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## Being young and on the move in South Africa: how 'waithood' exacerbates HIV risks and disrupts the success of current HIV prevention interventions

Sarah Bernays <sup>a,b</sup>, Chloe Lanyon<sup>a</sup>, Vuyiswa Dlamini<sup>c</sup>, Nothando Ngwenya <sup>c</sup>  
and Janet Seeley <sup>b,c,d</sup>

<sup>a</sup>School of Public Health, The University of Sydney, Sydney; <sup>b</sup>Faculty of Public Health and Policy, The London School of Hygiene and Tropical Medicine, London; <sup>c</sup>Africa Health Research Institute, Durban, South Africa; <sup>d</sup>Social Science Department, MRC/UVRI & LSHTM Uganda Research Unit, Entebbe, Uganda

### ABSTRACT

The period between childhood and adulthood has been characterised as a period of 'waithood' in which structural conditions may disable young people's access to basic resources to become independent adults. We consider the specific implications of this experience for newly migrant young people in KwaZulu-Natal, South Africa. We conducted repeat in-depth interviews and participatory workshops over a 12-month period with 38 young people on their experiences of migration, employment, sexual relationships and approaches taken to mitigate HIV-risk, in a high HIV-risk peri-urban setting. The lives of participants within the first year of arriving in a new place were characterised by fluidity and transience, underpinned by the inherent fragility of options and exacerbated by exploitative employers. Conditions of gendered employment opportunities shaped their capacity to source income, including through sexual relationships. Although risks were evident and ongoing, their significance were under-played with exposure conceived as unavoidable and temporary. HIV prevention services were consequently viewed as relevant to 'other' young people. Although navigating an 'adult' world, these 'not yet adults' are exposed to substantial risks. Services should be tailored to address specific and practical support needs of this transient population, alongside provision of harm-reduction and health support.

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HIV; adolescence; waithood; migration; South Africa; prevention

## Introduction

Young people 'on the move' in South Africa in pursuit of work or improved opportunities are particularly vulnerable to HIV-acquisition (Camlin et al., 2010; Coffee et al., 2005; Jochelson et al., 1991). There is a recognition that drivers of young people's vulnerability to HIV-acquisition in Southern African contexts are underpinned by the complex intersection of social, economic and cultural factors (Kharsany et al., 2018; Operario et al., 2011). However to date there has been relatively little attention paid to their interaction with those of migration (Dzomba et al., 2019; Erulkar et al., 2006). Existing research conducted amongst refugee and asylum-seeking populations

**CONTACT** Sarah Bernays  sarah.bernays@lshtm.ac.uk

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(Abourahme, 2011; Baird & Reed, 2015; Gaur & Patnaik, 2011) and adolescents with complex social needs (Locke & Lintelo, 2012; Smith & Dowse, 2019) has explored the co-existing liminalities which migration and age convey. We consider the specific implications this experience of dual liminality has in northern rural KwaZulu-Natal in South Africa for young people moving within contexts of high HIV-risk in pursuit of economic opportunity, and how relevant targeted interventions should be framed to offer effective HIV-protection.

The public health migration literature illustrates heterogeneity in young migrants' experiences, shaped by variation in distance travelled, ongoing social connections and intentions to return (De Haan, 1999; Punch, 2015). Much evidence concentrates on those who have travelled considerable distances. We focus on those who have received less attention, specifically, young people who have moved within a relatively small geographical area. Owing to the characteristics of the places they move to, this still represents considerable social distance from the places they have come. Small towns attract many young people who, in light of limited social networks and available resources, stop on their way to bigger centres and may stay for months to years. These places are typically less well-served by relevant HIV and health-services than larger conurbations to meet the needs of young people.

