Successes and challenges of Vhutshilo 2 HIV Prevention programme in reducing HIV infections amongst adolescent girls and young women in Alexandra

by

ANGELS NGWENYA

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DECLARATION

STUDENT NUMBER : 49026984

I declare that: **Successes and Challenges of Vhutshilo 2 HIV Prevention Programme in Reducing HIV infections Amongst Adolescent Girls and Young Women in Alexandra** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and this work has not been submitted before for any other degree at any other institution of higher learning.

…….. ……/……/……

ANGELS NGWENYA **DATE**

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ABSTRACT

The purpose of this research study was to explore successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW] in Alexandra. Qualitative, narrative research design was conducted to explore the experiences of the adolescent girls and young women in the Vhutshilo 2 programme. In order to obtain the data for this research the researcher used focus group interviews. Since the current study did not seek to generalize findings, a purposive sampling approach was seen as appropriate to use for this study. Two groups of respondents participated in the study. The first group of 7 participants were from Ratang Bana Organisation from Alexandra and the second group of 12 participants was from Friends for Life from the Mayibuye site. The data of this research project was analyzed using thematic analysis. Findings revealed that Vhutshilo was successful in achieving its desired results of helping adolescents to adopt healthy sexual behavior, developing positive values and behavior through exploring options, promoting assertiveness, understanding different influences on their lives and coming to their own views and decisions, rather than being told what to do. Recommendations made included taking the Vhutshilo 2 to other places like rural areas as the adolescent girls in the rural areas are at high risk of getting infected by HIV mostly due to cultural practices that expose them to such risks together with ignorance and limited access to health facilities.

KEY CONCEPTS

Experiences, Vhutshilo 2, successes, challenges, adolescent girls, young women, reduce HIV infections.

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The study looked at the successes and challenges of Vhutshilo 2 HIV prevention programme in reducing HIV infections amongst adolescent girls and young women of the age of 18 years. Tittle of the research study "**Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW] in Alexandra**". This first chapter of this dissertation presents the background of the problem, outlines the purpose of the study, objectives, research questions, Theoretical/meta-theoretical grounding/theoretical framework, definitions of key concepts, research design, significance of the study, scope and limitations, descriptions of dissertation chapters.

1.2 INTRODUCTION AND BACKGROUND TO THE RESEARCH PROBLEM

The HIV pandemic is one of the challenging health issues in recent times. Although a lot has been said about HIV and AIDS in South Africa, many people, especially adolescent girls and young women continue to be infected by HIV. This has led the government to seek ways of addressing the impact of this epidemic. It therefore requires all stakeholders to provide programmes on HIV prevention. These programmes are presented as life skills and HIV and AIDS education. According to the findings of The South African National HIV Prevalence, Incidence and Behavior Survey conducted by the Human Sciences Research Council (Shisana, 2015:xxvi) ,12.2% of the population (6.4 million persons) were HIV positive, which is 1.2 million more People Living with HIV (PLHIV) than in 2008 (10.6%, or 5.2 million). The HIV incidence rates among women are a cause for concern. The HIV incidence rate among female youth aged 15-24 years was over 4 times higher than for males in this age group (2.5% vs. 0.6%).

With a HIV incidence rate of 4.5%, black African females aged 20-34 years had the highest incidence of HIV among the analysed population groups. Naomi Massyn (2014/15:180-192) states that South Africa (SA) has a reported population of 53 million with a GDP of $350 billion in 2013. An estimated 6.4 million people, 12.2% of the population in SA are living with HIV. The country has the largest Antiretroviral Treatment (ART) program in the world with more than 2.2 million people on treatment (WHO and UNICEF, 2013:3). Approximately 600,000 people are initiated on ART each year; however the Loss to Follow Up (LTFU) rate is around 30-40%. The number of annual new infections is estimated at 469,000, of which *113,000 occur among girls and young women aged 15-24*. SA has the highest number of estimated new HIV infections per week (2363) among young women aged 15-24 years compared to other Eastern and Southern African countries. Adolescent girls and young women (AGYW) are disproportionally affected by the HIV epidemic (Pepfar, 2015:25). The number of children orphaned due to AIDS is estimated at 2.4 million. Income and gender inequality, gender-based violence and harmful cultural practices heighten (increase) the HIV related risk especially for girls and young women. In FY 15/16, 80.7% of the 29.38 billion Rand HIV response is funded through domestic sources; 19.3% is funded through external development partners with PEPFAR being the biggest contributor (Pepfar, 2015:30).

It has been observed that the most disadvantaged adolescent girls are not always reached effectively through mainstream development and youth programs (Pepfar, 2015:4-19). To address the disproportionate risk and vulnerability of this key population the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation and Girl Effect partnered to support the launch of DREAMS on World AIDS Day in 2014. DREAMS, better known as "DREAMS", meaning the **Determined**, **Resilient, Empowered**, **AIDS-Free**, **Mentored**, and **Safe** initiative. DREAMS' ambitious target is to reduce new HIV incidence in females ages 15 to 24 within the highest burden geographic areas (also described as hot spots) in 10 sub-Saharan Africa countries by 40 percent by the end of 2017, (Pepfar, 2015:4-19).

This study will specifically review the successes and challenges of implementation of Vhutshilo an HIV prevention education programme (Peer led intervention) that has been approved for implementation for reducing HIV infections amongst Adolescent Girls and Young Women (AGYW) by DREAMS (CSPE, 2015:1-6).

Vhutshilo is a Peer led intervention. Vhutshilo is a Venda word meaning 'life'. Vhutshilo is the product of collaboration that began in 2000 with a national consultative process on the meaning, goals, and standards of practice for peer education (PE) as a strategy to achieve prevention objectives in HIV and AIDS in South Africa. Consultation on the feasibility of a peer led approach to orphans and vulnerable children (OVC) was convened by Dr. Charles Deutsch *of the Harvard School of Public Health* in February 2006. The formal work of the Vhutshilo project−to develop a model, curriculum, and delivery method for peer led, time limited, structured socio educational support groups for 10 - 13 year old Orphaned and Vulnerable Children(OVC) –began in October 2006. With the assistance of Dr. Deutsch, Vhutshilo 2 a similar intervention focusing on older youth of 14−18 years old was developed in 2008 and implemented in selected sites during 2009. Vhutshilo 2 amongst other areas has been implemented in Gauteng and KZN Province by implementing partners such as HIV South Africa (HIV SA) and National Association of Child Care Workers (NSCCW) amongst other partners (CSPE, 2015:1-6).

Peer education interventions are commonly employed to prevent HIV and other STI. Peer education programs have been used as public health strategies to promote various positive health behaviors such as smoking cessation and violence, substance abuse, and HIV/AIDS prevention. Peer education has been shown beneficial in improving knowledge and the intention to change behavior in human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) prevention programs among adolescent girls and young women. It is, hence, a system of delivering knowledge that promotes social skills, (Abdi, 2013:381).

1.3 PROBLEM STATEMENT

Despite considerable progress in the overall global response to the epidemic, HIV among adolescent girls and young women ages 15 to 24 in a subset of sub-Saharan African countries remains an urgent problem. AIDS is the leading cause of death for adolescent girls in Eastern and Southern Africa, who account for 71% of all new infections. As many as 7,000 new infections a week are occurring among the most vulnerable girls and young women in this region – people who are critical to the future of their countries. Approximately 2363 new infections per week amongst Adolescent girls and Young Women has been recorded in South Africa (Pepfar, 2015:4-19). Peer education has been used as an effective tool for promoting healthy behaviors among adolescents as research suggests that adolescents are more likely to modify their behaviors and attitudes if they receive health messages from peers who face similar concerns and pressures (Pepfar, 2015:22). Informed by the above, the researcher would like to research on the peer education programme (Vhutshilo 2) with the aim of getting information that will assist the V2 HIV Prevention Programme to improve the peer education programme they offer as this will also reduce new HIV infections amongst adolescent girls and young women.

1.4 RESEARCH AIM/PURPOSE

The aim of the study was to explore and describe the success, challenges and sustainability of Vhutshilo 2 HIV Prevention programme amongst adolescent girls and young women in Alexandra.

1.4.1 Research objectives

This study set out to meet the following objectives:

- To explore and describe the challenges and successes encountered by the Adolescent girls and young Women [AGYW] in the implementation of Vhutshilo 2 HIV Prevention Programme
- To explore AGYW experiences of the Vhutshilo 2 HIV Prevention Programme

- To describe sustainability of Vhutshilo 2 HIV/AIDS Prevention Programme

1.4.2 Research questions/hypotheses

- What are the successes of Vhutshilo 2 HIV Prevention programme in reducing HIV infections HIV Infections amongst Adolescent girls and young Women [AGYW]?
- What are the challenges encountered with implementation of Vhutshilo 2 HIV Prevention programme in reducing HIV infections?
- What are the experiences of the AGYW with regards to the Vhutshilo Programme?

1.5 THEORETICAL/META-THEORETICALGROUNDING/THEORETICAL FRAMEWORK

The theoretical framework that was utilised for this research is that of the social cognitive theory. Social cognitive theory was developed by Albert Bandura in 1973. The theory has been used and applied in a variety of HIV preventions areas. The theory sees human development as a lifelong process where expectations, beliefs, self-perceptions, goals and intentions give shape and direction to behaviour. It states that the biggest problem with respect to the change of behaviour is not about instructions given to people regarding what they should or should not do, .e.g. “use condoms” but rather it is about imparting to them the social and self-regulatory skills and the self-beliefs necessary to practice safer behaviours. It is about one believing in his/her self-efficacy to do so, (self-efficacy refers to a sense that one can control his /her motivation and environment and on especially her behaviour). Self-efficacy affects whether people will change at all, determines how much effort will be exerted in trying to change and how much will they persist in a change attempt without giving up. Thus, this means without a sense of self efficacy, people will not behave safely even if they know the implications of engaging in a safer or risky behaviour, cited from (Bandura, 1973:47-50). The fundamentals of this theory are that effective behaviour change interventions should at least incorporate/involve four components of which self-efficacy is one of those as discussed above.

Four components include: The first component is an informational component which is aimed at increasing awareness and knowledge of health risks and to convince people that they have the ability and potential to change their behaviour. The cognitive theory can be linked to the context of Vhutshilo 2. The curriculum of Vhutshilo is a delivery method for peer led, time limited, structured socio educational support groups for 14−18 years which comprises of a sequence of 16 sessions co facilitated by a team of young adult facilitators (or an adult facilitator paired with a peer educator) leading groups of female. Sessions are characterised by place of trust and consistency, group participation is usually closed after session 1 and no new participants may join. Each session's learning activities target different learning objectives; but every session also provides fun, connection among participants. Vhutshilo focuses on information regarding HIV Prevention education and sexual reproductive health in AGYW, Health and Education Training and Technical Assistance Services (2015:10).

The second component of the theory is about developing the self-regulatory and risk reduction skills needed to translate risk knowledge into a preventative behavior. In terms of this component information is necessary, but it is not sufficient, for preventive behavior to occur. An intervention should therefore have an element of developing in people self-regulatory and risk reduction skills that are necessary to translate knowledge into preventive behavior. Self-regulatory skills include knowing one's risk triggers, being able to remind oneself about how important safe behavior is and ensuring reinforcing oneself to practicing safer behavior. It is also important for individuals to practice risk reduction skills. Risk reduction skills may be technical (e.g. knowing how to use a condom), social (e.g. knowing how to negotiate condom use or how to exit unsafe situations) or a combination of both Fisher & Fisher (2000:25).

The third component is about increasing the level of these skills and the individual's level of self-efficacy with respect to them and the fourth component is a component that develops or engages social support for the individual is making a change (Bandura, 1973:47-52).

With respect to the HIV risk behavior change, the information type component of Vhutshilo 2 highlights the types of risky behaviors that can cause one to contract HIV. It emphasises on what constitutes an effective preventative behavior and this information disposes AGYW into believing that they could possible engage and be responsible for their own prevention. HIV prevention and sexual reproductive health information also informs the AGYW about possible current behaviors that can pose them at risk and instructs them on what can be done for them to be safe (CSPE, 2015:64-68).

Kolb (2012:43-44) sees learning as can be best conceived as a process, not in terms of outcomes. They advocate that to improve learning in young people, the primary focus should be on engaging them in a process that best enhances their learning – a process that includes feedback on the effectiveness of their learning efforts. Education must be conceived as a continuing reconstruction of experiences. The process and goal of education are one and the same thing. This claim substantiates that learning is not something that can be done once but rather it involves a process where the participant needs to be actively involved and be responsible for their own learning. After participants have shared their experiences, they analyse those experiences.

Participants need to relate what they've learned to their world, to practice their new skills, to make strategies and to plan for action afterwards, back at home at school and in daily life, participants applying their actions what they've learned in the session. Bandura describes the fourth component of an effective HIV prevention programme as one that is aimed at developing or engaging social support system for the individual who is making the change. According to Bandura (1973:47-52) change must happen in a social context and social influence. Behavior that breaks social norms is punished while actions that are consistent with social norms is rewarded when people conform to these good behaviors they feel satisfied and when the fail to conform they feel bad. For Vhutshilo sessions, mentors are a social support structure to the AGYW. AGYW are encouraged to make better choices and decisions.

1.6 DEFINITIONS OF KEY CONCEPTS

Some of the key concepts as used in this study are defined in this section below. Other important concepts are defined in the text where they are discussed and the section here is therefore not a definitive list. The definitions below act as sensitising explorations of the meanings of certain key notions.

The following concepts have been defined: Peer Education, Vhutshilo 2, HIV Prevention, HIV Infections, HIV Prevention Education, Adolescent girls and young women (AGYW).

1.6.1 Peer education

Peer education is defined as a system of delivering knowledge that improves social learning and provides psychosocial support, (HIV/AIDS, 2014:29). In this study peer education is used in Vhutshilo as girls also learn from one another as sessions are facilitated, sharing ideas that beneficial to all of them under a supervised environment.

1.6.2 Vhutshilo 2

Vhutshilo is a Venda word meaning **'life'**. Vhutshilo is the product of collaboration that began in 2000 with a national consultative process on the meaning, goals, and standards of practice for peer education (PE) as a strategy to achieve prevention objectives in HIV and AIDS in South Africa. Vhutshilo 2 is as sequence of 15 sessions for adolescent girls between the ages of 14-18 (CSPE, 2015:1-6).

1.6.3 HIV infections

Human Immunodeficiency Virus (HIV) is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells which help the immune system fight off infections. HIV can cause Acquired Immunodeficiency Syndrome (AIDS) (Gayle Thronson, 2014:61-62).

This damage to the immune system makes it harder and harder for the body to fight off infections and some other diseases (HIV/AIDS, 2014:29).

1.6.4 HIV Prevention

This refers to practices done to prevent the spread of HIV practices may be done by individuals to protect "their own health" and the health of those in their community, or may be instituted by governments or other organizations as "public health policies. HIV prevention programmes are implemented to empower an individual and their community. (Gayle Thronson, 2014:62).

1.6.5 HIV Prevention education

HIV education programs that are based on a written curriculum and that are implemented among groups of youth in schools, clinics, or other community settings are a promising type of intervention to reduce adolescent sexual risk behaviors. These programs typically focus on pregnancy or HIV/STI prevention behaviors, not on broader issues of sexuality such as developmental stages, gender roles, or romantic relationships (Beasley & Bundy, 2008:47).

1.6.6 Adolescents and Young women

Adolescence is a period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19 years. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Biological processes drive many aspects of this growth and development, with the onset of puberty marking the passage from childhood to adolescence (UNICEF, 2013:13). In this study the adolescent and young women will be 18 years old. This age group falls within early adulthood stage which is a stage of life between 18 and 24 years, when adolescents become more independent and explore different life possibilities, (UNICEF, 2013:14).

1.7 RESEARCH DESIGN

The research design that was utilised for this study is narrative research. Narrative research is a design in which people share either in writing or verbally, how they experience a phenomenon and how it creates meaning in their lives are used as unit of analysis. In this study the AGYW shared their experiences of the Vhutshilo Programme and these stories were analysed to describe the successes and challenges of the programme. (Creswell, 2013:74).

Conducting narrative research has many advantages. Narrative research is highly suitable for collecting detailed experiences from a small number of individuals (Creswell, 2013:75). In this study, this is an advantage as only a number of focused narratives will be collected. Through the collection and analysis of the narratives specific themes may emerge. One disadvantage of narrative research is that the researcher's analysis and interpretation may not be accurate (Berg, 2007:312). This will be avoided by clarification of the narrative by the researcher as the researcher will confirm with the participant that the interpretation is an accurate depiction of what the participant meant. The information that the participant supplies may also be biased or inaccurate (Berg & Lune, 2012:312; Creswell, 2013:76), which will be countered through explaining to the participant's that it is essential that they provide accurate information in the interviews. Methodology that was utilised for this study was focus group interviews. Two focus group interviews were held to collect data. Methodology will further be elaborated in Chapter 3.

1.8 SETTING AND POPULATION OF THE STUDY

The research setting refers to the physical location of the study; that is, the *place* at which the empirical aspect of the study is conducted (Polit & Beck, 2012: 144). In this particular instance, the study was conducted at Alexandra in Gauteng Province. As a procedural/administrative, professional, and an ethical requirement, *negotiated entry* into the research setting (environment) was sought and obtained from the two community Based Organisations where research study took place in .i.e.

Ratang Bana and Alexandra CC SC. Negotiated entry to the research site implies the formalized official request to conduct the *empirical* aspect of data collection on a site whose population/universe meets the inclusion criteria of the study. It is on the basis of the nature of the negotiated entry and access to the research site that the rapport and mutual trust between the researcher and the sampled research participants would be greatly enhanced. However formal letters will be done to formalise this study from both CBOs and HIVSA.

The researcher approached gatekeepers, a gate keepers is an individual who enables the researcher access to the setting and research participants (Bricki & Green, 2007:17). In the case of this research a Project Manager of the Community Based Organization (CBO) was approached. Permission was sought from the Project Managers in writing from the 2 CBOs where data collection was collected. Prior to this, ethical approval was sought from the Research Ethics committee within the Faculty of College of Human Sciences at UNISA and was granted (see Annex A). A letter to request permission (see Annexure D, F and H) was sent to the Project Managers of the CBOs and the Programme Specialist who is the Direct Supervisor of the Researcher at HIVSA (Researcher's work place). Permission was granted in black and white by both Organisations and also another permissioned was granted by HIVSA (organisation where the researcher is currently employed).

In this study the target population was 30 adolescent girls and young women living in Alexandra. The accessible population is the actual adolescent girls and young women enrolled/participating in the 16 sessions of Vhutshilo 2 HIV Prevention Programme. However a total number of 19 participants participated in the research study.

1.9 SIGNIFICANCE OF THE STUDY

The study will benefit people in Alexandra in that it will strengthen their consorted efforts in the fight against HIV infections amongst the AGYW by equipping them with HIV prevention education.

The results of the study will assist in strengthening government and community programmes that are aimed at preventing HIV infections amongst AGYW. There is also a high possibility that this study is most likely to create a platform for further researches in the field of HIV prevention strategies amongst AGYW.

The findings of this study and the recommendations that will be made will contribute towards HIV and awareness and prevention strategies/ approaches in the communities, specifically amongst the AGYW who has been identified as the “at high risk” group being vulnerable to HIV. The study will also benefit the stakeholders in improving their HIV prevention peer education programme, to ensure sustainability of the programme.

1.10 DESCRIPTION OF DISSERTATION CHAPTERS

This dissertation has been organized into five chapters. Chapter one, which has the Introduction, provides an overview of the components of the proposed study. This included the development of context by providing background information and a summary of the state of existing research on the topic of interest. The purpose of the study, the explicit statement of the problem addressed, and the significance of the results were outlined. Discussion and significance of the research questions were addressed as well as the significance of the study. Chapter Two, the Literature Review, was organized into two broad categories which included an analysis of published information relevant to current HIV prevention programmes and Peer education and HIV. Collectively, this information aided in providing the necessary context from which this study was conceptualized. A review of relevant literature in each of these broad categories was critically analyzed to permit inclusion of only that information which directly related to the proposed study.

Chapter Three, Research Design and Methodology, depicted in detail those methods and procedures that comprise the research protocol utilized for the study. Detailed statements presenting the research questions addressed in the study were offered, followed by a comprehensive research plan.

This research plan introduced the overall research design protocol. Significant attention was given to the role of the researcher, my unique contribution to the topic of interest and the study, and ideas generated by the study. An in-depth explanation of the research plan was provided. A detailed protocol addressing sampling procedures, participant selection, data collection and analysis procedures, as well as issues related to the reliability, validity, and trustworthiness of findings were discussed.

Chapter Four was dedicated to presenting qualitative data analysis and results. Analysis of the data collected was described having used the interview protocol as the method of inquiry in gaining the solicitation of verbal data. The findings of the collected data were transcribed in an effort to learn about participants' perceptions, ideas and experiences as they related to the topic of interest (see Annex M and N). Particular attention was given to a discussion of the findings in an effort to establish the trustworthiness of conclusions.

Chapter Five, the final chapter included in this dissertation, was dedicated to discussion and conclusions as they pertained to the results of the research. A summary of the purpose of the study, procedures and methods, results and conclusions, and the significance of the study were offered. Attention was given to addressing the implications of this research for relevant audiences, field of study, as well as providing recommendations and suggestions for future research on the topic of interest in this study.

1.11 CONCLUSION

The study looked at the successes and challenges of Vhutshilo 2 HIV prevention programme in reducing HIV infections amongst adolescent girls and young women of the age of 18 years. This chapter presented the background of the problem, purpose of the study, objectives, research questions, Theoretical/meta-theoretical grounding/theoretical framework, definitions of key concepts, research design. Methodology that was used was discussed indicating how data was collected, transcribed and analysed. This chapter further presented the significance of the study, scope and limitations and lastly presented a brief description of the five dissertation chapters.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In the first chapter the researcher gave the background to the problem this study sought to address. This chapter is a report on literature reviewed on the HIV prevention programmes that have been used for HIV risk reduction amongst adolescent girls. The chapter commences with a consideration of the purpose of the literature review with regards to this dissertation. It continues to discuss the research problem, brief description of different types of prevention interventions, the context of the research problem and studies that informed the orientation to this study, Vhutshilo and the theoretical framework.

With regards to literature control the researcher consulted different books, journals and articles of peer education HIV prevention programmes so as to gain relevant understanding of concepts, theories that past researchers have investigated. Data bases that were used to search for sources include Ebsco host, Google Scholar, UNISA Repository, PubMed, Academic search, Google and books. The keywords are: HIV Prevention, Peer Education, HIV, Adolescents girls, Young Women, Experiences, Vhutshilo 2, adolescent girls, young women, reduce HIV infections.

Polit and Beck (2012:88) define the purpose of a literature review as an orientation to what is known and not known about the area of enquiry, this is to ascertain how research can best make a contribution to the existing body of knowledge. It is also a determination of any gaps or inconsistencies in a body of research on a particular topic and a determination of the need to replicate a prior study in different settings or with a different study population.

In line with this explanation of the purpose of a literature review, the researcher embarked on a review of literature to discover existing views and theories in relation to the scope of her research.

2.2 LITERATURE REVIEW

2.2.1 HIV infections among adolescent girls and young women

So much efforts have been directed to responding to the HIV pandemic worldwide, however it is still true that HIV among adolescent girls and young women ages 15 to 24 in a subset of sub-Saharan African countries remains an urgent problem. AIDS is still the leading cause of death for adolescent girls in Eastern and Southern Africa, who account for 71% of all new infections. As many as 7,000 new infections a week are occurring among the most vulnerable girls and young women in this region – people who are critical to the future of their countries. Approximately 2363 new infections per week amongst Adolescent girls and Young Women has been recorded in South Africa (Pepfar, 2015: 25). Peer education has been used as an effective tool for promoting healthy behaviors among adolescents as research suggests that adolescents are more likely to modify their behaviors and attitudes if they receive health messages from peers who face similar concerns and pressures (Abdi, 2013:1200). Informed by the above, the researcher would like to research on the peer education programme (Vhutshilo 2) with the aim of exploring and describing the success, challenges and sustainability of Vhutshilo 2 HIV Prevention programme amongst adolescent girls and young women in Alexandra.

Research has shown that HIV/AIDS and other infectious diseases mostly thrive in the communities where there is much poverty (Hellandendu, 2012:148). People from environments that are poverty-stricken cannot afford basic needs, such as healthy food and clean water. The observations of Kauffman and Lindauer (2004:1) concur that poverty exacerbates HIV and AIDS. Moreover, HIV/AIDS affects all spheres of life including the workplace.

