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# Giving adolescent girls and young women a foothold: Economic strengthening as a key protection strategy against HIV infection in South Africa

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This paper focused on the prevention of HIV transmission for adolescent girls and young women (AGYW), through a layered approach which included economic strengthening as a core strategy, especially for the most vulnerable. Based on multi-year data in KwaZulu-Natal, South Africa, we assessed the outcomes of an economic strengthening model developed by TB HIV Care (THC) in the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) HIV prevention programme. The methods used are primarily qualitative. In 2021, 2022, and 2024 DREAMS implementation staff ( $n = 72$ ) and economic strengthening beneficiaries ( $n = 73$ ) from four districts were interviewed on the dynamics of the model and its emerging outcomes. The qualitative data were supplemented by monitoring data. The study results showed that, while longer-term outcomes for the beneficiaries were unclear, the short and medium-term benefits of economic strengthening activities for vulnerable AGYW were highly promising. Not only did beneficiaries gain valuable technical and life skills through training, but they showed increased confidence and hope for the future, and a new sense of empowerment. They also experienced social asset building and an increase in their social, economic, and emotional efficacy. Importantly, beneficiaries also showed signs of behaviour change, away from risky behaviours towards protective ones. The paper concludes that layered economic strengthening initiatives targeted towards those most at risk AGYW, is an important pillar of efforts to reduce HIV infection; however, challenges around taking such initiatives to scale and tracking long-term outcomes remain.

**Keywords:** adolescent girls and young women, DREAMS programme, HIV, intensified economic strengthening, South Africa

## Introduction

The fight against HIV has made significant gains over the last decade, with the incidence of HIV declining or stabilising in many countries and contexts (Birdthistle et al., 2018; Abdool Karim & Baxter, 2019). Despite these gains, adolescent girls and young women (AGYW) aged 15 to 24 years, especially those living in Sub-Saharan Africa (SSA), continue to be disproportionately infected by HIV. They are therefore a crucial “key population” on which HIV prevention efforts have been increasingly focused (Dellar et al., 2015: 64; Saul et al., 2018). There are several drivers of HIV infection among AGYW, one of the most significant of which is a deficit of realistic economic opportunities and a consequent lack of economic independence. Factors such as a loss of hope about the future feeds into the adoption of high-risk behaviours, including financial reliance on older male partners, which put AGYW in danger of contracting HIV (see Duby et al., 2022). Therefore, it is imperative that any HIV prevention efforts targeting AGYW include economic empowerment as a key pillar.

In 2014, the multi-country large-scale HIV prevention initiative, the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) partnership was launched,

specifically targeting AGYW (Saul et al, 2018). DREAMS delivers a core package of layered interventions targeting multiple vulnerabilities to HIV infection for AGYW, including not only social, cultural, behavioural, and biomedical risk factors but also economic risk factors. In South Africa, a country still at the epicentre of the HIV epidemic (Abdool Karim & Devnarain 2024), DREAMS is currently being implemented in 24 high HIV-prevalence districts by several implementing partners. TB HIV Care (THC) implements DREAMS in four districts in the province of KwaZulu-Natal, and in one district in the Eastern Cape. In this paper, we present outcomes, challenges, and lessons from one aspect of the DREAMS model – economic strengthening – which THC implemented in the four KwaZulu-Natal DREAMS districts (eThekweni, uMgungundlovu, Zululand, and uThukela).

The paper is based on an evaluative investigation led by an independent social scientist conducted between 2021 and 2024, when THC was developing and refining its economic strengthening approach. The twofold aims of the evaluation were to (i) document the DREAMS model in KwaZulu-Natal and how THC was adapting the overarching DREAMS economic strengthening model to the local context through tailored and innovative approaches;

and (ii) to assess emerging outcomes of the intervention, specifically the extent to which economic strengthening activities were resulting in AGYW gaining access to new opportunities, becoming independent, adopting less risk-taking and more protective behaviour, and ultimately avoiding becoming infected by HIV. This study found that the short to medium-term outcomes of the Intensified Economic Strengthening (IES) intervention were positive for the participating AGYW in the above areas, but that there remain challenges in ensuring a sustained positive impact and in taking such interventions to scale.

### **Context of the DREAMS implementation in South Africa**

The risk factors driving the HIV epidemic for AGYW are multidimensional in nature, and cannot be addressed through single interventions, sectors, or disciplines (Birdthistle et al., 2018). Broadly speaking, young women in South Africa “bear a disproportionate burden of [the] infection because of multiple factors including biology, sexual behaviour, socially constructed gender differences between men and women, as well as differential access to resources and decision-making power” (Chimbindi et al., 2018, p. 2). Complex biological mechanisms play a major role in making AGYW especially vulnerable to HIV infection very soon after sexual debut, augmenting behavioural risk and creating a “perfect storm” of conditions which make them “uniquely vulnerable to HIV infection when exposed to the virus via engaging in unprotected sex with an HIV-positive partner” (Dellar et al., 2015, p. 67).

There are various “structural drivers” which make AGYW particularly susceptible to HIV infection. These have been described as “a lethal mix of legal, economic, and social factors ... that interact to affect behaviour and decisions on sexual partners” (Fleischman & Peck, 2015, p. 4). Among these factors are gender inequality and gender roles, lack of livelihood options, and stigma and discrimination. The structural drivers “lead to early, coerced and inter-generational sex; transactional sex; child marriage; and gender-based violence and exploitation” (ibid, 4). They also interfere with an AGYW’s ability to adhere to biomedical prevention technologies (e.g., through a parent or male partner preventing the uptake of condoms or pre-exposure prophylaxis [PREP]). One key social factor which drives behavioural choices and therefore HIV risk is adolescence itself; “a developmental phase characterised by increased risk-taking, instant gratification, and greater peer influence in decision-making” (Abdool Karim et al., 2017, p. S19).

