REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

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RESEARCH BRIEF

Knowledge and use of Sexual Reproductive Health and HIV services among adolescent girls and young women in Central and Western Provinces:

A qualitative Knowledge Attitudes and Practices Study

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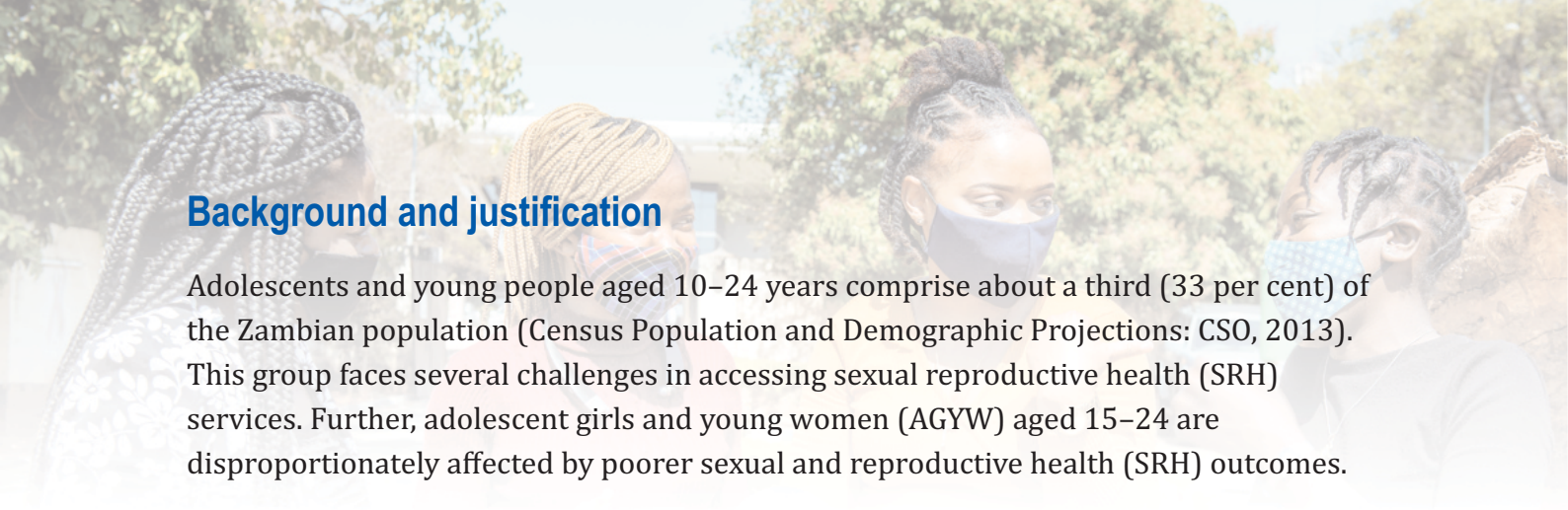

Background and justification

Adolescents and young people aged 10–24 years comprise about a third (33 per cent) of the Zambian population (Census Population and Demographic Projections: CSO, 2013). This group faces several challenges in accessing sexual reproductive health (SRH) services. Further, adolescent girls and young women (AGYW) aged 15–24 are disproportionately affected by poorer sexual and reproductive health (SRH) outcomes.

The 2gether 4 SRHR is a SIDA-funded programme with the aim of improving access to integrated sexual and reproductive health and rights, and sexual and gender–based violence services with a special focus on adolescent girls and young women. It aims to contribute to a reduction in maternal mortality, neonatal mortality and the eradication of gender–based violence.

Geographical focus:

Kabwe and Kapiri Mposhi (Central Province); Mongu and Senanga (Western Province).