2.2.2 Current prevention programmes for HIV, what are they?

HIV prevention programmes are interventions that aim to halt the transmission of HIV. These programmes are usually implemented with the aim of either protecting an individual and their community, or are rolled out as public health policies. Initially, HIV prevention programmes focused primarily on preventing the sexual transmission of HIV through behavior change. For a number of years, the "Abstinence, Be faithful, Use a Condom" (ABC) approach was used in response to the growing epidemic in sub-Saharan Africa. However, by the mid-2000s, it became evident that effective HIV prevention needs to take into account underlying socio-cultural, economic, political, legal and other contextual factors. As the complex nature of the global HIV epidemic has become clear, forms of 'combination prevention' have largely replaced ABC-type approaches (UNICEF, 2013:13).

To date, a number of programmes have been developed with the aim of preventing, addressing and controlling the risk of HIV and modification of psychosocial mediators which include, attitudes, social norms and social aptitude. These programmes have been implemented and evaluated in community settings, schools, clinical centers, prisons and detention centers etc. Regardless of the intervention setting, some degree of positive outcome has been typically observed. The question always lie as to, why do some interventions prove to be more effective and leading to positive behavior change than other interventions? Why do other programmes present a more likelihood of positive behavior change across other behavioral domains? A number of key findings has been that the interventions with a high success of deceasing a high risk of sexual behaviors are those specifically tailored and delivered to a particular group of adolescents (DiClemente et al., 2008: 599-600).

HIV treatment isn’t enough to qualm the epidemic amongst adolescents. There is a significant need for comprehensive, adolescent-friendly HIV prevention, including biomedical, social and structural interventions (UNIAIDS, 2010:8).

Effective prevention in this age group can help break the cycle of HIV transmission. The following prevention programmes have been identified by UNAIDS, combined approaches, behavioral interventions. UNIAIDS (2010:8) has called for combined approaches to HIV prevention to be scaled-up, to reinvigorate the global response and make a sustained impact on global HIV incidence rates. UNAIDS defines combination prevention as: *"rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioral, and structural interventions, prioritised to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infections."* Combination prevention advocates for a holistic approach whereby HIV prevention is not a single intervention (such as condom distribution) but the simultaneous use of complementary behavioral, biomedical and structural prevention strategies. Combination prevention programmes consider factors specific to each setting, such as levels of infrastructure, local culture and traditions as well as populations most affected by HIV. They can be implemented at the individual, community and population levels (UNIAIDS, 2010:5).

2.2.3 Behavioral interventions

Behavioral interventions seek to reduce the risk of HIV transmission by addressing risky behaviors. A behavioral intervention may aim to reduce the number of sexual partners individuals have; improve treatment adherence among people living with HIV; increase the use of clean needles among people who inject drugs; or increase the consistent and correct use of condoms. To date, these types of interventions have proved the most successful. Examples of behavioral interventions include: information provision (such as sex education), counselling and other forms of psycho-social support safe infant feeding guidelines stigma and discrimination reduction programmes (UNIAIDS, 2010:21).

Figure 1: Behavioral interventions

2.2.3.1 Challenges associated with behavioral and attitudinal change among adolescent to reduce HIV infections

As mentioned earlier the goals for behavioral strategies to reduce HIV infections involve knowledge, stigma reduction, access to services, delay of onset of first intercourse, decrease in number of partners, increases in condom sales or use, and decreases in sharing of contaminated injection equipment.

If anything, behavioral strategies need to become more sophisticated, combined with advances in the biomedical field, and scaled up. But that task is not easy. Sexual behaviors and the sharing of injection equipment that cause most HIV infections worldwide occur for many motivations (e.g., reproduction, desire, peer pressure, pleasure, physical or psychological dependence, self-esteem, love, access to material goods, obligation, coercion and force, habit, gender roles, custom, and culture).

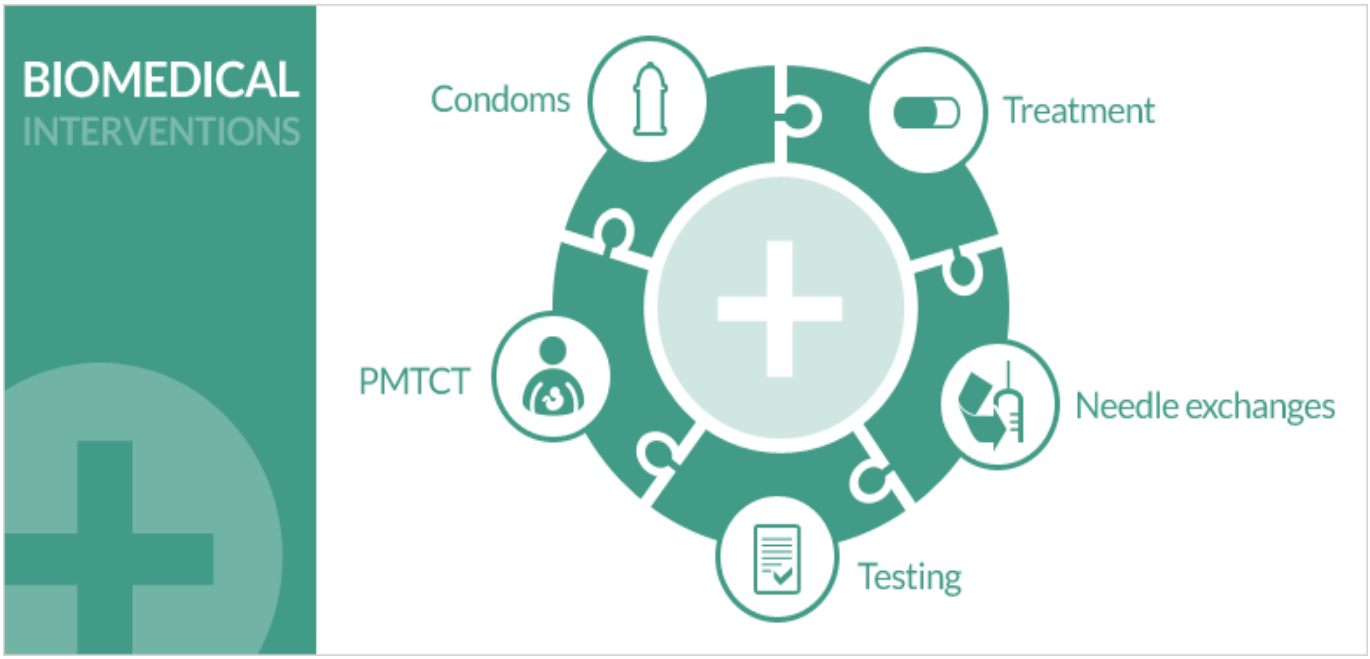
The challenge is that in most cases sexual behavior typically does not occur in public, this makes it difficult to motivate protection when potential transmission occurs, and making it almost impossible to verify reports of what people say they have or have not done (Setswe, 2008:20-22).

Morris and Rushwan (2015:541) identifies another challenge in this regard. They state that judgmental attitudes about sexual activity abound, especially for those out of marriage and sexually active girls and women. In some regions, accepted practices of early marriage and childbearing, age differences between partners, and societal pressure prohibiting use of contraceptive methods may also exist and this poses a challenge, hindering a behavioral change to work. Thus a multilevel approach that encompasses behavioral strategies must be taken—behavioral HIV prevention needs to be integrated with biomedical and structural approaches, and treatment for HIV infection.

2.2.4 Biomedical interventions

UNIAIDS (2010:23).Biomedical interventions use a mix of clinical and medical approaches to reduce HIV transmission. One example of a biomedical intervention - male circumcision - is a simple medical procedure that has been shown to reduce the risk of HIV transmission by up to 60% during unprotected heterosexual sex. In order to be effective, biomedical interventions are rarely implemented independently and are often used in conjunction with behavioral interventions. For example, when a man is circumcised, he will often be tested for HIV and receive counselling and education about condom use and safer sex. Examples of biomedical interventions include male and female condoms, sex and reproductive health services, voluntary medical male circumcision, antiretroviral drugs for the prevention of mother-to-child transmission, pre-exposure prophylaxis, post-exposure prophylaxis and treatment as prevention, HIV testing and counselling, testing and treatment of sexually transmitted infections, needle and syringe programmes, opioid substitution therapy blood screening (The Desmond Tutu HIV Foundation, 2011).

Figure2: Biomedical interventions



2.2.5 Structural interventions

Van Dyk (2010:122) states that the initial reaction of the public health authorities in many countries as they tried to cope with AIDS epidemic was to try to persuade individuals and groups to change their behavior, it was about behavior change and this was done by providing individuals relevant information on HIV/AIDS.

He further mentions that if health care professionals are to change peoples' sexual behaviors then they need to understand the underlying theories governing behavior change. Various theories on behavior change will not be discussed much in detail but perhaps an overview/ review of the principles of behavior change that form the basis of these theories will be significant for this literature review.

These principles are based on:

- The theory of reasoned action
- The theory of planned behavior (Ajzen 1991)
- The integrative behavior prediction model (Von Haeften 2001)

- The health belief model (Becker & Maimas 1975, Rosentock, 1974)
- The AIDS risk reduction model (ARRM) of Catania et al. (1990)
- The social cognitive learning theory of Bandura (1973) – this theory will be discussed
- Learning theory of Rotter (1996)

Van Dyk advocates that prevention strategies will vary according to the particular aspect of the behavior that is being considered. It is also important to note that a prevention programme developed to change sexual behavior, for example a strategy to increase or decrease a specific type of behavior) will not necessarily be effective in maintaining sexual behavior .e.g. strategy for continuing to use a condom when someone is having sexual intercourse.

Having discussed the above mentioned prevention intervention approaches, the researcher concurs that HIV prevention programmes are interventions that aim to halt the transmission of HIV. These programmes are usually implemented with the aim of either protecting an individual and their community, or are rolled out as public health policies. Initially, HIV prevention programmes focused primarily on preventing the sexual transmission of HIV through behavior change

Harrison et al., (2010:1) states that, with South African youth aged 15-24 experiencing among the highest HIV prevalence in the world, the development of effective HIV prevention programmes is a top public health and policy priority. However, in spite of recent calls to increase attention to the high levels of HIV transmission to young women, particularly in southern Africa, little scientific consensus exists about how best to prevent HIV infection among youth.

In countries where HIV prevalence has declined at population level, sexual behavior change among young people has been cited as an important contributing factor. Yet questions remain regarding how to achieve - and maintain - the individual-level behavioral changes needed to reduce HIV incidence.

Comprehensive sexuality education is considered an important means of addressing adolescent risk behaviors although little evidence supports its direct impact on biological measures of prevention success, particularly HIV and other sexually transmitted infections. In sub-Saharan Africa, experience with youth HIV prevention programmes is limited, with evidence regarding effectiveness still emerging. Recent trials of youth HIV prevention interventions have achieved mixed results.

This study specifically reviewed the successes and challenges of implementation of Vhutshilo an HIV prevention education programme (Peer led intervention) that has been approved for implementation for reducing HIV infections amongst Adolescent Girls and Young Women (AGYW) by DREAMS (CSPE, 2015:1-6).

Vhutshilo is a Peer led intervention. Vhutshilo is a Venda word meaning ‘life’. Vhutshilo is the product of collaboration that began in 2000 with a national consultative process on the meaning, goals, and standards of practice for peer education (PE) as a strategy to achieve prevention objectives in HIV and AIDS in South Africa. Consultation on the feasibility of a peer led approach to orphans and vulnerable children (OVC) was convened by Dr. Charles Deutsch *of the Harvard School of Public Health* in February 2006. The formal work of the Vhutshilo project−to develop a model, curriculum, and delivery method for peer led, time limited, structured socio educational support groups for 10- 19 year old Orphaned and Vulnerable Children(OVC) –began in October 2006. With the assistance of Dr. Deutsch, Vhutshilo 2 a similar intervention focusing on older youth of 14−18 years old was developed in 2008 and implemented in selected sites during 2009. Vhutshilo 2 amongst other areas has been implemented in Gauteng and KZN Province by implementing partners such as HIV South Africa (HIV SA) and National Association of Child Care Workers (NSCCW) amongst other partners (CSPE, 2015:1-6).

Peer education interventions are commonly employed to prevent HIV and other STI. Peer education programs have been used as public health strategies to promote various positive health behaviors such as smoking cessation and violence, substance abuse, and HIV/AIDS prevention. Peer education has been shown beneficial in improving knowledge and the intention to change behavior in human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) prevention programs among adolescent girls and young women. It is, hence, a system of delivering knowledge that promotes social skills, (Abdi, 2013:381).

2.3 THEORETICAL/META-THEORETICALGROUNDING/THEORETICAL FRAMEWORK

The theoretical framework that was utilised for this research is that of the social cognitive theory. Social cognitive theory was developed by Albert Bandura in 1973. The theory has been used and applied in a variety of HIV preventions areas. The theory sees human development as a lifelong process where expectations, beliefs, self- perceptions, goals and intentions give shape and direction to behaviour. It states that the biggest problem with respect to the change of behaviour is not about instructions given to people regarding what they should or should not do, .e.g. “use condoms” but rather it is about imparting to them the social and self-regulatory skills and the self-beliefs necessary to practice safer behaviours. It is about one believing in his/her self-efficacy to do so [self-efficacy- sense that one can control his /her motivation and environment and on especially her behaviour. Self-efficacy affects whether people will change at all, determines how much effort will be exerted in trying to change and how much will they persist in a change attempt without giving up. Thus, this means without a sense of self efficacy, people will not behave safely even if they know the implications of engaging in a safer or risky behaviour, cited from (Bandura, 1973:47-50)

The fundamentals of this theory are that effective behaviour change interventions should at least incorporate/involve four components of which self-efficacy is one of those as discussed above.

Four components include, an informational Component which is aimed at increasing awareness and knowledge of health risks and to convince people that they have the ability and potential to change their behaviour. The cognitive theory can be linked to the context of Vhutshilo 2. The curriculum of Vhutshilo is a delivery method for peer led, time limited, structured socio educational support groups for 14−18 years which comprises of a sequence of 16 sessions co facilitated by a team of young adult facilitators (or an adult facilitator paired with a peer educator) leading groups of female. Sessions are characterized by place of trust and consistency, group participation is usually closed after session 1 and no new participants may join.

Each session's learning activities target different learning objectives; but every session also provides fun, connection among participants. Vhutshilo focuses on information regarding HIV Prevention education and sexual reproductive health in AGYW (Health and Education Training and Technical Assistance Services, 2015: 10).

The 2nd component of the theory is a component to develop the self-regulatory and risk reduction skills needed to translate risk knowledge into a preventative behavior. In terms of this component information is necessary, but it is not sufficient, for preventive behavior to occur. An intervention should therefore have an element of developing in people self-regulatory and risk reduction skills that are necessary to translate knowledge into preventive behavior. Self-regulatory skills include knowing one's risk triggers, being able to remind oneself about how important safe behavior is and ensuring reinforcing oneself to practicing safer behavior. It is also important for individuals to practice risk reduction skills. Risk reduction skills may be technical (e.g. knowing how to use a condom), social (e.g. knowing how to negotiate condom use or how to exit unsafe situations) or a combination of both (Fisher & Fisher, 2000:25).

The third component is to increase the level of these skills and the individual's level of self-efficacy with respect to them and the fourth component is a component that develops or engages social support for the individual is making a change (Bandura, 1973:47-52).

With respect to the HIV risk behavior change, the information type component of Vhutshilo 2 highlights the types of risky behaviors that can cause one to contract HIV. It emphasises on what constitutes an effective preventative behavior and this information disposes AGYW into believing that they could possible engage and be responsible for their own prevention. HIV prevention and sexual reproductive health information also informs the AGYW about possible current behaviors that can pose them at risk and instructs them on what can be done for them to be safe (CSPE, 2015:64-68)

Kolb (2012:43-44) sees learning as can be best conceived as a process, not in terms of outcomes. They advocate that to improve learning in young people, the primary focus should be on engaging them in a process that best enhances their learning – a process that includes feedback on the effectiveness of their learning efforts. Education must be conceived as a continuing reconstruction of experiences. The process and goal of education are one and the same thing.

This claim substantiates that learning is not something that can be done once but rather it involves a process where the participant needs to be actively involved and be responsible for their own learning. After participants have shared their experiences, they analyse those experiences. Participants need to relate what they've learned to their world, to practice their new skills, to make strategies and to plan for action afterwards, back at home at school and in daily life, participants applying their actions what they've learned in the session.

Fourth component of an effective HIV prevention Programme is a component that develops or engages social supports for the individual who is making the change. According to Bandura (1973:47-52) change must happen in a social context and social influence. Behavior that breaks social norms is punished while actions that are consistent with social norms is rewarded when people conform to these good behaviors they feel satisfied and when the fail to conform they feel bad. For Vhutshilo sessions, mentors are a social support structure to the AGYW. AGYW are encouraged to make better choices and decisions.

2.4 CONCLUSION

Chapter 2 of this study presented the background to the problem this study sought to address. Literature was reviewed on the HIV prevention programmes that have been used for HIV risk reduction amongst adolescent girls. Ultimately the purpose of the literature review with regards to this dissertation was explained. Studies that informed the orientation to this study were presented and discussed and the theoretical framework that guided this study. With regards to literature control the researcher consulted different books, journals and articles of peer education HIV prevention programmes so as to gain relevant understanding of concepts, theories that past researchers have investigated. Thus the proposed study was put into the context of what is already known about the topic.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

The methodology for this study was formulated to answer why the research study is significant and how the study will be conducted, what kind of data will be collected, what particular methods will be utilised for analysis. In this chapter the research methodology followed in this study is presented. The focus of the study was to explore the successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women in Alexandra. The aim of the study was to explore and describe the success, challenges and sustainability of Vhutshilo 2 HIV Prevention programme amongst adolescent girls and young women in Alexandra by finding out the experiences of the adolescent girls and young women.

3.2 DELIMITATION OF THE STUDY

The chosen research site was confined to the two Community based organizations that are located in Alexandra implementing the Dreams Programme which is facilitating Vhutshilo Programme.

3.3 THE CHOSEN RESEARCH APPROACH

The approach of the study was mainly qualitative and the methodology that was utilised for this study is focus group interviews. In addition, insider perspective and key informants were used as means of enhancing data-gathering. Vithal and Jansen (1997:20) describe the data collection plan as a concise introduction and orientation into the methodological process of information gathering. It sets out constraints and parameters within which the research process would unfold and the research instruments would be developed and employed.

The term insider research is used to describe projects or programmes where the researcher has a direct involvement or connection with the research setting. There are various ways in which researcher can be categorized as an insider. For an example, professionals may carry out a study in their own work - also called practitioner research (Rooyen, 2008:6).

The researcher has been part of the personnel of the two Community Based Organisations (CBO) in Alexandra that were chosen as the researcher is providing supporting support services to the mentors who are currently facilitating Vhutshilo groups.

For this study period, as mentioned earlier the researchers has been providing support services to the CBOs. Unluer (2012:1) identified three key advantages of being an insider researcher, which is having a greater understanding of the culture being studied, not altering the flow of social interaction unnaturally and having an established intimacy which promotes both the telling and the judging of truth. Further, insider-researchers generally know the politics of the institution, not only the formal hierarchy but also how it “really works”. Insider research places the researcher at a better position of seeing, viewing the researched problem through the eyes of the people within the environment and accurately understands the issues research subjects are experiencing.

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However, insider research can be biased. The researcher guarded against such pitfalls by adhering to recommendations as expressed by Coghlan and Brannick as cited in Magwaza (2009:33) stating that the insider researcher must be able to “stand back from the situation and question his or her assumptions”. This section outlines the data collection plan, the parameters of the research and methods used by the researcher in gathering the data.

Research design followed was narrative design. Conducting narrative research has many advantages. Narrative research is highly suitable for collecting detailed experiences from a small number of individuals (Creswell, 2013:75).

In this study, this was an advantage as only a number of focused narratives were collected. Through the collection and analysis of the narratives specific themes emerged. To avoid a possibility of an inaccurate analysis and interpretation of data by the researcher, clarification of the narratives was done by confirming with the participant that the interpretation is an accurate depiction of what they participant meant. To achieve this, the researcher organized participants after data was collected and analysed to give participants feedback on the analysis and also to confirm if the data collected was accurate. This was also to ensure that data can be trusted.

In order to obtain the data for this research the researcher used focus group interviews. Focus groups share many common features with less structured interviews, but there is more to them than merely collecting similar data from many participants at once. A focus group is a group discussion on a particular topic organised for research purposes. This discussion is guided, monitored and recorded by a researcher (sometimes called a moderator or facilitator), (Gill, 2008:201-295). An Interview guide, was self-designed, guided by extensive literature review. Focus groups were utilised for generating information on collective views on HIV prevention, their experiences with the Vhutshilo programme, successes and challenges and the meanings that lie behind those views.

One focus group interview session was done with Ratang Bana research participants on the 6th of July 2017 and another focus group interview done with Friends for Life participants (Mayibuye site) on the 7th of July 2017 and data was collected. Attendance registers were signed by participants (see Annex The researcher facilitated the focus group discussions, keeping it focused without leading it ensuring that all participants had ample opportunity to contribute, allowing differences of opinions to be discussed fairly and, if required, encourage reticent participants.

All interviews were transcribed by the researcher. After data was transcribed the researcher arranged for a combined focus group feedback session on the 22nd of September 2017 (where both groups were combined) and also to allow for member checking of data and this data was also transcribed.

The researcher ensured accuracy of the transcriptions after completion by listening to 100 % of the recorded files for two times while reading along with the transcriptions.

The data analysis procedures began once the interview data was converted from audio recording to transcribed text. Researcher started data reduction with reading and re-reading the transcribed data. The themes began to emerge with the initial reading of each transcript. Next, an open coding procedure was utilized for the identification of emergent themes from the transcribed data. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (Braun and Clarke, 2006:82). Coding of the interviews led to the development of the subthemes and categories from within each theme. Data displays were utilized for the examination and description of the revealed information. To further facilitate the development of findings, narrative analysis, participant debriefing, and reflexive journaling were used. Participants were given an identification names so that their names were not connected to the data. Researcher verified the statements with the participants on the second feedback meeting that was organised for both groups combined. In an effort to maintain credibility of the data through member checking.

In this regard, member checking was done during and after the interview process to increase the credibility and validity (statistics) of data collected. This process was done through restating and summarizing information provided by participants and then questioning the participants to determine accuracy. After the interview member checks were also completed by sharing all of the findings with the participants involved so as to allow participants to critically analyse the findings and comment on them and either affirm that the summaries reflect their views, feelings, and experiences, or that they do not reflect these experiences (Yeh & Inman, 2007:383).

3.4 DATA COLLECTION

The researcher designed the interview guide (see Annexure J) which was utilized during the focus group to guide the focus group discussions. The interview guide was designed in English and participants were expected to answer in English. However in cases where there were participant/s who were not comfortable in fully expressing themselves in English the researcher allowed the participant to use vernacular as the researcher also understands some of the vernacular commonly used in this community. Where the researcher found it difficult to understand other languages other than Zulu, Ndebele and Xhosa mentors would assist as they stay in the locality of these communities. There were two different groups for this study as mentioned in the proposal, one group from another organisation (Ratang Bana) and the other from another organisation (Friends for Life) .

3.4.1 The interview guide consisted of the following sections/ questions:

a) What has been your experiences in the Vhutshilo 2 group?

Researcher's core purpose of the section was to determine participants' general levels of observations, participation, what they learnt, their involvement, their impressions, what they liked, what they did not like that influenced their learning and their understanding

b) What has been the successes of Vhutshilo 2 since you have attended Vhutshilo?

Researcher's core purpose of the section was to determine participants experienced positive impact of the programme on their, thinking, perceptions, attitudes, confidence and behaviors as far as HIV prevention is concerned, what was the outcome, take home points, was their objectives full filled, did the programme meet their expectations. This relates to the first objective as stated under heading "Objectives" heading in Chapter 1.

c) What has been the challenges that you have experienced in Vhutshilo 2?

Researcher's core purpose of the section was to determine participants experienced negative aspects of the programme that influenced or hindered effective learning, did they have any personal beliefs, attitude, norms that clashed with information being delivered which might have hindered them from learning, is there common prevailing issues in the communities, e.g. HIV myths, structural issues etc. This relates to the second objective as stated under heading "Objectives" heading in Chapter 1.

d) Would you recommend your friends to Vhutshilo Programme?

Researcher's core purpose of the section was to determine participants levels of recommendations of the programme to others, as in, would they recommend their peers to also attend Vhutshilo groups or sessions, if so the researcher was interested in knowing their reasons of doing so which would also be linked to their positive experiences, if not the researcher would be interested in knowing the reasons why they wouldn't recommend the programme to their peers. Would they recommend Vhutshilo programme as a peer education programme that can influence HIV infection reduction among adolescent girls and young women.

e) Do you think Vhutshilo 2 is an effective programme in reducing HIV infections? What makes you think like this?

