Investigating factors contributing to HIV/AIDS vulnerability amongst young women aged 20-24 in Pretoria, Gauteng province in South Africa.

By: Salathiso Ndzumo, salathisondzumo92@gmail.com

Introduction

Over the years, research has proven that HIV/AIDS in Africa is one of the world's major humanitarian disasters, with severe social and economic implications on the continent (Mol, Singh, Chattu, Kaur & Singh, 2021). The overall HIV prevalence rate is estimated to be at approximately 13.7% among the South African population, with a total number of 8.2 million people living with HIV in 2021 (Statistics SA, 2022: 15). However, various studies found that young women are more likely to contract HIV than their male counterparts, due to multiple forms of biological and structural inequalities. Addressing the individual embodiment of the cultural, psychodynamic, symbolic, and discursive dimensions of power, opens up linear, structural analyses of political economy to broader theoretical domains. This is especially relevant today as it counteracts the rhetoric of blame that creeps into HIV risk individualized behaviour change efforts inadvertently (Geaorfe, et al., 2022). Although many researchers perceive HIV infection among young women to be caused by their behavioural characteristics, others fail to consider the broader contextual factors that contribute to HIV transmission. The purpose of this study was to investigate the factors contributing to the HIV/AIDS risk vulnerability among young women aged 20-24 in Pretoria.

Main question

What are the contributing factors to HIV/AIDS vulnerability amongst young women aged 20-24 in Pretoria?

Research objectives

- To identify structural factors associated with HIV/AIDS vulnerability amongst young women.
- To understand the dyadic and network interactions that place young women at risk for HIV acquisition in society.
- To explore possible solutions to address factors contributing to HIV/AIDS vulnerability amongst young women.

Summary of literature

- Factors associated with young women's vulnerability to HIV/AIDS are multifaceted and they include biological, behavioural and structural when categorized, although not limited as such, vulnerability has a major impact on young women in many folds.
- Researchers argued that females are far more likely than their male counterparts to contract HIV. Lule & Haacker (2011) found that 32,2 million HIV-positive people are women. Around 80% of women with HIV in sub-Saharan Africa are between 15-24 years of age, according to UNAIDS (2014).
- Literature suggests that women in South Africa are disproportionately affected by HIV because of deep-seated social and gender inequity and additional biological factors fuel

these dynamics further (Mathur, Pilgrim, Patel, Okal, Mwapasa, Chipeta, Musheke, Mahapatra, & Pulerwitz, 2020).

- Women have a higher physiological risk of HIV infection. As a result of their larger mucosal surface area during sexual intercourse, females are exposed to pathogens and infectious liquids for longer periods.
- Behavioural factors, include amongst others engaging in early sexual debut, transactional sex, age-disparate sex, and multiple partnerships (Geaorfe, et al., 2022).
- More distal factors such as gender norms shape young women's vulnerability to HIV. HIV acquisition is also influenced by structural factors such as parental loss and lack of schooling.

Research Methodology

The study used a qualitative research design which is the detailed procedures or techniques used to categorize, select, process, and analyze information about a topic (Wits, 2022). This section of the research permits the reader to critically evaluate the overall validity and reliability of the study. Research design can be understood as a strategy or approach for responding to the research questions using experiential data (McComes, 2022). This is a total strategy for linking the theoretical research problem with the relevant experimental research (Lelissa, 2018).

Key informant research design

The key informant interview is a qualitative in-depth interview conducted with people familiar with what is transpiring in the community. Experts in the community can provide insight into the nature of problems and suggest solutions based on their specific knowledge and understanding (Muellmann, Brand, Jürgens, Gansefort & Zeeb, 2021: 2).

Theoretical Framework

As the basis of health promotion practice, the Health Belief Model (HBM) suggests that information alone is not enough to motivate individuals to act. Recent studies have explored motivations for HIV testing using this theory of health promotion (Lin et al., 2017; Nothling & Kagee, 2013); however, the construct of perceived susceptibility, and a participant's belief about the chance of acquiring a specific condition, has the greatest relevance to this study. The Health Belief Model purports that an individual's belief in threats caused by illness coupled with a person's belief in the effectiveness of the recommended health behaviour or activity will envisage the prospects that person will yield to the desired behaviour. Additionally, this theory resonates with the chosen research topic for it derives from the psychological and behavioural perspective based on health behaviour that attempts to either avoid getting sick or get cured when already sick as well as the perception that a certain health action can be taken to prevent, cure or heal the sickness hence it is relevant to HIV/AIDS.