The link between HIV infection and poverty has long been posited (see Mbirimtengerenji, 2007; Tladi, 2006) and the links between poverty, disempowerment, vulnerability, and sexual risk behaviours in both urban and rural settings have been explored (Chimbindi et al., 2018; Ziraba et al., 2018). South Africa is experiencing a worsening youth unemployment crisis which is fuelling HIV prevalence among AGYW (McKinnon & Karim, 2016). Of the estimated 10 231 567 youth aged 15 to 24 years in South Africa, 3 408 610

(33%) are not in employment, education, or training (South African Labour & Development Research Unit [SALDRU], 2023). Of these, 52% were AGYW. While HIV has been described as a “disease of poverty” (Can, 2018:58), which primarily affects the poor and worsens the toll of poverty, Mufune (2015) points out that the role played by poverty in HIV is poorly understood, and one must consider recent conceptual and theoretical advances in our understanding of poverty to adequately specify which aspects of poverty are related to HIV and in what ways. He presents a conceptual framework which foregrounds absolute and relative material deprivation, vulnerability, and social exclusion, linking these aspects of poverty to social, structural, and behavioural pathways which make people vulnerable to HIV infection.

One of these pathways associated with poverty is transactional sex, which has been clearly linked to HIV risk for AGYW in SSA (Duby et al., 2021; Ranganathan et al., 2016). Transactional sex is defined as “a specific set of behaviours, labels, and identities, distinct from commercial sex work, and characterised by the exchange of financial or material support, which occurs outside of the context of marriages, or ‘formal’ sex work” (Duby et al., 2021, p. 3 238). Of course, the motivations for engaging in transactional relationships (including sex) are situated in complex sexual economies, and “go beyond basic survival or subsistence needs in circumstances of poverty” (Duby et al., 2021, p. 3 239). Entrenched social norms in SSA dictate that “material or financial goods received from a partner must be reciprocated with sex, framing the narrative around transactional sex to include both survival and acquisition of basic needs, as well as for gain in social status” (Duby et al., 2021, p. 3 239; Wamoyi et al., 2019). Motivations for transactional relationships and sex include “seeking peer approval and a sense of belonging, the desire for a ‘modern’ lifestyle as dictated by society, the media, and to attain financial independence, prestige and social standing” (Duby et al., 2021, p. 3 239). Thus, structural factors (poverty, gender inequality, poor education) are just as important as psychosocial factors such as aspirations for social mobility and material goods, societal or family peer pressure, or even romantic notions of love and security.<sup>1</sup>

One element of transactional sex of concern for HIV risk is that it is commonly associated with AGYWs forming such relationships with older and much more sexually experienced men who are more likely to be living with HIV. Older partners (5 to 10 years older) are taken mainly for material support such as money, clothes, shoes, cell phones, school equipment, books, transport, and food (Wamoyi et al., 2019). Evidence suggests that AGYW engaging in transactional and age-disparate relationships with “Blessers” (a male, typically more than five years older, who provides a female partner with their material needs in exchange for sex) face greater HIV exposure (George et al., 2022). Studies in South Africa and Zimbabwe reported findings showing that age-disparate relationships increase HIV risk for AGYW (Maughan-Brown et al., 2018; Schaefer

<sup>1</sup> Stoebenau et al. (2016) emphasise the importance of understanding the nuances of transactional sex, presenting a nuanced framework which includes “sex for basic needs”, “sex for improved social status”, and “sex and materials expressions of love”. As with these authors, we adopt an understanding of transactional sex which recognises elements of these three aspects, as well as the varying levels of deprivation, agency, and instrumentality which drive them.

et al., 2017; Stoner et al., 2019). Moreover, among the most serious relational risk factors for HIV among AGYW are gender-based violence (GBV) and intimate partner violence (IPV), which are “alarmingly high” in South Africa (Selin et al., 2019). These forms of violence prevent an AGYW from having decision-making power in a relationship and put her in danger of sexual abuse and violence. Therefore, interventions which protect AGYW from GBV and empower them to avoid abusive relationships and to have negotiation power within relationships are crucial.

Economic strengthening for AGYW has been a growing area of focus for programme implementors and researchers alike. Most studies focused on DREAMS implementation in East Africa (e.g., Gangaramany et al., 2021; Kasirye & Nakijoba, 2020; Pettifor et al., 2019;), and there is a paucity of literature on South Africa, which we sought to address. The transfer of financial independence to sexual agency within relationships has enormous promise as a mechanism for sexual HIV risk reduction, but the other structural drivers of HIV risk need to be addressed simultaneously (Bermudez et al., 2021). Thus, effective programmes integrate broader, gender-transformative programming that addresses drivers of gender inequity in sexual relationships, including within marriage, rather than solely focusing on economic strengthening. Moreover, attention must be paid to the specific short and long-term aspirations of AGYW and how these contribute to decision-making which may make them vulnerable to HIV infection (Wamoyi et al., 2020). We provide further evidence from South Africa that

multi-dimensional and layered HIV-prevention approaches which incorporate economic strengthening are starting to show promise.

**Overview of THC’s DREAMS economic strengthening model**

The DREAMS programme delivers a package of layered evidence-based interventions that target multiple vulnerabilities to HIV infection for AGYW, including social, cultural, behavioural, biomedical, and economic risk factors. The overarching objective of DREAMS is to reduce HIV risk and lower incidence rates in AGYW aged 15 to 24 years (Saul et al., 2018) through supporting them to stay in school, preventing early pregnancies, preventing sexual violence, providing post-violence care, and preventing child-marriage. It also includes activities which mobilise and strengthen the community for change; which strengthen families; and decrease risk in the sexual partners of AGYW (Birdthistle et al., 2018). The “core package” of DREAMS interventions is adapted by implementing partners in each country to suit the local context.

As can be seen in the DREAMS Theory of Change (Figure 1), social protection measures such as economic strengthening are a key component of DREAMS, with the goal of decreasing AGYW’s reliance on risky sexual relationships and strengthening their self-sufficiency and decision-making power in relationships (Saul et al., 2018). The primary package of structural sessions includes various modules focusing on economic strengthening, which all

