

Factors Influencing HIV-Related Partner Communication Among Adolescent Girls and Young Women in a Cash Transfer Program in South Africa

Introduction

Human immunodeficiency virus (HIV) remains one of the leading causes of death in South Africa, disproportionately affecting adolescent girls and young women (AGYW) aged 15-24.

- Existing research suggests that gender norms, stigma, education, and socioeconomic status impact one's risk of obtaining HIV. Preexisting research addressing determinants of health relevant to HIV acquisition demonstrates varying social factors that influence HIV-related partner communication. This form of communication refers to open conversations discussing HIV status, risk of transmission, HIV testing and history, and safe sex practices between sexual partners.
- However, there is minimal data discussing how a conditional cash transfer intervention (CCT), a program providing cash payments to low-income households on the condition that they meet specific requirements, in this case, contingent on education adherence, can be used to observe the influence of multilevel factors on HIV-related partner communication.
- Through this investigation, we hope to gain a greater understanding of HIV communication, conditional cash transfer interventions, and dyadic interventions, as well as the influence of individual, interpersonal, and community-level factors on AGYW's behavior pertaining to HIV while initiating a foundation for future change.

Purpose

- This comprehensive literature review aims to better understand the multilevel factors influencing HIV-related partner communication among AGYW in a Cash Transfer Program in South Africa.

Methods

- A comprehensive review of literature investigated factors such as socioeconomic status, gender norms, education, and cash transfer programs that influence HIV-related communication among AGYW in South Africa.
- The search terms used were "HIV partner communication," "adolescent girls and young women," and more.
- Searches included databases PubMed, FSU libraries, and Google Scholar.
- Searches were limited to peer-reviewed articles and grey literature published within the last 10 years.
- The source organizer, Zotero, was used to sort and store the peer-reviewed and grey literature collected through database searches.
- Data on participant demographics, study design, and key findings related to HIV communication were extracted.

Figure 1. The Social-Ecological Model of Factors Influencing HIV-Related Partner Communication Among Adolescent Girls and Young Women in South Africa Adapted from Bronfenbrenner, 1989

