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"It felt like a weight was being taken off of my shoulders": findings from an intervention to support migrant adolescents and young people in KwaZulu-Natal, South Africa

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ABSTRACT

In South Africa, many young people relocate from rural to urban areas for education, attending day schools while residing in rented accommodation. Migration exposes them to risk, including alcohol and drug abuse, sexual exploitation and violence. We developed and assessed a support system for young migrants, aged 14-24 in KwaZulu-Natal, South Africa. Five trained peer navigators conducted needs assessments for 283 young internal migrants between June 2021 and October 2022. The intervention included mobile phone support and streamlined referrals through a call centre, connecting young migrants to a study social worker, local healthcare facilities, and peer assistance. To assess the intervention, we conducted repeat in-depth interviews with 20 participants and 5 interviews with peer navigators, in-person and by telephone. Most young migrants rented rooms in unsafe areas to be near their schools, which presented physical, psychological, and mental challenges during the transition from living with parents/carers. The young migrants valued the intervention, including access to sexually transmitted infection treatment, psychosocial support from the social worker, and assistance from peer navigators in tackling general challenges. They appreciated that the peers provided a confidential space to engage and share openly with little fear of being judged. Our findings show that protection for young migrants can be provided through supportive structures such as peer-led interventions.

1. Introduction

Many young people in southern Africa aspire for a better life, a life in a town or city, where they hope to find opportunities for education or work and build their livelihood (Bond et al., 2012; Msila, 2009). The small towns, or townships on the margins of big cities, to which they move often offer a first taste of freedom from close family members and an opportunity to 'find their feet' as an aspiring adult in an adult world (Hall et al., 2015; Mkwananzi, 2019).

Migrated young people are exposed to risks in their new environment, because of insecure housing, drug and alcohol misuse and risky sexual behaviour (Matlakala et al., 2021; Morojele et al., 2016; Ngwenya et al., 2023; Njwambe et al., 2019). Patterns of early sexual debut, coercive or transactional sex, multiple new sexual partners and poverty heighten the risk of HIV infection for adolescents in urban and rural areas, especially for adolescent girls (Hardee et al., 2014). Mobility and the specific vulnerabilities associated with adolescence, coupled with sexual violence, unemployment and poverty, are recognised as continuing to drive the incidence of HIV in sub-Saharan Africa (Camlin et al., 2010; Schuyler et al., 2015). For young migrants their increased autonomy and mobility and limited surveillance from parents result in greater opportunities for unmonitored sexual behaviour and the potential for exploitative relationships (including rape) and the increased need to engage in sexual transactions to ensure financial support

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(Operario et al., 2011; Zembe et al., 2013).

Adolescence resilience research has focused attention on the assets and resources which a young person can draw upon to manage risks or stressors in their lives (Fergus and Zimmerman, 2005). A young person's resilience may be contingent on their personal, familial, community and cultural/religious resources, which provide protection from stressors (Theron and Theron, 2010). But resilience is fluid and shaped by the context, changing with the risks faced but also the positive factors a young person may draw upon to counteract or moderate those risks (ten Hove and Rosenbaum, 2018; Ungar, 2014). For a young migrant, away from their family, other protective factors can be crucial in allowing them to make the most of the opportunities and reduce the harms that they may encounter in the new place. One crucial factor is connectedness – being able to count on others to help materially and emotionally (Punch, 2015; Seeley et al., 2023; Tutu, 2013), people who can help a young migrant resist 'quick fixes' such as providing sex to get some money to buy food or taking a loan with a crippling interest rate to pay rent.

We undertook formative research in 2017–2018 on young people's mobility in a small town in KwaZulu-Natal Province, South Africa and in Kalungu District, Uganda. We investigated the experiences of young people moving to a town from a rural setting in relation to HIV risk, prevention and treatment seeking behaviour and drug and alcohol use. The urban environment in which these young migrants live is characterised by high alcohol availability, high unemployment and few constructive social activities (Ngwenya et al., 2021; Tumwesige et al., 2023). Working with the young migrants involved in that research we developed an intervention to provide a protective support structure for young migrants (aged 14–24 years old), as a means of early intervention to reduce the harm of patterns of risk behaviour associated with adolescent and young people's migration (Bernays et al., 2023). The resulting "Lending a Hand" intervention was then implemented and its acceptability assessed among recent migrants (14–24 years) in uMkhanyakude District in KwaZulu-Natal and at two sites in Uganda. Together with other intervention components (a telephone advice line, access to counselling and referral to health services), peer navigators who had first-hand experience of migration and possessed local knowledge and networks, were recruited and trained to provide practical assistance, emotional support, and guidance to young migrants.

In this paper we focus only on the South African site to describe how the provision of the peer navigators was received by young internal migrants and their views on the impact of the intervention. The findings on this topic from Uganda have been published elsewhere (Tumwesige et al., 2024).

1.1. Theoretical framework

We draw on a 'protection-risk' framework developed from the 'Problem Behaviour Theory' (Jessor, 1991), by Kabiru et al. (2012) for their research with adolescents in Nairobi. The framework is made up of three types of 'risk factors' (models' risk, opportunity risk, vulnerability risk) and three types of 'protective factors' (models protection, controls protection, support protection). Adapting from Kabiru (p.15ff): Models of risk includes role models that promote health compromising behaviour (practising unsafe sex, alcohol or drug misuse). Opportunity risk is the exposure to situations which encourage risk behaviours (working in a bar, for example, where it is expected that additional income can be made from providing sex), Vulnerability risk includes individual factors which increase the chances of engaging in risk behaviour (feeling worthless, having no hope for the future). Models protection includes familial and peer role-models who might promote prosocial behaviour; controls protection includes individual-level (such as religious faith) or social environment-level (family/older friend/trusted adult monitoring) which serve as regulatory controls. Support protection includes contextual support like peer networks, work-colleagues that promote pro-social/health enhancing behaviour and build protective social assets. Thus, enhancing the 'protection' factors through harm reduction interventions can be anticipated as moderating the impact of the risks in a particular context, and encourage resilience as an outcome (Olsson et al., 2003).