Researcher's core purpose of the section was to determine participant's opinions regarding the effectiveness of the programme in reducing HIV infections among adolescent girls and young women. The focus of this section was to establish the respondents' knowledge of key issues pertaining to HIV prevention.

This might have been based on their personal experiences and perhaps from the word of mouth from their other peers who attended the programme, this could be based on comparison basis of the Vhutshilo programme to other similar programmes that participants might have attended whose aim is the same or similar to Vhutshilo or it could be that they have heard about this programme and also for the research participants to express their views on how they perceive the effectives of the Vhutshilo programme

f) Do you think Vhutshilo is a sustainable programme? Can it be still used even in the near future? What make you think so?

Researcher's core purpose of the section was to determine participants opinions based on their experiences as to whether Vhutshilo can be a feasible programme, can it be done in the near future and can it be also cascaded to other communities, is the replication of this programme possible, what about the costs of implementing this programme, if costs be involved, is there a way of doing something to make this programme cost effective. Question items for this section were derived from the literature review as discussed in Chapter 2. This relates to the third objective as stated under sub-heading "Objectives" in Chapter 1.

g) Are there other recommendations that you have, or suggestions you would like to make

Researcher's core purpose of the section was to determine participants suggestions regarding the programme, this could be linked to possible gaps in the programme that need to be addressed so as to make the programme have more positive impact, this could also be solutions to challenges that were experienced during the programme, this could be new ideas that can help improve the programme.

h) Are there other things you would like to say before we wind up?"

Researcher's core purpose of the section was to determine participants general comments regarding their experiences, these comments assisted the researcher in making some research decisions that will improve the programme, it could be other significant contributions that may not have come out when asking the questions above perhaps because they were not relevant to the questions asked or it could be after thoughts.

3.5 SAMPLING

The researcher observed that the population (Vhutshilo participants) was too large to accommodate all participants. The number of participants of the study was 19 adolescent girls and young women. Since the current study did not seek to generalize findings, a purposive sampling approach was seen as appropriate to use for this study. AGYW who are 18 years old and residing in Alexandra were deemed to be the most appropriate participants for this selection as they were seen to be more likely to be more mature and with high probability of providing information required. As this study is a qualitative study, non-probability sampling was used as the research was not open to the public, (Berg & Lune, 2012:50; Strydom, 2011a:231). Specifically, purposive sampling was used – this allowed the researcher to ensure that the participants possess the characteristics needed to meet the goal of the study (Strydom, 2011:222-235). Three focus group sessions were held with participants i.e. one focus group with 7 participants from Ratang Bana organisation and 12 participants from friends for Life Mayibuye.
After data was collected, transcribed and analysed another focus group meeting was done for both groups combined and 7 participants attended.

Prior to the selection of the sample, the researcher had a number of meetings with key leaders and mentors, people in influential positions to secure their buy-in and authorization to allow the study to take place.

During these meetings the researcher explained the purpose of his study and how it might benefit the organisation and its employees as well and managed to get permission letters to conduct the study.

3.6 ETHICAL CONSIDERATIONS

The research aims of any study should both benefit society and minimise social harm. Researchers should endeavor to balance professional integrity with respect for national and international law and researchers should ensure that research is commissioned and conducted with respect for, and awareness of, gender differences, groups in society, regardless of race, ethnicity, religion and culture (Stevens, 2013:13).

Stevens (2013:13) states that research is essential to the successful promotion of health and well-being, the dignity, rights, safety and well-being of participants must be the primary consideration in any research study. He further mentions that they are empirical and theoretical and permeate the qualitative research process. The complexities of researching private lives and placing accounts in the public arena raise multiple ethical issues for the researcher that cannot be solved solely by the application of abstract rules, principles or guidelines. Rather, there are inherent tensions in qualitative research that is characterised by fluidity and inductive uncertainty and ethical guidelines that are static and increasingly formalised. The researcher in this study considered the dignity and rights of the participants. In line with the above-mentioned ethical principles, no physical or psychological harm was caused to any of the respondents in this research. The consent forms were signed by participants (see Annex I) as stated that responses from the participants will be treated anonymously and confidentially. The researcher and the field workers who were selected for the purposes of this research had access to the recording and completed notes and there were no names or contact numbers on the notes to identify the respondents.

Since the researcher was aware that research participants have the right to decline to participate in research or to withdraw consent at any time during the study the researcher designed a consent form which was voluntarily signed by participants.

The researcher made a full disclosure about the aim of his study to the participants and their expected role, including an explanation of the process and the purpose of the study. he aim of disclosure was to guarantee that all the participants could make an informed decision before participating in the study. Another aim of the disclosure was also to maximise co-operation of the respondents as well as dispelling any false expectations that they might have had regarding the study.

3.7 DATA ANALYSIS

LoBiondo-Wood and Haber (2002:332) state that after the researcher has collected all raw data, he or she is faced with the responsibility of organizing and synthesizing the pieces of information and make sense out of it in such a way that even a lay person could be in a position to understand it. The data of this research project were analyzed using thematic analysis. A thematic analysis is one that looks across all the data to identify the common issues that recur, and identify the main themes that summaries all the views the researcher has collected (Braun and Clarke 2013:202). Thematic analysis is appropriate when utilising narrative research as it assists the researcher in discussing the narratives in more detail (Braun & Clarke, 2006:78; Creswell, 2013:75). The key stages in a thematic analysis are: The process that will be used is the thematic analysis process proposed by Braun and Clarke (2013:202), namely transcription, reading and familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and writing the research report.

Transcription process was utilised as the researcher was working with verbal data such as interviews that needed to be transcribed in order to do thematic analysis, having the recorded audios for the narratives on hand (Braun & Clarke, 2013:257).

To ensure conformability in this study the researcher did this by ensuring by means of audio-recording and verbatim transcription of the face-to-face interviews. Conformability relates to the sincerity with which the data gathered for the study is objectively interpreted by the researcher (Polit & Beck, 2012:145).

The findings will reflect the participant's 'voice' and the actual conditions of the study; and not the bias, motivation, or perspectives of the researcher (Polit & Beck, 2012:145).

To ensure trustworthiness of the data the researcher ensured that field notes were accurately captured by the co recorder to ensure a good back up of information and also to achieve accuracy of information gathered. Trustworthiness refers to the demonstration that the evidence for the results reported is sound and meets the following criteria to ensure valid interpretation of data: truth value, applicability, consistency, and neutrality, (Flick, 2009:392). The co recorder had also an opportunity to read and go through the transcripts comparing with her notes to ensure that data was accurately transcribed. The researcher had to verify her observations and findings with experts who are not part of the concerned CBOs.

The researcher can state that the findings of this study can be dependable. Dependability refers to the stability of data over time and condition (Strydom, 2011:228). The element of dependability is achieved in the event that the findings of the study are constant, even in different settings under the same conditions as those prevailing at the original research site, concur that research instruments are dependable through their consistency and accuracy. The findings of the study achieved their aim and are not the result of the researcher's assumptions and preconceptions allowing for the traceability of data back to its original source, thus the researcher as mentioned earlier took some notes during the interview sessions and was able to note also the non-verbal cues throughout the focus group interview.

Regarding transferability, generalization of the findings of the study to other settings or groups will be possible as the researcher as it will be seen in Chapter 4, has provided sufficient descriptive data in the report, so that the readers can decide if this study will also be applicable to similar setting elsewhere (Polit & Beck, 2012:145)

3.8 CONCLUSION

This chapter is a description of the research methodology followed by the researcher towards achieving the objectives of this study. It also outlines the data collection method, population investigated for the purposes of this study, and the methods used to collect data. A qualitative, narrative approach was used. The study was conducted on the two Community Based Organisations based in Alexandra. The next chapter 4 presents findings and gives a discussion of the research findings data analysis. Chapter 5 will then present a summary of the research findings, conclusions of the study, limitations and recommendations.

CHAPTER 4

ANALYSIS, PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter outlines the exact procedures that were used for management and analysis of the data that was collected. The research findings have been presented and discussed with reference to similar and/or dissimilar findings reported in the literature review. Themes and codes were presented with the quotations from the participants so as to validate their findings and discussion of findings was done for each theme. The analysis section gives clues as to how thematic or narrative analysis was used, validation strategies that were utilized, good practice guidelines that were followed. Unexpected findings have been also recorded and possible explanations where necessary have been provided.

4.2 DEMOGRAPHICS DETAILS

4.2.1 Sample characteristics (Respondent biographical characteristics)

Demographic information was collected prior to the interview, information was extracted from the Dreams Programme Monthly Excel tracker that captures all the adolescent girls and young women (AGYW) participating in the Dreams Programme Interventions, the tracker is submitted by Social Workers who are based on the CBOs to the Monitoring and Evaluation (M&E), the researcher verifies this tracker before its submitted to M&E as the researcher is employed as a Dreams Programme Team Lead and one of the Key Performance areas being to provide support/supervision services to the Social Workers.

The tracker captures names and surnames of the AGYW, household numbers, AGYW unique ID code, date of birth of the AGYW, age, group code, in school or out of school, intervention the AGYW is attending, total number of sessions the AGYW is supposed to attend, the actual attendance of the sessions, percentage of sessions attended that is calculated over a 100%, month of completion of sessions and other services that the AGYW was referred and this is need based. The researcher utilized the tracker in selecting participants who are above 18 years as the ages are reflected on the tracker and communicated to the mentors (ones facilitating the Dreams Programme group sessions) and requested them to call the AGYWs that were selected. The researcher requested the mentors to contact them as they already have a relationship with the AGYWs. All participants were females who are between 18 – 24 years old. 25 participants are in school (they are attending school) and 5 participants were out of school (not attending school).

All participants underwent a risk assessment process before they started the Vhutshilo sessions as was the requirement of the Dreams Programme and they all displayed a certain level of risk according to the risk definition in the risk tool assessment that was developed by HIVSA. Risk definitions included low risk (LR) and high risk (HR) statements. Following are the 18 risk statements in the risk assessment tool: *If the AGYW does not have anyone who is taking care of their financial needs (HR), If AGYW was absent from school for more than five days per term (HR), If AGYW is out of school and is supposed to be in school (HR), If AGYW is three years older than her classmates (HR), If AGYW is currently working for cash payment to take care of her basic needs (HR), If AGYW is eligible for a grant but does not receive any (LR), If AGYW is eligible for a grant but does not receive any (LR), If AGYW does not have anyone to call in an emergency (HR), If AGYW has a disability that negatively impacts her social functioning (HR), If AGYW has a health challenge and is not currently receiving treatment (HR), If AGYW does not have any close friends (HR), If AGYW does not have an older female mentor (HR), If AGYW does not have access to a safe space/place (HR), If AGYW is currently using substances* (HR), *If AGYW does not have any information about contraceptives (HR), If AGYW does not know about HIV (HR),*

If AGYW does not know her HIV status (HR), If AGYW is pregnant or suspects that she might be (HR), If AGYW has more than one boyfriend/girlfriend/intimate partner (HR) (See Annexure E).

Total of participants who attended the focus group interview is 19. All participants were black Africans, 7 from Ratang Bana are residing in Alexandra and 12 from Friends for Life are residing in Mayibuye (Thembisa) as the site where research participants were selected is Mayibuye site since Friends for Life has two site offices, main site being in Alexandra at Kew and Mayibuye site being a satellite office. Reasons for the selection of this site in particular were for the researcher to allow for diversity of participants in the research study instead of all participants coming from Alexandra location.

4.2.2 Summary of Demographic Information on the Study Sample

Participant	Age	Race	In school or Out of School	Attended focus group interview session	Organisation
AGYW 1	18	Black African	In school	Yes	Ratang Bana
AGYW 2	18	Black African	In school	Yes	Ratang Bana
AGYW 3	19	Black African	Out of school	Yes	Ratang Bana
AGYW 4	18	Black African	In school	Yes	Ratang Bana
AGYW 5	18	Black African	In school	Yes	Ratang Bana
AGYW 6	18	Black African	In school	Yes	Ratang Bana

AGYW 7	19	Black African	In school	Yes	Ratang Bana
AGYW 8	18	Black African	In school	Yes	Friends for Life
AGYW 9	19	Black African	Out of school	Yes	Friends for Life
AGYW 10	18	Black African	In school	Yes	Friends for Life
AGYW 11	19	Black African	In school	Yes	Friends for Life
AGYW 12	18	Black African	In school	Yes	Friends for Life
AGYW 13	19	Black African	In school	Yes	Friends for Life
AGYW 14	19	Black African	In school	Yes	Friends for Life
AGYW 15	18	Black African	In school	Yes	Friends for Life
AGYW 16	19	Black African	In school	Yes	Friends for Life
AGYW 17	18	Black African	In school	Yes	Friends for Life
AGYW 18	19	Black African	In school	Yes	Friends for Life
AGYW 19	18	Black African	In school	Yes	Friends for Life

Nineteen AGYW attended the focus group interview and eleven AGWY did not attend.

Reasons for not attending for those who did not attend were as follows: phone number was not available, did not answer the phone, phone on voicemail, had visited remote areas, could not attend or had relocated.

4.3 DATA MANAGEMENT

One focus group interview session was done with Ratang Bana research participants on the 6th of July 2017 and another focus group interview done with Friends for Life participants (Mayibuye site) on the 7th of July 2017 and data was collected. All interviews were transcribed by the researcher. After data was transcribed the researcher arranged for a combined focus group feedback session on the 22nd of September 2017 (where both groups were combined) and also to allow for member checking of data and this data was also transcribed. The researcher ensured accuracy of the transcriptions after completion by listening to 100 % of the recorded files for two times while reading along with the transcriptions.

The data analysis procedures began once the interview data was converted from audio recording to transcribed text. Researcher started data reduction with reading and re-reading the transcribed data. The themes began to emerge with the initial reading of each transcript. Next, an open coding procedure was utilized for the identification of emergent themes from the transcribed data (De Vos, 2005: 333-349).

Participants were given an identification codes used above in the demographic table so that their names were not connected to the data e.g. AGYW1, AGYW2, AGYW3 etc. Researcher verified the statements with the participants. In an effort to maintain credibility of the data through member checking. A database consisting of all data related to this study was maintained on a secure (password-protected) computer only accessible by the researcher. All paper files are stored in a locked cabinet and will be properly destroyed after the required time period of a minimum of five years after the close of the study with the Unisa.

4.4 FINDINGS OF THE STUDY

Focus group interviews were conducted with 19 adolescent girls and young women from Alexandra, from the two CBOs, i.e. Friends for Life (Mayibuye site) and Ratang Bana. The researcher wanted to find out on the experiences of the participants regarding the Vhutshilo Programme so that the researcher would find answers to the research questions that have been discussed already in Chapter 3. Summary of questions and objectives below:

1. What are the successes of Vhutshilo 2 HIV Prevention programme in reducing HIV infections HIV Infections amongst Adolescent girls and young Women [AGYW]?
2. What are the challenges encountered with implementation of Vhutshilo 2 HIV Prevention programme in reducing HIV infections?
3. What are the experiences of the AGYW with regards to the Vhutshilo Programme?

The following are the objectives on the study

- To explore and describe the challenges and successes encountered by the Adolescent girls and young Women [AGYW] in the implementation of Vhutshilo 2 HIV Prevention Programme
- To explore AGYW experiences of the Vhutshilo 2 HIV Prevention Programme
- To describe sustainability of Vhutshilo 2 HIV/AIDS Prevention Programme

In the light of the above research questions and objectives the researcher utilised an interview guide to assist with data collection. What the researcher aimed to achieve in each of the focus group interview questions has been indicated below:

4.4.1 Thematic analysis

Thematic analysis was used to analyse data from the focus group discussions. Data was used to identify the common issues that recur, and to identify the main themes that summaries all the views the researcher has collected (Braun and Clarke 2013:202).

The key stages in a thematic analysis that were followed as proposed by Braun and Clarke (2013:202) are namely transcription, reading and familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and writing the research report. Transcription process was utilised as the researcher was working with verbal data such as interviews that needed to be transcribed in order to do thematic analysis.

4.4.2 Themes and subthemes and categories

THEME	SUBTHEMES	CATEGORIES
4.4.2.1 Experiences of adolescent girls and young women regarding Vhutshilo HIV Prevention Programme	4.4.2.1.1 Positive experiences of participants	a) Knowledge gained by participants b) Peer support c) Feelings and Emotions experienced by participants
	4.4.2.1.2 Negative experiences of participants	a) Feelings Emotions experienced by participants b) Lack of confidentiality c) Distrust Trust
4.4.2.2 Successes of the Vhutshilo Programme experienced by the participants	a) Risk taking behaviours b) Alcohol and Drug abuse c) Cognitive abilities d) Safe space for participants	

	e) Peer support amongst participants f) Blesser phenomenon, transactional sex and power relationships g) Sexual health of participants h) Safe sex and Negotiation i) Pregnancy, Taking responsibility, Consequences of unhealthy behaviour j) Negotiation k) Transactional sex l) Impact of the programme on the assertiveness and attitude of participants m) Self esteem	
4.4.2.3 Challenges of Vhutshilo HIV Prevention Programme experienced by participants	a) Confidentiality issues b) Trust c) Fear of being judged by other participants d) Parent relationships as non-safe space for adolescent girls and young women and the impact of culture on adolescent and parent relationship	

4.4.2.4	**Recommendations of Vhutshilo to friends**	a) Affirmative responses and reasons for recommendation	
4.4.2.5	**Sustainability of Vhutshilo**	a) Refreshments b) Mentors	
4.4.2.6	**Effectiveness of Vhutshilo in reducing HIV infections amongst adolescent girls and young women**	a) Nature of the programme	
4.4.2.7	**Recommendations for the Vhutshilo Programme**	a) Taking the programme to other places b) Making use of social media platforms c) Securing sponsors d) Gender mainstreaming e) Role modelling	

A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. Braun and Clarke, (2006:82). In this study seven themes were identified within the data as follows: a) *experiences of adolescent girls and young women regarding Vhutshilo HIV Prevention Programme*, *successes of Vhutshilo HIV Prevention Programme*, *challenges of Vhutshilo HIV Prevention Programme, recommendations of Vhutshilo to friends, sustainability of Vhutshilo, effectiveness of Vhutshilo in reducing HIV infections amongst adolescent girls and young women and recommendations for the Vhutshilo Programme.*

In addition to these themes, the data also suggested the existence of categories and patterns. It was apparent to me that participants, each in her way, showed a strong sense of their character and unique personality.

The development of themes as described by the voices of the participants provided thick descriptions experiences in the programme. The pages that follow present the experiences as expressed by the participants and are the major findings that emerged in accord with each theme. The quotes from the participants are written, to some extent, in everyday vernacular a discussion follows each theme. They are presented in this style to allow the reader an opportunity to draw on the reflection of thought given to the participants' responses.

4.4.2.1 Experiences of adolescent girls and young women regarding Vhutshilo HIV Prevention Programme

In the first theme "experiences of adolescent girls and young women regarding Vhutshilo HIV Prevention Programme" two sub themes were identified which is, positive experiences and negative experiences of Vhutshilo. Three categories were identified within the positive experience subtheme and these are: knowledge gained by participants, peer support and feelings and emotions experienced by participants. Two categories were identified within the negative experiences subtheme and these are, feelings and emotions experienced by participants and Confidentiality and trust.

4.4.2.1.1 Positive experiences

a) Knowledge gained by participants

All participants advocated that they gained a lot of knowledge from the sessions for Vhutshilo which impacted the participants learning of skills. Whether it was through the session activities or hearing engaging with their peers inside or outside sessions. The participants felt that the sessions positively impacted their growth in different areas. Participants stated that they learnt about HIV, how it's transmitted and how it can be prevented and managed, they also learnt about how to make new friends and to communicate with them.

Participants stated that they now know that it is very important to communicate with someone that you trust if you are going through a difficult time than to keep quiet. Knowledge was also gained on the risks of having multiple partners and risky behaviors to HIV and different methods of contraception. The narrative comments below demonstrated this theme.

AGYW2: *It was nice because we learnt new things that we didn't know about HIV, having sex, like that if you met someone who is forcing you to have sex yet you don't want ,what must you do and that you should go and test so that you know if you have HIV or not.*

AGYW9*: for me I learnt about, actually what I learnt the most is "safe one or none", they taught us that you should have one partner, you shouldn't have a lot of partners because if you've got a lot of partners it's easy for you to have HIV and also that you should prevent like if you know that you are 18 years obviously we are dating you should prevent so that you don't get pregnant whilst you are young and also finish school, and also about grief and loss, that it should not haunt you forever. You should also get somebody that you can talk to so that you can be relieved.*

AGYW6: *and then this program was also teaching us that you are able to make friends that you can talk to about your private things, share everything with this person. So it was teaching us to have this communication with the person that you can trust, yah, and then that on the streets there are a lot of people you might find yourself now being involved in "Nyaope" (drug type) and such and such. So this program was also teaching us about communication and safety.*

AGYW7: *another thing is that it taught me that I should choose right friends because if you choose friends that will put pressure on you, you will end up doing things that are wrong like being pregnant then after you are pregnant then these friends turn against you.*

AGYW8: *ok what I experienced in Vhutshilo is that a lot of people have got problems and they can't say them, they hide them, so our mentors they were teaching us that when you have got a problem where should you go to, you need find someone that you can trust and talk to the person. Then another thing is that there are children who are like us who are 18 years we go through stages we are sexual active, we are supposed to get contraceptives and prevent. They also taught us about HIV as to how does it get transmitted. So this is what I learnt and I also experienced from our mentors that were teaching us.*

AGYW10: *For me I learnt that if you are in a relationship with your partner you have to communicate, set ground rules so that your relationship can work like um...so that there will be no one who controls another you should talk about what you don't like and he will say what he doesn't like so that your relationship is good and there's no one who will beat anyone or things like that.*

AGYW7: *about prevention I learnt about the different methods of prevention from pregnancy and HIV, yah.*

AGYW14: *we have an idea what HIV is and how is transmitted to but when you attend Vhutshilo the knowledge you have increases and you get to learn on how HIV is transmitted. In most cases especially girls think that by touching the person you can get HIV but when you attend Vhutshilo and when you attend high school you know that HIV is transmitted but when you attend Vhutshilo you will learn and know that HIV transmitted through sex from the semen if you sleep with someone who is HIV positive. Vhutshilo gives you a full picture of what HIV is, how its transmitted, how you will know if you HIV or not.*

A Quote from - Mao Zedong, On Practice, July, (1937) says "If you want knowledge, you must take part in the practice of changing reality, if you want to know the taste of a pear, you must change the pear by eating it yourself ''. Thus evidence is as given by the participants based on their experiences of Vhutshilo.

Most participants reported that they gained a lot of knowledge from the sessions for Vhutshilo which impacted the participants' learning of skills. Whether it was through the session activities or hearing engaging with their peers inside or outside sessions. The participants felt that the sessions positively impacted their growth in different areas. It became also evident from the participants that risky behaviors should be avoided as they expose them to the risk of HIV like having a lot of sex partners.

Participants understood the implications of having a lot of multiple partners. Vhutshilo as a peer led intervention has shown a great impact in impacting positively the adolescent girls by addressing risky behaviors, an approach of the behavioral interventions. Behavioral interventions seek to reduce the risk of HIV transmission by addressing risky behaviors. A behavioral intervention may aim to reduce the number of sexual partners individuals have; improve treatment adherence among people living with HIV; increase the use of clean needles among people who inject drugs; or increase the consistent and correct use of condoms. To date, these types of interventions have proved the most successful. Examples of behavioral interventions include: information provision (such as sex education), counselling and other forms of psycho-social support safe infant feeding guidelines stigma and discrimination reduction programmes (2011 The Desmond Tutu HIV Foundation).

b) Peer support

In this category, participants appreciated the support of their friends. They advocated that in Vhutshilo they learnt on how to make new friends, they were encouraged to have five friends as a support system and also to have a female mentor so that they will be able to talk with their friends and get support. Statements by participants below demonstrated this category.

AGYW6: *and then this program was also teaching us that you are able to make friends that you can talk to about your private things, share everything with this person.*

So it was teaching us to have this communication with the person that you can trust, yah, and then that on the streets there are a lot of people you might find yourself now being involved in "Nyaope" (drug type) and such and such. So this program was also teaching us about communication and safety.

