

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK



**INTERVENTIONS BY COMMUNITY ADOLESCENTS TREATMENT
SUPPORTERS (CATS) IN IMPROVING ADOLESCENTS HIV TREATMET, CARE
AND SUPPORT.**

BY

(B200663B)

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN
SOCIAL WORK**

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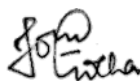
APPROVAL FORM

I certify that I supervised **Mufaro Shoko** in carrying out this research titled: **Interventions of Community Adolescents Treatment Supporters (CATS) in improving adolescents HIV, treatment, care and support. A case of Chitungwiza Central Hospital** in partial fulfilment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

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The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Mufaro Shoko titled: **Interventions of Community Adolescents Treatment Supporters (CATS) in improving adolescents HIV, treatment, care and support. A case of Chitungwiza Central Hospital** in partial fulfilment of the Bachelor of Science, Honours Degree in Social work.

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I, Mufaro Shoko studying for a Bachelor of Science Honours Degree in Social Work, aware of the fact that plagiarism is an academic offense and that falsifying information is a breach of the ethics of Social Work research, I truthfully declare that:

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DEDICATION

To

This dissertation is a special dedication to my parents, I could never repay you for the sacrifices you have made for me to give me opportunities you might not have had and giving me the upper hand in life. I cannot thank you enough for all the love, inspiration, wise words, comfort and unwavering support.

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ABSTRACT

The purpose of the study was to assess the intervention of community adolescent's treatment supporters (CATS) in improving adolescents HIV treatment, care and support to adolescents at Chitungwiza Central Hospital. Chitungwiza Central Hospital houses the largest number of CATS and adolescents in Chitungwiza. To this effect, the study had the following objectives which were to identify the services offered by CATS to adolescents living with HIV, to examine the advantages of CATS interventions and to develop a strategic plan to enhance the accessibility of CATS services by adolescents living with HIV. The Social Cognitive Theory by Albert Bandura was utilized as the theoretical framework for this study. With regard to the methodology a qualitative research methodology was adopted informed by a combination of focus group discussion with adolescents and key informant interviews with the help of stakeholders as data collection methods and of course consent to participate was sought from the participants. The study revealed the aspect relating to intervention of CATS and their relationship with adolescents living with HIV, the findings also indicated that they are advantages that come from the intervention and that they can be plans to increase accessibility of the interventions. The study recommended on the issue of strengthening and expanding the services offered in order to reach a larger group of adolescents, maximizing the benefits and also catalyzing change at management level. It is also crucial for social workers to advocate with authorities for services and resources to increase adolescents' access to services offered by CATS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ALHIV	Adolescents living with HIV
ART	Antiretrotherapy
ARV	Antiretroviral
CATS	Community Adolescents Treatment Supporters
CCH	Chitungwiza Central Hospital
HIV	Human immune Virus
MTCT	Mother to Child Transmission
OIC	Opportunistic Infections Clinic
PMTCT	Prevention of Mother to Child Transmission
TND	Target not detected
UNAIDS	United Nation
UNICEF	United Nations International Children Emergency Fund
VL	Viral Load
WHO	world Health Organisation

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CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

This introductory chapter situates the background of the study within the broader contexts of the global, regional and Zimbabwean contexts. The particular issues that are discussed in the background are in relation to the origins, nature and barriers and the importance of the interventions by Community Adolescents Treatment Supporters (CATS). This chapter will also provide the problem of the statement and significance of the study in a well articulated manner. In an attempt to give a clear understanding of what the study seeks to achieve, the study's aim and objectives are specified, and the key terms are defined.

