

CIRA International HIV Research Seminar Series

“Interventions of Orphans and Vulnerable Children and Youth in South Africa”



Maretha Visser, PhD

Professor of Psychology, University of Pretoria
South Africa

Dr. Visser is a CIRA International Visiting Fellow working with Cindy Crusto, PhD, Yale School of Medicine. Dr. Visser is a Counselling Psychologist and Professor at the Department of Psychology, University of Pretoria in South Africa. She has an interest in implementing and evaluating large-scale interventions in community settings with the aim of developing supportive infrastructure in disadvantaged communities. She has a

longstanding interest in the prevention of HIV among young people in various contexts and developing strategies to assist people living with HIV/AIDS to deal with the psychosocial implications. Her research focuses mainly on HIV prevention strategies, support group interventions, HIV-related stigma, interventions for orphaned and vulnerable children and working with community care workers. To date she has published 60 peer reviewed papers, 15 chapters in books and 30 research reports.

Light refreshments will be provided. Contact dini.harsono@yale.edu for questions or if you will be joining by video/telephone conference.

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Presentation Abstract

South Africa is home to the largest HIV epidemic in the world and accounts for almost one-fourth of all new cases among adolescents. An estimated 3.3 million children and adolescents in South Africa have lost one or both parents, many to AIDS and orphanhood increases HIV risk twofold. Programs that effectively mitigate HIV risk among adolescents and especially among orphans and vulnerable children and youth (OVCY), are vital to epidemic control. Research to date shows that behavioral prevention programs for youth have demonstrated limited potential in South Africa, because of the broad array of intermediate factors, such as poverty, mental health, peer group norms, family dynamics and cultural beliefs that influence risk behavior.

The presentation will focus on the evaluation and challenges of two large-scale interventions for OVC addressing some of these intermediate factors.

- 1) ISIBINDI (“strong heart”) is a multi-site community-based intervention for OVC supported by the Department of Social Development and PEPFAR. The core of the model involves home visits to address the physical, educational and psychosocial needs of OVC younger than 18 years, to provide life skills and reproductive health training and to strengthen family bonding and community support. It is implemented through community-based organisations, while NACCW provides training, supervision and mentoring of community workers. A mixed methods quasi-experimental design was used to compare participants at 12 sites (n = 427) and a control group of non-participants (n = 177) in terms of level of education and employment, psychosocial well-being and HIV risk behaviour.
- 2) Let’s Talk/Masikhulume is a structured, family-centered adolescent HIV prevention intervention developed for use among OVCY in South Africa using key components adapted from programs successfully implemented elsewhere. It involves parallel and joint sessions for youth and their caregivers focusing on HIV transmission risk factors, mental health, parenting, and family bonding. Twelve Let’s Talk groups, each serving approximately 10 families, were piloted by two local community-based organizations. A pre-post evaluation was done through personal interviews with caregivers (n=95) and adolescents (n=105) focusing on HIV knowledge, mental health, caregiver-adolescent connectedness and sexual communication.

Both interventions reported improved mental health of participants and improved family support. Adolescent/caregiver connection and communication about healthy sexuality improved significantly through the Let’s Talk intervention. Both interventions showed improved knowledge of HIV and condom use and condom negotiation self-efficacy and lower HIV risk behavior. Both interventions address some intermediate factors related to HIV risk and show potential to mitigate HIV risk factors among vulnerable adolescents. Both these interventions are currently widely implemented in the South African context.

The challenges of large-scale interventions are the high cost and large community infrastructure involved in implementation. Lack of community resources (due to poverty, lack of infrastructure, unemployment of out-of-school youth) contribute to young people’s vulnerability, despite programme successes. Rigorous programme evaluation is needed to substantiate intervention impact on adolescents’ HIV risk behavior and incidence. Current interventions funded by the DREAMS project and Global Fund concentrate interventions in small high-risk areas to test the value of comprehensive interventions.