Data analysis and validity and reliability of study

Data analysis is viewed as one of the most intricate and unfathomable segments of a qualitative project and receives the smallest considerable discussion in the literature (Kiger & Varpio, 2020). Thematic Analysis was used to yield information and new understandings of key concepts and themes that give answers to the research questions. This data analysis method permits data collected for the study to be analyzed, and patterns detected are reported as themes (Idemudia, et al., 2015). In addition to vigorous and multiple coding of data collected from key informants,

detailed notes were taken during the in-depth interviews, transcriptions were made of the recorded files, and information was verified to ensure reliability. Throughout the in-depth interviews, a member-checking technique was used to verify and establish the validity of a given answer and understanding of the meanings.

Summary of Key findings/ Results from Interviews

The study findings demonstrate a cocktail of challenges. Consequently, the coding narrowed them into four themes such as: ***Theme one;*** triple challenges in South Africa: unemployment, inequality, and poverty. ***Theme two;*** intergenerational relationship: peer pressure, power relations/ ship. ***Theme three;*** knowledge and information: limited access to information, no knowledge of the available preventative measures, incorrect or misinformation. ***Theme four;*** possible solutions.

Young people's vulnerability to HIV

In the study, participants identified specific groups of people who were relatively more susceptible to HIV. According to the study, HIV infection prevalence is high in both men and women across all cities. However, the study found that there was a slight difference in susceptibility amongst men and women, a growing trend of multiple concurrent partners in men and the genetic makeup of women amongst other reasons. The literature has argued that young women between the ages of 15-24 are vulnerable to HIV/AIDS and this age group population amounts to one-third of all new infections in South Africa (Geaorfe, Beckett, Reddy, Govender, Cawood, Khanile, & Kharsany, 2022). Most respondents also indicated that young women are more vulnerable to HIV due to their biological making aided by other broad factors. The study also found that young people without employment, without education as well as university students, and those who live in rural or informal settlements were more at risk of HIV infection for various reasons: -

Theme 1: Triple challenges in South Africa

Despite the efforts in policies, strategies and programmes and other interventions in place by the government of South Africa, one would hope that the next generation will see a decrease in the spread of HIV and other risky behaviours (Psaros, et al., 2018). However, the triple challenges predispose young adults, women, in particular, to bear the brunt and end up in compromising situations like transactional relationships, dating for goodies and monetary support as such, their dependency to men makes it hard for them to refuse sexual intercourse, or to decide condom usage.

> **Participant #2** "*young women are concerned about making money, not interested in our talks about HIV and other life skills*". participant#2 *"those that live in Squatter camps are more at risk compared to those we service around towns or semi-urban areas"*. Participant*4# "if your partner is providing for you and taking care of you financially, you end up agreeing on not using or negotiating for condom use".* Participant#5 *"People move from place to place in search of better opportunities that make them change partners more often".*

Theme 2: Intergenerational relationship (relationship typologies)

HIV transmission may be facilitated by the following mechanisms: the ages of the partners are likely to be so much different that there are likely to be significant power differentials; condoms

are less likely to be used in these relationships; HIV discordance is likely to be prevalent at the beginning of the relationship (Jolivétte, 2021:211).

> **Participant#2** *"Older men usually target young women, especially those in universities and those staying in townships going through financial pressure or peer pressure to get material things like nice clothes and go to nice places".*

Forced sexual encounters

> ***Participant#3*** *"There are so many women are being sexually violated by persons they know or strangers, so it is uncommon that the possibility of rape on every second or third woman is already putting them in a vulnerable position".*

Peer Pressure

Peer pressure doesn't stop with sexual interaction; some people are also looking to get material things, and since some don't come from wealthy families, they seek older men who can provide those things for them.

> ***Participant #2*** *"I think it's peer pressure. Because we have a friend that is, let me say you have a friend and friend that wears carvela and wear weaves and their boyfriend is buying them those things and you are coming from a family that is very poor".*

Theme3: Knowledge and information

The likelihood of girls who do not have any education acquiring HIV is twice as high as those who do (El-Bassel, et.al., 2022).