Much HIV-literature presumes the intersection of youth and heightened HIV risk are, by definition, a time-limited period (Maughan-Brown et al., 2019). However, the protracted twilight zone between childhood and adulthood is increasingly characterised as a liminal or 'waithood' period, in which structural conditions may preclude access to essential resources required to become independent adults (Honwana, 2012; Turner, 1987). The theory of waithood posits this period is one of stagnation, in which achievement of adulthood remains out of reach and delayed; which may be a powerful explanatory framework for understanding young migrant's risk-behaviours. However, its pertinence is uneven, given its contextual specificity (Jones, 2019). In this paper, we consider the influence of 'waithood' and the pertinence and acceptability of HIV-prevention interventions for young migrants.

## Methods

### *Study design and setting*

We conducted a qualitative study with young migrants, aged 16–24 years old, who had recently arrived in the study site (approximately within the previous year). Many participants had lived in various places before arriving, with the majority 'coming from' within KwaZulu-Natal province. This study was conducted in a small town in South Africa, in northern KwaZulu-Natal, where HIV-prevalence is above 10% (South African National AIDS Council, 2017) UMkhanyakude District is one of the most deprived districts in South Africa with high unemployment. There are limited resources such as water and electricity and few recreation activities for young people. The focus of our research was to explore young people's perceptions, experience and exposures associated with migration, and how this shapes HIV-risk behaviours.

Research ethics approvals were granted by the University of KwaZulu-Natal Biomedical Research Ethics Committee and London School of Hygiene and Tropical Medicine.

Participants were approached and invited to participate by the local research team and asked to provide written consent; or assent where necessary for those aged 16–17 years.

### **Data collection**

We adopted a qualitative longitudinal study design. Over a month we conducted an oral mapping exercise of the study site, holding informal discussions with young and old people we encountered in the community, individually and in groups, to inform our approach to recruitment and topic guides.

After this formative stage, two waves of in-depth interviews were conducted to explore experiences of mobility, livelihood, educational and recreational activities and engagement with services. A combination of approaches was utilised to recruit participants, including approaching individuals in public spaces, rental houses and through referral, as well as drawing on data from demographic surveys conducted by the Africa Health Research Institute (McGrath et al., 2015). Some young people were hesitant to discuss their circumstances and selection of participants was primarily based upon convenience sampling within the eligibility criteria. Baseline interviews were conducted with 38 young people. Follow-up interviews were conducted six to nine months later with 11 participants to explore whether and how their experiences had changed. Data collection concluded with a participatory workshop with five participants to discuss preliminary findings and co-design related interventions. Data was collected by trained local researchers in Zulu and audio recorded with consent. We had intended to follow a refined theoretically informed sample over the course of the study, however challenges with retention due to onward mobility and cohort reticence to engage with an organisation heavily associated with HIV research and service provision meant that willingness to participate became more influential.

### **Data analysis**

We conducted an iterative thematic analysis of our data, discussing the data through weekly meetings as it was collected. This approach informed ongoing recruitment, sampling and revision of topic guides and formed the basis of analytical memos in which emerging themes were identified and explored. To expedite the data management process, we summarised audio recorded data into detailed interview scripts in English using a mixture of reported speech and verbatim quotes. Pertinent linguistic phrases, such as idioms, were written verbatim and then translated into English with attention paid to capture their equivalent meaning. The completeness of the scripts were tested by transcribing verbatim some of the interviews and comparing them with draft scripts for detail. Requiring a high degree of training and skill, this is an approach increasingly adopted to facilitate timely analytical attention to emerging data, which can be disrupted by delays in transcription and translation (Bernays et al., 2018). Scripts were coded initially using an open coding approach, then through a coding framework. Coded data was checked against themes identified in the team's ongoing analytical discussions. Emergent themes were corroborated between the analytical memos and the coding process and discussed by members of the research team to ensure accuracy of representation. These were developed into the key findings.

**Table 1.** Participant characteristics

	Phase 1	Phase 2	Phase3
Total	38	11	5
Females	28	8	2
Males	10	3	3
Employed	5	1	0
Unemployed	33	10	5
16/17 years	4	1	0
18+ years	36	10	5

## Results

Young people tended to live in shared rental accommodation or within the households of relatives or family contacts. Participants described the challenging environment of the study site and how this created a context in which risk-behaviours, such as substance use and risky sex, were common. Although risks were evident and ongoing, the significance of them were under-played with exposure conceived as unavoidable and temporary. Table 1 illustrates the sample.

