“What we mostly focus on preventing is pregnancy, we don't really focus on preventing HIV ...”: Young people’s perceptions and priorities when preventing unplanned pregnancy and HIV

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Introduction

Evidence suggests that young people's perceptions of risk influence their ability to practise protective strategies. Perceptions of risk for HIV and unplanned pregnancy have been linked to the way young people prioritise their risk and engage in risky sexual behaviour (Anderson et al. 2007; Van der Riet & Nicholson, 2014). In South Africa, the dual burden of HIV and unplanned pregnancy among young people is a persistent concern. Young people in South Africa continue to be the fastest growing group newly diagnosed with HIV. According to a Statistics South Africa 2021 report, the prevalence of HIV among young people defined as the number of young people aged 15 to 24 living with HIV in 2021 was 5.5% (StatsSA, 2021). Adolescent girls and young women (AGYW) aged 15 to 24 have the highest HIV incidence in South Africa, defined as the number of new HIV infections in this population, and it is quadruple that of young men (Shisana et al., 2014). The National Department of Health (NDoH) developed guidelines for the provision of pre-exposure prophylaxis (PrEP) to high-risk populations, which in 2017 were revised to include young people (NDoH, 2020) in response to the increasing HIV incidence in this population (HSRC, 2017). Despite the efforts to ensure PrEP as an HIV preventative strategy is accessible to this population, PrEP awareness and uptake among young people remains low (Ajayi et al., 2019). Furthermore, the gender-based violence epidemic in South Africa has exacerbated the risk of HIV infection and unplanned pregnancy in this population (Abrahams et al., 2021; Ajayi et al., 2021; Ajayi & Ezegbe, 2020).

A recent report from Statistics South Africa showed a dramatic increase in teenage pregnancy during the COVID-19 pandemic with an average of 33 000 births to adolescent girls aged 17 and younger (StatsSA, 2020). A recent study has given context to this data, revealing that in this time period, the number of births to teenagers aged 10 to 14 and 15 to 19 increased by 48.7% and 17.9% respectively from figures observed in 2017 (Barron et al., 2022). Studies have found the prevalence of unplanned pregnancy was significantly higher among AGYW aged 15 to 24 and that unplanned pregnancy was highest among...
those who reported sexual abuse (Ajayi & Ezegbe, 2020; Woldesenbet et al., 2021). A longitudinal study carried out in the Eastern Cape among young women aged 15 to 26 revealed that of the 174 reported pregnancies, 32.3% were unplanned, of which 67.7% were undesired, and only 3.6% of the unplanned pregnancies were desired (Mchunu et al., 2012). Although some unplanned pregnancies among young people in South Africa are desired, many others may be undesired. We use the term unplanned pregnancy in this study, which is defined as contraceptive failure when preventing pregnancy, or when one does not use a contraceptive but does not desire to become pregnant (Santelli et al., 2003). Categorising pregnancy intentions is complex; current measures often examine pregnancy intentions retrospectively and fail to consider the emotional, psychological and structural factors a girl or woman may experience with an unplanned pregnancy (Santelli et al., 2003). Other research has explored prospective measures to capture pregnancy acceptability among young couples aged 18 to 24. This has offered a more nuanced perspective on the spectrum on which pregnancy intentions are determined (Gomez et al., 2018). We recognise there are limitations to the term unplanned pregnancy and there is a need to use more robust measures to capture the complexity of pregnancy intentions in future research.

Evidence shows that both unplanned pregnancy and HIV among young people are driven by multiple factors, one of which is the limited simultaneous use of condoms and contraceptive methods (Kanku & Mash, 2010; Willan, 2013). Dual protection is defined as the use of a male or female barrier method only, or a barrier method and a contraceptive method simultaneously, to prevent sexually transmitted infections including HIV and pregnancy (Mantell et al., 2003). Although it is recognised as an important strategy for the prevention of both unplanned pregnancy and HIV, and is highlighted in South African reproductive health policies, previous literature suggests limited practice of dual protection among young people (Mda et al., 2013; Seutlwadi & Peltzer, 2013). While contraceptive knowledge and use among young people have grown over the years, data suggest that it is characterised by inconsistent contraceptive use and contraceptive failure (Blanc et al., 2009). In South Africa, approximately 30% of young women between the ages of 15 to 24 report an unmet need for contraceptives (Lince-Deroche & Harries et al., 2018). Although the South African NDoH has made contraceptives and condoms available at no cost from primary health care facilities in the public sector, young people still face many barriers to accessing contraceptive methods of their choice. A significant barrier is the persistent stock-outs, shortages and limited options affecting the supply of contraceptives in the public sector (MSF, 2022). The interrupted supply of contraceptives leaves many AGYW unable to access the method of their choice and at risk for unplanned pregnancy.