Implementation period:

2018–2021

Status of Sexual and Reproductive Health and Rights (SRHR): Key Indicators

1. The 2018 Zambia Demographic and Health Survey (ZDHS) showed that 17 per cent of women had begun sexual activity before the age of 15 years, while 69 per cent began sexual activity before the age of 18. On childbearing, 34 per cent of women gave birth before 18 years of age, while teenage (15–19 years of age) pregnancy stood at 29 per cent.
2. The HIV prevalence among the adult population aged 15–49 years stands at 11.1 per cent, with a higher prevalence among women than men (14.2 per cent versus 7.5 per cent).
3. On sexual violence, 10.4 per cent of women aged 15–49 years and 10.2 per cent of women aged 20–24 years had experienced sexual violence in the previous 12 months. Overall, 17 percent of women aged 15–49 years reported having experienced sexual violence since the age of 15 (CSO, 2014), while the 2018 ZDHS results showed that 47 per cent of all women who had ever been married had experienced physical, sexual, or emotional violence from their current or most recent husband or partner.

The purpose of the qualitative Knowledge, Attitudes and Practices (KAP) study was to unpack the gaps in and opportunities for strengthening access to SRH/HIV/PMTCT/SGBV services for adolescent girls and young women in Zambia. Specific programming areas to be informed by the study findings included interventions for the development and implementation of community–based, differentiated and

targeted interventions to achieve social and behaviour change, and communication strategies for demand creation for SRH, HIV and SGBV services, all with a focus on adolescent girls and young women.

Method

A qualitative study was designed comprising a comprehensive literature review of existing policies, augmented by key informant interviews (KIIs), focus group discussions (FGDs) and in–depth interviews (IDIs).

Participants

The study covered a total of 84 participants and included 17 key informant interviews, 10 focus group discussions and four in–depth interviews. The participants included provincial, district and facility level health officials, HIV support groups, Safe Motherhood Action Groups (SMAGs), HIV-free and HIV-positive adolescent girls and young mothers aged 15–24 years.

Study Location and Sample

The KAP study was conducted in Central and Western provinces. The two provinces were selected for their contrasting data when it comes to HIV burden, teenage pregnancy and demand for family planning.

At district level, health facilities were purposively sampled as shown in the table below.

Province	District	Health Facility
Central	Kabwe	Kasanda H/C
		Makululu H/C
		Ngungu
Western	Senanga	Lui River
		Liangati
		Litambya
		Senanga Urban

Summary of key findings

Factors that promote or discourage access to SRH/PMTCT/HIV services among adolescent girls and young women

- *Low socio–economic status continues to affect access to SRH and Sexual and Gender-based violence (SGBV) services for adolescent girls and young women (AGYW). The informal fees AGYW are charged if they fail to attend with partners or spouses when seeking antenatal care (ANC) services acts as a barrier to accessing these services.*

- *AGYW continue to engage in transactional sex due to poverty, thus increasing the risk of contracting sexually transmitted infections (STIs), HIV and having unwanted pregnancies.* It is established that poverty and a lack of resources for key needs and expenses are linked to greater vulnerability to poor SRH outcomes for adolescents, particularly girls.
- *The lack of action or delayed action against perpetrators of SGBV discourages survivors/victims from reporting cases.* The findings reveal that AGYW are concerned that many cases go unreported, and even when SGBV is reported, the institutions responsible sometimes take no action to punish the offenders. GBV survivors prefer to use the customary approaches to dealing with GBV rather than the formal legal system.
- *Lack of spousal or partner support discourages the use of SRH services, including ANC and family planning services, among AGYW.* Community-level education campaigns on SRH, including family planning, need to target both males and females to allay fears or misconceptions about family planning.
- *Religious practices around HIV such as faith–healing prevent the continued uptake of anti-retroviral therapy (ART) among AGYW, particularly in urban areas.*
- *The lack of privacy at health facilities, perceived lack of confidentiality and judgmental attitudes act as barriers to AGYW access to SRH and HIV services.*
- *The findings suggest that orientation and training in adolescent health needs to be targeted not only at health workers but also at other non–clinical workers at the health facility and community workers who are likely interact with AGYW, such as Community Welfare Assistance Committees (CWACs) and Neighbourhood Health Committees (NHCs).*
- *High attrition rates among peer educators and a lack of funding to support their activities disrupts service provision. Also, the lack of training among peer educators leads to loss of confidence in the messages they communicate to AGYW.*
- *Health education and illustrative information education and communication (IEC) material is key in improving awareness of SRH among AGYW.* Educational talks during ANC provide adolescents with useful information, such as the importance of good nutrition. However, combining these sessions with the attendance of older women makes the adolescents uncomfortable and they are not able to participate fully. While educational materials are readily available in most of the health facilities, the content is mostly presented in English.
- *Radio and social media are used as platforms to reach out to AGYW on SRH and HIV issues and seem to be an effective means of communication. The use of social media for SRH matters is increasingly gaining popularity among adolescents, particularly in urban areas.*

