Barriers and facilitators of tailored HIV prevention and community based sexual and reproductive health intervention: perspectives from the Isisekelo Sempilo Clinical Trial Process Evaluation in rural KZN, South Africa

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1. BACKGROUND

- Young South Africans are still disproportionately burdened by poor sexual and reproductive health (SRH) outcomes, notably high rates of unplanned teenage pregnancy, HIV and sexually transmitted infections (STIs).
- In 2020, KwaZulu-Natal (KZN) reported the highest rate of teenage pregnancy as one out of four teenage girls gave birth.
- Nationally, 65% of all teenage pregnancy is unplanned
- In 2021, it is estimated that 19% of young South Africans (aged 15 – 35) are HIV Positive.
- There is evidence to suggest that peer-led community-based interventions can be effective in improving SRH outcomes.
- However, there are still challenges with getting adolescents and youth to participate in these interventions, especially in rural areas.
- We explored young people's perspectives on the barriers and facilitators of peer led tailored HIV prevention and community-based SRH interventions in rural KZN.

2. METHODS

- This clinical trial was conducted in UMkhanyakude District, a largely rural area in the Northern part of KwaZulu-Natal province, South Africa.
- This clinical trial sought to investigate whether peer-led tailored HIV prevention and sexual health intervention, developed in partnership with young people can curb HIV and improve well-being.
- A qualitative research approach was followed to conduct in-depth interviews (n=91) as part of a process evaluation of the clinical trial to assess its feasibility, acceptability and fidelity. See table 1.
- Young people were asked questions about their experience of participating in the Isisekelo Sempilo Clinical trial.
- The Peer Navigators, Clinical Staff and Trackers were asked about delivering the intervention to young people participating in the clinical trial.
- A semi-structured Telephonic In-depth Interview (TIDI) guide was followed to conduct interviews in the local participants preferred language of IsiZulu.
- Interviews were transcribed, translated from IsiZulu to English, manually coded and thematically analysed following an interpretivist approach

Category of Participant	Number of TIDI's (N = 91)
Peer Navigators	N = 18
Trackers	N = 7
Clinical Staff (i.e. Nurses, and Clinical Research Assistants)	N = 6
Young people who declined invitation to participate in the clinical trial	N = 8
Young people who participated in the clinical trial	N = 52

Table 1: Participant Profile

3. FINDINGS

- Having clinical staff, trackers and peer navigators that speak the local language and colloquialisms made young people more amenable to the intervention and utilizing the services.
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- The privacy of STI testing and receiving results at home were very appealing to young people.
- However, this privacy was limited when parents, in-laws, and partners, living with young people interfered with their autonomy to participate which subsequently discouraged them from accessing mobile SRH services.
- Health promotion by peer navigators who were local and familiar to young people was seen as an effective way to improve health literacy and thus facilitated uptake of the SRH services.
- However, for some their proximity was a barrier to discussing sensitive details about their personal sexual health.
- The referral slips offered for the mobile SRH clinics facilitated access to convenient SRH care, which subsequently facilitated uptake of SRH services.

4. CONCLUSION

- Peer-to-peer intervention was an acceptable and effective mechanism to mobilise demand for integrated SRH care.
- Peer-led community-based interventions often have context specific barriers and it is important for these to be known in order to maximise SRH outcomes

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