Many of the efforts to address unplanned pregnancy and HIV infection have been centred around behavioural change and biomedical programmes that are aimed at increasing knowledge, encouraging contraceptive uptake, reducing HIV incidence and scaling up entry to treatment for those diagnosed with HIV. While existing research and prevention programmes have been beneficial in providing important information in identifying and measuring trends, a critical gap exists in the understanding of how young people perceive, prioritise and act to prevent HIV and unplanned pregnancy in their daily lives. It would seem that young people in South Africa have a plethora of programmes and interventions aimed at addressing unplanned pregnancy and HIV to benefit from, however, evidence shows that they continue to experience high rates of HIV and unplanned pregnancy (StatsSA, 2020). This has called into question the extent to which young people are responding to interventions aimed at preventing HIV and unplanned pregnancy. The link between how young people perceive and prioritise preventing unplanned pregnancy and HIV and how they act to prevent these concerns is still an important area of study. There is a need to deepen our understanding of young people’s perceptions and priorities in preventing unplanned pregnancy and HIV so as to develop contextually relevant programmes and interventions that respond to their needs.

In this study, we aim to provide a qualitative exploration of the way young people perceive the risk of unplanned pregnancy and HIV, and how they give priority and act to prevent HIV and unplanned pregnancy with the ultimate goal of using these findings to inform HIV prevention and sexual and reproductive health interventions for young people.

**Methodology**

We conducted a qualitative study to explore how young people, perceive, prioritise and act to prevent both HIV and unplanned pregnancy in three provinces in South Africa: KwaZulu-Natal, Eastern Cape and Gauteng. We carried out eight focus group discussions (FGDs) with young people aged 18 to 24 and three in-depth interviews (IDIs) with young people between the ages of 18 and 24 who became parents in their teens. The breakdown of FGDs was as follows; three female FGDs with six to eight young women, three male FGDs with six to eight young men, and two mixed FGDs with a mix of six to eight young women and men.

**Recruitment**

A total of 54 young people between 18 and 24 years old participated in this study and were recruited using snowball sampling. Recruitment and data collection were led by a study recruitment partner in each location. In Gauteng, the recruitment of study participants was carried out in two large townships, Soweto and Ekedanga through Kungwini Peer educators (Ekedanga) and Isizinda Zimpilo (Soweto). In KwaZulu-Natal, recruitment was carried out in the coastal city of Durban, through the Maternal Adolescent and Child Research Unit (MatCH). In the Eastern Cape, recruitment was carried out in Cambridge, a suburb of East London through Vusithimba HIV/AIDS and Youth Initiative. The young people in this study were identified through community-based youth-directed programmes and peer-led groups and were approached in their communities by our study recruitment partners and invited to participate in this study. Those who agreed to participate were invited to join focus group discussions near their location and were assigned to an FGD based on their location and self-reported gender. To explore teenage parenthood in greater detail, young people who reported experience with
unplanned teenage pregnancies were invited to participate in an individual in-depth interview at a private and convenient location. We did not reach our intended subsample of 10 IDIs with young people who became parents when they were teenagers, but we integrated the complete interviews into our analysis as their perspective provides important perceptions and experiences aligned with our research question.

**Data collection**

Data collection took place between May and June in 2016. This data remains relevant today because South Africa is the epicentre of the HIV epidemic. Young people accounted for 5.5% of the HIV burden in 2021 and teen pregnancy increased dramatically during the COVID-19 pandemic (StatsSA, 2021; Barron et al., 2022). A short demographic survey was used to collect information about the age, gender and location of respondents prior to the start of the discussions. Written informed consent was obtained from all young people before participation in the study. A skilled facilitator regarded as acceptable based on their age and fluency in the local languages facilitated all discussions. All data collection was carried out in person, and FGDs and IDIs were conducted using a standardised discussion guide and a semi-structured interview guide in English. The data collection instruments were designed to generate discussion and elicit open-ended responses on contraceptive knowledge and use, including their understanding of dual method use and their perceptions, attitudes and behaviour towards preventing unplanned pregnancy and HIV. The discussions and interviews were conducted in English and questions or terms were translated into the respondents preferred language where needed. The FGDs lasted between 1.5 to 2 hours and the IDIs ranged between 45 minutes and 1 hour. With the permission of the respondents, all IDIs and FGDs were audio recorded for accuracy. To maintain confidentiality and anonymity, respondents were allocated numbers to identify them during the discussions. The IDIs and FGDs were later transcribed verbatim and translated into English where necessary. To ensure a true representation of the discussions, terms regarded as slang and statements in local languages were captured, not edited, and later translated during the transcription process.