### *Young migrants' disenchantment and risk-associated exposures upon arrival*

Participants described how their migration was typically prompted by either a desire, or need, to seek further education and to become economically and socially 'independent' (IDI-28, 21 years, male). For some this was a choice; for others a necessity to escape wholly inadequate financial opportunities or situations of abuse: 'he was always accused about not having a job, so he had no contribution to the family, that drove him to move' (IDI-34, 18 years, male). Upon arrival, continued financial support was available for some, while others were expected to provide support to family in the community of origin.

The social landscape was generally described in unfavourable terms by young migrants. Participants reported that these places were fraught with substance use ('they drink, smoke, taking drugs' IDI-22, 24 years, female); unsafe sexual practices and coerced sex ('you drink with my money, you have also have to pay me back isn't it?' IDI-14, 24 years, female); crime, and violence ('such as house breaking and robbery on the road', IDI-19, 24 years, female). Exposure to risk and danger were described as a ubiquitous and unavoidable part of life for a young person living in this setting.

### *The burden of independence*

Their personal connection to this environment of risk was shaped by the limited financial and social resources they had to navigate their economic vulnerability. In contrast with their expectations, young migrants found employment scarce and available positions undesirable or unstable. Young men reported working in piecemeal jobs, interspersed with periods of unemployment. Most young women described how they had secured lodging through domestic arrangements, while a few had found work in retail or hospitality.

Participants' lives were characterised by fluidity and transience, in which they moved in and out of places without a fixed residential or employment experience, as well as related financial precarity. The conditions of limited, gendered employment opportunities

particularly shaped the capacity of young female migrants to source additional income. This often resulted in a reliance on the economic opportunities enabled through sexual relationships. Relational currency bought limited economic power or social capital and experiences of physical and sexual violence were reported as commonplace. However, crucially, the resources leveraged through inter- and intra-generational transactional sex helped to sustain them during periods of acute vulnerability, and for some brought pleasure or the rewards of increased credibility among their peers.

Although a priority, access to reliable information about tertiary apprenticeship-based education was equally elusive and often contingent on social contacts and financial capital. Exasperated, one participant disclosed; ‘no, there are no opportunities, I’ve been trying everywhere but I get nothing’ (IDI-23, 24 years, female). For many their limited monetary earnings were barely sufficient to meet immediate needs and precluded investment in future planning:

She thinks that the money she earns is little. She had planned to save some of her salary so that she could do a diploma in business administration, but that does not happen as the money is spent on sending some home and buying food. (IDI-4, 20 years, male)

The young migrants described themselves as being enmeshed in dependent situations, commonly reliant on precarious, exploitative relationships: ‘I can’t say I am independent. There are people I depend on because I am not working and I can’t be independent.’ (IDI-5, 19 years, male).

### ***The ‘othering’ of risks in being young and here***

Despite the reported ubiquitous nature of risk-exposure, their individual engagement was not disclosed. Instead they reported the experience of others: ‘I had a friend; I did get this experience from her’ (IDI-10, 18 years, female). The response when prompted directly about their own experience was often denial; ‘I don’t see myself in that risk. My life is alright, there is nothing wrong I can do’ (IDI- 13, 24 years, male).

Although it is possible none of the young migrants in our study were affected, distinct patterns of vulnerability were evident in the participants’ first year of arriving in the place which would suggest few were truly impervious to these risks. Rather, they may have been unwilling or uncomfortable disclosing personal involvement.

### ***Momentum: the migrant narrative of ‘living in waiting’***

Any notion of being ‘at risk’ was subsumed by a perceived personal momentum in which they were ‘going somewhere’. The common narrative was buoyant and ambitious, seemingly playing an important role in maintaining hope despite disruptive structural realities. Their present situation was explained as temporary, with many of them emphasising that they had plans but as yet ‘things are not going by my plan’ (IDI-33, 18 years, male). Thus, a sense of *living in waiting* emerged from the data; waiting on ‘promises’ and ‘hoping to get a chance.’