AGYW7: *another thing is that it taught me that I should choose right friends because if you choose friends that will put pressure on you, you will end up doing things that are wrong like being pregnant then after you are pregnant then these friends turn against you*

AGYW8: *it was not boring. There were icebreakers and when we started they taught us that we should have five friends and this helped me a lot because when I arrived I didn't have friends but at the end of the day like I had two but at the end of the program I had a lot of friends. They taught us that you should have an old female mentor so that you can talk to this person when you have a problem or maybe if you need some information about yourself then I had a mentor so it was exciting.*

AGYW8: *yes I still need them because when I am with my friends we can talk, maybe you can find that before I met my friends I had three boyfriends or four so my friends can tell me that no!! This is not right and sometimes you find that I was not using a condom and my friends can tell me or they can say "let's go and have an HIV test so that we can know our status".*

Participants also appreciated the support of their friends that they received and also gave to their peers during Vhutshilo sessions. They advocated that in Vhutshilo they learnt on how to make new friends, they were encouraged to have 5 friends as a support system and also to have a female mentor.

Similar to these experiences regarding peer support is what Health and Education Training and Technical Assistance Services (2015:10) says, they defines support in the following statement, we say that someone supports us when we can count on them to help us out when we need them to. Support comes in many different forms.

It can include just listening to what is troubling us, or giving us advice if we need or want it, or helping us to do what we need to do. We talk about support many times in the sessions because finding support is often one of the most important things we can do when we are in a difficult situation. Participants advocated that they experienced this kind of support. Participants also mentioned different kinds of support they received from their peers.

c) Feelings and Emotions experienced by participants

In this code, one participant mentioned stated that in the session “Grief and loss” she learnt the importance of expressing your feelings and emotions. She mentioned that one is encouraged to express their emotions so that she will be able to get healing. She compared this process to what is happening in the traditional communities where people are not given platforms to express their feelings and emotions when they are going through a difficult time. Another participant described Vhutshilo sessions space as a place that can be described as a “safe space” as one can be free and can be able to release their emotions when they are going through pain or even when one feels way too happy. The narrative comments below demonstrated this category.

AGYW7: *I think this means (thinking)…what will I say? In our communities it's not often where you get a platform to express your feelings, but then with grief and loss that's where you are given a platform to express your emotions. You are told to talk about your emotions or feelings so that you are able to get healing.*

AGYW1: *at least you know like a place where you know you can become or you can be free and release emotions when you are feeling pain or maybe if you way too happy and you are thinking you overwhelming people, if you have a safe space then you have got a place where you can just be yourself and be free.*

AGYW5: *for me I felt so good because I trusted them I knew that whatever I say is going to end here.*

Grief and loss was part of the things that participants learnt. This is very crucial in HIV prevention to help participants talk about and accept their feelings about grief, death, and loss as some of the risky behaviors that adolescents engage on are due unresolved issues of grieving over loved ones and also to help participants understand the importance of having trusting relationships with people that they can turn to in times of need. Often people feel helpless, sad and anxious about the death of their loved ones due to HIV /AIDS or if they find out that one of their loved ones is HIV positive. However it is normal to feel this way. With time these feelings can fade away but HIV can be a major impact on many parts of your life. Grieving in Vhutshilo sessions allowed some participants to deal with feelings of anger, denial sadness and depression. Studies on support groups have found that participants of support groups have more hope and social skills, cope better with dying or anytime of difficult, and have a more internal locus of control, all of which improve quality of life. A positive outlook on what remains of life is associated with fewer symptoms of distress, anxiety, hopelessness, and depression (Young, 2014:13).

4.4.2.1.2 Negative experiences of participants

a) Lack of Confidentiality

Some participants did not feel at ease regarding the issue of confidentiality. One participant described that she felt scared of talking as she was not sure if other girls will keep it confidential and was not guaranteed if they will tell other students at school or not. The possibility of issues discussed during sessions being treated with confidentially was not guaranteed as some girls are known to be gossipers said one of the participant. Participants also felt that since some of their mentors were residing in the same community as them, “what if they share their issues with other people in the community”. Participant responses below demonstrated this category.

AGYW8: *Sometimes it may not work because there are some girls who can't keep quiet. Sometimes you talk about your issues in the session but it doesn't end there, there will be this one person that goes to tell others and before you know it the whole school knows.*

AGYW16: *yes for me, I didn't have challenges but I think they are some who experienced challenges when it comes to confidentiality like you find this person you tell them your stories and you say maybe they will advise me. You may find that there's a group of girls, there's someone with a problem but they can't say it because there are gossipers only to find out that they can advise you and you expect that what you said will remain in the session but it's not going to end there. So I think the thing of confidentiality it was a problem a big problem like the mentors from Vhutshilo they taught us but they don't really trust them because they don't know them.*

AGYW11: *When you leave you are the topic in their mouths, to an extent that they drink tea in using your name*

Peer educational groups are designed to help participants on how to cope with issues in their lives. CONFIDENTIALITY IS KEY! Some of the issues addressed in educational groups are of a personal nature. Facilitators and participants who choose to participate in groups are expected to respect the confidentiality of group members by not sharing information from group, to anyone outside of the group. Confidentiality and trust did not become an issue that got reported and had to be dealt with but however there were some level of discomfort that was experienced by some of the participants that I can describe as the “fear of the unknown”. Two participants raised a concern that there could have a possibility of confidentiality being broken by some participants or mentors who resided in the same location with them. These participants felt that there could have been some participants who might felt scared of having their personal issues shared with “outsiders” one of these participants mentioned that though she did not experienced this challenge she however felt there are some girls in the group who might not feel at ease regarding the issue of trust and confidentiality.

This is a common and normal feeling. It is not always easy to share your personal stuff with people who are not necessarily your friends and let alone people that you don't really know. An emphasis of the importance of confidentiality has been made, there are many sensitive and personal topics discussed in *Vhutshilo 2* for which some participants may require additional support for example, psychosocial, clinical, life skills, legal or emotional support (CSPE, 2015:25).

Is true that in Vhutshilo sessions confidentiality was emphasized and that even participants all had to sign consent forms as they started group that also had confidentiality clauses and that each time of the sessions participants had an opening ritual and also a closing ritual which was aimed at building a "we" feeling of the group, example of this ritual was either a song, dance, motto etc. However one cannot dispute the fact that despite all these measures some participants might still share some stuff with some outsiders.

Based on the above mentioned statements the researcher may not rule out the fact that they might have been possibilities of confidentiality and trust being broken in the groups. They may not have been such cases that were reported but it is clear that some participants may not have shared they personal stuff in fear of their personal stuff been shared by other participants.

In a group set up it is also common that participants might want to judge some participants in the session based on what they said. One of the principles of Social Work is a non-judgemental attitude which means that you do not judge anyone based on race, language, dressing or what they say, etc. but you accept and respect them as they are (Payne, 2015:26). One of the challenge raised by one of the participants was fear of being judged by other participants. Reasons for this were that since you will have to talk in the midst of people that who are not really your friends so one will be wondering what they will say about what she is going to say.

b) Distrust

Some participants did not feel at ease regarding the issue of trust. They felt there was loss of human connection at the beginning of the group but as time went on members began to know each other. One participant described that she felt scared of talking as she was not sure if other girls will keep it confidential and was not guaranteed if they will tell other students at school or not. Participants also felt that they were not sure if they could trust some of their mentors as they were residing in the same community as them, "what if they share their issues with other people in the community". Participant responses below demonstrated this category.

AGYW6: *because you know when you are with your friends, let's say it was probably like in a class with your friends, like you can all be open but then here sometimes you don't know them in the session and you are wondering what others will be thinking about you. You can hear some people saying this girl did this and that at school or saying you are talking too much you did this and that*

AGYW11: *When you leave you are the topic in their mouths, to an extent that they drink tea in using your name*

Trust is a complicated concept. It is not always easy to trust someone that you do not know. Naturally this is normal. It is not always easy to share your personal stuff with people who are not necessarily your friends and let alone people that you don't really know.

Reasons for this were that since you will have to talk in the midst of people that who are not really your friends so one will be wondering what they will say about what she is going to say. A study on peer assisted learning and blogging yielded similar findings to what a researcher found in this study. In this peer study, a few students felt that they had developed trust with each other throughout the course and that this naturally flowed into the group from the start.

One of the purpose of Vhutshilo 2 sessions was to help participants feel like part of a new and exciting experience with facilitators they can trust, participants who accept them for who they are, rules to guide the functioning of the group, and story characters like themselves who they will follow throughout the sessions (CSPE, 2015:31).

However, most students acknowledged that trust took some time to develop in the blog group. This is consistent with group theory development and stages of growth and states that there was a sense that everyone was in the same boat so it was easy to share, although there was some apprehension in the early stages of the blog about how much do you self-disclose. Some students highlighted that it was hard to share aspects of clinical practice where they had experienced difficulties and that they felt they needed to be careful in how they worded their posts as they felt the need to continue to present a positive image of their clinical practice. In this study for Vhutshilo, both groups highlighted their fears regarding the issues of confidentiality in that sometimes they would not feel comfortable in discussing some issues as they were not sure if the other girls will keep it confidential.

4.4.2.3 Successes of Vhutshilo HIV Prevention Programme

In this second theme **"Successes of Vhutshilo HIV Prevention Programme"** seven sub themes were identified which includes; the first subtheme is risk taking behaviours and its category, alcohol and drug abuse. The second subtheme is Cognitive abilities. The third subtheme is, safe space for participants and one category was identified in this subtheme which is peer support amongst participants. The fourth subtheme identified is, the blesser phenomenon and power relationships.

The fifth subtheme is, sexual health of participants which had five categories i.e. safe sex and negotiation, ppregnancy, taking responsibility and consequences of unhealthy behaviour, negotiation and transactional sex.

The sixth subtheme is the impact of the programme on the assertiveness and attitude of participants and the seventh subtheme is sself-esteem.

In this theme, participants mentioned and discussed a lot of successes of Vhutshilo. The programme impacted positively on the different dimensions of their lives which includes, sexual behaviors, cognitive abilities, sexual health, taking responsibilities, formulating and maintaining peer relationships attitudes and self-esteem. One participant also mentioned that Vhutshilo saved them time where they might have been somewhere doing something wrong. **AGYW6 said,** like Vhutshilo, when you come here, it saves you time, where you might have been doing something that is wrong, at least when you come here you get more than you would have got if you were on the streets by the time you go back, we used to dismiss here at 5pm right?

a) Risk taking behaviors

Terzian et al (2011:1) defines risky behaviour as a tendency to engage in activities that have the potential to be harmful or dangerous and in this regard participant acquired knowledge and skills in avoiding such behaviors. Participants reported that they were taught on the consequences of risky behaviors like engaging in drug and substance abuse. During the interview participants stated that they have been empowered and they will not allow anyone to control them or to force them to do what they do not want to do. Influence of drugs was discussed as exposing girls to the risk of HIV.

Empowerment is very critical in behavior change**.** Participants reported that they have been empowered with skills that has helped them to make sound decisions regarding their sexual health and to be able to make healthy decisions. They have been equipped with problem solving skills. Participants mentioned that “now they know what to do in any given circumstance”. Due to Vhutshilo their patterns of thinking and behavior has changed.

Peer education has been used in many areas of public health, including nutrition education, family planning, substance use, and violence prevention. However, HIV/AIDS peer education stands out owing to the number of examples of its use in the recent international public health literature. Because of this popularity, global efforts to further understand and improve the process and impact of peer education in the area of HIV/AIDS prevention, care, and support have also increased WHO & UNICEF (2013:6).

b) Alcohol and drug abuse

Participants reported that they were taught that drug abuse is a serious public health problem that affects almost every community and family in some way. They mentioned that drugs affect adolescents and expose them to high risks of HIV. It was discussed that drug abuse plays a big role in major social problems such as stress, crime. One of the drugs that was mostly discussed was “Nyaope” (type of a drug). It also came out in the discussion that alcohol abuse affect adolescents to an extent that they end up not going to school. The following statements demonstrated this category.

AGYW11: *Because when you are drunk you can't control your actions. You can meet a man, you don't even know him but then you sleep with him without a condom and there's no time to even think of a condom, you will get HIV or you become pregnant and you won't even know where you HIV from, you don’t know whose baby is it because you were drunk you just did*

AGYW11: *Also what I learnt is that with the influence of alcohol and substances anything can happen. Let’s say also if you go to a party and drink too much and take drugs you will end up doing things that you are not supposed to do and that you never thought you will do*

AGYW3: *you know someone of my age stay in the taverns the whole night. They don’t w ant to go to school, they don’t go to school.*

AGYW6: *and then this program was also teaching us that you are able to make friends that you can talk to about your private things, share everything with this person. So it was teaching us to have this communication with the person that you can trust, yah, and then that on the streets there are a lot of people you might find yourself now being involved in "Nyaope" (drug type) and such and such. So this program was also teaching us about communication and safety.*

It was evident that alcohol and drug abuse was also seen as a serious public health problem that affects almost every community and family in some way. They mentioned that drugs affect adolescents and expose them to high risks of HIV. Drug abuse plays a big role in major social problems such as stress, crime. A drug that was raised and discussed by both groups is "Nyaope" (type of a drug). It also came out in the discussion that alcohol abuse affect adolescents to a greater extent that they end up not going to school.

From what AGYW11 said, this shows that there is understanding on the impact of alcohol abuse and the spread of HIV in that when one is drunk the ability to make sober decisions is reduced and thus one might engage in a risky behavior and contact HIV and STIs or even get pregnant. Amongst other mitigating factors of HIV infections amongst adolescent girls and young women is alcohol abuse and drug abuse.

Alcohol abuse has been blamed also as the reason why some teenagers are no longer going to school. Similar findings to what Bandura said have been identified from this study. Bandura argued that the biggest problem with respect to the change of behaviour is not about instructions given to people regarding what they should or should not do, .e.g. "use condoms" but rather it is about imparting to them the social and self-regulatory skills and the self-beliefs necessary to practice safer behaviours. It is about one believing in his/her self-efficacy to do so [self-efficacy- sense that one can control his /her motivation and environment and on especially her behaviour. Self-efficacy affects whether people will change at all, determines how much effort will be exerted in trying to change and how much will they persist in a change attempt without giving up.

Thus, this means without a sense of self efficacy, people will not behave safely even if they know the implications of engaging in a safer or risky behaviour, cited from (Bandura, 1973:47-50).

c) Cognitive abilities

Participants reported that they have been empowered with skills that has helped them to make sound decisions regarding their sexual health and to be able to make healthy decisions. They have been equipped with problem solving skills. Participants mentioned that “now they know what to do in any given circumstance”.

They highlighted that due to Vhutshilo their patterns of thinking and behavior has changed. The programme helped them manage their problems by influencing the way they think and behave, as confirmed by statements below from participants:

AGYW19: *I know that I should say no, I should use a condom, I should use contraceptives I should have one partner.*

AGYW14: *but for me I don’t think you should wait for people to tell you that you are beautiful because there is this voice inside you that tells you “do that and don’t do that”, so you should listen to that voice don’t wait for someone who will tell you that you are beautiful. If you still believe that you are ugly then it’s your choice but when you tell yourself that you are beautiful and think like that about yourself and you are confident about the fact that you are beautiful, rather than to wait for some to tell you otherwise and you are going start looking at the mirror and you see big eyes and then you will say “yah they are telling the truth”. Some people when they tell you that you are beautiful, in most of the cases they will be fooling you. There are people who are silly even if you are dressed nicely they won’t tell you. There are people who are negative and positive and if this person is your friend even if you are not doing right they will tell you that “friend here you are not doing right, go and dress up nicely” but others will say “no you are alright” so don’t wait for someone to tell you that you are beautiful.*

The only person who should tell you that is yourself before anyone else or even from your mother because obvious your mother will tell you that you are beautiful because you have their biological features. Even if you have big eyes it's either you are like your father or your mother so they can't say anything because it's their sperm and these features are coming from them. So there's nothing they can do to change that. Even if they take you to surgery to change you it will not help. What you need to do is to tell yourself that you are beautiful. Don't wait for someone else to tell you that you are beautiful, the person to tell you that you are beautiful it's yourself. Tell yourself, you are beautiful, you have always been *beautiful and you will forever be beautiful. Don't wait for someone to tell you that you are beautiful.*

AGYW19*: yes at first I wasn't as confident as I am right now. I was scared of people but now my confidence has improved. I am no longer scared of anyone, I don't care about what people will say and that is all because of Vhutshilo.*

AGYW2: *making your own choices, that's what they said, you should not ...you should not care about who is around you, what they want. They taught us that you should stand on your ground...like if you say something say it like you mean it and do it like you mean it.*

AGYW5: *if your boyfriend says let's sleep, let's have sex and you don't want, don't say yes to please him.*

Peer education is a powerful approach in helping participants change their patterns of thinking. The role of peer education in this category. Participants were helped to explore and decide for themselves the informed ways of solving problems. Another important concept discussed as of paramount importance in building this safe space was "trust". Most of the participants gained a sense of trust during Vhutshilo sessions.

One of the objectives of Vhutshilo is help adolescents to adopt healthy sexual behaviors, young people need to have accurate information (key facts), opportunities to consider how this information applies to their lives (values and attitudes) and to feel good enough about themselves to think that they are worth looking after (self-esteem). They also need the skills to act on their new understanding, in a way that is consistent with their knowledge and values. Young people are more likely to adopt healthy behaviors if they see that this will have a positive effect on their lives, than if they are asked to give up something to avoid a bad consequence Health and Education Training and Technical Assistance Services (2015:4).

d) Safe space for participants

Participants reported that they felt physically and emotionally safe in Vhutshilo sessions. Vhutshilo space offered an emotionally safe environment where confidentiality was respected and they could be able to express themselves without fear. Participants also looked up to their peers and mentors who were facilitating sessions. They didn't feel judged by their mentors or experience any form of reject and discrimination. They felt respected in these sessions. They felt that responsibilities were shared in handling disagreements and in responses to performance and accomplishment of goals. Participants felt that they were helped to explore and decide for themselves the informed ways of solving problems. Another important concept discussed as of paramount importance in building this safe space was "trust". Most of the participants gained a sense of trust during Vhutshilo sessions.

They felt they could share anything in the sessions without any fear of being judged oh having someone talk about their personal stuff. The following statements from participants demonstrated this category.

AGYW1: *because I think they'll understand me better because now Vhutshilo was now your safe space*

AGYW2: *for me again I felt that if I have other problems that I can't tell my family I can come here as it feels safer than talking to mum at home.*

AGYW7: *because it's nice here. When you come here you can say anything even what is bothering you and the facilitators also made us feel welcome. Sometimes you would even forget that they are a bit older than us because they were treating us very very well, and sometimes you they will even mother us. When you start taking things for granted then they remind us that "we are the ones who are in charge (facilitators) like it was very nice.*

AGYW4: *because they are still open you can say anything, because with your mum you respect her a lot. You can't ask her about sex styles. Imagine saying to your mum, yah that style blab bla bla!! Your mum will be angry at you*

Two of the participants felt that even though, personally they did not experience this but they felt there were some participants who possibly felt uncomfortable about the trust of the group and as result they were unsure of some of the girls in the sessions, in that they might go and share their personal stuff with others at school. One participant mentioned that some of their mentors resided in the same community as them, therefore they could not feel comfortable sharing their personal stuff in case these mentors might share it with other members of the same community.

e) Peer support amongst participants

Participants highlighted another success of Vhutshilo as one of teaching them the importance of having friends. In this category, participants appreciated the support of their friends. They advocated that in Vhutshilo they learnt on how to make new friends, they were encouraged to have 5 friends as a support system and also to have a female mentor. Statements by participants below that demonstrated this category.

AGYW6: *and then this program was also teaching us that you are able to make friends that you can talk to about your private things, share everything with this person. So it was teaching us to have this communication with the person that you can trust, yah, and then that on the streets there are a lot of people you might find yourself now being involved in "Nyaope" (drug type) and such and such. So this program was also teaching us about communication and safety.*

AGYW7: *another thing is that it taught me that I should choose right friends because if you choose friends that will put pressure on you, you will end up doing things that are wrong like being pregnant then after you are pregnant then these friends turn against you*

AGYW8: *it was not boring. There were icebreakers and when we started they taught us that we should have five friends and this helped me a lot because when I arrived I didn't have friends but at the end of the day like I had two but at the end of the program I had a lot of friends. They taught us that you should have an old female mentor so that you can talk to this person when you have a problem or maybe if you need some information about yourself then I had a mentor so it was exciting.*

AGYW8: *yes I still need them because when I am with my friends we can talk, maybe you can find that before I met my friends I had three boyfriends or four so my friends can tell me that no!! This is not right and sometimes you find that I was not using a condom and my friends can tell me or they can say "let's go and have an HIV test so that we can know our status".*

Peer education interventions are commonly employed to prevent HIV and other STI infections. Peer education programs have been used as public health strategies to promote various positive health behaviors such as smoking cessation and violence, substance abuse, and HIV/AIDS prevention. Peer education has been shown to be beneficial in improving knowledge and the intention to change behavior in human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) prevention programs among adolescent girls and young women.

It is, hence, a system of delivering knowledge that promotes social skills, (Abdi, 2013:381). Similar to what Abdi has highlighted, Participants described Vhutshilo as place where those who attend it should know “that their lives will never be the same again”!! Very interesting for a participant to speak like this because only a person whose life has been impacted positively can boldly speak like this!!

Another important concept discussed as of paramount importance in building this safe space was “trust”. Most of the participants gained a sense of trust during Vhutshilo sessions. They felt they could share anything in the sessions without any fear of being judged oh having someone talk about their personal stuff. One of the objectives of Vhutshilo is help adolescents to adopt healthy sexual behaviors, young people need to have accurate information (key facts), opportunities to consider how this information applies to their lives (values and attitudes) and to feel good enough about themselves to think that they are worth looking after (self-esteem). They also need the skills to act on their new understanding, in a way that is consistent with their knowledge and values. Young people are more likely to adopt healthy behaviors if they see that this will have a positive effect on their lives, than if they are asked to give up something to avoid a bad consequence Health and Education Training and Technical Assistance Services (2015:4).

f) Blesser phenomenon, transactional sex and power relationships

Participants also advocated that they were warned and taught about the phenomenon that has gone viral of late, with many young women looking for older men to sponsor their expensive life styles and this is the ***“Blesser phenomenon”***. They discussed about what is currently happening in the communities or in South Africa in general where many girls in South Africa are looking for a “blesser”, an older man who will give them a luxury lifestyle but the question is **at what cost?** What also came out strong in the discussion is that the blesser relationship is also a power relationship.

They mentioned that blessers control young girls, they tell them what to do and they were described as the “boss”. They reported that they learnt that blessers put people at risk of HIV compared to a less risk when dating their own peers. What also came out as forming part of power relationships is forced cultural marriages and that they expose girls to the risk of HIV. Typical rural areas like KZN, Mpumalanga and Umtata were given as examples as these are some of areas where girls are forced into marriages with older men whose HIV status they don’t even know. Some of these older men include Traditional community Kings. Statements below from the participants demonstrated this theme.

AGYW7: *he will tell you, I don't want condoms, he knows that you ate a lot of his money and will tell you you didn’t eat my money from the plastic!! and he knows that you are no t going to be able to pay back this money because it's a lot of money*

AGYW1: *you see the blesser is your boss, so you are working for him so when a boss says “go and make me tea” you go and make it so now also when you are supposed to pay you can't tell him 123 (slang, for stories) because he's telling you, you can't just refuse.*

AGYW7: *blessers are the ones that put people at more risk*

AGYW1: *so the blesser is like, when they ask you out and you agree therefore you have agreed to terms and conditions. The minute he gives you money and you use it, it means you and him already you are negotiating, you have signed a contract.*

AGYW5: *That's what we mean when you go to the King, when the king says he wants you even if you are 13 years old you won't refuse because he wants you.*

AGYW4: *there's something that is called “Ukuthwala” (a certain culture of virginity testing) that's where they take you at the age of 10 to 14, even the families they agree, they make you get married to an older person.*

AGYW8: *and also I want to add on the issue of marriage, in some cultures, there are forced marriages, they are forced to marry a certain person because the families are friends and yet you don't know this person that you are marrying, you don't know each other, who did he sleep with you don't know, whether he has HIV you don't know but they force you to get married and then you sleep with him without a condom without even knowing his HIV status and this leads to STIs and HIV infections*

Participant 7: *if you are dating someone of your age you don't have to stress, he is not going to ask you a lot of things even if it's two weeks without seeing you he will just ask you why you didn't come to me. When you fight, it just ends there but the bigger ones will ask you "why didn't you come, I will hit you, I will beat you" and you don't even have a say.*

The blesser phenomenon has acquired significant attention in the recent period in the South African public space. Basically, there are various schools of thoughts concerning the aspect. However, the most common assumption is that the blesser phenomenon reveals an indirect prostitution that transpires between **"the blessee"** and **"the blesser"**. Furthermore, some arguments are that the blessee are usually women of no ambition usually the so-called gold-diggers who want to live an indecorous luxurious life through dating wealthy men. On the contrary, this opinion piece seeks to illustrate the social construction behind the blesser phenomenon, by stating that the blesser phenomenon reveals an economic side of sexual and romantic relationship that has been disregarded in public discourse (Masenya, 2017:121). Participants were grateful that they learnt and acquired more knowledge around this phenomenon. Participants also advocated that they were warned and learnt about blessers.

