

Zimbabwe

Adolescent girls and
young women gain new
skills to prevent HIV

Adolescent girls and young women face a disproportionately high risk of HIV infection, early pregnancy and sexual violence in Zimbabwe. New HIV infections among adolescent girls and young women represented one-fourth of all new HIV infections during 2021.¹

One out of four (24 per cent) young women aged 20-24 have given birth before the age of 18, and nearly one in ten girls experience sexual violence during childhood, nine times the rate experienced by boys.²



1 <https://aidsinfo.unaids.org/>

2 https://www.togetherforgirls.org/wp-content/uploads/VACS-Report_June-5-2020.pdf

3 <https://data.unicef.org/topic/hivaids/adolescents-young-people/>



In Zimbabwe, **68 new HIV infections** occur every day in **girls 15-19 years**.³

In collaboration with the Ministry of Health, UNICEF supported the development of an evidence-based HIV communication package designed to provide adolescent girls and young women with the information and skills they need to make informed decisions, practice safe behaviours, and access HIV and sexual and reproductive health (SRH) services.

Developed by the Centre for Sexual Health, HIV and AIDS Research, the HIV Activity Pack is grounded in a theory of change suggesting that the drivers of HIV risk can be addressed by engaging adolescent girls and young women in peer settings, increasing their knowledge of factors contributing to HIV risk, social, gender and economic, and strengthening their protective and resiliency strategies. Delivered through interactive activities, the package aims to strengthen self-efficacy in accessing HIV and SRH services and reducing individual risk.

Designing the HIV Activity Pack began with a **participatory needs assessment**. Group sessions were held with 251 adolescents and young people (194 female, 57 male), aged 10-24 years, including in- and out-of-school, as well as girls and young women living with disabilities, and those residing with a partner. The group sessions were designed to give participants a central role in defining their own needs, priorities, and preferences. In addition, 48 parents and 15 community stakeholders took part in focus group discussions and interviews.

The needs assessment found that adolescent girls and young women had limited understanding of HIV risks and underlying vulnerabilities, including harmful gender norms that limit their ability to protect themselves or seek services. They also had a low self-risk perception of HIV and sexually transmitted infections, including how these relate to behaviours such as transactional sex. Knowledge of HIV prevention was found to be lowest among younger girls and those with disabilities. Access to SRH services was correlated with age, with young women (20-24 years) more likely to have accessed HIV and SRH services than adolescent girls (10-19 years).

Of note was the limited knowledge of HIV among adolescent boys and young men when compared to girls, especially younger boys. Adolescent boys and young men cited schools as their main source of HIV information, and stated that they hardly engage with health services, even when they are sick. They also noted that they are often left out of opportunities to gain knowledge and skills as most HIV prevention programmes target adolescent girls and young women.



Based on the needs assessment, an inclusive package for adolescent girls and young women was developed, with suggested adaptations for adolescents and young people living with disabilities. The package encompasses a wide range of topics, including strengthening accurate knowledge on HIV and SRH; understanding risk behaviour; developing problem solving and critical thinking skills; building self-efficacy; and changing harmful gender and social norms.

Trained facilitators from Mavambo Orphan Trust tested the intervention over a two-week period with 292 adolescent girls and young women, 290 of whom completed both a pre- and post-intervention assessment. There were marked increases in HIV knowledge, perceived self-efficacy to access services, and understanding of HIV-related risk. Nearly all of the participants felt more capable of protecting themselves from HIV infection, and had an increased knowledge of newer biomedical HIV prevention methods. Participants particularly valued activities on decision-making as being useful in identifying and reducing risks. A greater number of participants also knew how to access HIV and SRH services and were more comfortable speaking to their peers about HIV and SRH issues and encouraging them to seek related services.

KNOWLEDGE: Have you learned anything new? What?
ACTION: Do you think you will do anything differently now?
POWER: How can you support each other to feel confident about making healthy and positive choices in your lives?

(HIV Activity Pack Wrap-up)



Moving forward, the government plans on rolling out the HIV Activity Pack through a variety of existing platforms and incorporating it into future resource mobilization. The HIV Activity Pack will be one component of the efforts required to fully meet the diverse needs of vulnerable adolescents and young people, including:

- » Strengthening the **inclusion and participation** of all adolescents and young people through accessible platforms
- » Tailoring HIV and SRH programmes for **different age groups** using innovative, interactive and appealing formats
- » Investing in strategies that improve **communication** within families
- » Creating **safe spaces** where adolescents and young people can engage with peers and trusted adults who will help them put protective behaviours into practice
- » Addressing the **underlying structural drivers**, such as poverty, that push adolescents and young people into at-risk situations
- » Linking adolescents and young people to **employment opportunities**, alongside vocational and entrepreneurial skills building
- » Continuous engagement of **boys and young men** as key agents of change and how they contribute to social norms.



Each year, the UNICEF Executive Director sets aside 7% of regular resources for strategic and innovative programming for the most vulnerable children and adolescents. The HIV Activity Pack in Zimbabwe was made possible thanks to that funding.