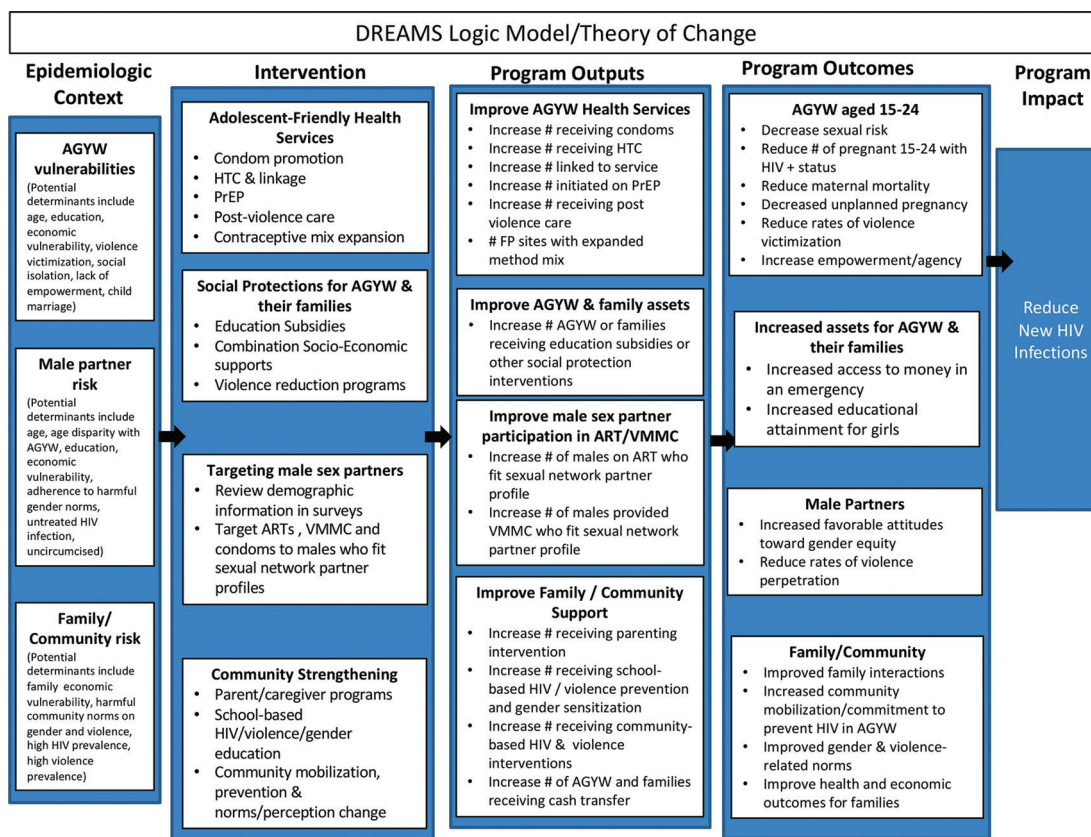


Figure 1. DREAMS Theory of Change (Sourced from Saul et al., 2018)

participants complete. Within the implementation districts in which THC operates, the entry point is a specially developed 14-session structural programme called *iKusasa Lami* (our tomorrow), tailored for AGYW of different ages and delivered by trained facilitators.<sup>2</sup> These sessions include modules which seek to give participants the knowledge, life skills, and confidence to make healthy choices, keep themselves safe, and negotiate their relationships successfully. For the youngest group (10 to 14 years), two sessions are provided (“Sparkle with confidence” and “Manage your money”). For the AGYW 15 to 19 years old, who are completing high school and transitioning into further opportunities, there are six economic strengthening modules: “Write an impressive cover letter”; “Create a CV that stands out”; “Be a star in interviews”; “Manage your money”; “Explore the world of work”; and “Research your study options”. For AGYW aged 20 to 24 six such sessions are also provided, but they are specifically tailored to the needs of adults who are often finishing off studying and negotiating the world of work-seeking and work.

All *iKusasa Lami* graduates (especially those who left or are close to leaving secondary school) are then encouraged to participate in further economic strengthening offerings, including a 5-day online Microsoft IT course, which is available on THC’s App and also on tablet computers situated at THC’s “Hubs of Hope” – community-based centres established in specific wards. Each Hub of Hope has a dedicated THC staff member, themselves a young *iKusasa Lami* graduate, who will help clients to complete the course, and to develop their CVs, write applications for jobs or bursary funding, and register on various job-seeking platforms and databases. This staff member also pins up adverts daily and shares opportunities in social media groups, offers printing services, and job interview coaching.

What is then referred to as “intensified economic strengthening” (IES) is targeted at the most vulnerable graduates, identified through an in-depth risk reduction screening at graduation.<sup>3</sup> Within the broader DREAMS programme, IES covers five key elements: (i) market assessment; (ii) tailored training in financial literacy, marketable skills, an entrepreneurial mindset, and soft skills (e.g., communication, interview skills, workplace comportment); (iii) a bridge to employment for wage employment or starter packs/other support for small businesses; (iv) savings groups; and (v) access to social and business networks. In KwaZulu-Natal, THC built on these five elements, piloting a locally relevant, responsive, and multi-faceted economic strengthening model. This does not only help all graduates, but specifically intensifies the support to the most vulnerable among them, including those whose family or educational history means it is unlikely they can study further or find formal employment. These latter AGYW enter the entrepreneurship stream, while other graduates who are on track to acquire skills relevant

to formal employment enter the wage employment stream. Specific IES opportunities include:

- (i) A foundational course, which for the wage employment stream is a 13-day job readiness course called “Work 4 a Living”; and for the entrepreneurship stream is a 20-session business training course called “Wired for Business”, with an additional 10 optional sessions of mentoring.
- (ii) Learnerships have been offered to the wage employment stream in various fields identified after market research and secured through partnerships with corporate, government, or NGO partners. These learnerships lead to potential placement with these and other companies or departments, and ideally work placements should be guaranteed from the outset so that the internship matures into a full-time job. Since programme inception, THC has offered several learnerships, including a two-month THC facilitator learnership for 72 beneficiaries in 2020; a learnership for 50 AGYW in 2021 with the Association of Supply Chain Management (ASCM); and a data capturing learnership which resulted in the 50 beneficiaries being placed at public health facilities for six months. More recently, THC has partnered with the Provincial Department of Employment and Labour to channel graduates into its jobs database, creating another employment pathway for them.
- (iii) For the entrepreneurship stream, careful market research by district THC staff again informs the identification of business opportunities relevant to AGYW in their various contexts. Relevant training partners then provide entrepreneurship training to groups in these selected areas, which to date includes baking, sewing, nails and beauty, and detergents. Graduates of these courses are also provided with a comprehensive business start-up pack containing the equipment they will need to initiate their own small business, and they are provided with mentorship as their business is established and grows. For example, sewing course graduates are provided with sewing machines, material, and other equipment needed to start selling their skills, while baking graduates are provided with a stove and baking trays. In many cases, THC or their service providers also link graduates to suitable business opportunities, funding opportunities or contracts.
- (iv) Another layer of support for these beneficiaries is the provision of an additional 13 session course called “Smart Finance”, focusing on how to invest money wisely, calculate good returns on money, and be a good steward.
- (v) Finally, THC also aids beneficiaries to open bank accounts and register their businesses formally so that they can qualify to tender for business opportunities.

