

Health Systems Research Unit:
Research Briefs

The HERStory Series

Safe Spaces for adolescent girls and young women (AGYW) as part of combination HIV prevention programmes in South Africa: how accessible, feasible and acceptable are they?

SUMMARY

- Adolescent girls and young women (AGYW) often experience services provided in health facilities as unfriendly and unresponsive to their needs, and this is especially the case for HIV sexual and reproductive health (SRH) care, where they have substantial unmet needs.
- Hundreds of Safe Spaces have been set up in sub-Saharan Africa including South Africa to provide HIV, SRH and social protection services to AGYW, especially those who are more vulnerable, and to overcome the barriers that limit access to HIV and SRH care.
- Based on a survey among AGYW and interviews with key stakeholders including implementers, our study provides evidence that when Safe Spaces are resourced to promote AGYW's socio-economic goals (such as employment and educational progress) and to meet AGYW's needs for social interaction and peer engagement, AGYW are attracted to Safe Spaces, and many will take up the HIV and SRH services on offer.
- Safe Spaces can thus create an enabling environment for the synergistic preventive action of biomedical, behavioural and structural interventions.
- However, implementation strategies should ensure that the most vulnerable AGYW have access to Safe Spaces.
- A cost analysis should guide decisions about the resources required for establishing or possibly building the physical spaces, and for providing the structural, behavioural and biomedical interventions, and should inform future budgets for combination HIV prevention intervention delivery through Safe Spaces.

Authors

Catherine Mathews, Zoe Duby, Brittany Bunce, Nathanael van Blydenstein, Kate Bergh, Anthony Ambrose, Fiona Mpungu and Kim Jonas

Date: July 2022

These research briefs were developed by scientists at the South African Medical Research Council's Health Systems Research Unit to share findings from studies conducted by the organisation.

For more information on this study and to see published papers and other research briefs in the series:

[PLEASE CLICK HERE](#)

Health Systems Research Unit
South African Medical Research Council


THE ISSUE / CONTEXT / SCOPE OF PROBLEM

- Young people need to be able to access HIV and SRH services in “inclusive environments” where they feel accepted, and free from stigma, maltreatment and violence.
- Marginalized youth in particular are at higher risk of SRH problems and experience greater obstacles in accessing HIV and SRH services
- Safe Spaces have been promoted to provide these environments and to promote equity in access to health services for those who need them most. These are places where the health and social protection needs of AGYW can be met, especially those who are more vulnerable.
- A Safe Space refers to “a formal or informal place where women and girls feel physically and emotionally safe”.
- Safe Spaces are regarded as a way to overcome the barriers that limit AGYW’s access to care. However, there is a need for evidence about whether Safe Spaces designed exclusively for AGYW are providing accessible HIV and SRH services for AGYW who most need such services.
- Evidence on the feasibility, appropriateness and acceptability of Safe Spaces can be used to guide decisions about and strategies for wider implementation.

RESEARCH OVERVIEW

We investigated whether AGYW beneficiaries of a South African combination HIV prevention programme who were most at risk for adverse SRH outcomes, had access to the Safe Spaces provided by the programme. We also explored factors that attract AGYW to Safe Spaces, the acceptability of these spaces to AGYW and implementers, and the feasibility of implementing a Safe Space intervention for AGYW.

Research activities took place in six sub-districts in six South African provinces in which a combination HIV prevention intervention for AGYW was being implemented: Klipfontein, Cape Town (Western Cape), King Cetshwayo (KwaZulu Natal), Ehlanzeni (Mpumalanga), Bojanala (North West), Nelson Mandela Bay (Eastern Cape), and Thabo Mofutsanyana/DiHlabeng (Free State). These are districts in which there is a high risk of HIV among AGYW.



A Safe Space refers to “a formal or informal place where women and girls feel physically and emotionally safe.”

Health Systems Research Unit
South African Medical Research Council

Between November 2020 and March 2021, we conducted a cross-sectional telephone survey with 515 AGYW aged 15-24 years who were beneficiaries of the intervention. We also conducted in-depth interviews with 50 AGYW beneficiaries, 27 intervention implementers, 4 health workers, 7 social workers, and 12 community stakeholders, to explore perceptions and experiences of the intervention.

WHAT WE FOUND

Feasibility

- Implementers described challenges identifying and getting permission to use physical spaces. There was limited availability of safe, accessible physical venues, and it was sometimes difficult to work with gatekeepers such as ward councillors and traditional leaders to get permission to use venues.
- Implementers did not always have adequate and sufficient funding for the necessary infrastructure, resources and equipment to ensure that Safe Spaces were fully-functional and ready to provide the socio-economic interventions which attracted AGYW to the Safe Spaces, for example, adequate staffing, internet, printing facilities, transport support, child friendly spaces, food preparation equipment, and security.

Acceptability and Accessibility

- Based on reports from implementers and AGYW participants, it was clear that AGYW were attracted to Safe Spaces not because of the availability of HIV and SRH services, but rather because of the availability of activities and resources to support them in their educational and career goals as well as for recreational activities.
- By the second year of the programme, 28% of AGYW who were registered as beneficiaries of the combination HIV prevention programme reported that they knew of a "safe space for young women to hang out and receive support" in their community.
- Nearly a quarter of AGYW beneficiaries (23%) reported spending time at a Safe Space with no statistically significant differences between the 15-19- and 20-24-year age groups or between those who did or did not report sexual behaviours that put them at risk of HIV.