We used this theoretical framing to develop a theory of change for the intervention (see Fig. 1):

The 'Lending a Hand' intervention consisted of the provision of support through the five 'peer navigators' who were young women (aged 18–30) residing in the area, who had migrated in the past. They undertook training on needs assessment to focus on young migrant's educational, clinical, and psychosocial needs, so that they could provide advice and encouragement to adolescent and young people who were internal migrants over the telephone and facilitate referrals to the social and health services available in their area. The peer navigators received a stipend and were given contracts so that they were part-time staff members for the duration of the intervention. They were provided with access to counselling for their own support, for when they encountered difficult situations through their interactions with young migrants.

We established a call centre which young migrants could call to speak to a counsellor or a nurse. We had intended to establish a physical hub for the young migrants to visit to get information and to provide a safe space they could visit to get support. However, because the implementation of the intervention began when COVID-19 pandemic precautions against gatherings and face-to-face contact in enclosed spaces were still being followed, the intervention was delivered using the phone and/or individual meetings with peer navigators in the open, and referrals to clinics where non-pharmacological measures to prevent transmission were observed. We worked with selected health care workers to sensitise them to young migrants concerns and fears to establish referral paths to care which young migrants would feel were safe and supportive.

The intervention was implemented between June 2021 and October 2022. The peer navigators took turns working in the field and at the call centre. Each week the field-based peer navigators would be available in different locations in the project area for migrants aged (approximately) between the ages of 14 and 24, particularly those who had recently migrated or lived in their community for not more than a year. A total of 283 young migrants, all of whom were internal migrants, accessed the intervention. All migrants who had an interaction with the peer navigators received a referral slip which had the call centre number for online support and the list of services provided by the intervention (i.e. counselling, referral to health services). The office-based peer navigator attended to all call-back requests and provided peer support and advice on general issues like assistance with online job and education applications and common teenage relationship problems, facilitated the referral process at the call centre to the study social worker for emotional and psychosocial support and to selected health facilities for health services.

1.2. The setting

The study was conducted in the Africa Health Research Institute's population intervention programme demographic surveillance area in Hlabisa sub-district in uMkhanyakude district, KwaZulu-Natal (see Map below). The sub-district is predominantly rural, with two small, co-joined conurbations Mtubatuba and KwaMsane in the south. uMkhanyakude district has high levels of unemployment among young migrants (60 % in 2023 – despite recent small increases in employment (IOL, 2023; SA News, 2023)) and an HIV incidence rate of >5 % per annum among adolescent girls and young women. Although incidence has been declining in the recent past among the general population it still remains high in young women (Chimbindi et al., 2018; Gareta et al., 2021; Lewis et al., 2022).

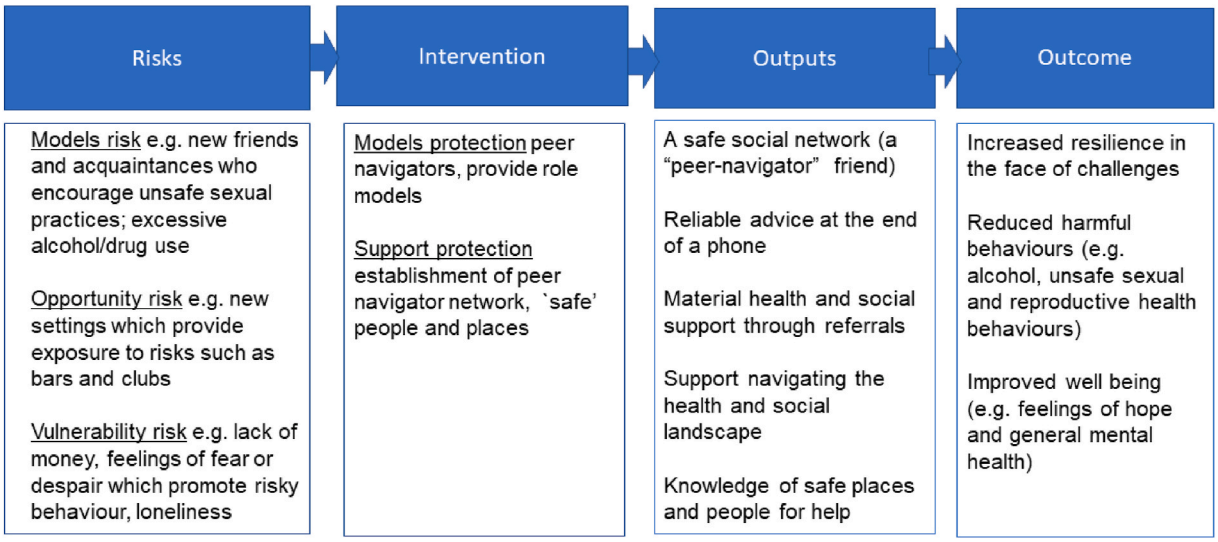
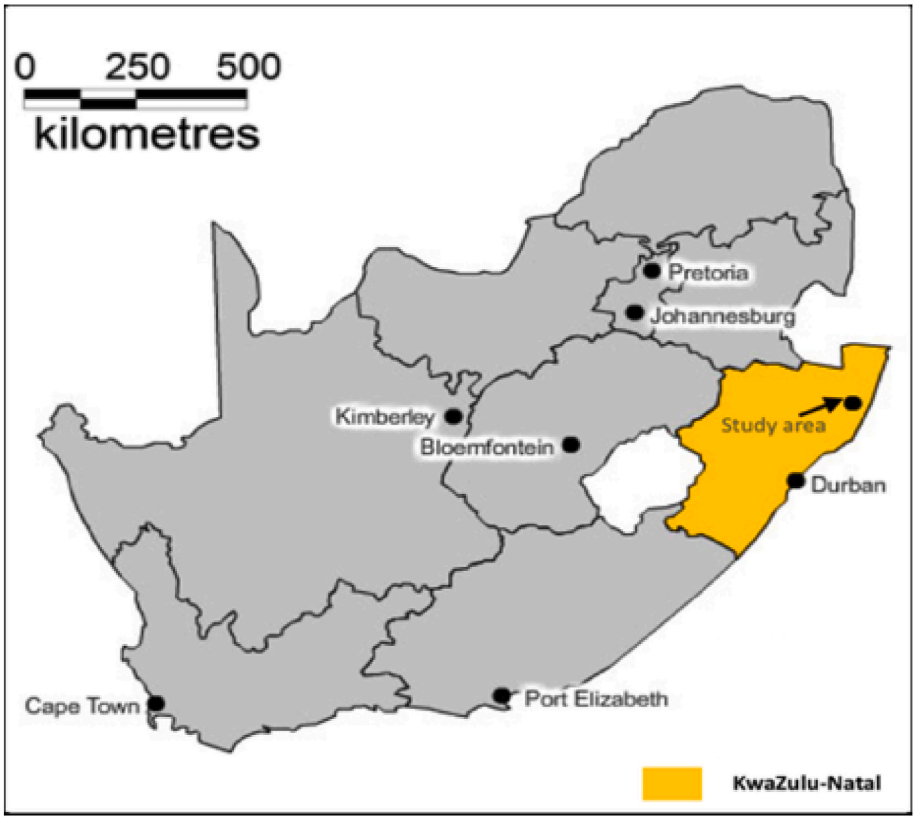