**Data analysis**

We utilised thematic analysis to pinpoint areas of convergence and divergence across themes in the data related to knowledge and use of contraceptives, safer sex practices to prevent HIV and unplanned pregnancy and their perceptions of HIV and pregnancy. Thematic analysis is a qualitative analytic method that identifies and reports patterns in the data and aims to interpret dominant and divergent themes (Braun & Clarke, 2006). Our approach was grounded in a social constructionist framework which suggests individual experiences are shaped by societal and structural conditions (Braun & Clarke, 2006). We focused on how the respondents perceived unplanned pregnancy and HIV and – based on this – how they acted to prevent both concerns in relation to their contraceptive use and safe sex practices. The data was coded deductively based on the themes outlined in the IDI and FGD guides, and later inductive coding was employed to capture new codes and concepts as they emerged during analysis. We followed the analysis process developed by Terre Blanche et al. (2006) and began by immersing ourselves in the data. Thereafter we developed a codebook based on the topics outlined in both the semi-structured interview guide and the standardised discussion guide and new codes that emerged from the data during the analysis. New codes and sub-codes were reviewed for meaning and grouped according to emergent themes. The codebook was edited for clarity and to incorporate emergent codes. This was followed by coding the data using the qualitative software ATLAS.ti 6.2. We drafted code summaries and reviewed them to provide feedback on particular topics or themes for further analysis and to ensure themes closely aligned with the data. In conclusion, memos of key themes to assess patterns and associations in the data were drafted to provide an overall interpretation of the relationship between thematic areas. To illustrate young people’s knowledge, perceptions and practices about preventing unplanned pregnancy and HIV, we present direct quotes from the transcripts. Each quote is referenced to its source using the technique employed to collect the data, the location of the interview and the self-reported gender of the respondent.

This study was approved by the Human Scientific Research Council Research Ethics Committee (#REC11/18/11/15). Participation was entirely voluntary and consented to, and participants were offered a reimbursement of ZAR 100 for their time and transport costs.

**Results**

We conducted eight focus group discussions with young people aged 18 to 24 and three in-depth interviews with young people aged 18 to 24 who had become parents in their teens, in the three provinces: the Eastern Cape, KwaZulu-Natal and Gauteng. The total sample included 54 participants with an equal distribution of males and females (n = 27 of each self-reported gender). Thirty-six per cent of respondents were from KwaZulu-Natal, 33% were from Gauteng and 31% were from the Eastern Cape. We aimed to explore how young people aged 18 to 24 perceive the risk of unplanned pregnancy and HIV, and how they give priority and act to prevent both concerns. Our findings are presented in four sections: the respondent’s general knowledge and use of contraceptives including dual method use; their perceptions of unplanned pregnancy; their reflections on prioritising preventing pregnancy which they identified as their primary concern; and their perception of HIV risk and prevention including the perspective that it is invisible and no longer a death sentence.

**Contraceptive knowledge and use**

Young women and men displayed a similar level of knowledge related to their familiarity with short-acting contraceptive methods. When asked which contraceptive methods they used, they mostly mentioned during the discussions the injectable contraceptive, the male condom and the oral contraceptive pill, while long-acting reversible contraceptives were rarely mentioned. “We prefer injections normally because you get the injection once every three
months and you don’t always have to go back to the clinic” (Gauteng, FGD females).

To gauge their knowledge and understanding of dual method protection, we asked the respondents whether they knew what dual method protection was and if they understood how it is used to prevent HIV and unplanned pregnancy. Most respondents reported that they either had no knowledge of dual protection, or had never heard of dual protection before.

Dual protection, What’s that?
Interviewer: Has anybody ever heard of it?
Respondents: It’s a plain “no” (KwaZulu-Natal, FGD mixed group).

During a focus group discussion in Gauteng, one young woman expressed that she and others did not know about dual protection because it is not promoted in their local clinics. “I don’t think we know because generally and honestly this dual protection thing is not even promoted at the clinics” (Gauteng, FGD females).

Some respondents did have a sound understanding of dual protection for the prevention of HIV and unplanned pregnancy, and were able to give examples:

When we speak of dual protection, we speak about when you use two methods to protect yourself; for example, if your girlfriend is using the injection to prevent pregnancy and at the same time if you have sex with her, you use a condom. That is called dual protection (KwaZulu-Natal, FGD males).

Many respondents made decisions about their choice of contraceptive method based on their desire to prevent pregnancy, and fewer highlighted the use of a barrier method to prevent sexually transmitted diseases like HIV. For example, this respondent in a focus group in KwaZulu-Natal explained:

What we mostly focus on preventing is pregnancy. We don’t really focus on preventing HIV because most of the time we focus on family planning. You feel that when you get the injection, why use a condom because I have already got the injection and I won’t fall pregnant (KwaZulu-Natal, FGD mixed group).

Contrary to their knowledge of dual protection, the respondents displayed a sound understanding of risk factors that result in unplanned pregnancies and contracting HIV.

...my understanding of the factors that cause HIV; I’d say that it’s...unprotected sex and coming to unprotected sex. I think it’s just reckless decisions we sometimes make...without thinking or without being aware and just living in the moment, which is...a big risk, hey...Mhmmm [yes], the factors that cause unplanned pregnancy...it’s not using contraceptives whether it’s a condom or contraceptive pills by the woman... (KwaZulu-Natal, teen mother).

Even among respondents who had knowledge of dual protection, in their descriptions they mainly focused on preventing pregnancy which in turn influenced the choice to focus on using contraceptives and disregard the use of condoms.

Perceptions of unplanned pregnancy among young people
When asked about their perception of unplanned pregnancy, most of the young people in this study viewed it as problematic and discussed the negative implications in relation to their education. Respondents shared that teen parenthood is problematic because they are forced to drop out of school to take care of the baby, which negatively affects their literacy and development.