Attitudes, behaviours and practices that facilitate or hinder AGYW access to SRH/PMTCT/HIV services

- *Adolescents and young mothers are generally aware of the importance and benefits of ANC but there is limited understanding of the importance of having timely ANC visits in the first trimester*. The study also found that awareness of family planning and the options available is lower among young adolescents. The study found that younger adolescents pregnant for the first time were generally not aware of the family planning methods available.
- *Awareness of the existence of HIV is near universal. However, misconceptions on transmission mechanisms still exist in this age group*.
- *Some HIV-positive AGYW lack a general understanding of how to prevent transmission of HIV from mother to child after birth and the appropriate time to take ARVs.*
- *AGYW prefer to disclose their HIV-positive status to their parents rather than partners or peers. Family support is critical for acceptance and encourages use of SRH and HIV services.* Further, the study found that AGYW are unable to disclose their HIV status to their partner for fear of stigma, abandonment and neglect of children.
- *Stigma and discrimination within communities continues to be a barrier to accessing SRH and HIV services among AGYW.*

Health workers and integrated SRHR/HIV/SGBV services

- *AGYW receive integrated SRH and HIV services. However, they have concerns about the current approach to service delivery. Providing HIV services during child clinics may have a negative influence on adherence to ART among AGYW.* While most AGYW indicated that they are comfortable with the mode of service for integrated family planning and HIV services, the majority were not comfortable with integrated HIV and child health services where there is often a lack of privacy, and it becomes obvious to all the clients present when an HIV-exposed or infected child is given medication and others are not.
- *Integrated health service delivery is challenging in cases where there are few staff, and/or a lack of infrastructure and equipment.* This study also found that inadequate equipment and infrastructure is a hindrance to providing integrated services for HIV and SRH. In some cases, facilities may not have the equipment to offer the services, or they may not be accredited as an ART clinic. As such, clients tested for HIV at one facility may be referred to another and this leads to a loss of clients.

Attitudes, behaviours and practices among AGYW that contribute to low follow-up checks and treatment of HIV-exposed or HIV-positive infants

- Self–stigma and lack of disclosure of HIV-positive status to the partner or family are some of the key contributing factors to non–adherence to HIV treatment and mother–infant loss to follow–up among AGYW. The study also found that cases of HIV-exposed or infected infants lost to follow–up are higher where the child has completed immunization, which suggests the need for innovative approaches to revitalize growth monitoring of children at facility level even after children have completed their vaccinations.
- Lack of disclosure of HIV status to spouse or partner affects ART adherence and contributes to infant loss to follow-up from care. The study showed that most AGYW found it difficult to disclose their status to their partners or spouses for fear of marital problems, rejections or stigma. This lack of disclosure contributes to non–adherence to ART and loss to follow–up for the infected or exposed infant. The lack of disclosure of HIV status was more pronounced among the non–adherent AGYW. Ensuring that AGYW are able to disclose their HIV status to intimate partners is crucial for preventing onward transmission of HIV.

Study Recommendations

The study makes the following recommendations:

Information Education and Communication (IEC) materials

There is a need for IEC on SRH, family planning and SGBV that is less technical to ensure wider readership and understanding among adolescents and young people. The materials and programmes need to be simplified and presented in local languages for each target area and should be communicated through a range of channels including radio, TV and social media platforms.