<sup>2</sup> The existing DREAMS programme structural session material was specially condensed and made locally relevant for South African AGYW by the THC training department.

<sup>3</sup> Vulnerability is determined through an assessment of four areas: experience of gender-based violence; substance abuse; mental health, and sexual risk. Ten percent of the total number of *iKusasa Lami* graduates are targeted for IES.

## Methodology

This paper is one product arising from a multi-year study of THC's implementation of DREAMS in KwaZulu-Natal. The study, led by the primary author who is a social anthropologist, used mixed methods and was largely qualitative in nature. It was conducted alongside and complementary to THC's own monitoring and evaluation activities, and it draws on THC's monitoring data. The aims of the investigation were evaluative in nature, seeking to document the model of intervention as it evolved, and to track emerging outcomes to feed into the ongoing implementation of the programme. The coauthors contributed to the evaluation design and set-up, gathering and analysing routine monitoring data, and the review of the draft paper. The primary author conducted all qualitative key informant interviews (KIIs) and focus group discussions (FGDs), analysed all qualitative data, and played the leading role in writing up the results.

### Study phases

The study was conducted from 2021 to 2024 and examined a range of DREAMS interventions, including the economic strengthening component. There were three phases to the study:

- (i) In 2021, a desk study was conducted of DREAMS programme documentation and relevant literature, and 22 THC staff involved in all aspects of DREAMS implementation were interviewed to gain their views of the programme, specific approaches being developed by THC, challenges faced, and emerging outcomes. In August 2021, field visits to two DREAMS implementation districts (uMgungundlovu and eThekweni) were conducted, along with 11 FGDs involving DREAMS district staff and beneficiaries (AGYW) in these districts.
- (ii) In 2022, an in-depth literature review on AGYW and HIV prevention in sub-Saharan Africa was undertaken, and a further 11 key informant interviews were conducted with senior staff. Data collection was then conducted in May 2022 in all four DREAMS districts in KwaZulu-Natal. Interviews and FGDs with THC district staff, beneficiaries and partners were also conducted during these field visits, and observations of key activities were made. Ten FGDs were conducted during these visits with staff, community partners, and beneficiaries. The aim of these first two phases was to document emerging models and identify areas which could feed into further programme effectiveness.

- (iii) In 2024, a third phase specifically focused on evaluating emerging outcomes. Again, key informant interviews were conducted with senior THC staff working on DREAMS, and data collection was conducted in April 2024 in all four districts. Interviews were held with district staff, programme partners, and beneficiaries during this time. Over 50 interviews or FGDs were conducted during the 2024 site visits.

### Sampling, data collection, and data analysis

A combination of purposive and convenience sampling was used. THC staff were selected purposively for interviews or FGDs. All key staff involved in various aspects of DREAMS implementation, either in a management capacity or in the on-the-ground implementation of DREAMS in the districts, were included in the sample. Some key individuals were interviewed more than once in each of the phases. Beneficiaries (AGYW aged 18 to 26 years, young men participating in secondary DREAMS activities, and community members involved in activities) were sampled either purposively (e.g., specific individuals who participated in the economic strengthening or other aspects of the programme) or using convenience sampling (e.g., those attending sessions in the field). Table 1 indicates the number of THC staff interviews conducted, as well as the number of interviews conducted with IES beneficiaries.

KIIs and FGDs were guided by pre-developed interview and discussion protocols. The questions for these protocols were informed by the specific areas of the DREAMS programme which the participant was either involved in implementing or was a beneficiary of. There were generally around 10 key questions on each protocol, and KIIs and FGDs were between 40 minutes and an hour long. During these interviews/FGDs, detailed notes were taken. Where appropriate, KIIs and FGDs were recorded and later transcribed. Notes and transcripts were then analysed thematically by the primary researcher (manually) using themes identified from the document review process and those emerging from the fieldwork.

### Ethical considerations

Ahead of all interviews and FGDs a full informed consent process was followed, and participants were asked to sign an informed consent form. Participants were also offered confidentiality. Ethical clearance for this study was obtained from the University of Johannesburg's Faculty of Humanities Research Ethics Committee (REC-01-080-2022). The CDC clearance number is 0900f3eb82122ef6.

**Table 1.** Interviews with staff and IES beneficiaries

	# THC Staff interviews	# AGYW IES beneficiary interviews (KwaZulu-Natal districts)			
		eThekwini	uMgungundlovu	uThukela	Zululand
<b>2021</b>	22	5	15	0	0
<b>2022</b>	27	8	5	5	5
<b>2024</b>	23	3	15	6	6
<b>Total:</b>	<b>72</b>	<b>16</b>	<b>35</b>	<b>11</b>	<b>11</b>

## Results

### **Emerging outcomes of IES in KwaZulu-Natal**

The longer-term outcomes and impacts of IES cannot be fully measured at this stage, but in this section, we present emerging evidence that such support does provide valuable tools and pathways which assist vulnerable AGYW to access opportunities which help them become confident, independent, connected, and hopeful; ultimately helping them to protect themselves from HIV and other social ills, and to realise their potential. We start with an overview of THC data on the IES intervention, before commencing a discussion of the qualitative findings with the presentation of three case studies which illustrate the broader dynamics of IES.

THC monitoring data from October 2023 to April 2024 provides an indication of the scale and reach of the IES intervention.<sup>4</sup> Of the 39 488 AGYW who graduated from the structural programmes during this time, 5 425 were selected for IES interventions. THC aims to include 10% of graduates in IES, but in this period they reached 14%, based on vulnerability screening and available budget. Table 2 summarises what aspects of IES they received:

As shown in Table 2, of the 5 425 who were provided with skills training, only 1 782 (33%) were linked to either a learnership/internship, paid employment, entrepreneurial support, or a savings club/bank. This points to the financial and logistical difficulties that THC faces in providing all IES beneficiaries with further opportunities beyond the skills training and mentoring aspects. Nevertheless, based on the qualitative findings, for those who have benefitted, there have been promising outcomes.