Okay, young kids usually think that...it is a problem since they are still school goers. You know it’s usually the grannies who look after the kids. Yet, again, it staggars [stunts] their growth, you know, their development…some of them leave school…to take care of the baby, but I think that's just about it (KwaZulu-Natal, FGD females).

One young man agreed that unplanned teenage pregnancy negatively affects literacy in South Africa, implying that men played a role in it by taking advantage of young girls, and urged men to stop taking advantage of young girls aged 9 to 12. Another young man expressed that more attention must be given to the issue of teenage pregnancy because most of the time only the girl drops out of school. He felt that both parents should take equal responsibility for the pregnancy and should both drop out of school.

Respondent 1: It’s a bad thing because it affects the rate of education in South Africa, and us men...must stop this thing of taking advantage of young girls from the age of 9 to 12 years calling them bnchane [slang for young girl] (Gauteng, FGD males).

Respondent 2: This thing of teenage pregnancy must be investigated because most dropouts are girls due to pregnancy. But I think both parents must both drop out of school; they should both take responsibility, even if it comes to dropping out of school (Gauteng, FGD males).

One of the young men suggested that girls should assume greater responsibility for preventing pregnancy because they are directly impacted by it. There are direct consequences for the boys, which they can evade.

I think females should be more responsible since they are the ones who are at risk of getting pregnant. So, the boy can run away if perhaps the girl is pregnant, so girls should be responsible. They must worry about themselves. They must not allow us to think for them (KZN, FGD males).

In separate discussions with two young people who became parents when they were teenagers, both expressed that becoming a teen parent was a challenging experience. These respondents did not further their education and felt that they had to give up on their dreams and talents after becoming parents. For example, this teen father expressed that life at home changed and he experienced negative treatment from the community which led to him dropping out of school and giving up on his talent.

It was a huge challenge for me. I even lost my talent which is soccer due to pressure from the community, and because of people gossiping about me, my reputation was ruined. I dropped out of school in
Grade 10 and it was hard for me. Before, I was the only child at home. I was getting everything, but after I had a child, everything changed (Gauteng, teen father).

This young woman shared that although she became pregnant after her final high school matric exams it was still a setback because it affected her future plans to further her education. This respondent expressed that the pregnancy lowered her self-esteem and she felt like a failure.

It was hard. I wanted to do so many things and falling pregnant was a step back. I wanted to further my education because I had already finished matric when I fell pregnant. I didn’t because I was pregnant. You know, sometimes you just tend to give up on yourself and put yourself down self-esteem wise. So, it wasn’t nice at all. I felt like a failure and it’s hard to pick up from that (Gauteng, teen mother).

On the contrary, during an FGD with young women, some reported that unplanned teen pregnancy is normal and almost fashionable, with young people often posting photos of their babies on social media to show off how cute they are. One respondent shared that being pregnant at school is fashionable and that young people choose to become pregnant. This respondent further expressed that she felt excluded and perceived as strange by her friends because they already had more than one child while she has none.

Yes, being pregnant is an in thing in school. When you don’t have a child in school, you are still behind. It is true. Like me, now I’m 24 years old and when I tell my friends I’m not pregnant, they look at me strangely, asking where do you come from because we already have two or three kids already. It’s actually your choice when to fall pregnant. They actually make having babies fashionable [and] even post pictures on Facebook showing how cute their babies look (Gauteng, FGD females).

Another respondent echoed this sentiment, sharing that in today’s society teen pregnancy has become normal. People are no longer surprised by it and young people are no longer afraid to tell their parents when it happens. This respondent shared that it has become normal to see girls as young as 11 visiting the clinic with babies, which she found surprising because she had only just started menstruating at age 11.

Can I answer that question even though it was not directed at me? I think in the society, like in general, that we live in now, if I was to fall pregnant, the perception would be “Oh well, she’s pregnant. Who’s not pregnant in this lifetime?” That’s the perception that we live in. Gone are those days when getting pregnant, you were frightened to even tell your parents. Haibo! [exclamation] I don’t know. You see, the way it’s happening, you will see an 11-year-old person carrying a baby. With me, by the time I was 11, I had my first period. I was so…haibo! You see…now no. “Oh yes, she is three months, my Lord! We are going to the clinic”. You see, it’s just normal to them... (KwaZulu-Natal, FGD females).

The discussions revealed complex and often contradicting perceptions of unplanned pregnancy among the respondents. When considered in retrospect, some respondents regarded unplanned pregnancy as a serious and detrimental long-term concern, while others saw it as normal and trendy in a society where teenage pregnancy is prevalent.

The priority to prevent pregnancy is primary

The respondents reported that preventing unplanned pregnancy is their primary concern when choosing a family planning method and that they do not often focus on preventing HIV. Some expressed that they prioritise the prevention of an unplanned pregnancy over preventing HIV infection and that if they are using a contraceptive method to prevent pregnancy, it is unnecessary to use a condom because they are protected against their primary concern.

