

The gendered limits to "E" in DREAMS : A narrative analysis of beneficiaries' agency in sexual relationships before, during, and following DREAMS participation

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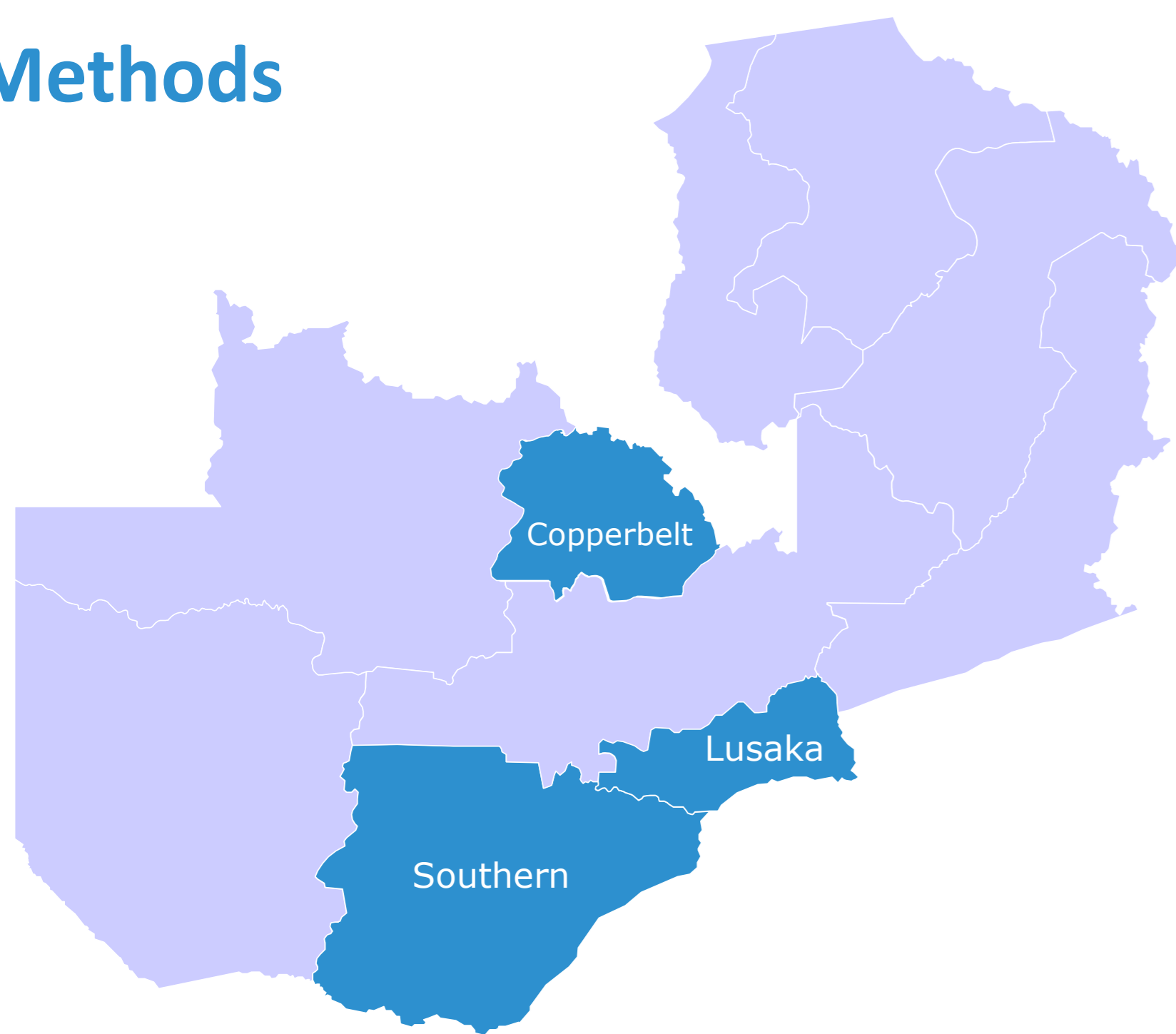
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Background

Across sub-Saharan Africa, adolescent girls and young women (AGYW) remain at disproportionate risk of HIV, including in Zambia. The combination HIV prevention program DREAMS—or Determined, Resilient, **Empowered**, AIDS-free, Mentored, and Safe—aims to prevent HIV among AGYW.

