative approach was taken. Phase 1 included an Archetype Extraction technique (Maree, Roux, and Marais 2006) as a mechanism to provide the young women with an opportunity to highlight any emergent changes in their experienced HIV risk and

resilience environment. The themes that they identified were used to guide the focus group discussion in Phase 2.

Phase 1: Archetype Extraction

To select the participants for Phase 1, a convenience sample was drawn to constitute two groups of 12 marginalised women ($n = 12 \times 2$) known to the research partnership. The Archetype Extraction was guided by a semi-structured interview guide, and detailed field notes—including observational notes—were taken throughout. Phase 1 was split into Phase 1a and Phase 1b. Phase 1a was considered an ice-breaker and the themes that the women reported on were discussed in more detail in Phase 1b.

Phase 1a

The participants were asked to describe the “current situation”, their “most wonderful future dream” and their “worst imaginable nightmare in the future” with regard to young women’s experiences in their communities. The women’s narratives were then visually portrayed by a local artist working with the participants.

Phase 1b

A one-hour group discussion was held with the participants regarding *real* events that they had either experienced or knew about that they associated with the themes identified in Phase 1a. During this discussion, one of the facilitators made post-it notes reflecting the “characters” that the participants referred to. These characters were people, their associated behaviours and the places described by the participants. After the discussion the post-it notes were randomly placed on a wall and the participants arranged them in “like-for-like” clusters that represented generalised descriptors of their risk and resilience environment. Immediately following this, the participants were asked to provide four “good” and four “bad” human attributes for each character they had identified. The attributes were then re-clustered in “like-for-like” groups and each assigned an archetypal name by the participants. Throughout the process, the facilitators coded the clustered material so that the final archetypes could be linked back to the original discussion. The purpose of this approach was to reduce researcher bias by enabling the participants to code their discussions using human attributes that reflected their local context, rather than to have academics code their responses.

Finally, the participants were asked to tell the artist how to visualise each archetype, which provided an opportunity for bottom-up, community validation. During this process the facilitating observers focused on the degree of consensus about what an archetype should look like. If an archetype made consensual sense to the participants they could easily tell the artist how to represent it, but if the participants had diverse

opinions about an archetype, the representation tended to be more intensely debated. In both cases, rich contextual insights were gained and noted by the facilitators.

Phase 2: Archetype Exploration

The participants in Phase 2 comprised two groups of 12 female university students ($n = 12 \times 2$) aged between 18 and 25 who came from different parts of the province. They were purposefully selected as they were self-confessed “party animals”. The reason for seeking the perspectives of party animals was to collect information about potentially high-risk spaces and the associated resilience strategies the women had developed to negotiate the environments that had been identified in the earlier session. A semi-structured focus group discussion format was applied which reflected the core themes identified during Phase 1. The discussions were recorded, and detailed field notes, including observational notes, were taken throughout. Taverns and nightclubs were focused on because the participants had made regular reference to alcohol consumption, taverns and bars during the discussions in Phase 1.

Data Analysis

Phase 1a was not analysed because the purpose of it was to generate a descriptive overview of the HIV environment from the perspective of the young women—as well as to use the discussion time as an introductory ice-breaker. Phase 1b and Phase 2 were analysed using a grounded theory approach (Glaser and Strauss 2009) and coded using the Nvivo 10 software program.

Ethical Issues

Prior to the research, ethical clearance was obtained through the Turfloop Research and Ethics Committee. Before commencing with Phase 1, the village Headman’s permission to conduct interviews with local people was requested through the Tribal Council. All normal protocols regarding research of this nature, including getting the required informed consent, were followed before the discussion sessions with the participants started.

FINDINGS

Phase 1a required the participants to describe on post-it notes the “current situation”, their “most wonderful future dream” and their “worst imaginable nightmare in the future” with regard to young women’s risk and resilience environment. The information on the post-it notes provided contextual information about their risk and resilience

environment (as summarised in Table 1) and assisted the artist in portraying the participants' perspectives visually (see figures 2, 3 and 4).