### ***It's just for now, not forever***

Framed by a perspective that their current adversity was transient, the lived experience of 'waithood' fostered a situated logic within which the 'riskiness' of certain behaviours was evaluated according to the shifting conditions of the immediate context. The participants in our study conceded, in general terms rather than personalised ones, that significant risk accompanied being young, and that in order to survive financially, time-limited engagement with risk-associated practices was inescapable and may be necessary. Perceiving the risks as necessary at that moment punctured their gravity; rendering the apparent consequences of such risks temporary too.

Concomitantly, several participants' accounts demonstrated how experience of the realistic consequences inherently associated with engagement in unprotected, transactional sex or crime, such as unplanned pregnancy, HIV-acquisition or criminal conviction, threatened to disrupt this denial. The consequences of such behaviour did have the potential to render socio-economic progression unobtainable and 'waithood' a potentially permanent state.

She would wonder around the streets with her friends and when one of her friends started dating, she felt pressured to also date and that is when she got pregnant and dropped out of school. ... She used her phone to surf the internet in order to find out more about nursing and teaching ... She is hopeful that she will reach her dreams. (IDI-18- 24 years, female)

In this example even though her situation had become more difficult by becoming a young mother who had not been able to finish school, she remained hopeful about her life getting back on track. She anticipated that the consequences would become impermanent. Like others, even when the consequences of the risks had become explicit, she did not recalibrate her present and future conception of self. This narrative contributed to the social distance between how participants interpreted and explained their own situations as distinct from those of other 'youth', and served to dilute and discount the perceived impact of their personal risk-behaviour.

### ***Interaction with HIV prevention and treatment services***

Near to universally – although typically discussed only in general terms – the young migrants outlined a reluctance to engage with HIV prevention and treatment services. The primary reason for this was to avoid (mis)attribution of the stigma related to HIV-positive status; 'she said that most young people may not like visiting clinics because they would be scared to be associated with people that are HIV positive' (IDI-25- 17 years, female).

For many individuals, the supportive scaffolding engendered by the construction of their 'soon-to-be successful' identities meant that services targeting vulnerable and 'at-risk' youth did not resonate with how the young migrants conceived of themselves. This was in some instances motivated by fear ('the thought of finding out that something may be wrong with her health scares her' (IDI-38- 22, female); and in others denial ('she started taking ART in 2010, but she stopped as she had not fully accepted her status' (IDI-16- 24, female); but it also was significant that the majority did not acknowledge nor address the implications of their own risk. So, HIV prevention, treatment and harm reduction services were avoided; conceptualised as being 'not for me' but for others. One participant describes how:

The last HIV test she did was last year and the results were negative, she has not been for another HIV test since, but she is now sexually active. She was planning to go but has decided not to test (IDI-26- 22, female).

## Discussion

Young migrants constitute a unique population of public health significance. Data presented in this paper represents among the first of its kind to describe this transient, notoriously difficult-to-research group (Nguyen et al., 2011). Whether forcibly driven by necessity, or desire to progress towards an imagined future, there is a sharp edge inherent in their newfound freedom. With precious few personal resources to drawn upon in their new contexts, young migrants' ties to the world around them rapidly became brittle and fluid.

Participants described experiencing complex and intersecting vulnerabilities encountered by young migrants. Risk-exposure was largely determined by environmental conditions of entrenched economic and structural disadvantage. Participants in our study anticipated resettlement would bring new opportunities, but in reality, as aligned with Amartya Sen's theory on 'freedom and capabilities,' their poverty was reflected by a deficit of attainable options (Sen, 2001; Whitehead et al., 2016). Lack of accessible information, secure employment, and thus inability to identify and afford further education and training conveyed devastating results on anticipated migration trajectories. A period of indeterminate flux ensued, with young migrants waiting on opportunities necessary to facilitate progression into stable adulthood; the state of 'waithood' (Honwana, 2012).