Male involvement and parental engagement

- There is a need to target adolescent boys and young men on the importance of supporting their partners to access SRH, HIV and family planning services.
- Male engagement programmes that focus on youth mentorship to promote the use of SRH services among adolescents and young people need to be prioritized.
- Interventions are needed on parental training and establishing community dialogues for a supportive environment for the adolescents and young people to access SRH services.

Awareness–raising campaigns and continuous dialogue with key stakeholders

- Awareness–raising campaigns are recommended on family planning and SRH that target younger adolescents (under the age of 15) in school and out of school, as a preventative measure for early pregnancies and HIV prevention. There is a lack of understanding of family planning, particularly among the younger adolescents, such as the right age to start using contraceptives or how to deal with side effects. Beyond awareness campaigns, long–term life skills programmes targeted at adolescents in and out of school should also address family planning issues for the younger adolescents.
- Awareness campaigns also needed to dispel cultural beliefs and concerns around the side-effects of modern family planning methods among AGYW and the community.
- Awareness campaigns need to emphasize the need for dual protection through the use of both condoms and other contraceptives to reduce the risk of HIV transmission and HIV acquisition among AGYW. There is a need to challenge the belief that forms of contraception other than condoms can also prevent HIV transmission.
- Community awareness campaigns targeted at AGYW (15–24) and younger adolescents (10–14) need to emphasize the importance of starting ANC visits in the first trimester (first 12 weeks).
- Continuous HIV awareness campaigns are needed to improve the understanding of HIV prevention and transmission mechanisms among AGYW. The campaigns also need to focus on dispelling misconceptions and false beliefs around HIV.
- Community HIV awareness interventions are needed to decrease the levels of stigma faced by HIV-positive AGYW.
- Community awareness campaigns are needed to increase awareness on physical and sexual gender–based violence and to sensitize community members to desist from withdrawing SGBV cases.
- Given that awareness–raising campaigns are short–term measures, longer term measures need to include ongoing dialogue with adolescents, community leaders and members to identify and address the factors that contribute to poor adolescent SRH outcomes.

Recommendations at district, provincial and national level

- There is a need to review and revisit the informal fees charged to adolescents and young women seeking ANC care without partners as this practice deters service use.
- Committees that focus on formulating adolescent communication strategies are needed.

- The Provincial Health Offices (PHOs) and District Health Offices (DHOs) need to intensify supervision to ensure that staff are oriented (but not necessarily trained) to provide supportive services for adolescent health.
- The inclusion of indicators tracking adolescent health service delivery and SGBV in the Health Management Information System needs to be expedited. There is a need to advocate for the inclusion of adolescent SRH and HIV prevention–related indicators in the Education Management System, given that schools are expected to provide adolescents with knowledge and skills to protect themselves.
- There is a need for improved funding to support community activities aimed at increasing SRH and HIV awareness among adolescents. This includes support for the training of peer educators and the orientation of other community groups on adolescent SRH.
- There is a need to have more health staff and non–health staff oriented or trained in adolescent SRH to increase the uptake of services.
- Peer educators need to be fully trained if they are to be an effective link to adolescent SRH services at the facility level.
- The study found a lack of clarity, particularly among the peer educators, on the age at which adolescents can start using family planning methods. This issue requires policy guidance.

Recommendation on multi–sectoral approaches

- Continuous community sensitisation is needed to increase awareness of SGBV and to encourage community members to avoid withdrawing SGBV cases.
- The courts of law and police need to stiffen punishment for SGBV offenders.
- Long distances to police posts deter victims of SGBV in rural areas from reporting assaults. There is a need to bring the services closer to the communities, especially in rural areas, by decentralizing to maximize coverage across rural and remote settings, particularly for AGYW.
- Given the level of interaction of traditional leaders and traditional 'matrons' during initiation ceremonies, particularly in rural areas, there is a need for reinforced efforts to use this channel as a mechanism to improve awareness of SRH, SGBV and to reduce cultural practices that lead to early pregnancies.
- There is a need for ongoing dialogue to correct religious beliefs or practices that discourage individuals, including adolescents, from taking ARVs.

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