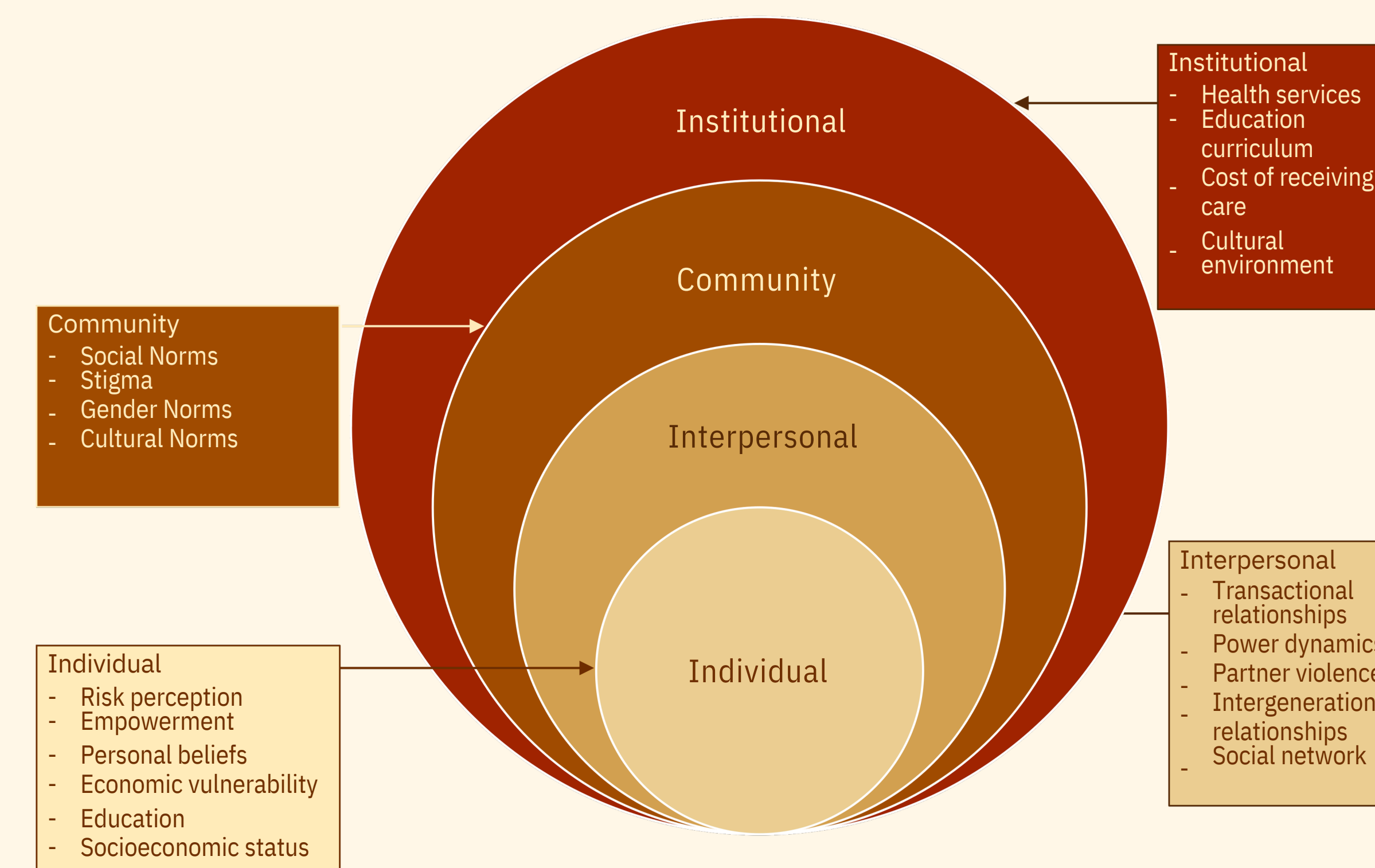
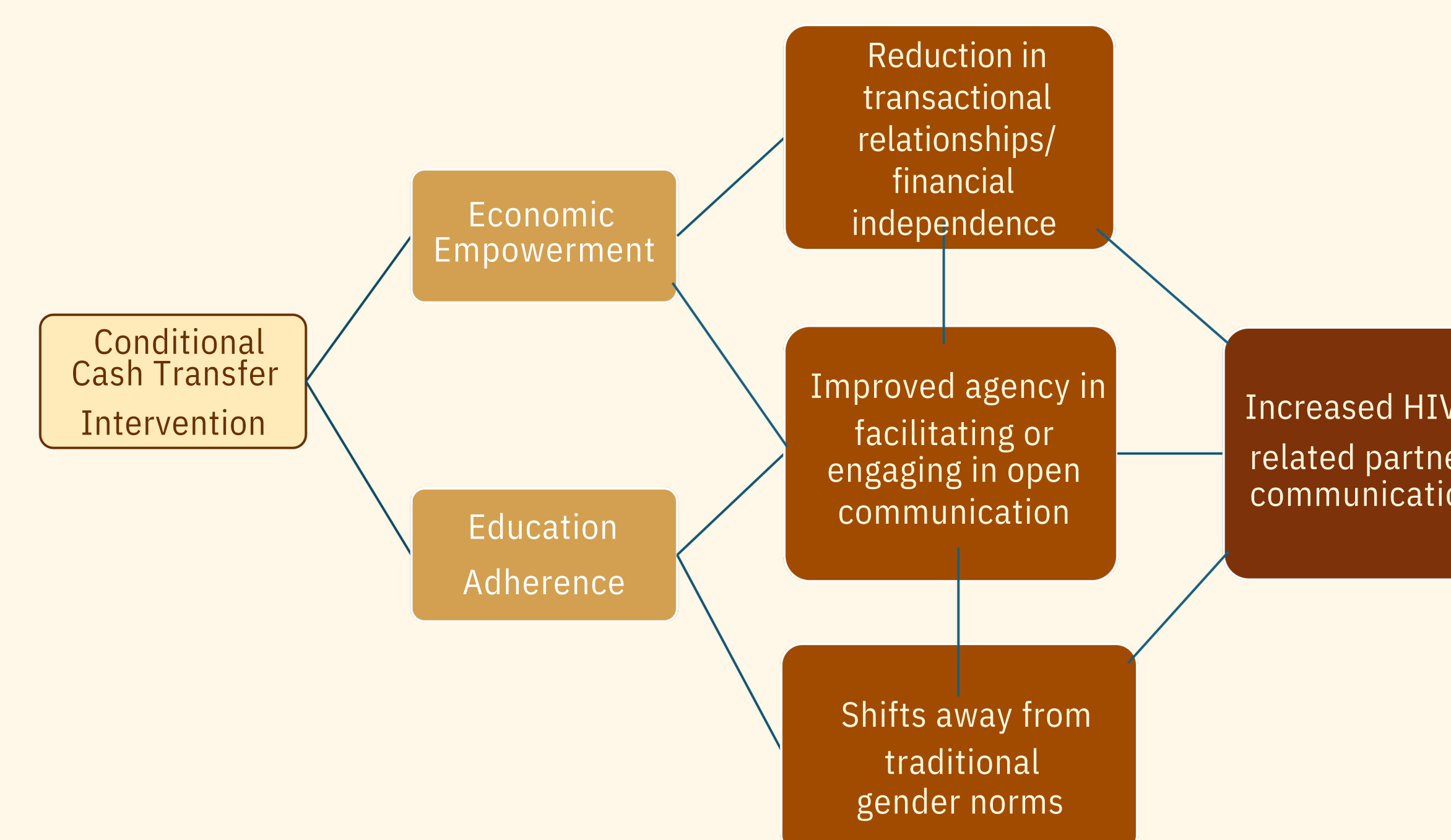