1.1 Background of the study

World Health Organization (WHO) defines HIV as a virus that weakens the immune system and leaves individuals vulnerable to infectious diseases and is considered a pandemic (WHO, 2019). World over Human immunodeficiency virus (HIV) remains a public health issue having claimed millions of lives including lives of adolescents. There are a larger number of adolescents living with HIV (ALHIV) worldwide, with a larger percentage living in the sub-Saharan Africa (Willis et al 2019). With the aim to stop HIV related adult and adolescents deaths in the world a global effort has thus been set into motion to address and improve issues surrounding HIV treatment, care and support these include the United Nations Sustainable Development Goal 3 (SDG3) target which is the 95-95-95, which stated that 95% of people living with HIV are to know their status, the other 95 are to be aware of their status and be on treatment and the other 95 on treatment to have a suppressed viral load(UNAIDS 2020). The other efforts that are related to adolescents is the formation of peer led models across the globe which promote the demands of the SDG3.

Internationally the groups of adolescents that participate in helping other adolescents are referred to as peer educators. Peer educators are peers that educate other peers or those of the same societal group or social standing (Svenenson, 1998). Western countries have organizations that support adolescent in HIV treatment care and support and these organizations are in Europe, America and Asia. These include European AIDS treatment Group (EAGT) which has over 150 members from 45 different European countries. The EATG advocate for improved access to HIV treatment and care, they also provide counselling and improving access to antiretroviral treatment (European Medicines Agency, 2019). The Americans have organizations such as AIDS foundation of Chicago in the United States of America and also the Pan American Health Organization (PAHO) in Latin America the PAHO have interventions such as providing access to HIV treatment and support and participates in policy making (PAHO, 2019).

Regionally, countries in sub-Saharan Africa have directed efforts and have also put forward and implemented programs to improve HIV services in the region. There are number of African countries that train Peer educators on HIV treatment and care, these include African Palliative Care Association. The peer educators at this organization work with health professionals and policy makers to improve quality care for adolescents living with HIV. The African Palliative Care Association has a presence in a number of African nations such as Botswana, Kenya, Nigeria and South Africa. The other organisation in the African region is The Treatment Action Campaign (TAC). The interventions of the TAC include advocating for increased access to treatment for people living with HIV. The TAC is based in South Africa and has partners in countries like Zambia, Malawi and Zimbabwe.

Zimbabwe remains in the top 10 of countries with the highest HIV prevalence in the world. According to WHO (2021) Zimbabwe has one of the most severe generalized HIV epidemics in the world. As of 2020 Zimbabwe had a prevalence of 13.3%, one of the highest in the

world (UNAIDS, 2020). The prevalence of 13.3% represents over 1 million people nationally (ZIMSTAT, 2022). The Zimbabwe HIV prevalence was recorded at 2% amongst adolescents (15-19 years) with girls having the higher percentage than boys (Zimbabwe National Statistics Agency, 2022). Health sector of Zimbabwe adopted a number of interventions and programs to help with the delivery of HIV services nationwide with one of them being Zvandiri. The Zvandiri programme was established in Harare in 2004 in response to adolescents living with HIV who wanted to start and be part of a support group. Zvandiri (meaning “as I am” in Shona) aims to equip children, adolescents and young people living with HIV with the knowledge, skills and confidence to cope with their HIV status and to live healthy, safe and fulfilled lives (WHO, 2019). Over the years, the Zvandiri support groups have evolved into a model of differentiated service delivery, combining clinic and community, peer-led interventions. This approach centres on trained, mentored people living with HIV 18–24 years old, known as community adolescent treatment supporters (CATS). It has been developed in partnership with children, adolescents and young people living with HIV, with the various components of the model being piloted then scaled up progressively over the years in response to the evolving needs of children and adolescents living with HIV in Zimbabwe (WHO, 2019). The CATS are found nationwide in places like Mutoko, Harare, Gweru and Chitungwiza. Served with those national statistics it is crucial to narrow down the focus to Chitungwiza. Chitungwiza has CATS at Chitungwiza Central Hospital (CCH), Seke South and Seke North, Zengeza 3 clinic and St Mary’s clinic. The services offered by CATS include supporting treatment, adherence and disclosure, providing holistic support and young people’s national and international advocacy work (International HIV/AIDS Alliance 2017). Some of the interventions include peer counselling and peer education, conducting home visits and also fighting stigma through their quote “bury stigma resurrect love”. These interventions

have been effective to some extent since there is an increased understanding in medication and there is also increased motivation in adherence (International HIV/AIDS Alliance 2017).