The DREAMS theory of change suggests that through layered programming addressing the community, family, and the beneficiary, AGYW who choose to have sex will engage in protected, more equitable sexual relationships. To understand the effectiveness of DREAMS, it is important to assess if and how DREAMS programming influences AGYW's sexual relationship dynamics.

Methods



We conducted a qualitative case study of the DREAMS program in Zambia, purposively selecting DREAMS centers across three provinces, capturing both more urban and rural-based centers.

Table 1: Methods and study groups

Key : SSI = Semi-structured interview
FGD = Focus group discussion

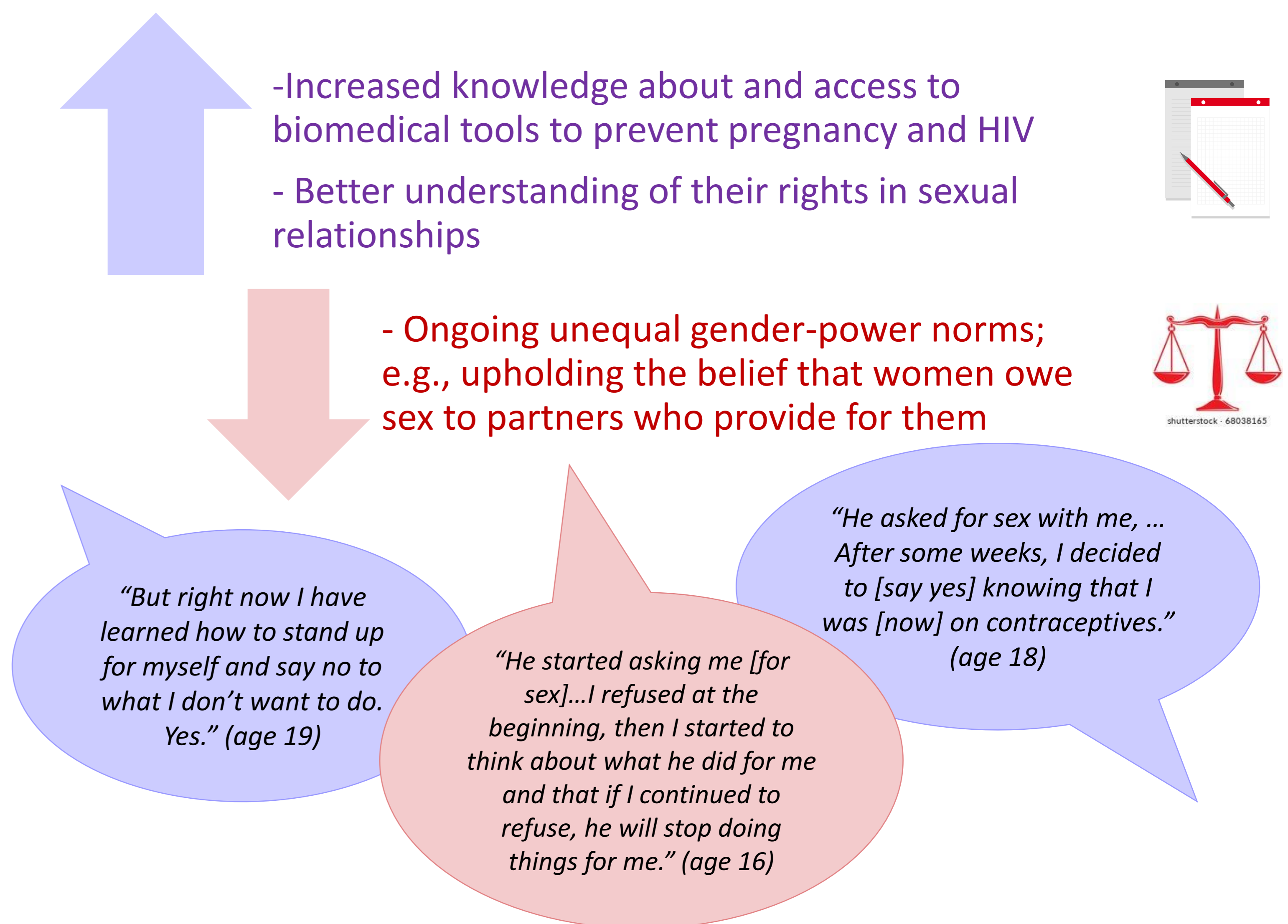
Study Population	Method	Sample Size
Implementers	SSI	30
	FGD	21 (3 FGD)
Stakeholders	SSI	4
AGYW Beneficiaries (ages 16-21) Percent sexually active	SSI	38 71%
AGYW Non-beneficiaries (ages 16-21)	SSI	11
TOTAL		121