They discussed about what is currently happening in the communities or in South Africa in general where many girls in South Africa are looking for a "blesser", an older man who will give them a luxury lifestyle but the question is **at what cost**?. What also came out strong in the discussion is that blesser relationship is also a power relationship.

They mentioned that the blessers control young girls, they tell them what to do and they were described as the “boss”.To participants however, they didn’t see girls who date blessers as “prostitutes” but rather they described it as a power relationship where also adolescent girls date blesser because they need a glamorous life not because they love the blesser but rather without really thinking of the implications of getting into such relationship. This blesser phenomenon also speaks of transactional relationships where partners do things for each other with the expectation of reciprocation. Risks of such relationships were discussed.

g) Sexual health of participants

Another success of the programme highlighted by participants was that they learnt about the importance of their health and how they should value their health. They now understand that sexual health includes their different aspects in terms of their physical, mental and social well-being in relation to their sexuality, not only about the act of sex itself. One participant stated that one should not agree to sex simple because they want please their boyfriend but rather if they agree it should be because they want to do so, not because they are coerced. They advocated that they learn to say “NO” to sex without a condom as their health is very important. They portrayed their understanding regarding learning to take responsibility regarding their health and also to avoid unwanted pregnancy and making an effort to prevent STIs and seek care and treatment when needed. This is also included being able to respect other people’s sexual rights and having access to sexual health information, education and care. Statements below from participants demonstrated this category.

AGYW4: *for me I learnt that I should have one partner so that you shouldn't be sleeping with a lot of people because your health is important*

AGYW3: *because if I have three and I am infected with HIV and AIDS that means I will infect this one, this one will infect the other and this other will infect another and then you will find that we end up being a lot who are infected in one community because of one person. So it's very important to know your status and then you have to protect yourself from other people so that you don't spread the disease over and over.*

AGYW5: *that if somebody forces you to do what you don't like you should refuse*

Participants were taught on practicing safe sex and this incorporated issues of negotiation. It became evident from that discussion that most of the participants became assertive and this was depicted by the way they spoke, with boldness, confidence, being clear on what they wanted as adolescent girls. Negotiation on condoms came out strongly during the discussion where participants felt they have been empowered during the sessions and no one will force them into having unprotected sex as this will put them at risk of contracting Sexually transmitted diseases /HIV and also exposing them to pregnancy.

According to the Social Cognitive theory, the fundamentals of this theory are that effective behaviour change interventions should at least incorporate/involve four components of which self-efficacy is one of those as discussed above. Four components includes **an informational Component** which is aimed at increasing awareness and knowledge of health risks and to convince people that they have the ability and potential to change their behaviour. The cognitive theory can be linked to the context of Vhutshilo 2. The curriculum of Vhutshilo is a delivery method for peer led, time limited, structured socio educational support groups for 14−18 years which comprises of a sequence of 16 sessions co facilitated by a team of young adult facilitators (or an adult facilitator paired with a peer educator) leading groups of female.

Sessions are characterized by place of trust and consistency, group participation is usually closed after session 1 and no new participants may join.

Each session's learning activities target different learning objectives; but every session also provides fun, connection among participants. Vhutshilo focuses on information regarding HIV Prevention education and sexual reproductive health in AGYW, Health and Education Training and Technical Assistance Services (2015:25).

The second component of the theory is aimed at **developing the self-regulatory and risk reduction skills needed to translate risk knowledge into a preventative behavior**. In terms of this component information is necessary, but it is not sufficient, for preventive behavior to occur.

An intervention should therefore have an element of developing in people self-regulatory and risk reduction skills that are necessary to translate knowledge into preventive behavior. Self-regulatory skills include knowing one's risk triggers, being able to remind oneself about how important safe behavior is and ensuring reinforcing oneself to practicing safer behavior. It is also important for individuals to practice risk reduction skills.

Risk reduction skills may be technical (e.g. knowing how to use a condom), social (e.g. knowing how to negotiate condom use or how to exit unsafe situations) or a combination of both Fisher & Fisher (2000:25). Participants felt that they were helped to explore and decide for themselves the informed ways of solving problems.

h) Safe sex and Negotiation

Participants were taught on practicing safe sex and this incorporated issues of negotiation. It became evident from the discussion that most of the participants became assertive and this was depicted by the way they spoke, with confidence, being clear on what they wanted as adolescent girls. Negotiation on condoms came out strongly during the discussion where participants felt they have been empowered during the sessions and no one will force them into having unprotected sex as this will put them at risk of contracting Sexually transmitted diseases/HIV and also exposing them to pregnancy.

AGYW13: *ok, for me I learnt how to use a female condom yes and that it is important that you use a condom every time you have sex because you will never know what might happen when you having sex.*

AGYW9*: the condom is not hundred percent accurate but then on the other hand it can help prevent diseases like STIs and HIV.*

AGYW19: *I know that I should say no, I should use a condom, I should use contraceptives I should have protection*

AGYW2: *Because remember pregnancy, pregnancy and HIV, once somebody' is pregnant, already you know that they are not protecting, you understand... yes they may not have HIV but that person is at risk already because it means they are having sex without condom*.

Some cultural practice have always disempowered girls when it comes to negotiation. It makes girls feel like they do not have a say in this matter. It was emphasized that negotiation needs to be done between a boyfriend and a girlfriend.

It shouldn't be a girls' responsibility to negotiate for safer sex, for using a condom but a responsibility of both as in most cases girls will not use a condom but when the get pregnant, boyfriends will leave them and they will remain with the baby alone. Participants stated that they have been empowered to be able to negotiate for safe sex.

i) Pregnancy, taking responsibility, consequences of unhealthy behavior

As mentioned by participants during the time of the study, none of the participants who attended Vhutshilo have fallen pregnant. This was one of the successes mentioned by participants. Participants reported that they were taught on contraceptives and different types of contraceptives to prevent them from teenage pregnancy. They also discussed places where one can get the contraceptives from and this also included things that should be considered before one uses them.

Basic precaution measures were discussed that should be taken into consideration before one can use a condom. This included checking the expiring date and the barcode number. Participants also mentioned that they were taught in Vhutshilo on how to take ownership of their own behaviors and the consequences of that behavior. They know that until one accepts responsibility for their own actions or failures it will be very difficult for that person to develop self-respect or even have the respect of others. They also learnt about the consequences of practicing unhealthy behaviors. Participants also highlighted that in Vhutshilo they were given opportunities to do HIV testing so that they can know their status. Excerpts below demonstrated this category.

AGYW7: *about prevention I learnt about the different methods of prevention from pregnancy and HIV, yah.*

AGYW6: *the pills, injections,*

AGYW3: *implant condoms, I also know the loop.*

AGYW6*: not all of them are preventing us from HIV some of them are preventing us from pregnancy.*

AGYW3: *and also at the spaza shops, but I think that you should get them from the clinic because from the saloon you can get some that have expired and they have* been *burnt by the sun and they can burst anytime, yah*

AGYW6: *in the program called Step in there is this lady around early twenties they asked her why she's pregnant and she said she got pregnant because everyone is pregnant and said "because people think maybe I can't get children", so she wanted to show them that she can get pregnant and everyone around her is pregnant, that's why she got pregnant because of peer pressure.*

AGYW11: *yes I want to eat but if you also wanted to eat(to have sex) why didn't you also bring a condom, worse after this when you are pregnant he will deny the responsibility and blame you for not preventing yet when he was sleeping with you he didn't bother to ask you about all these things*

AGYW13: *ok, for me I learnt how to use a female condom yes and that it is important that you use a condom every time you have sex because you will never know what might happen when you having sex.*

AGYW9*: for me I learnt about, actually what I learnt the most is "safe one or none", they taught us that you should have one partner, you shouldn't have a lot of partners because if you've got a lot of partners it's easy for you to have HIV and also that you should prevent like if you know that you are 18 years obviously we are dating you should prevent so that you don't get pregnant whilst you are young and also finish school, and also about grief and loss, that it should not haunt you forever. You should also get somebody that you can talk to so that you can be relieved.*

Holtgrave et al (1995; 113) state that successful HIV prevention programs have an impact on averting or reducing risk behaviors, particularly when they are delivered with sufficient resources, intensity, and cultural competency and are based on a firm foundation of behavioral and social science theory and past research. Thus Vhutshilo influenced adolescents to adopt less risky behaviors like having protected sex which will help them prevent HIV infections and also pregnancy.

j) Impact of the programme on the assertiveness and attitude of participants

One of the successes of Vhutshilo as mentioned almost across every sub category is that of improving and boosting their assertiveness and influencing them to have positive attitudes.

Most participants alluded that they are able to stand up for their own rights to what they want in a calm and positive way without being aggressive or passively accepting wrong.

They felt self-assured and confident to communicate their mind. They advocated that this helps them to prevent unnecessary stress, anger but rather helps them to cope better. One participant stated that she learnt that when she is with her boyfriend she is able to tell her boyfriend about what she wants and what she doesn't want. Participants stated that being assertive boosts their self-esteem and that they have learnt to say "NO". Statements below confirm the findings in this regard.

AGYW2: *I'm one of those people who don't ask what is happening. I once had a boyfriend who was very naughty. We were not even dating for a long time. It was just maybe for 1 week or two weeks to 3 weeks and he asked me to accompany him to his house he wanted to go and take the keys, so when we arrived there I stood by the gate but he asked me to get inside so we can chill a bit then after a couple of minutes he asked me to lock the door and I said " no I'm ok with the door open" yah, I didn't ask him that he said he is going to fetch a key" but then now he locked the door then he started to pull me and I was like "what"? Why? And then I was like what is it? and he pulled me still and I was like "what's wrong with you? and I could see that he wants sex, so I kissed him then he said "ok may we please have sex" and I went to open the door and he was like "what's happening are you angry" and I am like "no, I'm not angry" I went to the door and I opened it and he was like "where are you going?" again I'm going home.*

AGYW7: *I wasn't even thinking about fighting him back, so I went home. After a couple of days I dumped him because I realised that huh huh, he couldn't even wait for a month.*

AGYW10: *For me I learnt that if you are in a relationship with your partner you have to communicate, set ground rules so that your relationship can work like um...so that there will be no one who controls another you should talk about what you don't like and he will say what he doesn't like so that your relationship is good and there's no one who will beat anyone or things like that.*

AGYW12*: for me I learnt that if there's something that you don't like about your boyfriend or something he is doing, you have to tell him. If he says let's have sex and you don't want but you are busy doing actions as if you want so you have to tell him straight that "I don't want".*

AGYW14: *Yes, No I don't want to, so my yes is yes and my no is no. It shouldn't be no…I don't want, don't touch my here (blushing) yet you want it, you understand right?*

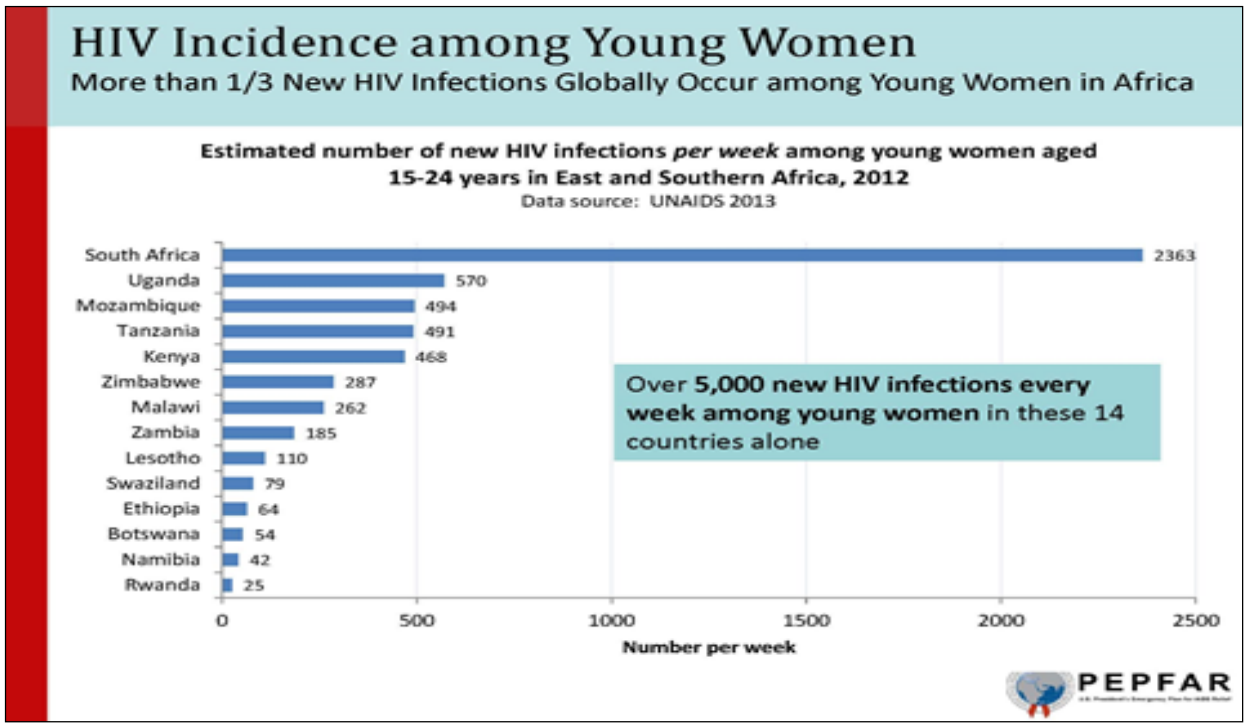
AGYW14: *but for me I don't think you should wait for people to tell you that you are beautiful because there is this voice inside you that tells you "do that and don't do that", so you should listen to that voice don't wait for someone who will tell you that you are beautiful. If you still believe that you are ugly then it's your choice but when you tell yourself that you are beautiful and think like that about yourself and you are confident about the fact that you are beautiful, rather than to wait for some to tell you otherwise and you are going start looking at the mirror and you see big eyes and then you will say "yah they are telling the truth". Some people when they tell you that you are beautiful, in most of the cases they will be fooling you. There are people who are silly even if you are dressed nicely they won't tell you. There are people who are negative and positive and if this person is your friend even if you are not doing right they will tell you that "friend here you are not doing right, go and dress up nicely" but others will say "no you are alright" so don't wait for someone to tell you that you are beautiful. The only person who should tell you that is yourself before anyone else or even from your mother because obvious your mother will tell you that you are beautiful because you have their biological features. Even if you have big eyes it's either you are like your father or your mother so they can't say anything because it's their sperm and these features are coming from them. So there's nothing they can do to change that. Even if they take you to surgery to change you it will not help. What you need to do is to tell yourself that you are beautiful. Don't wait for someone else to tell you that you are beautiful, the person to tell you that you are beautiful it's yourself. Tell yourself, you are beautiful, you have always* been *beautiful and you will forever be beautiful. Don't wait for someone to tell you that you are beautiful.*

AGYW19*: yes at first I wasn't as confident as I am right now. I was scared of people but now my confidence has improved. I am no longer scared of anyone, I don't care about what people will say and that is all because of Vhutshilo.*

Mostly mentioned was also that participants felt that there were more assertive than before due to attending Vhutshilo. The goals of the Dreams Programme were seen being full filled in this category which is to help girls develop into being Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) women (DREAMS), extracted from the DREAMS Programme Intervention Document released by Ambassador Deborah L. Birx, M.D., U.S. Global AIDS Coordinator & U.S. Representative for Global Health Diplomacy (2015:2).

The chart below depicts the current status on HIV Infections in Southern Africa with South Africa having the highest numbers of HIV Infections per week amongst the AGYW, .i.e. 2363 infections per week. This informs that an urgent response in programming is needed now as infections increasing despite several interventions that have been implemented with the aim of reducing HIV infections.

Figure 3 HIV incidence among young women



Most participants alluded that they are able to stand up for their own rights, to what they want in an calm and positive way without being aggressive or passively accepting "wrong". They felt self-assured and confident to communicate their mind. One participant stated that she learnt that when she is with her boyfriend she is able to tell her boyfriend about what she wants and what she doesn't want. Participants stated that being assertive boosts their self-esteem and that they have learnt to say "NO".

Vhutshilo was effective in helping adolescent girls improve their self-esteem. AGYW19, one of the participants mentioned that when she came to attend Vhutshilo she was not as confident as is now, she said "I was scared" but now after Vhutshilo she mentioned that she felt more confident.

k) Self esteem

Most participants stated their self-esteem has improved. One participant mentioned that she is no longer the same as she came in the Vhutshilo sessions but now her confidence has changed.

AGYW19 said, *yes at first I wasn't as confident as I am right now. I was scared of people but now my confidence has improved. I am no longer scared of anyone, I don't care about what people will say and that is all because of Vhutshilo".*

AGYW9 said, *yes, with most of us girls, the majority, they want to please people with their bodies. The fact that your friends have carves and hips you end up going to buy hip extension fabrics so that you can extend yours because you want to please somebody. If somebody loves you even if you don't have an eye he will love the way you are. Even if you don't have big butt or you don't have big breasts he will still love you. If he doesn't want you tell him to go and get it from somewhere. You need to tell him that if you want someone with big breasts go and find them. Let's not please men guys. Don't buy small bras so that your breasts will look like they are small because you want to please a boyfriend because he said he loves you, then if he doesn't want small breast let him go. We didn't choose to be like this. We came to this world like this. If you are worried about me you should ask God and there's nothing you can do to change that. There's a reason why your breast are big. No one can tell you they are too big they need to be reduced, "how do you want them to look like?" If they are too small you complain if they are big you complain so if you want someone else with big breast you go and get the person who have the breast you looking for.*

AGYW14 said, *there is nothing that you can do. I think you should accept who you are. People talk and they always talk. If God has made you and gave you small breasts that should not be a problem to you. There is nothing you can do to change, if God has made you like that, remain like that. I think people should accept how they are. They shouldn't be moved by what other people are saying, People will always talk about you and they move on to talk about another person.*

With me people always talk and say I have big eyes. I know I have big eyes and I am proud of that. I don't want anyone's opinion, some saying "tjo!! (exclaiming) You have big eyes, why do you have big eyes"? so for me what I can say is that there is something wrong with you that's why you are saying that and you need to figure out what exactly is wrong with you. They will tell you, that you are beautiful but "why are you more beautiful than me?

Yes I am beautiful and that should not be your problem. I think it doesn't matter if people criticize you or not, you came in this world like this and for me it's not its one person that tells me that I have big eyes, its many people and I know its true I have big eyes and its clear I have big eyes but I don't care. I have big eyes, but so what!!,and why you why do you have small eyes? So don't tell me I have big eyes and I won't go to the doctor to change my eyes because even if I can change my eyes to be small they will still talk about them and this might make me blind and they will still ask me why I changed so people will always talk so we should check ourselves first before we can talk about others, so don't be quick to judge its either they fooling you about your appearance and it's not like we getting paid to talk about others it's just a negative mindset and it does not benefit anything.

Similar to these findings are the results of a study that was conducted on the effects of Peer Education on the peer learners in a School-Based HIV Prevention Program, findings state that the greatest support for the beneficial aspects of peer programs for peer learners existed within the counseling literature. Studies in this area have shown that peer learners enhance their communication and social skills, and experience gains in their self-esteem, ego development, and other aspects of their psychological and personal development. Edmund and Bland (2011:1) also advocate that members of the group also hear success stories. They hear what others are doing to cope with problems similar to their own. They can help other members who are not as far along on their path, which can help improve self-esteem and give them the feeling of making a positive contribution.

4.4.2.3.1 Summary of Theme 2- Successes of the Vhutshilo Programme as experienced by participants

The research findings in this theme supported the participants' lives were impacted in a positive way by their participation in the Vhutshilo programme.

The data supported that the participants felt that through their participation in Vhutshilo programme their self-confidence and self-esteem increased, allowing them to step outside their comfort zone. The data supported that participants felt that participation in Vhutshilo programme increased their knowledge regarding their sexual health. While growth was seen in all areas, assertiveness appeared to be the area of greatest growth. The participants perceived that their growth was significantly impacted through communication and support from their peers.

4.4.2.4 Theme 3: Challenges of Vhutshilo HIV Prevention Programme experienced by participants

Negative experiences of the participants were also presented as challenges of the programme and these have also been presented and discussed in the first theme under the negative experiences of the participants' category. Though there are a lot of successes experienced by participants, there are some challenges that some participants highlighted during the interview discussion. Some participants experienced some trust issues where they were not able to fully express their feelings and emotions regarding some situations as they were not sure if whatever they were going to say was going to be shared outside by other participants and this applied to the issues of confidentiality. Some issues that emerged in this theme were issues of parents and adolescent relationships as it emerged as a challenge regarding support to be provided by parents to their adolescent girls on sexual health issues which forced some adolescent girls to get peer advice which may not always be accurate. Cultural barriers were described as a challenge by participants in that they were factors hindering them from having a safe space relationships with their parents and lastly the other issue raised was that of peer pressure.

a) Confidentiality and trust issues

One of the challenges experienced by participants was that of a possibility of confidentiality being broken by some participants or mentors who resided in the same location with them. Participants spoke about the fear of having their personal issues shared with “outsiders”. One of these participants mentioned that though she did not experience this challenge she however felt there are some girls in the group who might not feel at ease regarding the issue of trust and confidentiality.

Some participant were not comfortable of talking their personal issues as they were not sure if what they discuss would remain confidential. The possibility of issues discussed during sessions being treated with confidentially was not guaranteed as some girls are known to be gossipers. This was also due to the fact that some of their mentors were residing in the same community as them, “what if they share their issues with other people in the community”. The following responses confirm these experiences:

Weli: *because you know when you are with your friends, let’s say it was probably like in a class with your friends, like you can all be open but then here sometimes you don’t know them in the session and you are wondering what others will be thinking about you. You can hear some people saying this girl did this and that at school or saying you are talking too much you did this and that*

AGYW16: *yes for me, I didn't have challenges but I think they are some who experienced challenges when it comes to confidentiality like you find this person you tell them your stories and you say maybe they will advise me. You may find that there's a group of girls, there's someone with a problem but they can't say it because there are gossipers only to find out that they can advise you and you expect that what you said will remain in the session but it's not going to end there. So I think the thing of confidentiality it was a problem a big problem like the mentors from Vhutshilo they taught us but they don't really trust them because they don't know them.*

Stevens (2013:21) advocates that Researchers should endeavor to ensure that all data are treated with appropriate confidentiality and anonymity. Confidentiality and trust did not become an issue that got reported and had to be dealt with but however as mentioned earlier there were some level of discomfort that was experienced by some of the participants that I can describe as the “fear of the unknown”.

It is normal to feel this way as human beings. Sharing your privacy with people you do not know is not always an option. It is true that in Vhutshilo sessions confidentiality was emphasized and that even participants all had to sign consent forms as they started group that also had confidentiality clauses and that each time of the sessions participants had an opening ritual and also a closing ritual which was aimed at building a “we” feeling of the group, example of this ritual was either a song, dance, motto etc. However one cannot dispute the fact that despite all these measures some participants might still share some stuff with some outsiders.

b) Fear of being judged by other participants

One of the challenge raised by one of the participants was fear of being judged by other participants. Reasons for this were that since you will have to talk in the midst of people who are not really your friends so one will be wondering what they will say about what she is going to say. However some participants felt that as time went on and as they started to know each other, their fears lessons

AGYW6 said *“because you know when you are with your friends, let’s say it was probably like in a class with your friends, like you can all be open but then here sometimes you don’t know them in the session and you are wondering what others will be thinking about you. You can hear some people saying this girl did this and that at school or saying you are talking too much you did this and that”*

Reasons for this were that since you will have to talk in the midst of people that who are not really your friends so one will be wondering what they will say about what she is going to say.

c) Parent relationships as non-safe space for adolescent girls and young women and impact of cultures on adolescent and parent relationship.

Participants felt that though they were encouraged in the Vhutshilo sessions to have talk sessions with their parents on sexuality issues so that they will be able to get support where necessary. Participants raised their concerns that due to so many reasons they were even scared to talk to their parents but rather they chose to come to the sessions and talk to their peers. They felt it was not a safe space for them to express their emotions and feelings especially regarding sexuality stuff.one of the reasons they felt this way was barriers that have been created by culture over the past decades. Comments below confirm the above.