What we mostly focus on preventing is pregnancy. We don’t really focus on preventing HIV because most of the time we focus on family planning. You feel that when you get the injection, why use a condom because I have already got the injection and I won’t fall pregnant (KwaZulu-Natal, FGD mixed group).

One teen mother shared that young women with multiple partners are more afraid of unplanned pregnancy, and although they are having sex with multiple partners, they believe that only one partner can make them pregnant. HIV is often the last thing on their minds.

I think what most young women are scared of is teenage pregnancy rather than HIV. They multitask, they don’t have the same guy. I think that what they are scared of the most is falling pregnant. You know you can have many boyfriends but you can’t fall pregnant for all of them, but you can have many boyfriends and sleep with them and spread HIV and that’s the last thing on their minds (Gauteng, teen mother).

Respondents also shared that they prioritise preventing an unplanned pregnancy over HIV because they are afraid of the responsibility attached to parenthood. They expressed that an unplanned pregnancy had a more detrimental outcome than HIV because of the financial burden of indefinitely providing for a child which they were not ready for. Living with HIV would simply require taking medication that they could easily manage on their own without it interfering in their lives.

I think it would be pregnancy. Ya, because having a baby comes with a lot of responsibilities, unlike having HIV where you can just take your pill and enjoy life. Having a baby is another story and having to buy all those things, all that and I am not even ready (KwaZulu-Natal, FGD males).

Preventing pregnancy is a priority. I can’t imagine having a child but if I were to contract HIV, I can take medication, unlike a child who will be following you forever (Gauteng, FGD females).

Most respondents felt their primary focus is to use contraceptives to prevent pregnancy from occurring even when engaging in sexual relationships with multiple partners where the risk of HIV infection is high. The discussions revealed a tendency to rank and prioritise preventing pregnancy over preventing HIV. The foremost reason for
Young people’s perception of HIV risk and prevention
The respondents interviewed in this study overwhelmingly were unconcerned about contracting HIV and did not perceive HIV as a threat. “HIV, it’s not a worry! Singamadelakufa [slang for terrorist or suicide bomber]!” (KZN, FGD mixed group). These respondents shared that they do not give a lot of thought to HIV because although it is prevalent in South Africa, many people are living with HIV but do not show any symptoms. Two respondents explained: “HIV is the last thing on your mind because you can’t see it; it’s something that you can’t see” (KwaZulu-Natal, FGD mixed group).

I think in this day and age, half of the population in South Africa are HIV-positive and people don’t show any symptoms when they are positive. HIV is no longer a death sentence (Gauteng, FGD females).

The respondents expressed that some of the people living with HIV (PLWHIV) are media personalities and they do not display any symptoms because of treatment. These young people shared that it is okay to have unprotected sex because they are aware that with a healthy diet and treatment, PLWHIV can live long lives.

There are even people on TV saying they are HIV-positive, but when you look at them, they look healthy and they tell you that if you use the pill, you can live longer. So, most young people know that it’s ok to skoon [slang for unprotected sex] because they know that if they take the pills and eat healthy food, they will live longer (KwaZulu-Natal, FGD males).

During an FGD with young men, one respondent shared that they are not concerned about contracting HIV because the illness has become easier to manage and less burdensome since treatment has been reduced to one pill a day. “We are not worried since we know that the HIV pills are not many anymore; you only take one pill now for HIV” (KwaZulu-Natal, FGD males).

In a separate FGD with young women, one respondent compared HIV to another chronic illness and expressed that it is better to have HIV than diabetes because HIV treatment is easy to take and is effective, while diabetes is a complex illness to manage, suggesting that it is unpredictable and often fatal.

AIDS is much better than diabetes, with AIDS you take your pill and that’s it. With diabetes, there are levels: one minute you are sitting with us, the next you are dead (KwaZulu-Natal, FGD females).

A young man who expressed concern about contracting HIV did so because of its associated stigma. He shared he was afraid of being infected because of the way people talked about people who had it and because it is something that is not curable. Once you have it, it is permanent.

I am really scared of it. Growing up, even before I went to school, even at school in Life Orientation classes, we were told how bad HIV is. You become stigmatised once people know that you have HIV. They go around talking about you, saying so and so has this and that. Or even when you are walking with your friends and people are making head gestures saying you see this one is like this and that. And also, maybe when you are in a line at the hospital and you are seen by someone who did not know that you have this thing. And then they go around talking about you, saying so and so is like that. Ehh, that thing is very scary. That thing is a disease and diseases are scary. It’s something that stays in your blood forever. It’s very troubling to have it (KwaZulu-Natal, FGD males).

Contrary to the urgency around preventing pregnancy, the majority of respondents expressed lower concern for and apathy toward preventing HIV infection. Only a few of the respondents reported being concerned about acquiring HIV and this was attributed to it being incurable or the fear of being stigmatised. A majority of the respondents were comfortable with engaging in risky sexual behaviour based on their perception that HIV is no longer a significant threat to their health and mortality because of the success of treatment programmes in South Africa.