#### **Case Study 1: Thembi (eThekweni)<sup>5</sup>**

Thembi (25), a single mother of a child she had as a teen, was introduced to THC in 2020 while at a Durban clinic collecting family planning pills. There she met a THC facilitator who signed her up for the *iKusasa Lami* structural sessions. Upon graduation, Thembi was identified as a candidate for the Association of Supply Chain Management

(ASCM) learnership. Having completed this three-month course, she was placed at a printing company as an inventory controller. *“It was then that I became experienced and financially stable”,* she said. Thembi’s contract ended and, unfortunately, she could not find continued employment in the supply chain field. Instead, she saw an advert for a community-based youth ambassador post with THC. She was employed in this position and began working with other AGYW, recruiting and mentoring them just as she had been. After this contract ended, she was employed as a Learner Support Agent (LSA) by THC in one of the primary schools in which DREAMS is being implemented. Thembi enjoys mentoring young learners and using her own similar experiences to help them avoid the many risks they are exposed to. She said: *“I also had my life changed by the DREAMS programme, so I understand the issues these young people face, and I like to use my experience to help them and be their friend.”*

#### **Case Study 2: Nontando (uMgungundlovu)**

Nontando (24) was raised by her grandmother in rural KwaZulu-Natal, after being abandoned by her mother as a baby. She herself became pregnant as a teenager and did not complete school. Migrating to Pietermaritzburg in search of opportunities to help support her child, she discovered the DREAMS programme through social media. Having completed the *iKusasa Lami* sessions, Nontando was identified as an IES candidate for the entrepreneurship stream. She explained her experience:

*I was trained in baking through Willowton Bakery School. It was a four-week course, and I graduated in June 2023. Besides the baking, they also trained us on how to run a business. In August, they helped me to register my business. Without TB HIV Care’s support I would not have been able to register. Now, during the week I sell door-to-door – cup cakes, scones and muffins. It is difficult as people complain the products are too expensive without understanding all the costs and effort you have put in. But on the weekends, I bake orders for parties and weddings and church events.*

This business allowed Nontando to finally find a viable income stream:

*If a woman is not independent, she will look for a ‘man must’ – as in ‘a man must buy this for me, a man must do this for me’, in order to support you. But you can get into an abusive relationship like this, so it’s important to become independent. For me, I’m way better-off than I was before. I managed to rent my own room for R1 200 a month. I get all of this money from my business. I was given a stove by TB HIV Care, so I do all my baking there. I dream of keeping on growing and opening my own bakery one day.*

**Table 2.** IES beneficiaries October 2023–April 2024

IES intervention	Number of AGYW
Marketable skills training (Work 4 a Living and Wired for Business)	5 425
Link to internship/learnership	90
Link to paid employment	349
Entrepreneurial startup support	845
Savings club/bank account	498
Coaching/mentoring	5 192

<sup>4</sup> Note that THC monitoring systems from previous years were not set up to track the IES cohort in this segmented manner and is therefore not included.

<sup>5</sup> All names have been changed to protect identity.

### Case Study 3: Amahle (uThukela)

Amahle (22) is single and living with her ill mother. In 2022, she was raped by a man who followed her one evening as she was returning home from the taxi rank. Amahle did not tell anyone as she was afraid for her family's safety – the man was a known drug dealer and gangster. Feeling great shame for what happened, Amahle became depressed and felt it was the end of her life. She tried to kill herself several times through overdosing on pills. Then she met the social worker from TB HIV Care, who conducted the risk reduction screening with her. Amahle opened up about what happened for the first time; and she was provided with advanced counselling along with biomedical interventions such as sexually transmitted infection and HIV tests. At present she works as a domestic worker, but Amahle does not feel comfortable in this job because her employer is a man. However, her mother's illness means she has no choice but to work. In 2024, she was offered IES training to be a nail technician. After the one-week course, she was provided with a start-up kit. This offered her hope of starting her own business and becoming economically independent. At the time of the interview, she advertised her skill on social media and already had two clients. Her dream is to earn a living and study further to be a police officer so that she can help fight crime.

The case studies presented above illustrate several dynamics relating to IES, why it is important, and what potential it has to assist vulnerable AGYW in various ways. The following outcomes were experienced by AGYW who were part of the IES.

#### Improved hope, mental health, and future orientation

Most of those interviewed stressed the loss of hope in their future as a major issue, sending some into a spiral of despair and depression. A single mother (23) who was trained as a cashier in uThukela summed up this dynamic:

*Most young women after matric they just sit at home doing nothing – I'm an example of that. Because you must have some certificate in your hand to even search for a job, and you must also have experience. But most of us have neither so we do nothing. Others, they are into drugs to hide the pain of the situation. They take woonga [drugs] and they get boyfriends, which puts them at high risk of contracting HIV. Most of them would not do this if they had opportunities.*

A 23-year-old student in uMgungundlovu attested similarly:

*Some of them my age give up as they see things in a different aspect. It is common for young women to look for older men, so we gain a lot from these programmes. We share a lot of ideas with each other and benefit a lot. I would not have been linked to these opportunities before, so it gives me a lot of hope!*

Another 24-year-old graduate of the baking training in uThukela, described herself as "Someone who comes from a difficult family which is surrounded by hunger" She continued: "If you don't have money, you become depressed and stressed. I was losing weight because

I had no money." However, through her IES training she envisaged a positive future:

*I want to be an example that you should not blame your circumstances. Not all of us can have a permanent job, but our future is in us if we work hard. The trainers explained deeply and give examples from their own lives, so I could see myself in them. They taught us how to live, how to make yourself an achiever and many other things.*

As demonstrated by Case Study 3, AGYW who suffered abuse are also supported to overcome their trauma and economic strengthening assists in giving them hope for the future. This finding showed the development of emotional efficacy by AGYW beneficiaries of IES, which is an important outcome.

#### Improved confidence

Interviewees also overwhelmingly pointed to the related improvement in confidence that IES provided when it was layered onto the other forms of support received by vulnerable AGYW. The THC IES coordinator for uMgungundlovu summed this up:

*I've seen a lot of change, especially for those having their own business. Now they have a daily duty of wanting to see their business going somewhere, building a brand – they are motivated and excited, and they wake up every day with a smile. They used to have low self-esteem and could not even use a computer properly, but now they say their lives have changed a lot.*

However, she pointed out that ongoing support is needed to solidify this outcome:

*They need a mentor, as if they don't have one, they tend to lose hope. They need someone to channel them on the right path. I get SMS's every day from them for advice and I try to be their mentor. They also send pictures of the cakes they have made and other things. It's not only about skills, it's about building their confidence.*

A 24-year-old uThukela baking graduate who used to suffer from depression about her situation confirmed this outcome for her:

*It helped me to have confidence in myself. I have one child, and I was struggling to get him to school and pay for transport, but now I can send him to school, and I can buy my own clothes. Those small monies I earn help me, even though at home it's still tough, I keep going.*

Moreover, she said:

*My family now see me as a self-confident woman, and I do things that I want with my money in order to protect myself. I used to ask others 'Please can you give me money?', but now I want to depend on myself, even though there are still pressures, and it is tough. My mother now sees me as a confident woman who can pass through the challenges I face.*

The gains such AGYW made in confidence also represented the development of social efficacy, which is fundamental in the process of building true self-agency.