AGYW6: *because at home I can't speak to my mum about things concerning sex she will think that I'm disrespecting her. She will tell me "don't even start"*

AGYW9: *this culture is putting me at risk because if I could get somebody or talk to my mum I wouldn't go outside to my friends and let them tell me what to do but now I need to rely on my friends because at home I'm not getting anything, I don't even know, think about your menstruation the first time you started menstruating if you have, where you able to tell your mum*

AGYW4: *because they are still open you can say anything, because with your mum you respect her a lot. You can't ask her about sex styles. Imagine saying to your mum, yah that style blab bla bla!! Your mum will be angry at you*

AGYW3: *Even though it's not the issue of saying you are scared of your mum, it's just that you feel uncomfortable because she's not your age and there's that level of respect*

AGYW2: *for me again I felt that if I have other problems that I can't tell my family I can come here as it feels safer than talking to mum at home.*

AGYW12: *Us blacks we have a mindset that white people allow their children to date, that they can bring their boyfriends over, it's not like that. White people have a different way of approaching things unlike us black people. The moment you tell your mum that you are dating she will go to the bedroom bring the sham bock and hit you but white people will sit you down, talk to you about everything, about your boyfriend and advice you that if the person is cheating on you how will you notice. With black people the moment you tell them you are dating they will fight you, but for you it's not like you are dating this person for sex. There's nothing wrong about sex but then when you are having sex you should know that there are consequences and prevent but the moment you tell your mum that you are dating and you are having sex she will make it look like you are saying you are ready to get married and tell you to stop going to school since you want to get married, so I think this is the reason why we're not comfortable to tell her parents about things that are troubling us.*

Interestingly to the researcher was that parent and adolescent relationships were regarded as a challenge that hindered adolescents in sharing their personal stuff with their parents. This type of a relationship was regarded as a non-safe space regarding support to be provided by parents to their adolescent girls on sexual health issues which forced some adolescent girls to get peer advice which may not always be accurate. Cultural barriers were described as a challenge by participants in that they were factors hindering them from having a safe space relationships with their parents and lastly the other issue raised was that of peer pressure. Participants felt that though they were encouraged in the Vhutshilo sessions to have talk sessions with their parents on sexuality issues so that they will be able to get support where necessary however due to so many reasons they were even scared to talk to their parents but rather they chose to come to the sessions and talk to their peers.

Cultural barriers became the most reason that was hindering this communication, such barriers have been created and lasted over the past decades. A significant role in this regard would be educate parents about sexual reproductive health of their children and help them understanding the physical, cognitive and emotional changes their adolescents go through as they get into adolescence this will make it easier to support their children and create a safe space therefore for their adolescent girls to talk to them when they are going through difficult emotional moments.

Kolb (2012:43-44) sees learning as can be best conceived as a process, not in terms of outcomes. They advocate that to improve learning in young people, the primary focus should be on engaging them in a process that best enhances their learning – a process that includes feedback on the effectiveness of their learning efforts.

Education must be conceived as a continuing reconstruction of experiences. The process and goal of education are one and the same thing. This claim substantiates that learning is not something that can be done once but rather it involves a process where the participant needs to be actively involved and be responsible for their own learning. After participants have shared their experiences, they analyse those experiences. Participants need to relate what they've learned to their world, to practice their new skills, to make strategies and to plan for action afterwards, back at home at school and in daily life, participants applying their actions what they've learned in the session. Based on what Kolb says, it would be more effective for learning take place if the environment at home for adolescents is also conducive as it will serve as a support system for the adolescent girl.

4.4.2.5 Recommendations of Vhutshilo to friends

a) Affirmative responses and reasons for recommendation

In this theme only one subtheme was identified which is, affirmative responses and reasons for recommendation.

When asked if they would recommend their friends to attend Vhutshilo sessions, most of the participants who responded to this question answered in the affirmative. They all agreed that they would recommend their friends to attend.

Their reasons as stated were so that their friends would also gain the knowledge that they (participants) gained, so that their lives will be changed, because it is a safe space for them to be able to talk freely about what they are going through, because they will be guided to change their behaviours, there is peer support, because they will be able to go back to school once they get knowledge from Vhutshilo on consequences of substance abuse, because it will help them prevent HIV infections amongst them, because there are some out of school so if they attend their attitude will be change, because they will learn about contraceptives methods and because they will learn about “blessers” and this will help them make sound decisions regarding their sexual relationships and help them avoid relationships with older men. The reasons mentioned above have been explored and explained already in Theme 2, successes of Vhutshilo. Comments below demonstrated this theme.

AGYW7: *because it's nice here. When you come here you can say anything even what is bothering you and the facilitators also made us feel welcome. Sometimes you would even forget that they are a bit older than us because they were treating us very very well, and sometimes you they will even mother us. When you start taking things for granted then they remind us that “we are the ones who are in charge (facilitators) like it was very nice.*

AGYW6: *so that they will learn how to behave themselves as a teenager, how they can prevent themselves from HIV and from STIs and from pregnancy.*

AGYW6: *for me there are teenagers out there, the girls who are behaving like older people. They don't know that at that age you need to behave like kids. So the programme will teach them that if you are a child you need to behave like this.*

AGYW6: *I will tell you about Mpumalanga where I come from, children of 14 years old have children, before you know it this child is pregnant again, and their children will be having a gap interval of a month. They don't go to school. There are lots of out of school in these places because of teenage pregnancy*

AGYW1: *see in this places that's where Dreams Programme is needed because they ar e at high risk*

.

AGYW7: *and out of school children there are too many. In the villages the girls are after marriage, they want to get married as soon as they get a boyfriend. If they get a boyfriend they stop going to school and also this program it helped us a lot because it teaches us about the blessers that blesses are not ok and not good for your life*

According to the participants there was every good reason to recommend their friends and peers to attend Vhutshilo. Only affirmative responses characterised this theme. Such recommendations were attributed to so much learning that they experienced which also positively affected their assertiveness. Fortunately, some of these biases counteract each other. Kirby D *et al (2006* May 13. 75 p.) alluded that despite these limitations, the evidence for the positive impact on behavior of curriculum- and group-based sex and HIV education programs for adolescents and young adults is quite strong and encouraging. Two thirds of the programs had a significant positive impact on behavior. Many either delayed or reduced sexual activity or increased condom or contraceptive use or both. This indicates a good reasons for participants to feel they would recommend their peers to attend Vhutshilo.

4.4.2.6 Sustainability of Vhutshilo

In the theme three sub themes were identified which is, nature of the programme, refreshments and mentors.

Researcher's findings determined participants' opinions based on their experiences as to whether Vhutshilo can be a feasible programme, can it be done in the near future and can it be also cascaded to other communities, is the replication of this programme possible, the costs of implementing this programme and determining if there could be a way of making this programme cost effective. Findings reported that Vhutshilo programme can be sustainable given the following below:

a) Nature of the programme

Participants advocated that the programme was exciting and there was so much knowledge to gain from it so as a result they believe other girls will come as it is not boring. They felt that girls will not find any reasons to be absent from sessions. The following statement demonstrated this sub theme.

AGYW5: like it's very nice like I doubt that people will not want to join I'm sure that even the absenteeism won't be that much because it's very nice, it's exciting right?

AGYW6: *so it doesn't need money, so it means we can do it*

The opinions of the participants were based on their experiences as to whether Vhutshilo can be a feasible programme, answering the questions if it can be done in the near future, If it can be also cascaded to other communities, if the replication of this programme is possible, the costs of implementing this programme and determining if there could be a way of making this programme cost effective.

b) Refreshments

Participants acknowledged that there refreshments provided in the Vhutshilo sessions, however they felt that even if refreshments were not provided they would have still attended because for them, they came to gain knowledge not for food.

They also advocated that when they came to attend Vhutshilo sessions they would have already eaten from the school, so even though they ate during Vhutshilo sessions it was not because they were necessarily hungry. The statements below demonstrated this subtheme.

***Interviewer**: what if let's say they were no refreshments at all with what was happening in Vhutshilo do you think people will still come? AGYW7's response" but for me according to me I think I would come because sometimes we would come from school after having eaten.*

***AGYW13**: yes it can work because when you decide to attend you don't decide to attend for food. If you attend because of this there might be a day were they will be no food and that will make you lack knowledge about the things they were going to teach in the session. So don't say "No, today there are no hot dogs I will not attend*

***AGYW15**: Yes, for me yes because the issue of refreshments, it was our mentors that told us we will have refreshments and this was during 1st session. When they were recruiting us they didn't tell us we will have refreshments. So if they don't tell us we will have refreshments I do not think we will have a problem.*

In the light of the above, the research concurs with what AGYW13 said, however from the researcher' experience with working with underprivileged communities it is not always easy to run groups without at least having little refreshments. Where there are no refreshments at all, commitment of participants is usually complicated. It's either they don't show up at all or a very small number of participants will turn. The researcher is not disputing the fact that it can't be done without refreshments but rather am putting on an amber light to say this could be considered if you are to run a group without refreshments at all and this amongst many, to ensure that effective campaigns are done to raise awareness about the programme. Thus programme overview needs to be thoroughly done with participants and emphasise on the benefits of the programme and hence from day one and let the participants know that there will be no refreshments.

c) Mentors

Participants also felt that Vhutshilo can be sustainable as it used Peer educators that were residing in the same communities as them. People who have most probably gone through the same or similar experiences as them, therefore it may not be a big challenge to financially maintain them as most of them are former Caregivers of Community based Organisations. In this regard participants also suggested that to reduce cost in terms of facilitations the programme can use them as former participants of Vhutshilo as role models to inspire other girls and facilitate as well. Quality of a mentor also came out as an important necessity in that it can determine if the programme can work or not.

AGYW8: *it was not boring. There were icebreakers and when we started they taught us that we should have five friends and this helped me a lot because when I arrived I didn't have friends but at the end of the day like I had two but at the end of the program I had a lot of friends.*

They taught us that you should have an old female mentor so that you can talk to this person when you have a problem or maybe if you need some information about yourself then I had a mentor so it was exciting

AGYW8*: they are the right age because some of them are a bit older than us, they have experienced these things so they are teaching us what they know*

AGYW1: *and also our facilitators should also entice members that they give them something to come back for probably for a facilitator that when they come they don't become rude because first impression lasts longer. Like if for the first time you come to facilitate wearing a mask the next time I'm not gonna come because they will be boring or maybe they come here and they are like "what is Vhutshilo guys" (as if sleeping) like in a boring manner.*

Mentors played a big role in facilitating the Vhutshilo sessions and helping inspire and groom the adolescent girls. Participants also felt that Vhutshilo can be sustainable as it used Peer educators that were residing in the same communities as them.

People who have most probably gone through the same or similar experiences as them, therefore it may not be a big challenge to financially maintain them as most of them are former Caregivers of Community based Organisations.

In this regard participants also suggested that to reduce cost in terms of facilitations the programme can use them as former participants of Vhutshilo as role models to inspire other girls and facilitate as well. Researcher also agrees with the participants, peer role modelling is an effective tool in changing peer attitudes. Quality of a mentor also came out as an important necessity that can determine if the programme can work or not.

Findings concur with what Repper et al (2013:10) said about peer workers, “Peer workers have the time and flexibility to listen”. They always take the time to talk, whereas other staff members may get called away”.

Research into the impact of peer support on the people being supported includes seven randomised controlled trials and many more observational, qualitative and naturalistic comparison studies they have the potential to bring a range of benefits to those receiving support, including: increased self-esteem and confidence, improved problem solving skills, increased sense of empowerment, improved access to work and education, more friends, better relationships, more confidence in social settings, greater feelings of being accepted and understood (and liked), reduced self stigmatisation, greater hopefulness about their own potential and more positive feelings about the future. The researcher also realises that the peer educators (mentors, facilitators) role might also require personal reflection in future as the experience of being a peer educator and acting as a role model also contributed to their feeling good about their own accomplishments (Repper et al 2013:10).

4.4.2.7 Effectiveness of Vhutshilo in reducing HIV infections amongst adolescent girls and young women

Participants felt that Vhutshilo was successful in achieving its desired results of helping adolescents to adopt healthy sexual behaviors, assisting adolescent girls to develop positive values and behavior through exploring options, understanding the different influences on their lives and coming to their own views and decisions, rather than being told what to do. Participants mentioned that the programme provided sessions where participants had opportunities to build their confidence, knowledge and skills over time-increasing the likelihood for long term behavior change and also on providing participants with an accurate understanding of how sexually transmitted infections (STIs) including HIV are and are not transmitted and how to stay safe from infection. Most of the confirming statements have been discussed under theme 2 – Successes experienced by participants. Below is a confirming statement from the participant:

AGYW4: *if someone attends Vhutshilo they must know that their lives will never be the same again yes, yes like there becomes growth in you even if sometimes you may not notice it at that time but when things happen to you then you can use that information and you can remember that I learnt this information in Vhutshilo.*

AGYW19*: yes at first I wasn't as confident as I am right now. I was scared of people but now my confidence has improved. I am no longer scared of anyone, I don't care about what people will say and that is all because of Vhutshilo.*

AGYW2: *I think now I feel more empowered I think I have the power now because I have the right information so I won't let anyone whether you are old to control me because I have the right information.*

AGYW12*: as another participant said, this program should also go to other communities. For us we would love it to be here in our community because the girls in our community, what we hear about them like it's so sad and then to those who are sick or HIV positive*

or who are pregnant, if this program can go to them to our community and they join it let's say maybe they didn't know how can they manage problems or maybe you don't know about self-talk or someone they can talk to so maybe if it comes and they join they will be free. So I feel it should be like this like for me I have learnt a lot. Let's say maybe I have reached the stage where I can get a boyfriend, may be if I am faced with challenges where my boyfriend wants to fight me or control me I have an experience on what I should do for him to stop it

It cannot be ignored, the fact that core problems and disadvantages such as poverty or conflict will limit the relevance and effectiveness of any efforts to change health-related behavior in isolation in the communities. Thus addressing such issues will encourage community participation and enable healthy behavior change Campbell *et al (2009:123).* However it is evident that to a greater extent Vhutshilo was successful in achieving its desired results of helping adolescents to adopt healthy sexual behavior, assisting adolescent girls to develop positive values and behavior through exploring options, understanding the different influences on their lives and coming to their own views and decisions, rather than being told what to do.

Participants mentioned that the programme provided sessions where participants had opportunities to build their confidence, knowledge and skills over time—increasing the likelihood for long term behavior change and also on providing participants with an accurate understanding of how sexually transmitted infections (STIs) including HIV are and are not transmitted and how to stay safe from infection. Most of the confirming statements have been discussed under theme 2 – Successes experienced by participants.

4.4.2.8 Theme 7: Recommendations for the Vhutshilo Programme

In this theme five sub themes were identified which is, taking the programme to other places, barriers to accessing health services, making use of social media platforms, securing sponsors and Gender equality.

Participants made quite interesting suggestions/ proposals/ recommendations that were aimed at improving the programme and also extending it to other populations. Participants recommended that Vhutshilo should also be taken to rural areas/villages as the adolescent girls in the rural areas are at high risk of getting infected by HIV mostly due to cultural practices that expose them to such risks together with ignorance and limited access to health facilities. Participants suggested that Vhutshilo can have a page on social media platforms where most of the adolescents social e.g. Facebook as suggested that different topics can be discussed in these platforms to provide sexual reproductive health education to the adolescents at large. It became a cause for concern that boys were not part of Vhutshilo programme in the Dreams Programme but rather only girls which was basically because Dreams Programme aimed to reduce HIV infections amongst adolescent girls and young women, thus a proposal was made that boys also need to be catered for in this programme.

Lastly a recommendation was made that whenever Vhutshilo is to be taken to in the near future, former Vhutshilo participants should be utilised as role models to inspire behaviour change amongst the youth.

a) Taking the programme to other places

In this sub theme participants recommended that Vhutshilo should also be extended to other places so that more adolescents will benefit from it. Specific reference was made to villages, in the rural areas which was described as less primitive characterised with lack of or limited health services and poor accessibility in cases of availability. Adolescent girls were deemed to be at a very high risk due to cultural practices like forced marriage and where there are at a high risk of dropping out of school. One participant mentioned that there are many “out of school” girls in the rural areas. Specific reference was made to Mtata, KZN and Mpumalanga as most of the areas where there are some cultural practices that expose girls at risk of HIV and STIs, where also traditional Kings marry girls against their will during some special ceremonies. An example has been given below of one of the statements below that confirm the above:

AGYW6: *for me there are teenagers out there, the girls who are behaving like older people. They don't know that at that age you need to behave like kids. So the programme will teach them that if you are a child you need to behave like this*

AGYW5: *on my side I think in the Villages, this programme will help a lot because there's too much teenage pregnancy. You find a 14 year old girl is pregnant*

AGYW3: *you know someone of my age stay in the taverns the whole night. They don't want to go to school, they don't go to school.*

Regarding taking the programme to other places, in this sub category participants recommended that Vhutshilo should also be extended to other places so that more adolescents will benefit from it. Specific reference was made to villages, in the rural areas which described as less primitive characterised will lack of or limited health services and poor accessibility in cases of availability. Adolescent in these areas are deemed to be at a very high risk due to cultural practices like forced marriage and where there are at a high risk of dropping out of school. One participant mentioned that there are many "out of school" girls in the rural areas. Specific reference was made to Mtata, KZN and Mpumalanga as most of the areas where there are some cultural practices that expose girls at risk of HIV and STIs, where also traditional Kings marry girls against their will during some special ceremonies. Cultures like "ukuthwala" are being practiced mostly in the villages and the expose girls to high risks of HIV and emhlangeni cultural practice. This suggests that such communities need Vhutshilo as it can help open their eyes to the reality of HIV and this it will help them take some safety measure in case it continues to be practiced. Coates et al (2008:2) concurrs with the findings above that the inadequacies of public services, basic health resources and lack of infrastructure development in rural areas can serve as a reason that expose women to the risk of HIV.

b) Making use of social media platforms

Quite interesting recommendations were made in this category. Participants suggested that Vhutshilo can have a page on social media platforms where most of the adolescents social e.g.

Facebook as suggested that different topics can be discussed in these platforms to provide sexual reproductive health education to the adolescents at large. One participant also suggested the use of radio stations to market Vhutshilo programme and also to provide health talks to the youth and suggested that this shows must be facilitated by them (former Vhutshilo participants). Comments below demonstrated this subtheme.

AGYW2: *if you guys can have a face book page and then maybe you get us involved. You post on Facebook page, you post pictures. If there are events, we plan and facilitate them, not that we come as guests but that we be actively involved*

AGYW7: *we should go to the radio.*

AGYW1*: Sometimes like on the radio we can have our show probably maybe around 3pm when they are coming from school. We can be like "its Vhutshilo time, I am your host who…who… who… and then we talk about Vhutshilo and callers can call and if they call they can remain anonymous then we talk about Vhutshilo you know. As much as you are teaching us we also teach everyone so then there's no need for them to come and attend sessions to know.*

Participants emphasised on the role of social media like having a Vhutshilo page on social media platforms e.g. on Facebook where most of the adolescents suggested that different topics can be discussed and that in these platforms to provide sexual reproductive health education to the adolescents at large and also going to the radio to talk about the programme.

Similar to this idea/ recommendation is Choma, an online platform that is currently available in the following platforms, Facebook, Instagram, twitter and on the website and the aim is to facilitate links to Sexual Reproductive Health (SRH) and health services both in the physical space and online via Choma Magazine (www.hivsa.com) for the adolescent girls and young women, Inform, educate, engage and inspire adolescents through various media platforms and activities amongst many.

c) Securing sponsors

Much was not said in this category. Two participants mentioned the issue of securing sponsors and this was more of getting sponsors who help with taking the programme to further areas and also to sponsor girls who might have identified to be having talents amongst Vhutshilo groups. One participant felt that mentors should also look out for the girls who can be gifted with some special talents like dancing and singing then nature these talents beyond Vhutshilo and link them with resources or stake holders that can further cultivate these talents there by shaping their future careers. Comments below confirm the above.

AGYW5: *yah the other thing is that like maybe if you guys can get sponsors*

AGYW15: for me I would like to thank Vhutshilo and I would love you guys to add something, you will find that there are others who have talents and then they don't know how to showcase them, maybe if you can give them opportunities so that they can express their talent maybe it will take them far. You may find that you guys are connected to people who want people who know how to dance and sing. You can find people in our sessions who can dance or sing and people get interested, you can talk to this person and connect them am sure in the future they will be very grateful to you.

Based on the above statement, though it's not part of Vhutshilo to identify such talents, however the researcher feels where possible, where a talent or a skill might have been identified, mentors can link the adolescent girl to the relevant stakeholder or service provider there by making necessary referrals.

d) Gender equality

One of the recommendations that came strong from the participants was that of gender equality. Participants identified one of the main health issues in the world, referring to equal opportunities for both men and women to live a healthy life. Participants raised concerns as to why boys were not included in the Vhutshilo sessions.

Though it was explained to them the objectives of Dreams and that the target was only girls they still felt boys have been part of Vhutshilo as they also experience challenges similar to theirs. They felt that if boys would also be taught on issues of negotiation, protection and sex, there would be less challenges regarding adolescents engaging in unsafe sex as currently boys feel like it's a duty of women to be responsible for making sure that there is protection. Statements below demonstrated this subtheme.

AGYW13: *can I add, Vhutshilo should also include boys because we are not the only ones, I mean girls, who encounter problems regarding HIV, of issues of sex without condoms. Even boys need to be included so that they can be taught also that when you have somebody, you need to need to talk with your partner. You need to discuss what you want and the other person also to say what they want to say. Discuss on the issues of condoms. So I think we also should include boys.*

AGYW3: *because boys are complaining why are they not part of the programme?*

AGYW6: *I remember one day at school they said "yah, you guys you show partiality it's not only girls that do that have problems we also have challenges as boys".*

AGYW2: *yes even at school they would come to our class when we were writing exams and then somebody said "no this program is only for girls" and they were like "why only girls?" because they also want to be part of it.*

AGYW5: *I remember other parents who were ladies came and attended Let's Talk and when they had attended they said we also have boys they're interested in attending then we said "no the program for boys will come not now".*

AGYW17: *I think boys also should be included so that if we speak, we speak the same language so that he doesn't "where is story about condoms coming from now, because we haven't* been *using condoms"*

It became a cause for concern that "boys" were not part of Vhutshilo programme in the Dreams Programme but rather only girls which was basically because Dreams Programme aimed to reduce HIV infections amongst adolescent girls and young women, thus a proposal was made that boys also need to be catered for in this programme. Gender equality should be considered in gender mainstreaming. This is one of the main health issues in the world, referring to equal opportunities for both men and women to live a healthy life. Participants raised concerns as to why boys were not included in the Vhutshilo sessions. Though it was explained to them the objectives of Dreams and that the target was only girls they still felt boys have been part of Vhutshilo as they also experience challenges similar to theirs. This means that there is a need to teach boys as well on issues of negotiation, protection and sex there would be less challenges regarding adolescents engaging in unsafe sex.

This has been a challenge in that most of similar programmes appear to be girl centered. It is very true that girls are at more risk compared to their counter parts, however there is a need for boys to be considered for these programme thus gender mainstreaming should be seen as a significant process by policy developers as boys are also experiencing these challenges.

e) Role modelling

Participants portrayed a great enthusiasm of wanting to be part of Vhutshilo in the near future. They believed that as former Vhutshilo participants they will be able to do knowledge and skills transfer to other communities. All they are asking for is “a chance” to prove themselves and to go and impact communities.

AGYW7: *Ok we are saying like if you start the program somewhere else you should take like us because already we are the members and when we get there people will be interested, like “oh ok they were in the program also”. Like if you give them the energy and we are at their age, we talk about it, being open, being free, laughing together yes, they can also see also that oh man!! (exclamation of excitement).*

AGYW3: *to those who attended the sessions, if like maybe you are going somewhere, call us, call us and the all participants will see the energy in us and see that this thing is nice*

AGYW2: *if you guys can have a face book page and then maybe you get us involved. You post on Facebook page, you post pictures. If there are events, we plan and facilitate them, not that we come as guests but that we be actively involved*

AGYW1*: Sometimes like on the radio we can have our show probably maybe around 3pm when they are coming from school. We can be like “its Vhutshilo time, I am your host who… who… who… and then we talk about Vhutshilo and callers can call and if they call they can remain anonymous then we talk about Vhutshilo you know. As much as you are teaching us we also teach everyone so then there's no need for them to come and attend sessions to know.*

The researcher finds this as very interesting. For participants to feel confident about aspiring to be the leaders of tomorrow so as to transfer learning is a great sign of readiness in terms of taking responsibility and to implement what they have learnt.