Discussion
Our study sought to explore how young people perceive and act to prevent both HIV and unplanned pregnancy. Our findings revealed the low knowledge and practice of dual protection and the perception that HIV is a lesser threat than unplanned pregnancy and the prioritisation of preventing unplanned pregnancy over HIV among young people in the study. It was important to explore young people’s knowledge and understanding of HIV and pregnancy prevention methods, including dual protection, to understand how they apply this knowledge to preventing HIV and unplanned pregnancy. Despite an abundance of public health interventions and existing policies to encourage dual protection use, many of the young people in this study had no knowledge of it and had never seen it promoted in their local clinics. Similar to our findings, the low knowledge and practice of dual protection among young people in South Africa have been consistently documented in other research (Myer, Mathews, & Little, 2002; Myer, Morroni, Mathews, & Little, 2002; Morroni et al., 2003; Mda et al., 2013; Osuafor & Maputle, 2017). Despite existing guidelines — including the National Contraception and Fertility Planning Policy and Service Delivery Guidelines (2012) developed by the National Department of Health which seek to address the limited use of both barrier and contraceptive methods and strongly promote dual protection — our findings suggest that these guidelines are inadequately implemented in clinics in the public sector.

South Africa has a policy in place that encourages and supports dual protection, although our findings call into question whether this policy is actually reaching young people. Most importantly, our findings highlight a critical gap in how the promotion of dual protection is delivered to young people, suggesting a need to reinforce the promotion of dual protection both inside and outside of the clinics, and apply more creative strategies and relatable messaging targeting young people. Our discussions with the young women revealed that their preference for using the injectable contraceptive may have been influenced by the desire to reduce the number of clinic visits. Even though long-acting...
reversible contraceptives offer less effort and visits to the clinic, they were rarely discussed by young women in this study. It is unclear whether this was because these methods were unavailable to respondents, or because they had limited awareness or information about these methods. Evidence has shown a remarkable increase in the use of the injectable contraceptives in South Africa, with most use being supplied through the public sector while the use of long-acting reversible contraceptives has remained low (Dahan-Farkas & Irhuma, 2016; Family Planning, 2020). Although the increased access to contraception, which in this example is injectable, is a positive marker, expanded choice and comprehensive information on the full range of contraceptive options available is essential for informed choices and prevention of unplanned pregnancy among young women.

This qualitative study also highlighted the perspective of young people on the role of contraception in preventing unplanned pregnancy and HIV and how they act to prevent both concerns. Most perceived the risk of pregnancy as their primary concern and they ranked unplanned pregnancy and HIV differently in terms of their perception of the threat it posed to them. The respondents' views of unplanned pregnancy and HIV further influenced their use of contraceptives and condoms. It is also worth mentioning that the low knowledge of dual protection observed among respondents in our study may have also translated to their use of methods that only prevent pregnancy and the lack of use of barrier methods if they were protected against pregnancy. The method choice among young people in this study was primarily influenced by the desire and priority to prevent unplanned pregnancy, and they tended to disregard the use of barrier methods if they were using a contraceptive and were protected against pregnancy. Preventing pregnancy was their priority, suggesting that as early as adolescence, these young people were thinking of ways to control their fertility and had reproductive aspirations. Our findings revealed the perception of unplanned pregnancy as more immediate, visible and burdensome and of lower concern for HIV among young people, in line with other research (Mantell et al., 2006; Maharaj, 2006; Byamugisha et al., 2009; Nalwadda et al., 2010; Shefer et al., 2012; Van der Riet & Nicholson, 2014; Osuafor & Maputle, 2017). The prioritisation of preventing pregnancy and the tendency to ignore HIV risk demonstrate the need for additional interventions that support young people to have accessible and user-friendly information and resources about dual protection, the risk of infection and the potential impact of HIV. There is an opportunity for programmes and interventions to connect with young people on their reproductive aspirations to control their fertility, and to tailor interventions to engage young people on the importance of setting more holistic sexual and reproductive health goals that respond to their reproductive intentions and include STI and HIV prevention. Evidence also suggests that programmes and interventions should consider the complexity of measuring pregnancy intentions and the use of a multidimensional approach (Stanford et al., 2000; Gomez et al., 2018).