1.3 Statement of the problem

Regardless of the progress that has been made in the fight against HIV and AIDS there are still gaps in treatment, care and support for adolescents living with HIV. Adolescents have specific needs related to their age and stage of development which can be challenging when one has a chronic illness. These gaps can be traced back to the intervention, CATS, the adolescents as well as their communities where there is stigma and discrimination. Adolescents are particularly a vulnerable population in the context of HIV/AIDS due to their exploration of relationships coupled with gaps in sexual health knowledge contributing to increased risk behaviours. These issues led to the assessment of interventions of CATS in improving HIV treatment, care and support in this study.

1.4 Aim

The aim of the study is to assess the CATS interventions in improving adolescents HIV treatment, care and support in Chitungwiza District.

1.5 Objectives

1. To identify the services offered by CATS to adolescents living with HIV
2. To examine the advantages of CATS interventions in adolescents HIV treatment, care and support.
3. To develop a strategic plan to enhance accessibility of CATS services by adolescents living with HIV.

1.6 Research Questions

1. What are the core services offered by CATS and how do they impact the well being of adolescents?

2. What are the advantages of the services offered by CATS.
3. What are the barriers and challenges to the effectiveness of CATS interventions in improving adolescents treatment, care and support

1.7 Assumptions of the study

The study assumes that interventions of the CATS program are implemented and designed as intended. The study also assumes that the participants will provide accurate data and information that reflect their experiences. The study also assumes that the findings of the study can be generalized to other similar programs and settings.

1.7.1 Significance of the study

The study will benefit the participants, the adolescents will benefit by improved treatment, care and support due to improved involvement and interaction between them and their CATS and also interactions between their CATS and their families and communities. The study will also assist the CATS in improving the design and delivery of similar programs in the future. The study is also significant as it can be able to assist policymakers to better understand the needs of adolescents living with HIV and to develop policies and programs that effective in meeting the needs of these adolescents.

1.8 Definition of key terms

Adolescents

According to Steinberg (2014) adolescence is a dynamically evolving theoretical construct informed through psychological, psychosocial, temporal and cultural lenses. This critical developmental period is conventionally understood as the years between the onset of puberty and the establishment of social independence.

Intervention

It is a planned and systematically implemented activity taking place in current social structures, which aims at changing knowledge, attitude or behavior of a person, an organization or a population (Loss, 2008)

HIV

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). When one is infected with HIV, the virus attacks and weakens the immune system and the virus stays in the body for life (Centers for Disease Control and Prevention website, 2022)

AIDS

Acquired immunodeficiency syndrome is a syndrome caused by HIV and can also be referred to as HIV Stage III (Siliciano, Dorwick, Dube, 2023)

1.9 Dissertation outline

Chapter 1: This is the introductory chapter of the study which discusses the background of the study, states the statement of the problem, and justifies the significance of the study. Furthermore, it states the main aim of the study and the corresponding specific research objectives in addition to giving a definition of key terms.

Chapter 2: This chapter reviews literature related to the topic under study from a global, regional and local perspective. The chapter also presents the theoretical framework underlining the study which is Social Cognitive Theory (SCT) by Albert Bandura.

Chapter 3: This chapter explains research methodology underpinning of the study and accordingly presents the methods, design and the research instruments as well as data analysis techniques.

Chapter 4: this chapter is about the analysis and presentation of data collected. It also focuses on the conclusion and interpretation of results.

Chapter 5: This chapter summarizes and concludes the study. It will also focus on the conclusion and recommendations of the research findings on how to improve the intervention of CATS to help improve HIV treatment, care and support.