Fig. 1. Theory of change.



Map. the location of the study area in South Africa.

2. Research methods

To assess if the planned intervention was acceptable, we conducted interviews with intervention participants and the peer navigators about their experiences. A trained and experienced social scientist fluent in both isiZulu and English collected data between May and October 2022. Of the 283 participants who had been enrolled in the intervention, 20 were selected for in-depth interview. A stratified random sample was selected by a data manager at the Africa Health Research Institute, to include both males and females, participants of different ages, and those who had either utilized or not utilized the intervention services.The 20 participants were interviewed in-depth twice using a topic guide, to understand their life experiences, interaction with peer navigators, and the impact of the intervention on them. The first 20 interviews (11 males and 9 females) were conducted face-to-face at the participants' rental places or different locations, depending on where they wanted to be interviewed. Follow-up interviews were conducted both face-to-face and by telephone as some of the participants had moved back to their homes or migrated to other places. The five peer navigators were also interviewed to understand their perception of the intervention, their experiences of delivering the intervention (both in the field and at the call centre), and their role in assisting young migrants to develop healthy

coping mechanisms in their new environment. The peer navigators were requested not to disclose specific details from their encounters with the young migrants during their individual interviews, instead they spoke in general terms about the topics the young migrants discussed with them.

The interviews were conducted in IsiZulu and were audio recorded, transcribed, and translated by research assistants who are native speakers of the IsiZulu language and fluent in English. We conducted in-depth interviews because they allowed us to capture rich, detailed narratives directly from the young migrants about their engagement with the intervention. This method provided detailed information of their personal experience with the different components of the intervention.

We conducted an iterative thematic analysis, discussing the emerging data in regular team meetings. We summarised audio-recorded data into detailed interview scripts in English using a mixture of reported speech and verbatim quotes. Scripts were coded initially using an open-coding approach, then using a coding framework derived from the theoretical framework, described above. Emergent themes were checked and discussed by the team to ensure accuracy of representation, and if agreed by team members those themes were added to the coding framework. A manual framework approach was used to order the data by theme and then analytical memos prepared on the dominant themes in preparation for the drafting of papers for publication.

2.1. Ethical considerations

The study received approval from the Biomedical Research Ethics Committee at the University of KwaZulu-Natal, South Africa and the London School of Hygiene and Tropical Medicine ethics committee, United Kingdom. Most of the participants were in their eleventh and twelfth grades at the high school level and were under the age of 18, so we first obtained consent from their parents or guardians and adolescents' assent before they took part in the study. Those who were older than 18 gave their own consent.

The peer navigators were trained to engage with participants and were responsible for providing peer-to-peer support, delivering the intervention, and facilitating the referral process. Their role was distinct from that of the social scientist. The social scientist was not involved in the direct delivery of the intervention. The scientist's involvement was limited to conducting the interviews after the peer navigators had engaged with the participants. To endeavour to mitigate any potential influence on the participants' responses, the social scientist's role as a data collector was explained as being distinct from the peer navigators' support role, although we acknowledge that the peer navigators and the social scientist were attached to the same institution, which the young people were aware of.

The peer navigators developed rapport with the young migrants through their ongoing engagement and support. The social scientist then built her own rapport with the young migrants for the interviews. Given the sensitive nature of the study, the social scientist conducted initial telephone conversations to arrange the interviews and to agree a comfortable space for the participants to express their views. This approach ensured that the interview process was not the first contact with the social scientist, and participants had an opportunity to gain some familiarity with the social scientist through the telephone conversation.

We acknowledge that there were emotional risks from the study, particularly regarding the sensitive topics discussed. To address this, we ensured that the peer navigators were trained to provide initial support, and a social worker was available for further support (e.g. counselling) if needed. Participants were also informed of their right to discontinue the interview at any time without any consequences. Additionally, we took measures to ensure that the interviews were conducted in a confidential and supportive environment to minimize distress.