Our findings show that respondents were aware of the challenges that an unplanned pregnancy would present to their life goals, economic well-being and education. Most of the respondents seemingly agreed that girls bear disproportionate consequences of unplanned pregnancy and have to drop out of school, while boys can avoid this burden and continue their education. This differed for at least one young man in this study, who discussed dropping out of school and giving up furthering his education and dreams when he became a teen parent. Although the challenges of teen fatherhood in South Africa have not been widely explored, other research suggests that they also experience the emotional, psychological and socio-economic impacts of unplanned pregnancy that their female counterparts experience (Madiba & Nsiki, 2017). Prior research has also suggested a bidirectional relationship between HIV infection, pregnancy and poor mental health among AGYW in South Africa (Duby & McClinton Appollis et al., 2020). The study found that AGYW discussed thoughts of suicide, depression, lack of emotional support, intimate partner violence and poor mental health attributed to the demands of being a teenage parent. Moreover, evidence shows that it is often young women who carry the burden and blame associated with unplanned pregnancy, and as a result are more likely to experience depression (Barhafumwa et al., 2016). Respondents in our study perceived unplanned pregnancy and ultimately parenthood as something they could not manage alone because of the financial burden and the disruption it presented to their time, education and life goals. This is in line with other studies that found when teen parents are forced to drop out of school, with limited education, they find it difficult to gain employment and have to rely heavily on their parents and family members for support; the new baby adds to the household burden and their home life completely changes. (Chigona & Chetty, 2008; Jewkes et al., 2009; Willan, 2013). Although we did not examine priorities in motivation for contraceptive use by socio-economic status, the respondents in this study were recruited from townships and inner-city metro areas which are generally less affluent communities when compared to other areas (Ballard & Hamann, 2021). Although HIV can certainly compromise one’s health, ability to work and therefore financial standing, it is worth noting that in South Africa, HIV treatment and care is widely provided in the public sector at no cost. Therefore, it is possible that among this particular population socio-economic and structural factors may influence the perception that having an unplanned pregnancy or raising a child would pose a greater risk to their economic stability than living with HIV would.

Our findings reveal complex and inconsistent views around unplanned pregnancy among the respondents. For many, it was a predominant concern with negative long-term effects, while others viewed it as trendy and almost normal. To our knowledge, this finding has not been documented before. Although we cannot compare it to existing literature, it does suggest that young people’s views around the stigma related to unplanned teen pregnancy are certainly shifting. Attitudes and experiences with unplanned pregnancy among respondents focused mostly on how it would negatively impact their lives, and – to a lesser extent – on how it was seen as normal and almost fashionable because it is prevalent among their peers. Some respondents seemingly viewed unplanned pregnancy as a choice, expressing that...
not only is it common, it is also popular, and young people no longer fear telling their parents about it. These respondents implied that some young people who become pregnant plan to be pregnant. For at least one of the young women in this study, becoming pregnant was viewed as a way to fit in among friends who had children, and because she had no children and had never been pregnant she felt excluded and her peers regarded her as strange. This finding highlights the influence of young women’s social networks, suggesting that some young women may experience indirect pressure to become pregnant from friends who are already young mothers.

One of the young men alluded to unplanned teen pregnancy as an outcome of young girls aged 9 to 12 being taken advantage of by older boys or men. While there is existing evidence highlighting sexual violence, sexual coercion and age-disparate relationships as significant drivers of unplanned pregnancy and HIV among AGYW (Lince-Deroche & Shochet et al., 2018; Ajayi & Ezegbe, 2020; Woldesenbet et al., 2021), it is worth mentioning that none of the young women in this study discussed sexual abuse or age-disparate relationships in relation to an unplanned pregnancy.

The young people who became parents in their teens that were interviewed in this study confirmed some of the concerns about unplanned pregnancies discussed by the respondents and in other literature reporting teen parenthood as something they were unprepared for, a drastic change to their lives, and ultimately a burden. (Yako & Yako, 2007; Van Zyl et al., 2015; Madiba & Nsiki, 2017). However, we did not reach saturation with respondents who were once teen parents, and the experiences and perceptions of HIV, unplanned pregnancy and teen parenthood among this population deserve further study. Unplanned pregnancy is indeed a persistent concern among young people in South Africa, but perhaps an even greater issue is that the rate of teen pregnancy increased drastically during the COVID-19 pandemic lockdown period. According to a Statistics South Africa report, in 2020 more than 33 000 births were recorded in girls aged 17 or younger, 600 of which were among girls aged 10 to 13 (StatsSA, 2020). Given this, an important area of further study is the issue of teen pregnancy and HIV in adolescents aged 10 to 19. Contrary to their perception of pregnancy as a significant threat, the majority of respondents in this study were apathetic toward becoming infected with HIV, expressing that the illness is manageable and no longer fatal. Their discussions revealed that young people are aware of the increased availability, efficacy and ease of use of antiretroviral therapy (ART), and as a result, feel it is okay to engage in unprotected sex because – with the treatment – they can still live a long and healthy life. The argument among some of the respondents was that although HIV is prevalent in South Africa, it has become invisible because its symptoms are not visible, therefore it is not something they think about. This is in line with findings from other studies in which young people reported that they had never seen a person with AIDS despite the high prevalence of HIV in South Africa (Shefer et al., 2012). It is possible that these young people perceive HIV as a lesser threat because ART has made the illness concealable and has prevented the progression of HIV to AIDS such that fewer people display visible symptoms and AIDS-related mortality has decreased. Evidence from another study in South Africa revealed that AGYW expressed that HIV is a manageable illness and linked this to the availability and success of ART and subsequently the normalisation of HIV (Duby & Jonas et al., 2020). The respondents in this study gave examples of celebrities on TV who speak openly about living with HIV, and who tell the audiences that with treatment, it is possible to be healthy and live long lives. While this has been a successful strategy challenging HIV-related stigma, our findings suggest that young people may have the illusion that apart from managing their daily medication well, these individuals do not experience any challenges or demands to their physical and emotional well-being brought on by living with HIV.