> ***Participant#3****, "Young women come to us with lots of incorrect or misinformation, oh yes, yes we are able to help them and give them the correct information about condoms, HIV prevention pills, and other services".*

Theme 4: possible solution

Considering these findings, the informants also proposed possible solutions based on their perceptions and experiences. The following are the possible solution:

> ***Participant#1*** *From my side, I think they need support from us and their parents because they come to us for our services and when they get home their mother will be the one that says don't take the pill. So, I think we can have more support from the parents as well. Participant#2 "One way to overcome the fear I think they have to be more educated about this, part of the fear is not knowing, so I think the more you know, the more you overcome fear. That is my own opinion". Participant#3 "If we can have a dreams program for each community, I think we can overcome this HIV condition. But you know, this dreams programme covers a lot, because we empower these women, we assist them with their career, like career guidance, we mentor them, we teach them about HIV-free generation".*

References

El-Bassel, N., Mukherjee, T.I., Stoicescu, C., Starbird, L.E., Stockman, J.K., Frye, V. and Gilbert, L. 2022. Intertwined epidemics: progress, gaps, and opportunities to address intimate partner violence and HIV among key populations of women. *The Lancet HIV*.

Geaorfe, G., Beckett, S., Reddy, T., Govender, K., Cawood, C., Khanile, D. & Kharsany, A.A. 2022. Determinants of HIV risk for adolescent girls and young women (AGYM) in relationships with “blessers' ' and age disparate partners: a cross-sectional survey in four districts in South Africa. *BCM Public health.*

Idemudia, E. S., Kolobe, P. & Tsheole, A. P. 2015. The psychological costs of being different and ways of coping among sexual minority students in a South African University. *African Population Studies.* 29(2).

Liu, L., Christie, S., Munsamy, M., Roberts, P., Pillay, M., Shenoi, S. V., & Linnander, E. L. 2021. Expansion of a national differentiated service delivery model to support people living with HIV and other chronic conditions in South Africa: a descriptive analysis. *BMC health services research*. 21(1), 1-8.

Jolivétte, A. 2021. Historical and Inter-generational Trauma and Radical Love. C*ommunicating Intimate Health.* pp.211.

Kiger, M. E. & Varpio, L. 2020. Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher.* 42(8), pp. 1-10.

Lelissa, T. B. 2018. Research design and methodology. PhD Thesis, University of South Africa, Pretoria.

Lule, E. & Haacker, M. 2011. The fiscal dimension of HIV/AIDS in Botswana, South Africa, Swaziland, and Uganda: Experiences from Botswana, South Africa, Swaziland, and Uganda. World Bank Publications.

Mathur, S., Pilgrim, N., Patel, S.K., Okal, J., Mwapasa, V., Chipeta, E., Musheke, M., Mahapatra, B. & Pulerwitz, J. 2020. HIV vulnerability among adolescent girls and young women: a multi-country latent class analysis approach. *International journal of public health.* 65(4), pp.399-411.

Mol, R., Singh, B., Chattu, V. K., Kaur, J., & Singh, B. 2021. India’s health diplomacy as a soft power tool towards Africa: humanitarian and geopolitical analysis. *Journal of Asian and African Studies*. 00219096211039539.

Muellmann, S., Brand, T., Jürgens, D., Gansefort, D. & Zeeb, H. 2021. How many key informants are enough? Analysing the validity of the community readiness assessment. *BMC Research Notes*. 14(1). doi:10.1186/s13104-021-05497-9.

McComes, S. 2022. *Scribbr*. Available at: htttps://www.scibbr.com/methodology/research-design/ (Accessed 16/08/2022)

Psaros, C., Milford, C., Smit, J.A., Greener, L., Mosery, N., Matthews, L.T., Harrison, A., Gordon, J.R., Mimiaga, M., Bangsberg, D.R. and Safren, S.A. 2018. HIV Prevention Among Young Women in South Africa: Understanding Multiple Layers of Risk. *Archives of Sexual Behavior*. 47(7), pp.1969–1982. doi:10.1007/s10508-017-1056-8.

Statistics South Africa. 2022. *Statistical Release P0302: Mid-year population estimates 2021*. *https://www.statssa.gov.za/publications/P0302/P03022021.pdf*. pp.1–45.

UNAIDS. 2022. *2022 Global HIV statistics*. Available at: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf.

Wits. 2022. Research Methodology. Available at: https://libguides.wits.ac.za/research-support