Our institution, the Africa Health Research Institute, has a standard procedure in place for Social Care and Referral in Multilevel HIV Prevention Projects, which is followed for all cases reported during research projects. The procedure ensures that any individual engaging with a participant (e.g., peer navigators, interviewers) must first notify their supervisor, who informs another member of staff, a social worker, trained to manage this support. The social worker then contacts the participant, coordinates onward referral if required with the primary care agent for services, communicates appointment details to the participant, and arranges transport if needed and any follow-up. Following this procedure for this study, the peer navigators contacted their supervisor, with the participants' consent, if a participant needed support. Once the cases were referred, the social worker ensured that they maintained confidentiality so the peer navigator and research team did not receive any further details on the case. However, they were informed of the closure of the case when the matter was resolved.

Regarding incentives, participants were not directly compensated for the interviews to avoid undue influence on their participation. However, they were provided with refreshments during the interviews and a voucher (the value of £1) for airtime for their telephone as a token of appreciation for their time.

3. Findings

We first describe why young migrants had moved away from home and their living arrangements in the new place, before grouping the findings, based on the two main categories set out in the theoretical framework, by the different risks that the adolescents and young people encountered when they migrated, and then by the different ways they found protection, including through the intervention.

The 20 participants in this study (11 males and 9 females) were predominantly from low-income families, and they had migrated primarily for education. The socio-economic status of their families influenced the choice of accommodation available to them.

Most participants rented or shared small rooms, which were the least expensive option. These rooms were part of a block housing arrangement, of purpose-built rental accommodation roofed with corrugated iron sheets. Despite the cramped size, these single rooms served multiple purposes: they functioned as bedrooms, dining areas, kitchen, and bathroom. Participants would sleep in the room, cook using a small stove, and bathe using a basin. Although electricity was available, not all participants had access to appliances such as refrigerators. As a result, they often relied on non-perishable food items or asked landlords or neighbours to store perishable food for them. Access to running water was inconsistent: some participants had access to a tap within the yard of their accommodation, while others had to walk to a local community tap to fetch water. This lack of access to essential utilities created further challenges in managing their daily needs.

The financial constraints of the participants were further reflected in their lack of food security. Many participants pooled resources with other young migrants in similar circumstance to share groceries, but they often ran out of food due to their limited means. This communal living setup meant that participants relied on each other for survival, reinforcing the importance of their social networks in managing day-to-day living expenses. The majority of the participants' experiences were marked by the dual pressures of managing their education, which several complained about as being very challenging, while coping with inadequate living conditions.

3.1. Forms of risk

Renting a room at someone else's property, affected both safety and privacy. Most of the young women interviewed said that they felt uncomfortable with their space being invaded by others. A 17-year-old woman said:

"… [the landlord] he likes walking around half-naked …. Also, he would knock on our main door and then pushes the door and enter our rooms without asking, but he knows that we are females."

Men as well as women complained about sexual harassment from others who stayed in their accommodation. A 16-year-old male observed that *"… they [gay men] touch all of us inappropriately and it makes us angry but we just put on a fake smile because they are older than us …"*. The perceived risk of sexual harassment and violence was exacerbated for the young women in particular, by the nature of the areas in which they stayed.

Due to the low-cost accommodation in the area, the neighbourhoods where the young migrants tended to stay exposed them to risky behaviours and people engaged in those risk behaviours, such as selling sex and drugs. While young female migrants felt fearful in this situation, some young men saw this as an opportunity to engage in these risky behaviours and reported that they had sexual encounters with multiple partners after moving to the area. Some claimed that they only used condoms with the partner they trusted or thought of as their main partner. Their engagement in unprotected sex with many partners, on probing as to why they felt safe to do so, was due to misinformation about risk and negative attitudes towards condoms. Most of them had some knowledge of HIV and were afraid of acquiring the infection. None of the women talked of having multiple partners. There were, however, some females who revealed in their interviews that they had unprotected sex while staying in their rental accommodation neighbourhood which had led to a sexually transmitted infection or an unplanned pregnancy. One 17-year-old woman described how she had had a miscarriage: "*I was* 4 months *pregnant …. I took the foetus, put it in a basin, and kept it under my bed."* She confided in the interviewer that this had caused her considerable distress.

Many participants talked about distress caused by different experiences like violence, emotional abuse, unfavourable family dynamics, grief and loss. This distress posed a risk to the mental wellbeing of both young women and men. Some of them revealed that they were not coping at school due to having negative thoughts which were triggered by stress or flashbacks of the abuse they endured, as well as their parents' high academic expectations, and in some cases a lack of parental support. A 17-year-old woman described her situation:

"… *we used to watch him [stepfather] abusing my mother repeatedly, he was actually the worst of them all because he would beat me up as well … …my roommate's parents usually send her a message before the exams wishing her luck and I wish I could get that kind of message as well"*.

Another 17-year-old woman described a strained relationship with her mother: *"She [my mother] used to punish me for her man. I feel like she always chose them [her sexual partners] over us."* She went on to describe one occasion when: *"I slept with a bleeding wound, but she [my mother] did not care. She did not even ask me how the wound on my head was after waking up in the morning."* Several participants recounted some form of traumatic encounter from their past which, because of the impact on close family relationships, made them feel unsupported in their new environment.

Some women complained about loneliness. A 17-year-old woman said: *"I don't have a friend; I don't have a person whom I can say I trust or can talk to for* support**".** For some this was because they had moved away from their friends but for others loneliness was exacerbated by the loss of a close relative, which had taken away support that they used to have. A 23-year-old woman said: *"It's just that I sometimes miss my mother so much but remind myself that I will never see her again"*.