When compared to other chronic illnesses like diabetes, HIV was described as “better”, easier to treat and having a better life expectancy. Although we did not explore the presence of support structures in relation to an unplanned pregnancy and HIV, the respondents did not mention the importance of psychosocial support required by young people living with HIV. It is well documented that such support forms an important part of how young people living with HIV adapt to living with a chronic illness, adhere to treatment, deal with side effects and have relationships with friends, family and romantic partners (Okonjii et al., 2020). Although prior evidence has documented young people’s perception of HIV as a manageable illness, to our knowledge the perception of HIV as a preferred illness, when compared to other chronic illnesses, has not been documented among young people before. However, it has been documented in research among adult participants where an HIV diagnosis was preferred in comparison to cancer or diabetes because HIV was regarded as manageable, less fatal and responsive to treatment (Mojola et al., 2020). Other literature has referred to the denial of HIV fatalism or severity among young people as HIV and AIDS “fatigue”, and has linked it to the over-saturation of HIV prevention messaging dulling the sense of urgency to prevent HIV (Shefer et al., 2012; Duby & Jonas et al., 2020).

One cannot deny the significant impact the antiretroviral treatment programme has made in South Africa. Globally, South Africa has the largest and most successful such programme. The expanded access to treatment is largely responsible for the increase in the country’s average life expectancy and the decrease in mother-to-child transmission of HIV (Evans, 2013). In 2016, South Africa committed a budget of USD 66 million per year to offer and provide HIV treatment for those living with HIV (UNAIDS, 2016). Since the NDoH began providing ART in the public health sector in 2004, access to ART has increased significantly and along with it the support from donor agencies for HIV-specific programmes such as ART. Other literature has suggested that South Africa is no longer a priority for donor agencies (Cleary & McIntyre, 2010). Given that the South African ART programme is the largest publicly funded programme in the world, any shift in donor support could have a significant impact on the government’s ability to fund the programme and subsequently the health of the millions of people living with HIV in South Africa.
Furthermore, other literature has suggested that the HIV treatment response has become a victim of its success, creating a sense of complacency such that the HIV epidemic is no longer regarded as pertinent (Legemate et al., 2017; Walker, 2017; Abdool Karim & Abdool Karim, 2018; Duby & Jonas et al., 2020). When viewed through a comparative lens, respondents in this study considered HIV as more manageable than other chronic illnesses and unplanned pregnancies which overall posed a greater burden. As the HIV epidemic in South Africa continues to evolve, the discourse and perceptions around HIV are shifting somewhat, informed by the success of ART, the concealability and increasing prevalence of HIV and the presence of other threatening diseases (Mojola et al., 2020). It is important to highlight that young people may no longer find the delivery and messaging of youth-directed HIV campaigns and interventions engaging. Other literature has examined the shifting discourse around HIV in relation to sexual risk behaviour and the success of the ART programmes, suggesting that it has led to a problematic “post-AIDS” discourse in both the Global North and South (Walker, 2017). There is a concern that biomedical advancements, successful ART programmes on the African continent and reduced stigma around HIV have created rhetoric that oversimplifies and undermines the pertinence of HIV prevention (Walker, 2017). Although it has been suggested that the success of ART programmes has led to behavioural disinhibition, research has found inconclusive evidence to suggest that increasing levels of risky sexual behaviour since the introduction of ART has resulted in increasing rates of HIV (Legemate et al., 2017). That said, our findings support the body of evidence that suggests the discourse around HIV is evolving and this may have some bearing on how young people perceive it and subsequently their behaviour toward preventing it. Therefore, it is vital for youth-directed HIV prevention interventions to be agile and innovative to respond to the evolving perceptions of HIV in a way that creatively dismantles negative perceptions and revives the sense of urgency around HIV prevention.

Conclusion

Our findings offer important considerations for public health HIV and pregnancy prevention interventions for young people in South Africa. Young people aged 18 to 24 in the Eastern Cape, KwaZulu-Natal and Gauteng tend to rank the prevention of HIV and unplanned pregnancy differently, with their primary concern the prevention of an unplanned pregnancy, and HIV is seen as a lesser threat. In light of this, our study suggests youth-focused interventions targeting unplanned pregnancy and HIV prevention should prioritise responding to young people’s reproductive intentions in a way that responds to their primary desire to control their fertility, but also encourages them to have holistic sexual and reproductive health goals that include HIV prevention. Our findings also suggest a pressing need for biomedical therapies that offer combined HIV and pregnancy prevention for young people. It is critical for future interventions and programmes to be agile, innovative and creative in dismantling young people’s tendency to rank HIV and unplanned pregnancy differently. It is necessary to target the apathetic perceptions around HIV as these may have far-reaching implications, and to revive the sense of urgency to prevent it. Including young people in the design of messaging and interventions around unplanned pregnancy and HIV is one way to create contextually relevant interventions that they resonate with and respond to without overwhelming them with information that may create fatigue.

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