### **Career pathways and business skills**

Unsurprisingly, beneficiaries cited the new skills they obtained as helping them to build careers or run their own businesses. A THC facilitator (25), who herself was a beneficiary, explained:

*Work 4 a Living is a powerful course! Young women get training and go back and start a business. I have been on the other side as an AGYW and I'm now on this side as a facilitator. I'm now doing the final year of my Bachelor of Social Science. I had given up. I did not think that someday I would start again, but I did!*

Other beneficiaries confirmed this viewpoint:

*I learnt how to budget and save, because before, I did not know that I was eating the money! We also learnt how to open a business, how to apply for loans to start a bigger business. Now, I'm a businesswoman – I can tell! – Baking graduate (21), uMgungundlovu.*

*I used to guess how much flour to put in, but now I know how to measure flour with the small spoons, and I have my own equipment. I also learnt to work independently, to maintain a good working procedure, to wear professional clothes, cut my nails, cover my head and to clean the kitchen and equipment when I cook, so that I am making healthy food. I see myself differently this year. I realised that with my hands I can do anything. We have an expression in Zulu – khamisa ngithele – which means not waiting for someone to give you the thing that you want, but rather sometimes you have to work hard for what you want. You must sweat for what you want. They taught us that that small amount that you can get from this business, who knows what it will change in your future? So, you have to be confident in what you are doing. This bakery is changing my life. I was struggling to get money, now I see my future on another level – a big bakery, making wedding and birthday cakes – I wish, I wish, I wish! – Baking graduate (24), uThukela.*

*This programme helped me a lot! The Work 4 a Living lecturer told us a lot of inspiring things – like we are training in order to look for a job, not just sit afterwards. They also taught us how to dress right for interviews and how to perform, because first impressions last. The training was highly relevant because without a certificate, I would not get a job – I used to try but I was never successful. But after I graduated, I applied for a job, and I got one first time! Unfortunately, it was in Durban so I could not leave my child for long with her granny and I came back. But a lot has changed. It raised my self-esteem because before, I did not believe in myself. – Cashier trainee (23), uThukela.*

### **Financial independence**

Financial independence was one of the main outcomes described by IES beneficiaries and THC staff, as illustrated in the story of Nontando (Case study 2). This points to the development of economic agency for

beneficiaries. The following quotes further attest to the importance of this outcome:

*Having my own business helps. I can pay rent and look after my child. I'm now independent. Many girls take money from their boyfriends as a living. They think that's how life should be. I don't rely on my boyfriend or family for money – I give them money. I don't need a man; I want to be independent – men are childish! When I had money before, I would just use it immediately, and on unwise things, but now I use it for future plans. – Baking beneficiary (21), uMgungundlovu.*

*I realised that I was asking my boyfriend for the money for our child. But sometimes he did not have money. So now, if he does not have money, I can contribute it because I want to be an independent woman. And I want my child to be proud of me. I don't want to be dependent – No! Sometimes he asks me why I no longer ask him for money, and I told him I want to depend on myself. – Baking beneficiary (24), uThukela.*

*I make the choice of staying single now as I'm independent and I now have the money to support myself and my baby. If I had no job, I'd have to find a boyfriend, but I'm now able to make the choice of being independent. – Cashier training beneficiary (23), uThukela.*

*It helps us to be independent and not depend on other people. Like depending on people who are wrong, and you end up with no future – like, for example, an older man. A lot of young women do this. – Décor training graduate (22), Zululand.*

*It helps not to be demanding money from boys. It is very important to be independent as a young woman and have your own things, rather than looking for money you did not earn. If you are doing that, you can't say 'no'. It's safe to be independent and make it 50-50, where you have a boyfriend but don't need to rely on him. – Nails technician graduate (21), Zululand.*

*It helps us not to walk the street and go to clubs, go out and get drugs and look for money from boyfriends. It also keeps you busy as you go to town on business matters and that helps you avoid danger. – Baking graduate (24), Zululand.*

*This kind of empowerment is important because if there are no opportunities available then young women like us might go for a 'blesser' and be exposed to even more abuse. This will help us to be independent as women and to stand on our own. Because when you are depending on a man, sometimes you get yourself into a situation where they feel like they own you. Some young women even end up as victims of human trafficking. – ASCM graduate (24), uMgungundlovu.*

### **Behaviour change towards protective behaviours**

One of the critical intended outcomes of the DREAMS programme was for beneficiaries to demonstrate changes away from behaviours which put them at risk of contracting HIV. This was especially important for the most vulnerable AGYW who were targeted for IES. Encouragingly, there

was evidence that the beneficiaries of THC's IES were demonstrating positive behavioural change. For some, such as Durban-based Busisiwe (25), this change involved becoming more responsible:

*I had some challenges, and I was hanging out with naughty friends. I did the computer training and Work 4 a Living. After that I volunteered for TB HIV Care until I was hired as an IES ambassador. Now I help other young people to gain skills. It did change my behaviour. I left my naughty friends, and I just stayed at home. I now concentrate on earning money. I also try to be a role-model and lead by example. When we attend these classes, trust me, we do change. We now need to be trusted by the youngsters, so we behave.*

Similarly, Khethiwe, a 22-year-old décor graduate felt she was more responsible:

*Yes, my behaviour did change. I know if I don't have cash now, I'll wait until I have it. I won't go out and look for it. I just wait to get a job rather than asking for it. It even changed the way I do things at home. I now know that I have to be responsible and buy food for my family and take care of my mom, which is something I did not care about before.*

One of the strongest indicators of the shift towards responsible and protective behaviour was the fact that nearly all IES beneficiaries interviewed were taking Pre-Exposure Prophylaxis (PrEP) regardless of their relationship status, as illustrated by these testimonies:

*Before learning about PrEP, I used to say, 'I won't drink a pill to prevent taking another pill!' But I see it now as fundamental to take PrEP, especially if you are in a relationship. Because it's important to protect yourself as your partner won't tell you if he is having other partners. And even if you are not in a relationship, it's important. – Baking beneficiary (24), uMgungundlovu.*

*Now I'm on PrEP so it's helping me not to get HIV. So even where we are in a risky situation – as you can get your boyfriend cheating – I protect myself with PrEP. I did not know about PrEP before this training, but now I recommend it to my friends. – Baking beneficiary (21), uMgungundlovu.*

*I take PrEP even though I'm single. The boys, they don't tell you if they are sick. The way you find out is when you are also sick. So, it's my choice to take PrEP. Maybe in the coming years I can stop, but when I'm young I need to still take it. – Cashier trainee (23), uThukela.*

*It is important because I might have a boyfriend at any moment, so it is better for me to be on the safe side. Most of my siblings are living with HIV so I just want to be different. I had the opportunity to learn, and so I must protect myself. – Décor graduate (22), Zululand. Yes, I have changed. I have a calm child with nice behaviour, and I stay at home full-time as I have a job to do. I don't use alcohol or drugs, and I take PrEP, which is a new thing I got from TB HIV Care. I learnt a lot from the facilitators, like about STIs and PrEP, and how to protect yourself. It is important to protect yourself because if you are having sex*

*there is no infection you will get if you are on PrEP. My boyfriend does not understand, and I don't trust him - he loves women too much, but I protect myself. – Baking graduate (24), Zululand.*

Of note in the narratives of the AGYW interviewed was the fact that they were confident enough to make their own decisions on PrEP, or even to tell their sexual partners that this was their choice, demonstrating an ability to negotiate safe sex for themselves.

While this is a positive finding, the sample above did provide a more positive picture of PrEP uptake and adherence than was borne out in THC recent monitoring data. PrEP adherence is typically very difficult to maintain (Stoner et al., 2021), as was also evident by the fact that only 24% of AGYW not included in IES who were initiated on PrEP by THC, continued PrEP use by month four. In comparison, 26% of the IES beneficiaries continued to adhere to PrEP after four months. While this is not a significant difference, given the additional vulnerabilities experienced by IES beneficiaries, it is encouraging that their adherence was slightly better than those who were not included.

### **Social asset building, positive peer engagement, and support**

A final positive outcome for these IES beneficiaries was not only connection to mentors but also to peers from their learnerships or training courses, whom they continued to interact with especially on WhatsApp groups and other social media. This represents a significant outcome in social asset building and social efficacy for the beneficiaries. Through these communities, they supported each other not only with business or livelihood advice, but also with psychosocial issues. This connection to positive peers also kept them from making risky decisions. The THC IES coordinator for eThekweni summed up why it was important to foster these groups:

*We have once monthly mentoring where we bring them together and they share ideas. Like one lady whose perfume labels were very costly, and her peers told her where to get cheap ones. It works best to bring them together and get them to team up. I had two cooking graduates, one was not doing well, so we teamed her up with one who was, and it's working well. They sometimes need a business partner.*

*We still have a group chat on WhatsApp, and we all talk and share information and participate in this group chat. We help each other develop our CVs and this support is very relevant to us.*

They shared that even though the course was over, the ASCM trainers continued to mentor them and be part of this chat group. Because of the challenges with placing all of the pilot group, the rest of the ASCM learnership graduates were incorporated into another learnership focused on data capturing.

### **Discussion**

The DREAMS model, as outlined and illustrated above, uses layered support tailored to AGYW in different age groups, locations, and positions to empower them to live a healthy

and independent life. As posited in the literature on AGYW, self-agency is a key ingredient, and for an AGYW to truly acquire self-agency, they need to develop emotional efficacy, social efficacy, and economic efficacy (Gangaramany et al., 2021). The DREAMS layered approach to economic strengthening is designed to build self-agency through promoting emotional, social, and economic efficacy. For all AGYW beneficiaries of DREAMS, these resources were built through the comprehensive support they received in their *iKusasa Lami* structural programmes, as well as the links they made to mentors and peers through the programme. Similar to prior research (Pettifor et al., 2019; Wamoyi et al., 2020), economic strengthening worked best when it was combined with a range of other support measures such as biomedical and psychosocial support, all of which were provided in the DREAMS core package. DREAMS beneficiaries also built economic efficacy through being linked with study and job opportunities through the Hubs of Hope and registration on job-seeking platforms. Despite the challenging economic situation in contemporary South Africa, this support provided AGYW with hope, connection, and resources which helped them to envisage a future for themselves, which was an important protective factor for them.

IES added an important secondary layer of opportunity for the most vulnerable *iKusasa Lami* graduates. The vulnerability screening process allowed for the identification of such AGYW and the right kinds of interventions to be offered to them. Many required support with various personal and family challenges (e.g., abuse, addiction, poverty) in addition to the IES opportunities, which were made available as a way of ensuring they were given the tools to rise above their circumstances and develop self-agency and independence. As Wamoyi et al. (2020) found in East Africa, many beneficiaries of IES gained a feeling of independence, which allowed them to “use money the way they wanted, participate in economic production and save in ways that made sense to them. A sense of responsibility developed through engagement in business activities, enhanced participants’ self-esteem and confidence in decision-making” (p. 8). The numerous quotes presented above from AGYW IES beneficiaries showed that in KwaZulu-Natal, this was also an emerging outcome. The findings presented above also showed that participating AGYW had less need for “sex for basic needs” transactional sex (Stoebenau et al., 2016), and more authority to negotiate safe sex on their own terms – including the use of condoms and PrEP, which they saw as an indispensable protection measure regardless of their relationship status.

Good mentorship was a key component of the economic strengthening interventions, not only from the THC structural programme facilitators, ambassadors, and peers, but also from the various individuals who led learnerships and entrepreneurial training. As indicated above, many of these mentors were women and continued to be part of WhatsApp groups and played the role of economically successful role models to the beneficiaries. As found by Gangaramany et al. (2021), strong mentorship and connection to financially empowered female role-models is a key component of economic strengthening and helping AGYW transition successfully into adulthood (see also Plourde et al., 2017; Temin et al., 2023). So too was input which fostered strong

future orientations and financial planning and saving, all of which were elements of the layered approach developed by DREAMS.