Table 1: Descriptors provided by the participants in Phase 1a

	Post-it note descriptions	Visual themes
The present situation		
Group 1	Pitiful, hurtful, disgusting, embarrassing Upsetting, annoying, amazing, disappointing Scary Complicated	A pregnant teenage girl drinking beer Other drunk teenagers Elderly people in despair A rural setting
Group 2	Saddening, hurtful, disgusting, embarrassing, shameful Annoying and misleading Dissatisfying, amazing, boring, destructive Complicated	A baby in a dustbin, underweight children Community saying "you are pregnant again", and the response—"No problem, I'll throw it away again" Suicide A rural setting
The imagined, most wonderful future situation		
Group 1	100% teenage education, 100% teenage virgins, no alcohol and drugs, all Christians, all rich, no sex before marriage, no crime, all teenagers respect culture, no teenage deaths, no diseases	An activist young woman making a presentation Harmony between the young women and the community Smiling people in a rural setting
Group 2	All leaders, no teenage pregnancies, all respectful, no diseases, all intelligent, all rich, no crime, no sex before marriage, all taverns destroyed	A young woman being presented with an educational certificate in a modern, rural setting
The worst imaginable nightmare in the future		
Group 1	100% raped, 100% criminals, 100% HIV+, all mothers, legalised prostitution, all drunkards, legalised body-part selling, no education at all, all homeless	Body parts being sold publicly Drunk young women A derelict rural setting
Group 2	Legalised rape, all teenagers drop out of school, all teenagers drunkards, legalised teenage abuse, all teenagers murdered, all teenagers HIV+, all teenagers involved in criminal activities, legalised human trafficking, legalised drug dealing, all teenagers pregnant	A scene of carnage A beer-drinking, HIV-positive teenager A derelict-looking rural setting

The “current situation” was described as “complicated, amazing, hurtful and embarrassing” by both groups and was visualised as a rural setting that was dominated by alcohol, teenage pregnancy and different value systems relating to teenage pregnancy (see Figure 2).



Figure 2: The artist’s impression of the “present situation”

The “most wonderful future dream” was described as one where there was an absence of teenage pregnancy, alcohol abuse and crime and where teenagers respected their culture. This picture was visualised as a modern setting where there was harmony between traditional culture and youth culture. The participants regarded this space not as a destination, but as a place on the road to a better future (see Figure 3).



Figure 3: The artist's impression of the “most wonderful future situation”

The “worst imaginable nightmare in the future” was described and visualised in terms of a very derelict rural setting (see Figure 4).



Figure 4: The artist's impression of the “worst imaginable nightmare in the future”

Both the description and the visualisation of the “worst possible nightmare” depicted an extreme exaggeration of the “current situation”.

Narrative Data

The narrative data obtained from the Phase 1b and Phase 2 discussions were transcribed and coded using a grounded theory approach and the Nvivo 10 software program. The findings from Phase 1b are presented in Table 2.

Table 2: The analysed narrative from Phase 1b

Categories	Narrative examples
Money-related issues	“Girls like money too much; it is our priority.”
Multiple concurrent partners	“I know a girl who has three boyfriends: the Minister of Transport because he has a car ..., the Minister of Finance and someone of her age she strolls around with.”
Traditional / modern values	“The situation is complicated because youth of today do not recognise people older than them. They do whatever they want and get away with it without being reprimanded.”
Places where behaviours happened	Lounges and taverns
Contraceptive injection (versus condom use)	“The nurses told her to take condoms instead of contraceptives. The nurses advised her that condoms prevent both HIV and pregnancy. She told the nurses she does not worry about HIV, so long as she does not fall pregnant.”
Rape	“There is a man who called a young girl to his house and raped her. ... The mother ... has many children and does not care about the one who got raped.”
School drop-out	“They fall pregnant and drop out of school because they become shy that others will laugh at them.”
Identity and money	“Most girls here are not afraid of HIV and AIDS; they only want money, beautiful hairstyles and expensive clothes while not working. They have sex with men in exchange for money.”
(Ir-)relevance of health knowledge	“They end up sleeping with men in the toilets but there are condoms everywhere and they are ashamed of taking them. I don't think they fear AIDS.”

The above excerpts from the participants’ narratives reveal that the context is characterised by conflicting value systems, rape, money, school drop-outs, and issues relating to identity and the value placed on education, which converged in variable ways.

Multiple themes emerged during Phase 2, including rape, mugging, violence and date rape (see Table 3).

Table 3: The analysed narrative from Phase 2

Categories	Themes that were mentioned or discussed
Potential risks	Date rape, alcohol abuse, rape, kidnapping, unsafe sex, occasional violence between women, sex work, exchanging sex for money (but not considering it to be sex work), dress code, the way women dance, "having" to sleep with men that bought them drinks, false promises by men for money
Pull factors of taverns	To be seen ("competition"), dancing, "hunting" for men, money and cars, experiencing drugs and sex
Unsafe sex	Being curious, not being able to tell a "guy to stop once sex has started", trusting a "guy that does not look like he is HIV positive", revenging a former lover, experimenting, using a contraceptive (injection), knowing that the menstrual cycle is "safe", impressing other women because you had unprotected sex, deliberately "spreading disease"
Identity	Personal identity, identity in relation to women, identity in relation to men, identity as a modern woman, identity as a traditional woman
Money	Sugar daddies, "Ministers", using techniques to take money from men, being broke, hustling for drinks
Push factors of taverns	Boredom at home, peer pressure, poverty
Negotiation strategies (resilience)	Dress code, not allowing others to buy you drinks, using female condoms

The findings suggest that the women are aware of potential risks associated with the tavern and nightclub environment but are influenced by multiple push and pull factors to visit taverns and nightclubs. It is also evident that while the women claim to be adept at negotiating risky contexts, unexpected events can occur that can radically change the situation to a high-risk one. To quote one of the participants: "One other thing is dependence; you find that you don't have money to buy beer and a guy comes and offers to buy you drinks and then, from there, you cannot deny him sex".