Within these parameters, the young migrants had few actual choices, reflecting limited agency to shape their circumstances (Thomson et al., 2002). Exposure to undesirable risks appeared to be tolerated given the presumed transience of their present state. Consistent with the existing literature, waithood was considered a period 'between' (Crawford & Novak, 2006; Douglas, 1966; Gaur & Patnaik, 2011; Malksoo, 2012; Thomas, 2005). Whilst we do not yet have the longitudinal temporal data to confirm or refute whether progression beyond waithood is possible in this context, our data suggest a theoretical risk of the prolonged nature of the waithood state – compounded by sequelae of the defined risks (Dabbagh et al., 2016).

Despite their vulnerability the majority of young migrants in our study expressed reluctance to engage with relevant health-care services. Alongside well-recognised concerns about the stigma associated with attending HIV and sexual health clinics, especially when young (UNAIDS, 2017), our findings may also be explained by the failure (or refusal) of participants to recognise themselves as being 'at risk' of HIV-acquisition. Self-referral to services was therefore highly infrequent. This is an important finding in a programmatic context where self or home-based HIV testing for youth is being increasingly prioritised (Hatzold et al., 2019).

Young migrants instead held firmly to their individual, and thereby collective, narratives of individual agency (Malksoo, 2012). Persistent buoyant expectations for the future appear central to migrant identity and serve a protective purpose in maintenance of hope. The crucial importance of this has been described amongst refugee communities similarly displaced from their location of origin, for whom extended periods spent traversing intractable circumstances may be rendered tolerable in light of distant visions of a settled future (Dabbagh et al., 2016;



Gaur & Patnaik, 2011). Thus, the dualities of their lived experience of acquiescence and central narrative of momentum co-exist in a necessary sense of tension.

Until the existing, upstream structural drivers of socio-economic disadvantage are ameliorated (Honwana, 2012; Whitehead et al., 2016), interventions need to equip young migrants with skills to navigate and reduce significant potential harms to which they are exposed; including linkage with economic opportunities where feasible and supporting socially protective networks. There may be benefits in dispelling the solitary nature of the liminal waithood struggle. However, it is also of crucial importance that initiatives take care not to puncture their belief in individual agency.

Aligned with existing recommendations for youth and young adult services literature (Schriver et al., 2014), to ensure efficacious use of finite resources, the importance of meeting needs of young migrants as they perceive them must not be neglected in light of external priorities to mitigate HIV-associated risks. To engage young migrants services need to incorporate a focus on this population as ambitious, emerging adults, to resonate with their self-image, rather than simply targeting those which are framed 'at risk.' Services may be rendered more attractive and convey greater benefit through provision of relevant information and skill-development to support the young migrants' nominated priorities of gaining employment and further education, alongside supporting their health.

Our findings have significant implications for the current portfolio of prevention interventions targeted at youth, which cluster around a notion that adolescence is ephemeral, and that stability is attainable through the accomplishment of adulthood. Rather, our findings suggest that these assumptions are detached from the complex and fluid economies and realities young people on the move are navigating. Initiatives aimed at the empowerment of young people and mitigation of risks must take care not to oversimplify the complexities which contribute to perpetuation of vulnerability. They should engage with the ambition of migrant youth. Finally, services should be tailored to address specific practical support needs of this transient population alongside the provision of harm-reduction and health support.

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## **Disclosure statement**

The authors have no conflicts of interest to declare with respect to the authorship and/or publication of this article.

## **Data availability statement**

The dataset generated and analysed during the current study are available from the corresponding author on reasonable request.

## Geolocation information

The study was conducted in the UMkhanyakude District in northern KwaZulu-Natal, South Africa.

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## ORCID

Sarah Bernays  <http://orcid.org/0000-0001-7628-8408>

Nothando Ngwenya  <http://orcid.org/0000-0002-5630-6389>

Janet Seeley  <http://orcid.org/0000-0002-0583-5272>

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