1.10 Chapter summary

The first chapter sought to provide an introduction and background of the study focusing on the interventions of CATS in improving adolescents HIV treatment, care and support in Chitungwiza at Chitungwiza Central Hospital. In addition to that, the chapter also pointed out issues leading to the need for interventions to adolescents living with HIV. This chapter also included statement of the problem, study aim and objectives as well as significance of the study. The next chapter will review the literature related to the study and also discuss the theory underlying the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The second chapter of the study provides a review of the relevant literature related to the Interventions by CATS in improving adolescents HIV treatment, care and support. The Social Cognitive Theory which gives the theoretical grounding for this study is also discussed in the context of the study. The chapter also discusses the issues related to the socio-economic problems faced by adolescents living with HIV as well as their relationship with the community. This chapter also seeks to identify the gaps in literature which have given rise to the need to address each of the study's objectives. A broad-to-narrow approach which starts from the global context to the regional, and then the Zimbabwean context was applied for the literature review.

2.1 Theoretical framework

This elaborates articulates on the theoretical framework that serves as the foundation of the study. The study draws its theoretical framework in the Social Cognitive Theory (SCT) by Albert Bandura. Social cognitive Theory is a psychological framework developed by Albert Bandura that explains human behaviour in terms continuous reciprocal interaction between cognitive, behavioural and environmental influences (Bandura, 1978). The theory has been used in different fields of study such as psychology and social work. In this case the term social cognitive in this theory relates to the way the society models behaviour.

With the work of scholars like Kenrick and Funder (1988), that has contributed to the expanding and validating of Bandura's Social Cognitive Theory. Social cognitive has become an important feature of contemporary social science and related disciplines such as Social Work, and Psychology. In particular, social workers and other professionals in the social

science are interested in facilitating cooperative action amongst members of a community in order to provide benefits that can be realized through social agency and networks (Hasan et al., 2020). Ensuring that adolescents in communities enjoy excellent services, social workers can thus be interested in how to use features of social cognitive theory such as observational learning, reciprocal determinism and outcome expectation to improve the use of HIV services and to have meaningful and beneficial outcomes.

Drawing upon some tenets of the SCT such as reciprocal determinism, observational learning and outcome expectation the importance of SCT as a guiding framework for the study is articulated. Observational learning and modelling is a form of social learning where individuals can acquire new behaviours, knowledge or skills by watching others (Bandura, 1977). Bandura conducted Bobo doll experiments in 1961 illustrating observational learning where children observed the behaviours of adults towards Bobo dolls and they also depicted the same behaviours towards the Bobo dolls when they were given the chance. The various findings from Bandura's experiments on observational learning provide valuable insights that can inform different approaches adopted by CATS programs. This framework can inform the intentional design, delivery and assessment of strategies aimed at improving adolescents HIV treatment, care and support. Observational learning can help adolescents through peer influence, adolescents considerably learn from each other CATS can leverage this through peer to peer support programs and also skills building through conflict resolution, emotional regulation skills to help with retention, care and support.

Reciprocal determinism is also another key factor of the SCT by Albert Bandura. Reciprocal determinism refers to the dynamic interaction between personal factors, behaviour and environmental influences, in which one factor affects the others in a bidirectional way (Bandura, 1978). Some of the CATS interventions involve personal, behavioural and environmental determinants and by addressing these determinants CATS interventions are

grounded in reciprocal determinism to elicit sustainable improvements in HIV care outcomes for adolescents. CATS address personal issues such as mental health issues and stigma that influence treatment adherence behaviours; they also address peer support programs that help in modelling behaviours. CATS also address issues such as case management which involves addressing systematic barriers like poverty and other socio-economic issues that could hinder treatment. Thus dealing with the dynamic interaction between personal, behavioural and environmental factors respectively

The theory is suitable for the present study because it helped to understand the interventions of CATS and their potential to influence adolescents HIV care behaviour. The whole process of services offered by CATS and the adolescents receiving the services clearly shows that it is interplay between personal factors, behaviour and the environment. It should also be noted that SCT provides a useful framework for monitoring the process of change that CATS aim to bring about among clients. The theory is also suitable for the present study because it is multidimensional and it aligns closely with CATS holistic approaches. The tenets of the theory discussed in the present study such as observational learning provide lenses for exploring specific behaviour change interventions that are used by CATS like peer mentoring, skills building and community outreach. The theory's emphasis on socially-situated learning and its interactive nature reflects on how CATS aim to strengthen self-care by addressing barriers and facilitating healthy choices amongst adolescents through their interventions.