Young men, by contrast, did not talk about their emotions. They described their main source of stress as having insufficient food and a lack of funds to cover their rental costs. Some complained that they were receiving inadequate financial support from their families because their parents were unemployed and depended on social grants and as a result were struggling to make ends meet. A 22-year-old man described his situation:

"I used to stay alone, but due to missed payment, I got evicted … this morning …. also, I know that hunger has had a negative impact on me, and it can trigger stress because you end up having negative thoughts."

Others complained that they went to bed hungry. But the lack of financial support was not always because of poverty. One young man claimed that it was a result of his father mis-using funds: "*my father likes women and is selfish, he does not even send me money to cover my basic needs"*. It was apparent that young migrants struggled with both physical and emotional challenges in the places they were staying.

Although most of the concerns and difficulties that young migrants reported were due to poor housing and a lack of financial resources, they also shared challenging experiences related to being new in the area and not knowing how to access services that they might need, particularly health services. The young migrants were unfamiliar with the clinics in their new place and were concerned about going somewhere new to them in case health workers treated them unkindly or there were long queues. Indeed, some young men said that after experiencing long queues or rudeness from staff they would never visit a clinic again. A young man described his experience:

"I think 4 months back, I contracted a disease, it's called Tuberculosis … [I went] to this clinic based in town … then I started treatment … I felt unwelcome, and I felt like I was ill-treated as there was this nurse who was rude to me".

Other young men said they would rather treat themselves with herbs or get something from a pharmacy. They also complained about a lack of time to go to a clinic due to extended school hours and weekend study sessions. Some young women indicated that they were afraid of visiting clinics for contraceptives because of the fear of being criticised by clinic staff for being sexually active. A 17-year-old woman recounted one experience she had:

… *He (the male nurse) was shouting! He shouted at me …***.** *if there were no nurses like him … perhaps the teenage pregnancy rate would not be as high. We would perhaps go to the clinic to access contraceptive injections without fear of their negative attitude."*

It was apparent that moving away from home to attend school or college – as a day scholar – staying independently in rented accommodation, was stressful and risky for the young migrants we spoke to. However, there was some support available, which we describe in the next section.

3.2. Forms of protection

Young migrants described different forms of help they had received from other migrants or their relatives, for those that had relatives living nearby. A 20-year-old man described how his landlord would sometimes give them food when he saw that the young migrants staying in his accommodation were short and a 17-year-old woman talked about going home to her grandmother to fetch some food for herself and the people she stayed with because *'we usually run out of food two days before the end of the month [when money would be coming from parents/guardians] … she [grandmother] would share with us what she has at that time'*.

Others were looking for advice on careers and help with job applications. Some teachers gave them help because on-line application forms, for example, posed a challenge to those without ready access to a computer and internet, or without the experience to understand the instructions for filling in such electronic forms. However, for those interested in applying to university, in addition to on-line applications they also sometimes had to pay a fee, which was a barrier for those without someone to provide a credit card or on-line banking details to execute the payment online, which the teacher could not help them with. For that they usually needed a relative with a credit card who was willing to give them support, something many did not have.

The help which was available from friends, family and teachers was not available to everyone, and not available all the time.

The 'Lending a Hand' intervention was co-designed with young migrants who indicated that having someone to reach out to for support was an essential component (Bernays et al., 2023). It was not surprising, therefore, that the provision of peer navigators during the implementation of the intervention was welcomed by the young migrants as being a source of support.

We were told during the interviews that the information shared by the peer navigators, the peer navigators' closeness in age to the young migrants and their politeness made them approachable *"I was motivated by the fact that we were visited by my peers who understand what we go through as teenagers. I found it easier to share my experiences with them"* (17-year-old woman). An interesting point shared by young migrants was the fact that the peer navigators were not known to them or their family and this made it easier for them to be confidants - *"… sometimes you need a person you can talk to, and it is better if you both don't know each other"* (23-year-old woman). Many participants described their first encounter with the peer navigators as positive and the biggest motivator to their enrolment in the intervention. A 17-year-old woman on learning about the services offered enrolled immediately, *"because I had heard them saying that they wanted to help me even if I had a health-related problem, so I was motivated by the problem (STI infection) I was experiencing"*. For this young woman, she had an immediate problem requiring attention. Several participants commented that they had not sought out the peer navigators immediately for support, they had only linked up to them when they have a problem they wanted help with.

For those with on-going health problems and concerns, the referral to a clinic where they could see a health care worker who was sensitized to young migrants' concerns about health care access, was a very practical and welcome introduction to the intervention.

Having someone to talk to who was not a relative or friend provided a valued confidant. Many of the young men said that they were comfortable talking about their sexual partners with the peer navigators. This may have been because being sexually active was a sign of masculinity and also because the peer navigators were of similar age and background. It may also have been a way of preparing the peer navigator if the need arose in future when they needed help or advice, knowing they would not have to provide the background to the risks they had been taking. By contrast, many young women seemed to be uncomfortable talking about sexual health issues with the peer navigators.

Yet, in general, most of the participants said that talking to the peer navigators and the study social worker made them feel as though a burden they had been carrying had been lifted. They were able to open up about their most personal experiences without fear of judgment and were given access to ongoing counselling sessions to help them build appropriate coping mechanisms for their new environment. A 17-year-old woman said:

> *"Talking to her (the peer navigator) felt like a weight being taken off of my shoulders …. I do not feel emotional anymore and it does not stress me as it did before …. Talking to her (social worker), I would say helped me, it healed some parts of me in a way."*

Access to 'safe' clinics where health care workers had been sensitized to the intervention and were able to provide supportive access to young migrants who may have had difficult previous encounters with the health service, was also important. The social worker could arrange to meet a young person at one of these sites, which was also seen as supportive. Young migrants talked about how this provision made them feel 'significant' because they were treated with respect and their confidentiality was assured. For the peer navigators this experience was also transformative. While some needed psychological support to help them manage the, sometimes, traumatic information that was shared with them, regular debriefing with other members of the study team helped provide support, as well as their access to counselling. However, the needs they encountered motivated them to build their skills to help other young migrants. One peer navigator said that she now planned to train to be a social worker.