The IES beneficiaries interviewed showed significant shifts in the way they viewed money and how they could invest in their future through their earnings, rather than continue in a survivalist, hand-to-mouth manner. The Hubs of Hope also continued to be an important resource for them, as illustrated by a member of a sewing group in uMgungundlovu:

*We use the Hub of Hope internet to download videos on sewing, patterns for jerseys, and we use the printing services. We have no data to watch these videos at home, but we need to do ongoing research to come up with different styles. Even for baking, you need to make unique things that make customers want to choose you.*

This sewing group was also linked to a sewing cooperative in their hometown, providing an additional valuable layer of mentoring and experience for them.

While there were certainly emerging positive outcomes of IES for AGYW in the DREAMS programme in KwaZulu-Natal, there were also challenges. One of the most important was that intensified economic support opportunities, be they in the wage employment or entrepreneurialism streams, were costly to provide. Professional trainers charged large amounts, while accommodation, food, and transport for the duration of the training was also costly. Learnerships, too, require accommodation and stipends for long periods, which was a large investment. The provision of starter packs for entrepreneurial activities such as sewing and baking was also expensive. This meant that despite a high demand for these opportunities among DREAMS participants, only a few of the most vulnerable AGYW could benefit. THC has tried to ameliorate this challenge by, for example, training AGYW to become trainers in areas such as baking and sewing, thus reducing costs considerably while providing new opportunities for DREAMS alumni. The organisation tried to deal with the raised expectations of DREAMS graduates by providing various forms of economic support to all-comers at the Hubs of Hope, but only a small proportion could benefit from IES opportunities. This meant that in its current form, the IES component was not scalable, but continued to reach those AGYW deemed to be most at risk of contracting HIV due to their risk profile.

Sustainable and realistic job placement for graduates of learnerships also proved challenging. Indeed, most of the ASCM graduates were not placed in jobs in this industry, despite the agreement at the beginning around the provision of jobs. Some suitable jobs were found in another province, as explained by a senior THC staff member: “*It would be difficult for us to send a young person just on a stipend to another far-away province. We would be making them more vulnerable. So only a couple of the graduates have been placed in Durban.*” This staff member referred to the difficulties an AGYW would face adapting to a big city environment in another province, with limited family support and struggles with cost of living and accommodation. Most ASCM graduates were thus incorporated into the data capturing learnership who were provided with six-month contracts to work in Department of Health facilities, but many did not thereafter find related employment. A major lesson

for the wage employment stream was not to invest in costly learnerships when locally available jobs were not guaranteed. While THC had itself absorbed some of these individuals (e.g. Case Study 1), the other solution it introduced was to partner with the Department of Employment and Labour and platforms such as SAYouth or Jumpstart to find readily available local work opportunities in retail such as merchandising and cashiering. However, even with these retail jobs, project implementors reported that many employers are looking for male workers, excluding AGYW.

The entrepreneurialism stream was also not without challenges. Besides the cost of training and start-up support, not every AGYW who was trained was able to take the opportunity with both hands and make it a success in the longer-term. Some simply did not have the aptitude or desire to become a small business owner at this stage of their lives. The findings presented above showed that these AGYW were grateful for the income they were getting, but it was difficult to translate these starts into sustainable businesses which will grow over time. With ongoing mentorship and support it is hoped that these AGYW can continue to be economically independent, and to use this as a platform for further opportunities to develop their prospects. The development of self-agency through the structural programmes, psycho-social support, and mentorship was critical as being an entrepreneur required significant determination and toughness, which some of these vulnerable AGYW would otherwise have struggled with.

A major lesson was that IES opportunities must be tailored to meet the needs of specific individuals, while ongoing mentorship and support are crucial. Learnerships must also be followed up with a clear pathway to employment to maintain the faith of the AGYW in their future prospects. However, if a flexible approach is adopted in which AGYW are mentored along a realistic journey of building their self-efficacy, it can bear positive results.

### Limitations and future recommendations

Limitations of this study include the fact that IES beneficiaries were scattered over large rural districts, making them hard to track for THC and hard to reach for follow-up interviews on outcomes. This means that findings on outcomes such as employment, business success, or earnings are based on the relatively small sample chosen for qualitative interviews, rather than broader tracking data. The findings presented also reflect emerging outcomes, given the short time period since intervention commencement. Due to its sensitive nature, sexual risk behaviours were also not explored fully with interviewees.

### Conclusion

We outlined the DREAMS model of economic empowerment for AGYW as implemented in four districts in KwaZulu-Natal since 2019. The primary layering of economic empowerment sessions through the structural programmes, registration on job-seeking platforms, the Microsoft IT course, and the availability of the Hubs of Hope, was complemented for carefully identified AGYW with intensified economic support, including foundational courses, learnerships, work readiness

training, job placements, and entrepreneurial activities, followed by further training and mentorship.

While it is too early to tell the longer-term outcomes and impacts of this economic support for the social, economic, and health prospects of the beneficiaries, the short to medium-term outcomes were promising. As this paper showed, AGYW who participated in IES demonstrated major improvements in their mental health, outlook on life, and hope for the future. Further, they displayed new confidence that they had a skill and could see a pathway out of their financial precarity. Additionally, they acquired new business skills or career pathways, felt that they were on course to achieve financial independence; and they adopted new, healthier, behaviours which were protective against HIV and potential abuse. Moreover, the layered support provided by DREAMS allowed them to build the social efficacy, emotional efficacy, and economic efficacy necessary to acquire self-efficacy. While these young people still faced significant challenges, they felt like they obtained a foothold which could help them secure a positive future.

The evaluation also identified key lessons which are important for all programmes seeking to empower AGYW and reduce their risk factors for HIV. Such lessons included the importance of providing layered services, with the most vulnerable receiving additional intensified support and opportunities. Ongoing market research is crucial to identify realistic and locally relevant opportunities, both for wage employment and entrepreneurial opportunities. Ensuring work placements are confirmed and secured before training is key, and partnerships with youth skills development companies and corporates are crucial, as are those with government departments. Ongoing mentorship and ensuring AGYW are linked to peers who are also on the same path is also fundamental.

While scaling up the most intensive forms of economic support is difficult, we recommend that HIV prevention efforts for AGYW strike a balance between providing general economic strengthening opportunities for all participants, and IES for the most vulnerable. Such efforts should also emphasise layering of economic empowerment support, while prioritising well-researched developmental pathways for the most vulnerable AGYW.

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