2.2Community engagement

Community engagement has been recognized as an important approach for improving access to HIV treatment, care and support for adolescents. Community engagement involves the relationship between the community and the adolescents and also the relationship between CATS and the community in which the adolescents live. The way the adolescents engage with the community is very important in terms of their treatment, care and support, if there is a

strong relationship between the two there is likely to be support and care. Also the relationship between CATS and the community is also important because they can assist each other in execution of interventions for example they can assist each other in curbing stigma against the adolescents. The community engagement can be seen through programs to raise awareness about HIV/AIDS in the community. Community outreach can enhance effectiveness of CATS in supporting adolescents' treatment care and support.

Community engagement also refers to efforts to include the community in HIV prevention, treatment, care and support. It can include a range of activities, such as education and empowerment of community members. Community engagement is important because it can help reduce stigma and discrimination. It can also help with identifying and addressing barriers to HIV prevention and treatment (Liefoghe et al. 2019). Community engagement can also refer to the involvement of the community in decision making, in formation of policies and laws and also advocating for better treatment, that using a bottom-up approach. Major themes have been studied under community engagement peer navigators, advisory boards and support groups.

2.2.1 Peer navigators in community engagement

Peer navigators are members of the patient's own community who have lived experience of similar challenges and received specialized training to support others through the healthcare system (Freema, 2021) Peer navigator programs have demonstrate promise as a community engagement in adolescent HIV interventions this is because they help foster youth participation. They also help with the empowerment of adolescent to take leadership roles in planning youth clinic activities, developing youth friendly services and advocating for peer support (Monroe et al. 2018; Kibe et al. 2020).

However literature reviews that challenges remain in sustaining peer engagement beyond the life of short term pilot projects (Katz et al. 2019). Some navigators also note navigator burnout risks without adequate supervisions and incentives (Maughan-Brown et al,2017; Schneider et al, 2018). This statement shows that CATS may become drained and may stop their services in communities

2.2.2 Advisory Boards

Community advisory boards are groups of community stakeholders, particularly from key populations, convened regularly to advice on various aspects of program designs, implementation and evaluation (AIDSfonds). Community advisory boards are being recognized as an effective strategy for attaining meaningful youth participation. The community advisory boards also assist in terms of outreach campaigns and appropriate clinic design (Ndhlovu et al, 2021). Regular meetings of the advisory board mean that there is more time for dialogue and discussion on issues faced by adolescents. It should be noted that challenges remain around board composition to ensure marginalized groups are heard. Power dynamics is also another problem that is reviewed by literature this is because more vocal member could dominate and overpower the youth (Bailey et al. 2020). This could mean that members of the advisory board may not really consider the thoughts of the adolescents. These problems can be addressed by properly resourcing the community advisory boards, training, outreach and also accountability.

2.2.3 Support groups

A social group is a social group made up of people who share common experiences or characteristics and provide emotional and moral support for one another (Yalom &Leszcz, 2020). Support groups provide life skills like communication, stress management and self-care. Peer-led support groups have been used as an engagement strategy to foster psychosocial well-being. Support groups empower youth to share experiences, strengthen

peer networks and reduce stigma (Munro et al. 2018). However, literature reveals that moderating factors such as life stage appropriateness, safe spaces for key populations.