4. Discussion

The main aim of the study was to develop and test the acceptability of a support structure for migrant adolescents and young people. Recruitment of young migrants for our study uncovered a particular group of migrants – those who had left home for education – who required help and support. Unlike young people who enter a protected environment in a boarding school, where accommodation is provided and can be expected to be safe, the young migrants in our study were attending day schools and were living independently in the community. A body of literature exists on the challenges faced by day scholars in different African countries because of long distances to attend school, curtailed sleep and home environments unconducive to study (Kabiru and Orpinas, 2009; Maphoso and Mahlo, 2014; Peltzer, 2009). Our findings suggest that these issues are compounded, or replaced with other risks, for day scholars with private boarding arrangements near their school; they may no longer have long distances to travel but they may struggle in unsafe accommodation and with inadequate support for food and other needs.

Young migrants away from home, and parental supervision, can be exposed to sexual and substance use risks (Bernays et al., 2020; Kabiru et al., 2012; Smith, 2004), which can be fuelled by a need to find support to get food or access to accommodation (Ngwenya et al., 2023; Seeley et al., 2023). Providing alternative sources of support and advice, through the provision of peer navigators and a telephone call centre through our intervention helped to provide some protection for the young migrants the intervention reached.

Young migrants also face challenges accessing health care, not only due to their being unfamiliar with the new environments but also predominantly due to a lack of support and unwelcoming health facilities. Most of the participants reported that they were aware of the available healthcare facilities but were uncertain that the services were available to young migrants like them, a finding corroborated in other research (Diop et al., 2023; Ginsburg et al., 2021).

Although most of our participants stated that family, friends, and relatives had helped them find housing and provided transportation to their new locations, it was clear that location and affordability had been primary concerns, rather than the quality of accommodation and safety. The socio-economic backgrounds of the participants in our study played an important part in their migration experience, for some the desire for a better life motivated them to try hard in their studies; for others the stress of day to day life because of the shortage of money affected their mental health and wellbeing (Morojele et al., 2016; Ngwenya et al., 2023).

The young women in our study said that they had confided in the peer navigators about the emotional challenges that they faced, including feeling lonely in their new setting. Loneliness among young people in school in Africa has been documented elsewhere (Aboagye et al., 2022), as has the particular loneliness experienced by young international migrants to South Africa (Shahrokh, 2022). Our findings highlight the loneliness faced by young migrants attending school, managing the pressures of their school work while living in challenging circumstances. Young male migrants were more reticent about sharing about their emotions, although they did complain about living arrangements and anxieties about their school work to peer navigators and when speaking to the interviewer.

Our findings suggest that providing a support structure for young migrants who move away from home, through the provision of a network of peers can make a difference to a migrant's experience. The peer navigators in our intervention were able to locate young migrants in their new environments, create trust, and provide practical support through referrals and advice on where help may be available. Developing support structures that help including counselling services,

mentorship programmes could be of benefit to young migrants. Respect and confidentiality were things that the young migrants in our study valued greatly, not only from the peer navigators they interacted with, but also the social worker and health care workers who had been briefed on the intervention. Making time for young migrants in busy health facilities may be challenging, but the sensitisation of providers to the needs of young migrants can make a real difference to the young person's experience.

4.1. Study limitations

The study was designed for all migrant youth between 14 and 24 years of age, in the uMkhanyakude area. However, we found that the intervention was accessed by school-going youth, which is likely to have influenced those who came forward for support after the first few months of implementation and as a consequence the make up of the sample of young people we interviewed. All of the peer navigators were women, which may have affected access for male migrants, although we found that young men were willing to seek support from the female peer navigators. In addition, the peer navigators struggled to locate and contact those who migrated for work purposes, who do exist in the setting. The needs of those who migrate for work might differ from those who migrate for education.

We faced challenges arranging times for interviews because of long school hours, extra classes, and exams, participants were often unavailable during weekdays. As a result, data collection had to be scheduled on weekends or late afternoons, depending on participants' availability. In addition, because the participants were migrants, some had relocated to other areas before the follow-up interviews. This resulted in us conducting interviews via the telephone instead of face-to-face.

However, our study exposed a significant at-risk population, who do need help and support; needs that we were able to document through this study.

5. Conclusion

Our findings confirmed the migration of adolescents and young people increases their vulnerability as they do not have a support structure in place. Leaving behind familiarity and being in a new place can pose challenges as young migrants struggle to navigate access to basic health and education resources in search of better opportunities and better life. These vulnerabilities also leave young migrants exposed to other risks such as poor mental health. However, protection can be provided through supportive structures such as peer-led interventions. Peers can be seen as role models who offer support, advice and guidance and also provide a confidential space to engage and share openly with little fear of being judged. The opportunity for peers to refer to and provide a link to specialist services increased the trust that young migrants had in the intervention contributing to nurturing their resilience.

CRediT authorship contribution statement

Nondumiso Dlamini: Writing – original draft. **Siphesihle Hlongwane:** Writing – review & editing, Supervision. **Carina Herbst:** Writing – review & editing, Supervision, Project administration. **Maryam Shahmanesh:** Writing – review & editing, Resources, Conceptualization. **Nothando Ngwenya:** Writing – review & editing, Methodology, Formal analysis. **Sarah Bernays:** Writing – review & editing, Formal analysis, Conceptualization. **Janet Seeley:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Funding acquisition, Conceptualization.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

Aboagye, R.G., Ahinkorah, B.O., Seidu, A.-A., Okyere, J., Frimpong, J.B., Kumar, M., 2022. In-school adolescents' loneliness, social support, and suicidal ideation in sub-Saharan Africa: leveraging Global School Health data to advance mental health focus in the region. PLoS One 17 (11), e0275660. https://doi.org/10.1371/journal.pone.0275660.