Figure 2. The Impact of a Conditional Cash Transfer Program on HIV-Related Partner Communication Among Adolescent Girls and Young Women in South Africa



Results

- AGYW with limited education are at higher risk of HIV acquisition due to increased social and economic vulnerabilities (Han et al., 2021).
- CCT programs contingent on education adherence improve education attendance, which is not only associated with decreased risk of HIV but increased rates of reporting HIV partner communication, with those having completed secondary education or higher being 18.4% more likely to report such communication than those having completed primary (Fonner et al., 2020).
- Conditional cash transfer programs allow for increased economic empowerment among AGYW, enforcing a higher sense of agency and freedom in decision-making, a critical structural-level factor in preventing HIV (Fonner et al., 2020).
- Through economic empowerment, AGYW can gain improved socioeconomic control, further impacting HIV-related partner communication, as higher levels of socioeconomic status among this population are associated with higher levels of HIV-related communication (Fonner et al., 2020).
- Additionally, participants in conditional cash transfer programs discussed HIV risk-reducing behaviors by decreasing their dependence on male sex partners, as the women discussed the CCT providing for basic needs previously provided by male sex partners (Pettifor et al., 2019).
- HIV-related stigma remains prevalent in South African communities, with perceived community stigma higher than personal stigma. Factors like age, education, gender, and cultural beliefs influence attitudes, while greater HIV knowledge and personal exposure help reduce stigma. This stigma can lead to fear of judgment and rejection, discouraging open conversations about HIV status between partners (Conroy et al., 2016).
- Reducing stigma requires education, personal connections, and supportive narratives. Media coverage, policy efforts, and community engagement can foster a more accepting environment. By decreasing stigma, individuals may feel more comfortable discussing HIV prevention, testing, and treatment with their partners, ultimately improving HIV-related partner communication and decision-making. (Taggart et al., 2021).
- Gender norms shape HIV-related partner communication by reinforcing power imbalances that limit AGYW's ability to negotiate safer practices. Traditional expectations discourage open discussions about HIV prevention, as women may fear stigma or disapproval (Gregson et al., 2024).

Conclusions

- Factors related to gender norms, education levels, and socioeconomic status continue to impact HIV-related partner communication.
- Conditional cash transfer programs dependent on education adherence prove constructive towards improving AGYW's agency in initiating HIV-related partner communication.
- CCT programs improve economic independence and education adherence. As a result, AGYW are less dependent on male partners for financial support, reducing the risk of transactional sexual relationships.
- Gender transformative programs that address gender norms and promote equity are necessary to improve HIV-related partner communication among AGYW, ultimately reducing their risk of HIV.
- The findings highlight the need for targeted interventions that address sociocultural factors by challenging harmful gender norms, reducing stigma, and promoting educational and economic opportunities while emphasizing the importance of AGYW's communication as a key HIV risk-reduction strategy.

References



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