Vhutshilo has benefited them as individuals but it carries more weight to see them inspiring their peers to the right direction. Just as peer workers provide hope and inspiration for others experiencing mental health problems, they challenge negative attitudes of staff and provide an inspiration for all members of the team.

Peer workers also facilitate a better understanding between the people providing the service and those using it Repper et al (2013:10).

4.5 CONCLUSION

This chapter included a presentation and discussion of findings that were drawn from the data analysis as previously discussed. Profiles were developed to allow readers a characterization of the research participants who chose to take part in this study. The data analysis procedures were discussed and the emergence of themes was illustrated in narrative as well as visual displays. Finally, the conclusions and verification process was presented to affirm the given results. The research findings discussed in this chapter shed light on some areas for further research and discussion, which will be explored in chapter five.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of the study was to explore the successes and challenges of Vhutshilo 2 HIV Prevention Programme. This final chapter comprises of a summary of the research findings, conclusions of the study, limitations of the study and recommendations that were made to provide information that will assist the Vhutshilo 2 HIV Prevention Programme to improve the peer education programme they offer. The research sought to answer the following questions 1) What are the successes of Vhutshilo 2 HIV Prevention programme in reducing HIV infections HIV Infections amongst Adolescent girls and young Women [AGYW], 2) What are the challenges encountered with implementation of Vhutshilo 2 HIV Prevention programme in reducing HIV infections, 3) What are the experiences of the AGYW with regards to the Vhutshilo Programme?.

The following were the objectives on the study 1) to explore and describe the challenges and successes encountered by the Adolescent girls and young Women [AGYW] in the implementation of Vhutshilo 2 HIV Prevention Programme, 2) to explore AGYW experiences of the Vhutshilo 2 HIV Prevention Programme, to describe sustainability of Vhutshilo 2 HIV/AIDS Prevention Programme. Summary of the research study finding are presented for each of the three research questions below.

5.2 RESEARCH DESIGN AND METHOD

This research study utilised a qualitative research approach. The methodology that was utilised for this study is focus group interviews. In this study the adolescent girls and young women shared their experiences of the Vhutshilo Programme and these stories were analysed to describe the successes and challenges of the programme, (Creswell, 2013:74). Research design followed was narrative design.

Conducting narrative research has many advantages. Narrative research is highly suitable for collecting detailed experiences from a small number of individuals (Creswell, 2013:75).

In this study, this was an advantage as only a number of focused narratives were collected. Through the collection and analysis of the narratives specific themes emerged. To avoid a possibility of an inaccurate analysis and interpretation of data by the researcher, clarification of the narratives was done by confirming with the participant that the interpretation is an accurate depiction of what they participant meant.

Focus group interviews were conducted with former Vhutshilo participants who voluntarily participated in the research. The participants agreed to tell their story to illuminate their own perceptions of why they chose to participate in Vhutshilo and what their experiences were of Vhutshilo programme. The interviews were audio taped and later transcribed. Data analysis procedures were then applied and resulted in the identification of themes: A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set, (Braun and Clarke, 2006:82). In this study seven themes were identified within the data and these are as follows: 1) *experiences of adolescent girls and young women regarding Vhutshilo HIV Prevention Programme, 2) successes of Vhutshilo HIV Prevention Programme*, 3) *challenges of Vhutshilo HIV Prevention Programme, 5) recommendations of Vhutshilo to friends, 5) sustainability of Vhutshilo, 6) effectiveness of Vhutshilo in reducing HIV infections amongst adolescent girls and young women, 7) recommendations for the Vhutshilo Programme.*

Coding of the interviews led to the development of the subthemes and categories from within each theme. Data displays were utilized for the examination and description of the revealed information. To further facilitate the development of findings, narrative analysis, participant debriefing, and reflexive journaling were used. A summary of the results is included.

5.3 SUMMARY OF THE RESEARCH FINDINGS

The main findings are summarised in terms of the research questions. The principle of credibility was followed. Flick (2009:392) defines credibility as a process of establishing that the results of the research are believable and can be trusted. It is about establishing quality rather than quantity. It depends more on the richness of the information gathered, rather than the amount of data gathered.

There are many techniques to gauge the accuracy of the findings, such as 'member checks'. In this regard, the researcher organized participants after data was collected and analysed to give participants feedback on the analysis and also to confirm if the data collected was accurate and this was also to ensure that data can be trusted. No new data was collected at this stage as participants felt they exhausted all they wanted to say in the previous meeting.

5.3.1 Biographical data

Participants that participated in this research were adolescents girls and young women aged between 18 - 20 years who participated/ attended Vhutshilo sessions in the Dreams Programme. A total of 19 participants participated in the research study. 12 of these participants were from Friends for Life Organisation from Mayibuye site and 7 participants were from Ratang Bana Organisation from Alexandra and all were out of school except two who were out of school. Demographic information was collected prior to the interview, information was extracted from the Dreams Programme Monthly Excel tracker from HIVSA (*organisation where the researcher is currently employed)* that captures all the adolescent girls and young women (AGYW) participating in the Dreams Programme interventions. All participants underwent a risk assessment process before they started the Vhutshilo sessions as was the requirement of the Dreams Programme and they all displayed a certain level of risk according to the risk definition in the risk tool assessment that was developed by HIVSA.

5.3.2 "What are the successes of Vhutshilo 2 HIV Prevention programme in reducing HIV infections HIV Infections amongst Adolescent girls and young Women [AGYW].

Regarding research question 1: what are the successes of Vhutshilo 2 HIV Prevention programme in reducing HIV infections HIV Infections amongst Adolescent girls and young Women [AGYW] participants reported a lot of successes that they experienced in Vhutshilo. Given the widely recognized potential risk of sexually transmitted HIV among adolescent girls and young women, the findings of the present research are encouraging. Findings confirm that Vhutshilo intervention increased knowledge about HIV and was able to change attitudes of adolescents towards risky sexual behaviours and risk of HIV infections.

HIV education programs for adolescents and children have been viewed as that, exposing them to information about sex will encourage them to engage in sexual activity. Findings of this study, however, provide some evidence that the opposite may be true. Adolescents who received the Vhutshilo intervention were less likely to engage in unsafe sexual activity, and those who did not were more likely to engage in unsafe sexual activity. Thus, the common fear that providing adolescents with HIV prevention knowledge will worsen their behavior is not verified given the results of the study. It was found that the majority of the respondents were knowledgeable about HIV.

Peer education interventions are commonly employed to prevent HIV and other STI infections. Peer education programs have been used as public health strategies to promote various positive health behaviors such as smoking cessation and violence, substance abuse, and HIV prevention. Peer education has been shown to be beneficial in improving knowledge and the intention to change behavior in human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) prevention programs among adolescent girls and young women. It is, hence, a system of delivering knowledge that promotes social skills, (Abdi, 2013:381).

Similar to what Abdi has highlighted, Participants described Vhutshilo as place where those who attend it should know that “their lives will never be the same again”. Very interesting for a participant to speak like this because only a person whose life has been impacted positively can boldly speak like this!!

The programme impacted positively on the different dimensions of their lives which includ es a positive impact on their sexual behaviors, cognitive abilities, sexual health, taking re sponsibilities, formulating and maintaining peer relationships, attitudes and self-esteem. O ne participant also mentioned that Vhutshilo saved them time where they might have bee n somewhere doing something wrong.

Participants reported that they are aware of the implications of engaging in risk taking behaviors and the risks of having multiple partners, abusing drugs, dating “blessers” and having unprotected sex were discussed and participants understand that these behaviors are potentially harmful. Participants mentioned that they have been empowered and they will not allow anyone to control them or force them to do what they do not want to do.

It was evident that alcohol and drug abuse was also seen as a serious public health problem that affects almost every community and families in some way. Drugs affect adolescents and expose them to high risks of HIV. Drug abuse plays a big role in major social problems such as stress, crime. Reference to a drug type “Nyaope” (type of a drug) was made as one of the drugs that is destroying adolescent girls and young women and it was linked to crime in that in the local communities where participants reside, most of the adolescents who commit crime on the streets are under the influence of “Nyaope”. These findings are similar to the following findings by (Association, 2002:31) who found that the major problem areas of most concern for high-risk behaviors of adolescents are alcohol and drug abuse; pregnancy and sexually transmitted diseases; school failure and dropping out; and crime, delinquency, and violence.

Results of Vhutshilo indicate the significance of using peer education in reducing HIV infections amongst adolescent girls.

Peer education been used in many areas of public health, including nutrition education, family planning, substance use, and violence prevention. However, HIV/AIDS peer education stands out owing to the number of examples of its use in the recent international public health literature. Because of this popularity, global efforts to further understand and improve the process and impact of peer education in the area of HIV/AIDS prevention, care, and support have also increased (WHO & UNICEF, 2013/6).

There was also a link between alcohol abuse and the spread of STIs, HIV and pregnancy. One participant mentioned that when one is drunk the ability to make sound decisions is reduced and thus adolescent girls who engage in risky behaviors might contact HIV and STIs or even get pregnant.

Similar findings to what Bandura said have been identified from this study. Bandura argued that the biggest problem with respect to the change of behaviour is not about instructions given to people regarding what they should or should not do, .e.g. “use condoms” but rather it is about imparting to them the social and self-regulatory skills and the self-beliefs necessary to practice safer behaviours. It is about one believing in his/her self-efficacy to do so [self-efficacy- sense that one can control his /her motivation and environment and on especially her behaviour. Self-efficacy affects whether people will change at all, determines how much effort will be exerted in trying to change and how much will they persist in a change attempt without giving up.

Thus, this means without a sense of self efficacy, people will not behave safely even if they know the implications of engaging in a safer or risky behaviour, cited from (Bandura, 1989:47-50) Empowerment is very critical in behaviour change**.** Participants reported that they have been empowered with skills that has helped them to make sound decisions regarding their sexual health and to be able to make healthy decisions concerning their future. They have been equipped with problem solving skills. Participants mentioned that “now they know what to do in any given circumstance”. Due to Vhutshilo their patterns of thinking and behaviour has changed.

Some participants felt that Vhutshilo provided a safe physical and emotional space/ environment for them where confidentiality was respected and they could be able to express themselves without fear and could talk about the difficult things they were encountering. Participants also looked up to their peers and mentors who were facilitating sessions. They didn't feel judged by their mentors or experience any form of rejection and discrimination. They were made to feel worth in these sessions. They felt that responsibilities were shared in handling disagreements and in responses to performance and accomplishment of goals.

Participants felt that they were helped to explore and decide for themselves the informed ways of solving problems. Another important concept discussed as of paramount importance in building this safe space was "trust". Most of the participants gained a sense of trust during Vhutshilo sessions. They felt they could share anything in the sessions without any fear of being judged or having someone talk about their personal stuff. Vhutshilo taught and encouraged them to adopt healthy sexual behaviors. Young people are more likely to adopt healthy behaviors if they see that this will have a positive effect on their lives, than if they are asked to give up something to avoid a bad consequence (Health and Education Training and Technical Assistance Services, 2015:4).

Results of the findings also validated the truth about the blessers. The blesser phenomenon that has acquired significant attention in the recent period in the South African public space. This opinion piece seeks to illustrate the social construction behind the blesser phenomenon, by stating that the blesser phenomenon reveals an economic side of sexual and romantic relationship that has been disregarded in public discourse (Masenya, 2017:121).

Participants understood this type of a relationship and described a blesser as a "**your boss**" meaning to depict a power relationship, where in most cases they said an adolescent girl has no say in this relationship. Participants admitted that this type of a relationship is not healthy for them as it exposes them to the risks of HIV and STIs infections given that in this relationship girls have limited powers to negotiate for condom.

Of course the discussions were not made with the exception of structural issues causing girls to engage in these blesser – blessee relationships like poverty.

They discussed about what is currently happening in the communities or in South Africa in general where many girls in South Africa are looking for a “blesser”, an older man who will give them a luxury lifestyle but the question is at what cost?. They mentioned that the blessers control young girls, they tell them what to do. Participants had a different view, they didn’t see girls who date blessers as “prostitutes” but rather they described it as a power relationship where also adolescent girls date blessers because they need a glamorous life not because they love the blesser but rather without really thinking of the implications of getting into such relationship. A slogan of “NO to transactional sex” was developed by the participants.

Another success of the programme highlighted by participants was that they learnt about the importance of their health and how they should value their health. To them sexual health meant their different aspects in terms of their physical, mental and social well-being in relation to their sexuality, not only about the act of sex itself. One participant stated that one should not agree to sex simple because they want to please their boyfriend but rather they agree to sex if they want to do so, not because they are coerced. Assertiveness was built among the participants and they indicated that they learnt to say “NO” to sex without a condom as their health is very important.

Participants portrayed their understanding regarding learning to take responsibility regarding their health and also to avoid unwanted pregnancy and making an effort to prevent STIs and seek care and treatment when needed. This is also included being able to respect other people’s sexual rights and having access to sexual health information, education and care and being able to negotiate for safe sex. It became evident from that discussion that most of the participants became assertive and this was depicted by the way they spoke, with boldness, confidence, being clear on what they wanted as adolescent girls.

According to the Social Cognitive theory, the fundamentals of this theory are that effective behaviour change interventions should at least incorporate/involve four components of which self-efficacy is one of those as discussed above. Four components include: 1) an informational Component which is aimed at increasing awareness and knowledge of health risks and to convince people that they have the ability and potential to change their behaviour. The cognitive theory can be linked to the context of Vhutshilo 2. The curriculum of Vhutshilo is a delivery method for peer led, time limited, structured socio educational support groups which comprises of a sequence of 16 sessions co facilitated by a team of young adult facilitators (or an adult facilitator paired with a peer educator) leading groups of female. Sessions were characterized by place of trust and consistency, group participation is usually closed after session 1 and no new participants may join. Each session's learning activities targeted different learning objectives; but every session also provided fun, connection among participants. Vhutshilo focuses on information regarding HIV Prevention education and sexual reproductive health in AGYW (Health and Education Training and Technical Assistance Services, 2015:10).

Vhutshilo as an intervention has an element of developing in people self-regulatory and risk reduction skills that are necessary to translate knowledge into preventive behavior. Self-regulatory skills include knowing one's risk triggers, being able to remind oneself about how important safe behavior is and ensuring reinforcing oneself to practicing safer behavior. It is also important for individuals to practice risk reduction skills. Risk reduction skills may be technical (e.g. knowing how to use a condom), social (e.g. knowing how to negotiate condom use or how to exit unsafe situations) or a combination of both, (Fisher & Fisher, 2000:25). Participants understood the consequences of having many partners and of sleeping without a condom.

One of the successes of Vhutshilo that came across almost across every theme is that of improving and boosting their assertiveness and influencing them to have positive attitudes. The goals of the Dreams Programme were seen being full filled in this category.

The goal of DREAMS is to help girls develop into being Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) women (DREAMS), extracted from the DREAMS Programme Intervention Document released by (Ambassador Deborah L. Birx, M.D., U.S. Global AIDS Coordinator & U.S. Representative for Global Health Diplomacy, 2015:2).

Most participants alluded that they are able to stand up for their own rights, to what they want in a calm and positive way without being aggressive or passively accepting “wrong”. They felt self-assured and confident to communicate their mind. One participant stated that she learnt that when she is with her boyfriend she is now able to tell her boyfriend about what she wants and what she doesn’t want. Participants stated that being assertive boosted their self-esteem and that they have learnt to say “NO”. Vhutshilo was effective in helping adolescent girls improve their self-esteem. AGYW19, one of the participants mentioned that when she came to attend Vhutshilo she was not as confident as is now.

The advantage of female facilitators was also evident on post intervention attitudes or intentions and participants confirmed that they were open, they created a good rapport which made it easier for them to talk to their mentors.

The research findings supported that the participants’ lives were impacted in a positive way by their participation in the Vhutshilo programme. The data supported that the participants felt that through their participation in Vhutshilo programme their self-confidence and self-esteem increased, allowing them to step outside their comfort zone. The data supported that participants felt that participation in Vhutshilo programme increased their knowledge regarding their sexual health. While growth was seen in all areas, assertiveness appeared to be the area of greatest growth. Most of the participants talk depicted a great level of assertiveness.

In summary, the following statement by one of the participant describes in short the positive impact that Vhutshilo has on participants.

AGYW4 said: *if someone attends Vhutshilo they must know that their lives will never be the same again yes, yes like there becomes growth in you even if sometimes you may not notice it at that time but when things happen to you then you can use that information and you can remember that I learnt this information in Vhutshilo.*

5.3.3 What are the challenges encountered with implementation of Vhutshilo 2 HIV Prevention programme in reducing HIV infections?

The second research question did not yield much of the information. Participants were requested to talk about the challenges that they experienced in Vhutshilo.

Four challenges were discussed during the interview. Member checking was done, data was collected and participants were asked to add if there were other challenges they might have forgotten to mention but participants who attended the feedback sessions confirmed that what they gave in the last meeting was “all”. Challenges mentioned included lack of confidentiality and distrust issues and fear of being judged by participants and parent and adolescent relationships as already discussed earlier.

Peer educational groups are designed to help participants on how to cope with issues in their life. Therefore confidentiality is very crucial. Some of the issues addressed in educational groups are of a personal nature. Facilitators and participants who choose to participate in groups are expected to respect the confidentiality of group members by not sharing information from the group, to anyone outside of the group. In Vhutshilo groups, confidentiality and trust did not become an issue that got reported and had to be dealt with but however there were some level of discomfort that was experienced by some of the participants that I can describe as the “fear of the unknown”. Two participants raised a concern that there could have been a possibility of confidentiality being broken by some participants or mentors who resided in the same location with them. These participants felt that there could have been some participants who might have felt scared of having their personal issues shared with “outsiders”.

One of these participants mentioned that though she did not experience this challenge she however felt there are some girls in the group who might have felt not at ease regarding the issue of trust and confidentiality.

This is a common and normal feeling. It is not always easy to share your personal stuff with people who are not necessarily your friends and let alone people that you don't really know. It is true that in Vhutshilo sessions, confidentiality was emphasized and that all participants had to sign consent forms as they joined the group. These consent forms also had confidentiality clauses and that each time of the sessions, participants had an opening ritual and also a closing ritual which was aimed at building a "we" feeling of the group and to create a safe and working environment for all participants, example of this ritual was either a song, dance, motto etc. However one cannot dispute the fact that despite all these measures to promote confidentiality and trust some participants might still break confidentiality and trust by sharing some stuff with some outsiders.

The fear of telling one's personal stories might have been because most of the Vhutshilo participants would be say, attending the same school and probably even in the same class, since they know each other and perhaps even each other's characters then they might have been scared to tell some of their personal sensitive stuff in case some girls might share it with other students at school.

Based on the above mentioned statements the researcher may not rule out the fact that there might have been possibilities of confidentiality and trust being broken in the groups. They may not have been such cases that were reported but it is clear that some participants may not have shared they personal stuff in fear of their personal stuff been shared by other participants.

In a group set up it is also common that participants might want to judge some participants in the session based on what they said. One of the principles of Social Work is a non-judgemental attitude which means that you do not judge anyone based on race, language, dressing or what they say, etc. but you accept and respect them as they are.

One of the challenge raised by one of the participants was fear of being judged by other participants. Reasons for this were that since one will have to talk in the midst of people who are not really their friends so one will be wondering what other people will say about what she is going to say.

Interestingly to the researcher was that parent and adolescent relationships were regarded as a challenge that hindered adolescents in sharing their personal stuff with their parents. This type of a relationship was regarded as a non-safe space regarding support to be provided by parents to their adolescent girls on sexual health issues. This forced some adolescent girls to get peer advice which may not always be accurate. Cultural barriers were described as a challenge by participants in that they were hindering them from having a safe space relationships with their parents and lastly the other issue raised was that of peer pressure. Participants felt that though they were encouraged in the Vhutshilo sessions to have talk sessions with their parents on sexuality issues so that they will be able to get support where necessary however due to so many reasons they were even scared to talk to their parents but rather they chose to come to the sessions and talk to their peers.

Cultural barriers became the most reason that was hindering this communication, such barriers have been created and lasted over the past decades. A significant role in this regard would be to educate parents about sexual reproductive health of their children and help them understand the physical, cognitive and emotional changes their adolescents go through as they get into adolescence as this will make it easier for them to support their children and create a safe space therefore for their adolescent girls to talk to them when they are going through difficult emotional moments.

5.3.4 What are the experiences of the AGYW with regards to the Vhutshilo Programme?

According to Kolb (2012:43-44), learning can be best conceived as a process, not in terms of outcomes.

If learning is to be improved in adolescents, the primary focus should be on engaging them in a process that best enhances their learning and ensure that feedback on the effectiveness of their learning efforts is explored. Education must be conceived as a continuing reconstruction of experiences. The process and goal of education are one and the same thing. This claim confirms that learning is not something that can be done once but rather it involves a process where the participant needs to be actively involved and be responsible for their own learning. After participants have shared their experiences, they need to analyse those experiences. Participants need to be able to relate what they've learned to their world, to practice their new skills, to make strategies and to plan for action afterwards, back at home and at school and in daily life, participants applying their actions what they've learned in the session.

Participants were requested to describe their experiences of the Vhutshilo programme, to describe their general levels of experiences, observations, participation, what they learnt, their involvement, their impressions, what they liked, what they did not like that influenced their learning and their understanding participants highlighted positive and negative experiences.

For the positive experiences the following was discussed which is, knowledge gained by participants, peer support, feelings and emotions experienced by participants. The negative experiences discussed were issues of lack of confidentiality and distrust issues and fear of being judged by other participants (NB: negative experiences have already been discussed under challenges experienced by participants above).

If you want knowledge, you must take part in the practice of changing reality, If you want to know the taste of a pear, you must change the pear by eating it yourself, Quote from - Mao Zedong, On Practice, July, (1937). Thus evidence is as given by the participants based on their experiences of Vhutshilo.

Most participants reported that they gained a lot of knowledge from participating in Vhutshilo and this impacted the participants' learning of skills.

Whether it was through the session activities or hearing engaging with their peers inside or outside sessions. The participants advocated that they experienced growth in different areas of their lives. Participants gained knowledge on HIV, how it's transmitted and how it can be prevented and managed, they also learnt about how to make new friends and to communicate with them. Risks of having multiple partners and risky behaviors to HIV and different methods of contraception were discussed. It became also evident from the participants that risky behaviors should be avoided as they expose them to the risk of HIV like having a lot of sex partners and that in instead they should adopt healthy behaviors.

Vhutshilo as a peer led intervention has shown a great impact in impacting positively the adolescent girls by addressing risky behaviors, an approach of the behavioral interventions which are aimed at reducing the risk of HIV transmission by addressing risky behaviors. A behavioral intervention may aim to reduce the number of sexual partners individuals have; improve treatment adherence among people living with HIV; increase the use of clean needles among people who inject drugs; or increase the consistent and correct use of condoms. To date, these types of interventions have proved to be the most successful. Examples of behavioral interventions include amongst many, information provision (such as sex education), counselling and other forms of psycho-social support, (UNIAIDS, 2010:21).

Participants were grateful for the support from their friends during sessions and the knowledge they gained which included learning on how to make new friends and using those friends and a female mentor as a support system. (Health and Education Training and Technical Assistance Services, 2015:10) defines support in the following statement, 'we say that someone supports us when we can count on them to help us out when we need them to'. Support comes in many different forms.

It can include just listening to what is troubling us, or giving us advice if we need or want it, or helping us to do what we need to do.

We talk about support many times in the sessions because finding support is often one of the most important things we can do when we are in a difficult situation. Participants advocated that they experienced this kind of support.

Grief and loss was part of the things that participants learnt. As a very crucial aspect in HIV prevention, this created a platform for participants talk about and accept their feelings about grief, death, and loss as some of the risky behaviors that adolescents engage in are due to unresolved issues of lack of grieving over loved ones and also to help participants understand the importance of having trusting relationships with people that they can turn to in times of need. Often people feel helpless, sad and anxious about the death of their loved ones due to HIV /AIDS or if they find out that one of their loved ones is HIV positive. However it is very important for adolescent girls and young women to understand that there is nothing wrong with experiencing such emotions, it is normal to feel this way. With time these feelings can fade away but HIV can be a major impact on many parts of your life. Grieving in Vhutshilo sessions allowed some participants to deal with feelings of anger, denial sadness and depression. Similar to this finding is what Dageid and Duckert (2008: 182) says, the overriding aim of coping is to solve the tasks of physical, psychological, and social survival. They further mention that at an individual level, constructive coping can promote safe disclosure, encourage “positive living,” and foster empowerment.