Bernays, S., Lanyon, C., Dlamini, V., Ngwenya, N., Seeley, J., 2020. Being young and on the move in South Africa: how 'waithood' exacerbates HIV risks and disrupts the success of current HIV prevention interventions. Vulnerable Child. Youth Stud. 15 (4), 368–378. https://doi.org/10.1080/17450128.2020.1739359.

Bernays, S., Lanyon, C., Tumwesige, E., Aswiime, A., Ngwenya, N., Dlamini, V., Shahmanesh, M., Seeley, J., 2023. 'This is what is going to help me': developing a co-designed and theoretically informed harm reduction intervention for mobile youth in South Africa and Uganda. Glob. Public Health 18 (1), 1953105. https://doi.org/10.1080/17441692.2021.1953105.

Bond, V., Clay, S., Chiiya, C., Chonta, M., Zimmerman, C., Kiss, L., Hunleth, J., 2012. *Sweeping The Bedroom, Children in Domestic Work in Zambia* (United Nations Joint Programme on Trafficking, UN Report. Issue.

Camlin, C.S., Hosegood, V., Newell, M.-L., McGrath, N., Bärnighausen, T., Snow, R.C., 2010. Gender, migration and HIV in rural KwaZulu-Natal, South Africa. PLoS One 5 (7), e11539.

Chimbindi, N., Mthiyane, N., Birdthistle, I., Floyd, S., McGrath, N., Pillay, D., Seeley, J., Zuma, T., Dreyer, J., Gareta, D., Mutevedzi, T., Fenty, J., Herbst, K., Smit, T., Baisley, K., Shahmanesh, M., 2018. Persistently high incidence of HIV and poor service uptake in adolescent girls and young women in rural KwaZulu-Natal, South Africa prior to DREAMS. PLoS One 13 (10), e0203193. https://doi.org/10.1371/journal.pone.0203193.

Diop, Z.B., Bernays, S., Tumwesige, E., Asiimwe, A., Kawuma, R., Seeley, J., 2023. Youth migration and access to health services in a trading centre in southern Uganda: a qualitative exploration. Glob. Public Health 18 (1), 2191689. https://doi.org/10.1080/17441692.2023.2191689.

Fergus, S., Zimmerman, M.A., 2005. Adolescent resilience: a framework for understanding healthy development in the face of risk. Annu. Rev. Publ. Health 26, 399–419.

Gareta, D., Baisley, K., Mngomezulu, T., Smit, T., Khoza, T., Nxumalo, S., Dreyer, J., Dube, S., Majozi, N., Ording-Jesperson, G., Ehlers, E., Harling, G., Shahmanesh, M., Siedner, M., Hanekom, W., Herbst, K., 2021. Cohort Profile update: Africa centre demographic information system (ACDIS) and population-based HIV survey. Int. J. Epidemiol. 50 (1), 33–34. https://doi.org/10.1093/ije/dyaa264.

Ginsburg, C., Collinson, M.A., Gómez-Olivé, F.X., Gross, M., Harawa, S., Lurie, M.N., Mukondwa, K., Pheiffer, C.F., Tollman, S., Wang, R., White, M.J., 2021. Internal migration and health in South Africa: determinants of healthcare utilisation in a young adult cohort. BMC Public Health 21 (1), 554. https://doi.org/10.1186/s12889-021-10590-6.

Hall, K., Ebrahim, A., De Lannoy, A., Makiwane, M., 2015. Youth and mobility: linking movement to opportunity. In: De Lannoy, A., Swartz, S., Lake, L., Smith, C. (Eds.), South African Child Gauge. University of Cape Town, pp. 75–81. Children's Institute.

Hardee, K., Gay, J., Croce-Galis, M., Afari-Dwamena, N.A., 2014. What HIV programs work for adolescent girls? J. Acquir. Immune Defic. Syndr. 66, S176–S185.

IOL, 2023. Youth month@ unemployment challenges and strategies for the future. https://www.iol.co.za/news/south-africa/kwazulu-natal/youth-month-unemployment-challenges-and-strategies-for-the-future-cecc9373-3181-4273-8c21-48df4f0b3c7f.