2.3 Socio-economic challenges faced by adolescents living with HIV

2.3.1 Poverty

Poverty is the deprivation in well-being involving lack of income and assets to meet basic needs (World Bank,2022). Poverty can also be defined as a human condition characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, social, economic and political rights (UNDP,2022). Poverty can either be relative or absolute and in this case both these kinds of poverty can affect adolescents with HIV because it poses significant barriers to effective treatment, care and support. A review of literature highlights a number of negative impacts of poverty o the adherence, treatment, care and support. Several studies have shown that financial constraints negatively influence care enrolment and clinic attendance for impoverished adolescents due to high transportation cost (Rosen & Fox, 2011; Njuguna et al.2020). This becomes a disadvantage because late or no clinical visits can affect adherence to their medication. Poverty can also affect the diet eaten by the adolescent, the immune system of HIV positive people require a certain diet to help the body with viral suppression.

2.3.2 Discrimination and social isolation

Discrimination is any distinction, exclusion, restriction or preference based on race, colour, descent or national or ethnic group that has the purpose of disqualifying or impairing the recognition, enjoyment or exercise, on an equal footing of human rights and freedom (United Nations). Social isolation is defined as the lack of contacts that an individual has with their family and friends and engagement with the social, economic, political and cultural processes

in society (World Health Organization who 2022). From the mentioned definitions it then becomes clear that the adolescents with HIV are discriminated against and they are also isolated within their communities. Despite the measure that are being taken to reduced discrimination and social isolation, because several studies have found that experiences of stigma and rejection have negatively influenced adolescents' mental health and linkage to care (Badria et al. 2017). Also internalized stigma also leads to some adolescents isolating themselves from social networks and this affect their chances of receiving medication and care (Katz et al. 2013). Also the fear of being discriminated and socially isolated can reduce the chances of adolescents to be in CATS programmes.

2.3.3 Exploitation

Exploitation is the use of children through activities that harm them or interfere with their development. It involves using children for someone else's gain or gratification. This covers sexual, economic and any harmful use of children (WHO n.d) Exploitation of adolescents compromises their rights, health, development and futures for other's benefit with relationships characterised by abuse of power, trust and lack of freely given consent (Kidman, 2017). Exploitation undermines HIV, treatment, care and support for adolescents. Exploitation involves abuse, neglect, sexual or labour exploitation research has found that experiences of these can negatively impact mental health and increase HIV vulnerability (Cluver et al. 2013; Shattuck et al, 2020). Exploitation also affects adolescent girls more than boys because the girls can become sex workers and are also victims of early marriages, they can get into this form of exploitation as a form of coping behaviours. Involvement of adolescent sin these 'coping behaviours' can cause deterring of service utilization. There has to be a crucial way of addressing underlying vulnerabilities through CATS interventions.

2.3.4 Internalized Stigma

Internalized stigma refers to the process by which a person who experiences stigma believes those negative attitudes and begins to self-stigmatize. It involves internalizing negative stereotypes and feeling ashamed of one's circumstances (Link & Phelan, 2001). This internalized stigma undermines self-worth, emotional wellbeing and healthcare decisions. Internalized stigma poses significant challenges for healthcare amongst adolescents. Research has found that it impacts mental health and leads to feelings of shame, unworthiness and fear of disclosure (Kats et al. 2013; Mahendra et al., 2007). This process of internalizing societal stigma has been associated with poorer ART adherence, follow-up appointment attendance and increased risk behaviours (Badria et al. 2007). The process of internalizing societal stigma can affect adolescents' HIV treatment, care and support; this is because the adolescents may not feel free to seek medical services and end up skipping important dates such as collection dates as well as viral load check dates. The trauma that is faced by these adolescents needs to be addressed through CATS community-based programs; addressing these may help improve health-seeking attitudes amongst adolescents.