The SSI with AGYW included a romantic life history calendar, asking participants to detail their romantic and sexual relationships over time.

Methods: Analysis

- We used thematic analysis to identify key themes related to participants romantic relationships and DREAMS;
- We used narrative analysis to compare beneficiaries' stories of sexual decision-making for those who were sexually active before as compared to after starting DREAMS.
- We summarized and compared narratives of sexual decision-making in relationships within and across groups differentiated by the timing of sexual initiation vis-à-vis their start to DREAMS.

Results: Thematic Analysis



Results: Narrative Analysis

Sexually active after starting DREAMS (n=9):

- Four described how they benefitted from access to DREAMS services and initiated condom use in their relationship.

A 20 year old beneficiary recounts that after her boyfriend asked to have sex with her, she spoke with a mentor, and then a nurse, at DREAMS. The nurse asked her if she was sure she wanted to have sex, and when she said yes, then recommended PrEP and injectable contraception. She received the injection secretly. She also asked her boyfriend to use a condom, and he agreed, she said, because she is still in school.

- Five described male-dominated decisions around HIV testing and inconsistent condom use. Some also describe accessing contraception through DREAMS.

“After some time, he started refusing to use a condom saying that he wasn't enjoying sex like that. So, **he told me** to get tested, we both tested [for] HIV and STIs. ... I asked about what he would do if I became pregnant. He said if it happens then its not a problem since the child would be his. ... **I just kept quiet** and continued going for contraceptives secretly.” (age 18)

Sexually active before starting DREAMS (n=14):

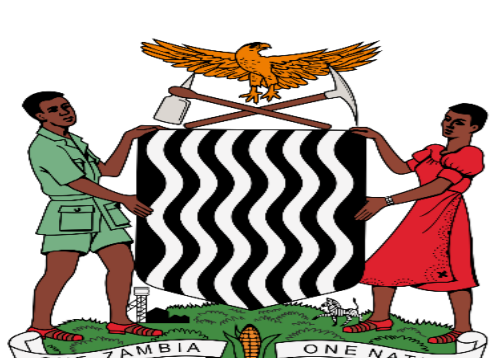
8 of the 14 had sexual relationships once starting DREAMS as well

- 3 described initiating condom use, 2 before joining DREAMS
- 8 describe male-dominated inconsistent condom use, both before and after DREAMS, some with coercion
- 1 described being coerced into unprotected sex
- 2 describe unprotected sex before DREAMS without any discussion

Nonuse of condoms and men's expected authority remained largely consistent in relationships started after DREAMS for this group.

Conclusion

- DREAMS provided much-needed access to information and SRH services for AGYW
- Services benefitted AGYW DREAMS beneficiaries greatly, particularly those who only became sexually active once in DREAMS.
- Many AGYW continued to expect men to lead sexual decision-making.
- Without addressing men and boys more directly, it may continue to fall short of the gender transformative change needed to substantially lower AGYW's risk to HIV in ongoing gender-inequitable relationships.



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