Jessor, R., 1991. Risk behavior in adolescence: a psychosocial framework for understanding and action. J. Adolesc. Health 12, 597–605.
Kabiru, C.W., Beguy, D., Ndugwa, R.P., Zulu, E.M., Jessor, R., 2012. "Making it": understanding adolescent resilience in two informal settlements (slums) in Nairobi, Kenya. Child. Youth Serv. 33 (1), 12–32.
Kabiru, C.W., Orpinas, P., 2009. Factors associated with sexual activity among high-school students in Nairobi, Kenya. J. Adolesc. 32 (4), 1023–1039. https://doi.org/10.1016/j.adolescence.2008.08.001.
Lewis, L., Kharsany, A.B.M., Humphries, H., Maughan-Brown, B., Beckett, S., Govender, K., Cawood, C., Khanyile, D., George, G., 2022. HIV incidence and associated risk factors in adolescent girls and young women in South Africa: a population-based cohort study. PLoS One 17 (12), e0279289. https://doi.org/10.1371/journal.pone.0279289.
Maphoso, L., Mahlo, D., 2014. Basic facilities and academic achievement: a comparative study between boarding and non-boarding schools. Int. J. Educat. Sci. 6 (2), 309–315.
Matlakala, F., Makhubele, J., Masilo, D., Kwakwa, M., Baloyi, T., Mabasa, A., Rabotata, N., Mafa, P., 2021. Alcohol abuse as a militating factor against quality of life for migrants' youth population in selected provinces of South Africa. Int. J. Criminol. Sociol. 10, 1196–1201.
Mkwananzi, F., 2019. Migrant stories: a picture of youth migration in southern Africa. In: Mkwananzi, F. (Ed.), Higher Education, Youth and Migration in Contexts of Disadvantage: Understanding Aspirations and Capabilities. Springer International Publishing, pp. 31–67. https://doi.org/10.1007/978-3-030-04453-4_2.
Morojele, N.K., Brook, J.S., Brook, D.W., 2016. Tobacco and alcohol use among adolescents in South Africa: shared and unshared risks. J. Child Adolesc. Ment. Health 28 (2), 139–152. https://doi.org/10.2989/17280583.2016.1200586.
Msila, V., 2009. School choice and intra-township migration: black parents scrambling for quality education in South Africa. J. Educ. 46 (1), 81–98.
Ngwenya, N., Barnett, T., Groenewald, C., Seeley, J., 2021. Complex trauma and its relation to hope and hopelessness among young people in KwaZulu-Natal, South Africa. Vulnerable Child. Youth Stud. 16 (2), 166–177. https://doi.org/10.1080/17450128.2020.1865593.
Ngwenya, N., Bernays, S., Nkosi, B., Ngema, S., Ngwenya, X., Nxumalo, V., Seeley, J., 2023. Making sense of uncertainty: the precarious lives of young migrants from rural Kwazulu-Natal, South Africa. Glob. Public Health 18 (1), 2229895. https://doi.org/10.1080/17441692.2023.2229895.
Njwambe, A., Cocks, M., Vetter, S., 2019. Ekhayeni: rural–urban migration, belonging and landscapes of home in South Africa. J. South Afr. Stud. 45 (2), 413–431. https://doi.org/10.1080/03057070.2019.1631007.
Olsson, C.A., Bond, L., Burns, J.M., Vella-Brodrick, D.A., Sawyer, S.M., 2003. Adolescent resilience: a concept analysis. J. Adolesc. 26 (1), 1–11.
Operario, D., Underhill, K., Chuong, C., Cluver, L., 2011. HIV infection and sexual risk behaviour among youth who have experienced orphanhood: systematic review and meta-analysis. J. Int. AIDS Soc. 14 (1), 25.
Peltzer, K., 2009. Prevalence and correlates of substance use among school children in six African countries. Int. J. Psychol. 44 (5), 378–386. https://doi.org/10.1080/00207590802511742.
Punch, S., 2015. Youth transitions and migration: negotiated and constrained interdependencies within and across generations. J. Youth Stud. 18 (2), 262–276. https://doi.org/10.1080/13676261.2014.944118.
SA News, 2023. KZN premier attributes employment increase to concerted efforts. SA News.gov.za. https://www.sanews.gov.za/south-africa/kzn-premier-attributes-employment-increase-concerted-efforts.
Schuyler, A.C., Edelstein, Z.R., Mathur, S., Sekasanvu, J., Nalugoda, F., Gray, R., Wawer, M.J., Serwadda, D.M., Santelli, J.S., 2015. Mobility among youth in Rakai, Uganda: trends, characteristics, and associations with behavioural risk factors for HIV. Glob. Public Health 27, 1–18.
Seeley, J., Kawuma, R., Tumwesige, E., Asiimwe, A., Lanyon, C., Bernays, S., 2023. 'I now have so many friends!' how young migrants describe their quest to belong in a town in southern Uganda. Int. J. Adolesc. Youth 28 (1), 2277384. https://doi.org/10.1080/02673843.2023.2277384.
Shahrokh, T., 2022. Finding 'belonging'in the caring relationships of young people with migration experiences in South Africa. Search. Everyday Afr. Childhoods 10 (s2), 15–36.
Smith, D.J., 2004. Youth, sin and sex in Nigeria: christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants. Cult. Health Sex. 6 (5), 425–437. https://doi.org/10.1080/13691050410001680528.
ten Hove, J., Rosenbaum, P., 2018. The concept of resilience in childhood disability: does the international classification of functioning, disability and health help us? Child: care, health and development. on line first.
Theron, L.C., Theron, A., 2010. A critical review of studies of South African youth resilience, 1990-2008. South Afr. J. Sci. 106 (7–8), 1–8.
Tumwesige, E., Asiimwe, A., Kawuma, R., Bernays, S., Seeley, J., 2023. Young migrant men managing risk and seeking protection in a small town in Southern Uganda. J. Migrat. Health 8, 100191. https://doi.org/10.1016/j.jmh.2023.100191.
Tumwesige, E., Kawuma, R., Asiimwe, A., Nabimanya, P., Nakate, S., Bernays, S., Seeley, J., 2024. "She held my hand and advised me": young migrants' experiences of individual peer support to access health and social services in two small towns in southwestern Uganda. PLOS Glob. Publ. Health 4 (11), e0003713. https://doi.org/10.1371/journal.pgph.0003713.
Tutu, R.A., 2013. Exploring social resilience among young migrants in Old Fadama, an Accra Slum. In: Weeks, J.R., Hill, A.G., Stoler, J. (Eds.), Spatial Inequalities; Health, Poverty and Place in Accra, Ghana. Springer, pp. 89–107.
Ungar, M., 2014. Working with Children and Youth with Complex Needs: 20 Skills to Build Resilience. Taylor and Francis. https://books.google.co.za/books?id=xZWbBAAAQBAJ.
Zembe, Y.Z., Townsend, L., Thorson, A., Ekström, A.M., 2013. "Money talks, bullshit walks" interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: a qualitative enquiry. Glob. Health 9 (1), 28. https://doi.org/10.1186/1744-8603-9-28.