Studies on support groups have found that participants of support groups have more hope and social skills, cope better with dying or anytime of difficult, and have a more internal locus of control, all of which improve quality of life. A positive outlook on what remains of life is associated with fewer symptoms of distress, anxiety, hopelessness, and depression (Young, 2014:17).

Participants also gained knowledge on the importance of contraceptive methods in an adolescent girl’s life. Research shows that females between the ages 15-24 years report high rates of HIV infections. (WHO & UNICEF, 2013/6) indicate that South Africa has the largest numbers of people living with HIV in the world.

Despite considerable progress in the overall global HIV/AIDS response, the epidemic among females aged 15-24 in a subset of critical countries is out of control.

AIDS is the leading cause of death for adolescent girls in Eastern and Southern Africa. As many as 7,000 new infections a week are occurring in our most vulnerable girls and young women in Eastern and Southern Africa people who are critical to the future of their countries. HIV is still challenge in South Africa. Despite several attempts to curb or reduce HIV infections in the population of South Africa, it still remains one of the big. Thus adolescent girls and young need to be taught on contraceptive and be encouraged to make use of these to prevent teenage pregnancy, STIs and HIV infections (Pepfar, 2015:4-19)

It is further indicated that knowledge about HIV prevention for both groups (Ratang Bana and Mayibuye) was improved during and after Vhutshilo. Based on these findings it is clearly indicated that the HIV peer education program (Vhutshilo) was effective in providing participants with knowledge about HIV prevention. Knowledge of what constitutes risk is an essential prerequisite for promoting healthy behavior change, particularly in persons who are deemed to be at risk are and are initially less informed about the disease and the routes of HIV transmission.

5.4 RECOMMENDATIONS

Quite interesting recommendations that were aimed at improving the programme and also extending it to other populations were made. Participants recommended that Vhutshilo should also be implemented in rural areas/villages as the adolescent girls there are at high risk of getting infected by HIV mostly due to cultural practices that expose them to such risks together with ignorance and limited access to health facilities.

In this regard, participants recommended that Vhutshilo should also be extended to other places so that more adolescents will benefit from it. Specific reference was made to villages, in the rural areas which were described as less primitive characterised with lack of or limited health services and poor accessibility in cases of availability.

Adolescent girls were deemed to be at a very high risk due to cultural practices e.g. forced marriages and where there are at a high risk of dropping out of school. One participant mentioned that there are many “out of school” girls in the rural areas. Specific reference was made to Mtata, KZN and Mpumalanga as most of the areas where there are some cultural practices that expose girls to the risk of HIV and STIs, where also traditional Kings marry girls against their will during some special ceremonies like *“emhlangeni*” (a culture where virginity is celebrated and this is where a King may choose one of the girls as a wife).

Certain cultural practices were raised like “ukuthwala” and emhlangeni as practices that expose adolescent girls to the risk of HIV therefore participant suggested that such communities need Vhutshilo as they believe it will open their eyes to the reality of HIV and thus it will help them take some safety measures in case it continues to be practiced.

Creative thinking was also picked up from one of the participants. Participants recommended the programme to make use of social media like having a Vhutshilo page on social media platforms e.g. on Facebook where most of the adolescents are actively involved. Most of the adolescents suggested that different topics can be discussed and that these platforms should provide sexual reproductive health education to the adolescents at large and also going to the radio to talk about the programme (to advertise the programme). Similar to this idea/ recommendation is Choma, an online platform that is currently available in the following platforms, Facebook, Instagram, twitter and on the website (www.hivsa.com) owned by HIVSA. The aim of Choma is to facilitate links to Sexual Reproductive Health (SRH) and health services both in the physical space and online via Choma Magazine for the adolescent girls and young women, inform, educate, engage and inspire adolescents through various media platforms and activities amongst many.

Another recommendation made was that of looking at gender equality. It became a cause for concern that “boys’ were not part of Vhutshilo programme in the Dreams Programme but rather only girls which was basically was because Dreams Programme aimed to redu ce HIV infections amongst adolescent girls and young women, thus a proposal was made that boys also need to be catered for in this programme. Participants identified one of the main health issues in the world, referring to equal opportunities for both men and women to live a healthy life.

Participants raised concerns as to why boys were not included in the Vhutshilo sessions. Though it was explained to them the objectives of Dreams and that the target was only girls they still felt boys should have been part of Vhutshilo as they also experience challenges similar to theirs. They felt that if boys would also be taught on issues of negotiation, protection and sex there would be less challenges regarding adolescents engaging in risky behaviors like having unsafe sex. The feeling amongst participants was that currently boys feel like it’s a responsibility of women to ensure that there is protection during sex.

This has been a challenge in that most of similar programmes appear to be girl centered. It is very true that girls are at more risk compared to their counter parts, however there is a need for boys to be considered for these programme thus gender mainstreaming should be seen as a significant process by policy developers as boys are also experiencing these challenges otherwise if most of the interventions would only focus on the “girl child” then the world still needs to do a lot of work because “any serious shift towards more sustainable societies has to include gender equality”

Participants also recommended that whenever Vhutshilo is to be taken to in the near future, former Vhutshilo participants should be utilised as role models to inspire behaviour change amongst the youth. Participants portrayed a great enthusiasm of wanting to be part of Vhutshilo in the near future.

They believed that as former Vhutshilo participants they are ready to go out and transfer learning to their peers, and be “role models” out there and also take part in the facilitation for the programme. All they are asking for is “a chance” to prove themselves and to go and impact communities.

Regarding “Securing sponsors”, not much was said in this recommendation. Two participants mentioned the issue of securing sponsors and this was more of getting sponsors who will help with taking the programme to further areas and also to sponsor girls who might have been identified to be having talents amongst Vhutshilo groups. One participant felt that mentors should also look out for the girls who can be gifted with some special talents like dancing and singing then nature these talents beyond Vhutshilo and link them with resources or stake holders that can further cultivate these talents there by shaping their future careers.

Based on the above statement, though it’s not part of Vhutshilo to identify such talents, however the researcher feels where possible, where a talent or a skill might have been identified, mentors can link the adolescent girl to the relevant stakeholder or service provider there by making necessary referrals.

The researcher recommends that if in future a similar study can be conducted, it will be beneficial to also get the feedback of the programme from the mentors/ facilitators, the ones who were facilitating Vhutshilo groups for the participants.

Researcher believes that getting to know their experiences and perceptions about the programme will also assist in drawing informed conclusions regarding the successes and challenges of Vhutshilo so as to determine its effectiveness not only from the perspectives of participants but also from the facilitators point of perspective and reference.

Despite these limitations, the evidence for the positive impact on behavior and group-based sex and HIV education programs for adolescents and young adults is quite strong and encouraging. Two thirds of the programs had a significant positive impact on behavior.

Many either delayed or reduced sexual activity or increased condom or contraceptive use or both. Kirby D *et al (2006* May 13. 75p). This indicates a good reasons for participants to feel they would recommend their peers to attend Vhutshilo.

5.5 CONCLUSIONS

The data were presented and discussed in this chapter. The successes of Vhutshilo were discussed above. The research findings depict that the participants' lives were impacted in a positive way by their participation in the Vhutshilo programme. The data supported that the participants felt that through their participation in Vhutshilo programme their self-confidence and self-esteem increased, allowing them to step outside their comfort zone. The data supported that participants felt that participation in Vhutshilo programme increased their knowledge regarding their sexual health. While growth was seen in all areas, assertiveness appeared to be the area of greatest growth. Most of the participants talk depicted a great level of assertiveness. It is also evident that there were also challenges that were encountered by participants during the study. The results of the study should inform future research on peer education HIV prevention programmes. The research questions were answered by the data provided by the participants

5.6 CONTRIBUTIONS OF THE STUDY

As mentioned earlier in the research proposal this study will benefit the community of Alexandra in that it will strengthen their consorted efforts in the fight against HIV infections amongst the AGYW by equipping them with HIV prevention education.

The researcher believes that the results of the study will assist in strengthening government and community programmes that are aimed at preventing HIV infections amongst AGYW. Lessons learnt from this study will inform future policy development on peer HIV prevention programmes for the adolescent, not only for girls but also for boys as indicated from the study that another recommendation was for boys to be catered for. Lessons learnt will also help in the delivery of sessions of similar interventions.

There is also a high possibility that this study is most likely to create a platform for further researchers in the field of HIV prevention strategies amongst adolescent girls and young women.

The findings of this study and the recommendations that will be made will contribute towards HIV and awareness and prevention strategies/ approaches in the communities, specifically amongst the adolescent girls and boys who have been identified as the “at high risk” group being vulnerable to HIV. The study will also benefit the stakeholders in adapting, improving their HIV prevention (programmes), peer education programmes, to ensure sustainability of the programme. Findings of the study will also contribute to the literature thereby adding to the existing body of knowledge and theories of peer HIV prevention programmes.

5.7 LIMITATIONS OF THE STUDY

Limitations are influences that the researcher cannot control. They are the shortcomings, conditions or influences that cannot be controlled by the researcher that place restrictions on one’s methodology and conclusions (Kruk, 2013:27). Authors further mention that such limitation can limit the extensity to which the study can go and sometimes can affect the end result and conclusions that can be drawn.

This study examined the experiences of 19 participants from Alexandra regarding Vhutshilo programme that they attended. Focus group interviews for the group of participants were used to collect data. One focus group interview session was done with Ratang Bana research participants on the 6th of July 2017 and 7 participants attended. Another focus group interview done with Friends for Life participants (Mayibuye site) on the 7th of July 2017 and 12 participants attended and data was collected. All interviews were transcribed by the researcher.

After data was transcribed the researcher arranged for a combined focus group feedback session on the 22nd of September 2017 (where both groups were combined) however not all participants attended at this stage as only seven participants managed to come. While this focus group interview provided a lot of data, it does not permit generalization to the larger population. These participants do not represent the diversity that is found for participants that attended Vhutshilo in Alexandra and hence in different Organisations that were also doing Vhutshilo within the Dreams Programme, nor do they represent the lived experiences of others.

Besides the generalizability of the study, another limitation of this study is the limited capacity for recall that a person possesses. Since the participants were asked to recall experiences regarding Vhutshilo, it is difficult to know what might have been overlooked because of the limited amount that a person can remember over time and the accuracy of those memories. People sometimes alter their perceptions of past events to explain them or to aid in fitting the present with their idealized version of the past. In short, memory and perceptions of events can be skewed given any set amount of time, but especially given such a time span as 1 year after completion of Vhutshilo for some participants. In addition, the participants may have wanted to project themselves in particular ways to the interviewer or they may have wanted to protect themselves.

It is very possible that this participant might have experienced this challenge of lack of confidentiality or perhaps might have known someone who experienced this challenge but she would have chosen rather to put it in general terms perhaps because she felt uncomfortable of disclosing. There could have been participants who wished to seem different from what they really were or might have experienced. The information that the participant supplies may also be biased or inaccurate (Berg & Lune, 2012:312; Creswell, 2013:76), which will be countered through explaining to the participant's that it is essential that they provide accurate information in the interviews.

Another possible limitation of the study is that the participants who were used for the study were deemed to be having one or more level/s of vulnerability according to the risk tool assessment tool. Peers from the same high-risk group may not model positive behaviors, or may not model them consistently.

The transition from risky behaviors to maintenance of healthier behaviors can be rocky and full of relapses at times. Thus placing peers in a position where they are asked to consistently model healthier behaviors may be asking a lot as this change of behavior might need more time for it to become permanent.

5.8 CONCLUDING REMARKS

Findings were presented and discussed in this chapter. The successes and challenges of the study were the key areas to be addressed in this study. Findings and recommendations will assist to improve Vhutshilo 2 HIV Prevention Programme to ensure lower incidence of HIV infections amongst Adolescent Girls and Young Women as HIV infection incidence rates among women are a cause for concern. The number of annual new infections is estimated at 469,000, of which *113,000 occur among girls and young women aged 15-24* and South Africa has the highest number of estimated new HIV infections per week (2363) among young women aged 15-24 years, (Pepfar, 2015: 25).

Results of the study revealed that Vhutshilo impacted participants' lives in a positive way there by improving their self-esteem, assertiveness, their confidence. Results also indicate that participants gained knowledge on HIV prevention and the this led to behavioral change with regards to their sexual health, use of contraceptives and in supporting one another as peers. While growth was seen in all areas, assertiveness appeared to be the area of greatest growth. Findings revealed also that Vhutshilo can be a sustainable programme as it can be a low cost programme.

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ANNEXES

Annexe A: Approval from the university

UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

15 February 2017

HSHDC/639/2017
MS A Ngwenya
Student: 4902-698-4

Supervisor: Prof ZZ Nkosi
Qualification: PhD
Joint Supervisor: -

Dear MS A Ngwenya

Decision: Ethics Approval

Name: MS A Ngwenya

Proposal: Successes and challenges of Vhutshilo 2 HIV prevention programme in reducing HIV infections amongst adolescent girls and young women in alexandra.

Qualification: MPCHS94

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 15 February 2017.

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

Open Rubric

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:
The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

pp

Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za

Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Annexe B: Notice of intent to submit a dissertation for examination

NOTICE OF INTENT TO SUBMIT A DISSERTATION OR THESIS FOR EXAMINATION

SURNAME AND INITIALS: NGWENYA A

STUDENT NUMBER: 49026984

DEGREE: MASTER OF PUBLIC HEALTH

FINAL TITLE OF THE DISSERTATION / THESIS UNDER WHICH IT WILL BE SUBMITTED
(please print and ensure that the correct wording is used)

Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women in Alexandra

I HEREBY GIVE NOTICE THAT I INTEND TO SUBMIT MY DISSERTATION /THESIS FOR EXAMINATION WITH A VIEW TO THE GRADUATION CEREMONY TO BE HELD DURING
(please mark with X)

APRIL / MAY 2018	or	SEPTEMBER 2018
X		

12 July 2017

SIGNATURE **DATE**

Annexe C: Request for permission letter: Friends for Life

Date: 19 August 2016
To: Director: Lulama Silupha
Organization: **Friends for Life (**Mayibuye site**)**

RE: Permission to conduct a Research study

This letter serves to request permission to conduct a research study at your Organization. My name is Angels Ngwenya, a Masters of Public Health Student for the University of South Africa (UNISA), also employed by HIV SA which is facilitating the DREAMS Programme at your Organization for the Adolescent Girls and Young Women (AGYW). The title of the study is "**Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW] in Alexandra"** The purpose of the study is to explore successes and challenges of Vhutshilo 2 HIV Prevention Programme which is aimed at reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW] in Alexandra aged 18 years. About 15 Adolescent Girls and Young Women will be requested to participate in the study from Vhutshilo group at your Organization. Information that participants will provide will be treated with strict confidence and will be used for academic purposes and to inform HIVSA's Dreams Programme.

Objectives of this research study are as follows:

- To explore and describe the challenges and successes encountered by the Adolescent girls and young Women [AGYW] in the implementation of Vhutshilo 2 HIV Prevention Programme
- To explore AGYW experiences of the Vhutshilo 2 HIV Prevention Programme
- To describe sustainability of Vhutshilo 2 HIV/AIDS Prevention Programme

NB: Ethical clearance has been granted
Your approval to conduct this study will be greatly appreciated
Yours sincerely
Ms. Angels Ngwenya
Position: Dreams Team Leader for Region E (Alexandra), also a student at UNISA

Annexe D: Permission letter from Friends for Life

Friends for Life

85-11th Road, Kew 2090, Gauteng, South Africa
Tel: +2711 023-8639/8641 Fax: +2711 440-8002 Email: info@friendsforlife.co.za
P.O Box 2326, Houghton 2041, Gauteng, South Africa

01 June 2017

Dear Ms. Angels Ngwenya

Hope you are well.

I have received your email requesting permission to collect data as part of your studies, with UNISA, I therefore grant you Permission to do your research study on our DREAMS Project to capture the "**Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW] in Our Alexandra office.**

FFL will need a copy of Ethical clearance that is granted by the ethics committee of UNISA, We hope and understand that the study will also assist FFL on rating the outcomes of this project, will also market us as the organisation to other donor, who need to know and understand the outcome of the project that we were implementing under HIVSA. You are welcome to conduct your research, within our organisation.

Regards,

L. SULUPHA (DIRECTOR)

SIGNATURE.....

Ms. Lulama Sulupha

FFL Director

85-11TH Road Kew

Johannesburg

2090

Annexe E: Request for permission letter: Ratang Bana

Date: 19 August 2016
To: Programme Director: Manager: Ingrid Maredi
Organization: **Ratang Bana**

RE: Permission to conduct a Research study

This letter serves to request permission to conduct a research study at your Organization. My name is Angels Ngwenya, a Masters of Public Health Student for the University of South Africa (UNISA), also employed by HIV SA which is facilitating the DREAMS Programme at your Organization for the Adolescent Girls and Young Women (AGYW). The purpose of the study is to examine the implementation of Vhutshilo 2 HIV Prevention Programme which is aimed at reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW] in Alexandra aged 13- 18 years. I will ask participants various questions on HIV prevention knowledge and reproductive health. About 15 Adolescent Girls and Young Women will be requested to participate in the study from Vhutshilo group at your Organization. Information that participants will provide will be treated with strict confidence and will be used for academic purposes and to inform HIVSA's Dreams Programme.

Your approval to conduct this study will be greatly appreciated

Yours sincerely
Ms. Angels Ngwenya
Position: Dreams Team Leader for Region E (Alexandra), also a student at UNISA

Annexe F: Permission letter from Ratang Bana

Ratang Bana

For the future of

71 Martin Manzi
Street Cnr Roosvelt & East
Bank Avenue
Alexandra 2090
NPO 069 012
076 356 2272- Ingrid Maredi
011 058 1853-Office
Tax exemption no:
9050/773/19/Z
ratanpfutureforchildren@gmail.com
10/06/2017

Dear MS Angels Ngwenya

RE: PERMISSION TO CONDOUCT A RESEARCH STUDY AT RATANG BANA

On **"**Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women [AGYW].We have received your letter requesting permission to do school research.

Ratang Bana Future for Children understand this is very good opportunity for your educational career. Therefor permission is granted for the above request to do your research and study on our DREAMS project within our organization. This research has come at the right time and we believe the outcome of the research will improve and reduce risk taking behaviors amongst our adolescent girls and young women

You are welcome Hope to see you soon
For any query or clarity please contact

Project Manager

Mrs. Ingrid

Maredi 076 357

2272

Signature: . ./.....

Annexe G: Request for permission letter: HIVSA

Date: 19 August 2016
To: Yashmita Naidoo
Position: HSS Programme Director
Johannesburg
2000

RE: Permission to conduct a Research study

This letter serves to request permission to conduct a research study at Ratang Bana and Alexandra CC SC for my Masters of Public Health Degree purposes. The title of the study is "**Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women in Alexandra"** I am enrolled with the University of South Africa (UNISA). The purpose of the study is to **explore the success and challenges of Vhutshilo 2 HIV Prevention Programme which is aimed at reducing HIV Infections amongst Adolescent Girls and Young Women**. About 30 Adolescent Girls and Young Women will be requested to participate in a focus group interview of the study from SPAM Intervention, (specifically from Vhutshilo group). Fifteen participants will be enrolled from Ratang Bana and the other 15 from Alexandra CC SC. Information that participants will provide will be treated with strict confidence and will be used for academic purposes and to inform HIVSA's Dreams Programme activities.

Objectives of this research study are as follows:

- To explore and describe the challenges and successes encountered by the Adolescent girls and young Women [AGYW] in the implementation of Vhutshilo 2 HIV Prevention Programme
- To explore the Adolescent girls and young Women experiences of the Vhutshilo 2 HIV Prevention Programme
- To describe sustainability of Vhutshilo 2 HIV/AIDS Prevention Programme

NB: Ethical clearance has been granted by the Research Ethics Committee of the Department of Health Studies at the University of South Africa

Your approval to conduct this study will be greatly appreciated

Yours sincerely
Ms. Angels Ngwenya
Position: Dreams Team Leader for Region E (Alexandra), also a student at UNISA

Annexe H: Permission letter from HIVSA

HIV SA (NPC)

Omni Park, Block 3, 2nd Floor, 66 Sailor Malan Dr, Aeroton

PO Box 3869, Southgate, Johannesburg, 2082

TEL: +27 11 494 1900, Fax: +27 11 494 2635, Web: www.hivsa.com

Company Registration Number: 2002/006774/08

PBO Number: 930016997, NPO Number: 141-568

29 August 2016

Department of Health Studies

University of South Africa

1 Preller St, Muckleneuk

Pretoria

Att: Department of Health Studies

RE: PERMISSION FOR ANGELS NGWENYA TO CONDUCT RESEARCH AT OUR ORGANISATION

On behalf of HIVSA, I am writing to formally indicate our awareness of the research study proposed by Angels Ngwenya a Masters student at University of South Africa. We are aware that Angels Ngwenya intends to collect her data for her research by conducting focus groups with 30 adolescent girls and young women who attended Vhutshilo 2 HIV Prevention Programme at Ratang Bana (15 participants) and at Friends for Life (15 participants).

As Community Systems Strengthening Director, I am responsible for overseeing all programmatic Monitoring; Evaluation; Research and Learning (MERL) at HIVSA and I am convinced that Angels Ngwenya `s research entitled, **Successes and challenges of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women in Alexandra**" will contribute significant insights to HIVSA's MERL repository. I hereby grant Angels Ngwenya permission to conduct his/her research at our organization.

If you have any questions or concerns, please feel free to contact my office on 011 494 1900 or naidooy@hivsa.com

Sincerely

Yashmita Naidoo

Director – Community Systems Strengthening

Directors: K Pather (Chairman), EJ Armstrong (CEO), J Bygate, I Coker, NC Mohajane, Y Naidoo,

Annexe I: Participant Consent forms

Consent Form for study participants

Introduction: My name is Angels Ngwenya. I am a Masters of Public Health Student for the University of South Africa (UNISA). I am carrying out a study to examine the implementation of Vhutshilo 2 HIV Prevention Programme in reducing HIV Infections amongst Adolescent Girls and Young Women in Alexandra aged 18 years.

Procedures: I will ask various questions to hear from you how you feel about the Vhutshilo 2 HIV Prevention Programme .For this you will be part of a group of 15 Adolescent Girls and Young Women, called a focus group discussion. The discussion will be recorded to ensure that the researcher use the information exactly as it is given by you.

Risk and discomfort: Efforts will be made to avoid possible harm to you during the study. However, some questions will be personal and may evoke memories of bad experiences.

Alternative to participation: Participation is voluntary. Your refusal to participate will not prejudice the care you receive from mentors. You may at any stage during the focus group choose to leave the group.

Confidentiality: Information you will provide will be treated with strict confidence and your name will not be written anywhere or shared in the findings of the study; in journal publications and on conferences.

Contact persons and their details: If you have any issues you want to be clarified or problems you encounter during this study, please feel free to contact the following person

Ms. Angels Ngwenya

Contact: 0115941900/ 0604369547

HIV SA, 66 Sailor Malan Drive, Omnipark, Block 3, Aeroton, Southgate

……
……

I, _____ (*insert name and surname)* being ……years give consent to take part in the above mentioned research study. The

study has been explained to me as well as its purpose. I understand that I am taking part voluntarily. I also understand that the information that I will be providing will be used and reported collective and no personal identifiable data will be disclosed.

I understand that I can withdraw from the study at any stage if I feel uncomfortable continuing with the study and this will not affect my participation in the Vhutshilo 2 intervention.

I promise not to tell the information shared by the group members to anybody outside the group.

Participant's name and surname: _____

Participant's signature: _____

Parent/Guardian Name _____ Signature _____ (*If applicable, where parent needs to give consent on behalf of the AGYW)*

Date: _____

Annexe J: Interview guide

INTERVIEW GUIDE

(to be used during the two focus group interviews)

PURPOSE OF THIS INTERVIEW GUIDE: To guide the researcher in asking questions during the focus group interview. Discussions will be facilitated by the researcher.

NB: **Honesty** in answering these questions will be much appreciated

1. What has been your experiences in the Vhutshilo 2 group? ....
2. What has been the successes of Vhutshilo 2 since you have attended Vhutshilo..... ....
3. What has been the challenges that you have experienced in Vhutshilo 2 …… …… …… .....
4. Would you recommend your friends to Vhutshilo Programme..... ....

.....
.....
……..
5. Do you think Vhutshilo 2 is an effective programme in reducing HIV infections? What makes you think like this? ....
6. Do you think Vhutshilo is a sustainable programme? Can it be still used even in the near future? What make you think so? …… …… …… ……
7. Are there other recommendations that you have, or suggestions you would like to make?"…… …… …… …… …… …….
8. Are there other things you would like to say before we wind up ?” …… …… …… ……