DISCUSSION

Overall, the research methodology was fit for purpose and contributed to generating contextual insights into the contemporary risk and resilience environment that the young women negotiated. The multi-method design allowed the raising of a range of

issues, from highly abstract ones to ones that relate to concrete realities. In addition, it enabled patterned themes to be highlighted and a few of the local social drivers of HIV and AIDS to be brought to the fore.

Three areas for discussion have been identified:

- The appropriateness of the adapted approach to undertaking a localised “rapid situational analysis”
- The relevance of the rapid situational analysis to the sex and relationships educational programme
- The contribution that the research findings make to the debate on the social drivers of HIV

The Appropriateness of the Adapted Approach to Undertaking a Rapid Situational Analysis

The Archetype Extraction technique used in Phase 1 brought to the fore certain insights into broader contextual issues that included teenage pregnancy, substance abuse, violence and money-for-sex exchange, which the participants associated with HIV risk. These findings correspond with other research findings relating to teenage pregnancy (Jewkes, Morrell, and Christofides 2009), substance abuse (Choi et al. 2013; Kader et al. 2014), violence (Jewkes et al. 2010), money-for-sex exchange (Bhana and Pattman 2011; Watt et al. 2012) and the ways in which many of these issues intersect in varying degrees (Russell, Eaton, and Petersen-Williams 2013).

The second phase was influenced by the findings of Phase 1 in that the information obtained provided more specific, localised details of the patterns of behaviour, which included the push and pull factors of taverns. The findings resonated with the findings of Watt et al. (2012) who identified (a) the way in which young women in the Western Cape developed multiple strategies for negotiating gendered HIV-risk contexts; (b) aspirations of young women to become more “modern”; and (c) insights into the ways in which the young women obtained expert knowledge about the type of HIV-risk environment that they would most likely have to negotiate. Whilst differences between the situations in Limpopo and the Western Cape were evident, the similarities were deemed sufficient to validate the findings.

The Relevance of the Rapid Situational Analysis to the Sex and Relationships Educational Programme

It has been argued that “knowing your epidemic” is essential if the epidemic is to be confronted (Wilson and Halperin 2008). Furthermore, UNAIDS (2014a) has argued that there is not one global epidemic but many localised epidemics. The discussions

during both phases of the research brought information to the fore that would influence the development of a sex and relationships educational package for teenage girls and young women. The first phases gave some indication of the type of future the young women imagined for themselves, and their reflections facilitated the conceptualisation of empowerment strategies that fitted the relevant context. The second phase provided practical insights, concretising the highly abstract issues raised in the earlier sessions and providing themes for discussion when developing the curricula for the educational package.

The Contribution of the Research Findings to the Debate on the Social Drivers of HIV

The social drivers debate was an instructive conceptual platform that served to shift the focus of the methodological design from a HIV vulnerability perspective to both a risk *and* resilience perspective. The findings described above—as well as those of Watt et al. (2012)—suggest that the environment *both* constrains and provides opportunities for young women. For example, the attraction of going to a nightclub or tavern may represent opportunities for young women, yet going there may simultaneously render them vulnerable to risks. This perspective is slightly different from that of the proponents of more mechanical social determinants of health that tend to reify structure over agency. The social drivers perspective opened the conceptual frame that an altered environment produces a different set of unpredictable constraints and opportunities that will influence social practices as the emergent context is negotiated. The outcomes that emerge from an altered environment are thus not entirely predictable; therefore, some caution is required when assuming—or planning—that altering structural constraints will necessarily produce an entirely predictable, beneficent outcome.

RECOMMENDATIONS

The methodology used in this research enabled specific, localised aspects of the HIV risk and resilience environment to be identified. In this sense the adapted rapid situational analysis contributed to the efforts to design localised responses to changing HIV risk and resilience environments. Future research could experiment with different action research techniques to probe emerging HIV risk and resilience contexts so as to make a contribution to reducing the impact of HIV and AIDS. It is recommended that the adapted rapid situational analysis that has been presented be considered in similar contexts in the future.

CONCLUSION

This article reflected on the relevance and appropriateness of using a rapid situational analysis in a context that was influenced by the social drivers of the HIV debate. The

findings from Phase 1 suggest that the generalised risk and resilience HIV environment that women negotiate is highly problematic. The findings from Phase 2 indicate that there are many influential push and pull factors of risky spaces that can be associated with the label “social drivers” relating to women’s risk of contracting HIV infection. Both Phase 1 and Phase 2 indicate that young women have developed a few strategies to negotiate these risks; however, the risks outweigh the resilience strategies that these women have at their disposal. The findings reached in this research contributed to the development of a sex and relationships education programme for young women in the Limpopo province of South Africa.

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