Nearly a quarter of AGYW beneficiaries (23%) reported spending time at a Safe Space with no statistically significant differences between the 15-19- and 20-24-year age groups.

Health Systems Research Unit
South African Medical Research Council

- There were significant differences between districts: across the six districts between 10% to 36% of beneficiaries reported spending time at a Safe Space.
- Poorer beneficiaries who were classified as in the relatively lower socioeconomic status category were significantly less likely to have accessed and spent time at a Safe Space (14%), compared with those in the relatively high SES category (25%).
- Most AGYW who visited a Safe Space (73%) reported that condoms were available, 85% reported that information about health services for young women was available, and 89% reported that the Safe Space was a comfortable space to be in for young women like them.
- While at the Safe Space, 52% had had an HIV test, 41% had joined a game or fun activity, 33% had participated in a sports activity, 25% had received counselling to cope with distress, 21.2% had received services from a mobile clinic, 22% had participated in a self-defence class, 21% had connected to the internet or Wi-Fi, 20% had received help with homework, 18% had received help from a social worker, 13% had participated in a parenting class, and 27% had participated in another activity or service at the Safe Space.

IMPLICATIONS FOR PRACTICE

- To ensure that Safe Spaces are acceptable to and popular among AGYW, they need to be adequately resourced to promote AGYW's socio-economic goals (such as employment and educational progress) and to meet AGYW's needs for social interaction and peer engagement.
- The popularity of Safe Spaces offering such resources can be harnessed for increasing the accessibility of biomedical HIV prevention or treatment services, sexual and reproductive health (SRH) and social protection services: AGYW who are attracted to Safe Spaces for support with employment or education, or for recreational activities, will take up the health and social protection services on offer at these spaces.
- Safe Spaces with structural interventions such as those supporting AGYW's employability and educational progress including tertiary education and skills development programmes address the underlying causes of AGYW's

Poorer beneficiaries who were classified as in the relatively lower socioeconomic status category were significantly less likely to have accessed and spent time at a Safe Space.

Health Systems Research Unit
South African Medical Research Council

vulnerability to HIV, and also create an enabling environment for the synergistic preventive action of structural, biomedical and behavioural interventions.

- Although the AGYW programme did not include school-based Safe Spaces, the findings of this study suggest that they have the potential to create zones of 'autonomy' within schools which might otherwise be resistant to making HIV and SRH services available in school premises.
- A cost analysis should guide decisions about the resources required for establishing or possibly building the physical Safe Spaces, and for providing the structural, behavioural and biomedical interventions, and should inform future budgets for combination HIV prevention intervention delivery through Safe Spaces.
- As Safe Space interventions are rolled-out, it is important to monitor disparities in AGYW's access by geographical setting which might indicate variations in district-level implementation strategies, and to share successful strategies
- It is also important to monitor variations in AGYW's access to Safe Spaces them by socio-economic status to implement strategies to ensure they are accessible to the most vulnerable AGYW, who face more barriers to meeting their SRH needs.

ACKNOWLEDGEMENTS, AUTHOR DETAILS AND DISCLAIMERS

- This research was funded by the Networking HIV and AIDS Community of Southern Africa (NACOSA).
- The AGYW combination prevention intervention was funded by the Global Fund to Fight AIDS, TB and Malaria. The combination HIV prevention interventions were implemented in 12 districts in South Africa by a range of civil society organisations that were appointed by the organisations responsible for the management of the AGYW programme: NACOSA; the AIDS Foundation of South Africa (AFSA) and Beyond Zero. The programme was aligned with the She Conquers campaign and was implemented with support from the South African National AIDS Council (SANAC) through the Country Coordinating Mechanism (CCM) and the CCM Secretariat.
- Authors' current positions and contact detail: Catherine Mathews, Zoe Duby, Kate Bergh, Kim Jonas and Brittany Bunce are affiliated with the Health Systems Research Unit, South African Medical Research; Catherine Mathews, Zoe Duby, Kate Bergh and Kim Jonas are also affiliated with the University of Cape Town. Brittany Bunce is also affiliated with Sheffield Institute for International Development, University of Sheffield; Nathanael van Blydenstein, Anthony Ambrose, and Fiona Mpungu are affiliated with the Networking HIV and AIDS Community of Southern Africa (NACOSA).



Suggested citation:

Suggested citation: Mathews et al. (2022). Safe Spaces for adolescent girls and young women (AGYW) as part of combination HIV prevention programmes in South Africa: how accessible, feasible and acceptable are they? HERStory Research Brief Series. Health Systems Research Unit, South African Medical Research Council.

Paper that this brief is based on:

Mathews, C., Duby, Z., Bunce, B. et al. (2022). Safe spaces for beneficiaries of a combination HIV prevention intervention for adolescent girls and young women in South Africa: access, feasibility, and acceptability. *BMC Public Health* 22, 1026.

[PLEASE CLICK HERE FOR MORE INFO](#)

Health Systems Research Unit
South African Medical Research Council