2.4 Strategies which promote access to healthcare services for adolescents living with HIV

Access to HIV services for adolescents is a backbone of public health efforts worldwide, with numerous studies highlighting the intricate interplay between socio-economic factors and healthcare accessibility. Adolescents living with HIV often face barriers to accessing healthcare services, which can have a negative impact on their health and well-being as mentioned earlier. However, there are several strategies that can promote access to services. Community-based care involves providing healthcare services for adolescents living with HIV in their own communities, rather than in hospitals or clinics. This can help reduce barriers to access and improve healthcare outcomes. Research has shown that community-

based care can improve healthcare outcomes for children with disabilities, such as reducing hospitalizations and improving patient satisfaction (Zhang et.al, 2017). Services may include a variety of health services, such as home health care (e.g., skilled nursing care; occupational, physical, and speech therapies; dietary management; pharmacy), durable medical equipment, case management, personal care, caregiver and client training, and health promotion and disease prevention (Perrin et.al, 2007).

Some hospitals, local areas, and states have initiatives to improve the integration of outpatient home- and community-based care for adolescents upon getting tested and getting enrolled for ART through an individualized treatment plan involving home visits or group sessions (Smith et.al, 2012). In particular, nurses who visit with children and their families at home after discharge have demonstrated their crucial role in helping families overcome problems with their child's medications, durable medical equipment, and other health care needs (Pelzter et.al, 2012). Through home- and community-based services, children and families can access available health care services that are delivered in what is ideally a comfortable and private environment for the child.

Healthcare providers can receive training and education on HIV-specific care for adolescents living with HIV. This can help improve healthcare outcomes and reduce healthcare disparities. Studies have shown that HIV-specific care can improve healthcare outcomes for adolescents living with HIV, such as reducing stigma and improving adherence (Dube et al., 2018). Interdisciplinary approach whereby professionals from different disciplines collaborated, they were more likely to provide the best possible care for the child and this in turn motivates caregivers to bring their children to those healthcare services (Bannink et.al, 2015).

Exposure to high-quality coordinated care management programs focused on the whole adolescent can have a positive impact on the health and well-being of all adolescents,

reducing their unmet health care needs and improving their health and functional state. However, in Zimbabwe, there are still gaps in HIV-specific care as only a few health centres provide such trainings to their staff.

Healthcare facilities can be designed to be more accessible for adolescents living with HIV. This includes features such as counselling rooms with privacy. According to Nota et.al (2015) in some instances the constructions have not adhered to the recommended regulations resulting in the adaptations doing more harm than good. These instances include poor infrastructure with poor confidentiality. There are of course exceptions to this, where the design and angles are appropriate. It is thus necessary for governments to ensure that all new constructions and renovations adhere to the principles of universal design.

A meaningful approach to promoting access to healthcare services of adolescents living with HIV is helping them and their families obtain and understand health information related to the adolescents HIV status. Health literacy is “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health” (WHO, 1998:10). By developing and refining health literacy skills, patients and their families become more actively engaged in health care decision making with the clinician.

To assist caregivers and the public who have limited health literacy or limited capacity to obtain, process, and understand basic health information and access needed health-related services, new techniques for communicating personal health information are being implemented across the health care sector. In general, providers and agencies need to make a concerted effort to present written and verbal information that is accessible, in plain language, and culturally appropriate. Tailoring health information to the specific target population

whenever feasible is integral to helping individuals understand that which is most important how the information applies to them and what actions to take (HHS, 2010).

Family-centred care involves including families in the healthcare decision-making process and tailoring care to meet the needs of each child and family. This approach can help ensure that adolescents living with HIV receive care that is responsive to their individual needs (Kuo et.al, 2017). Research has shown that family-centred care can improve healthcare outcomes for children with disabilities, such as reducing hospitalizations and improving patient satisfaction. Educating caregivers about the child's condition also positively impact access to healthcare services.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Having reviewed literature in the foregoing chapter, this chapter is going to give details of the research methodology that was employed by the researcher in conducting their study. The chapter will also outline the design, sampling, data collection techniques. The methodology comprises of the research design, ethical issues, and possible limitations, research instruments, sampling technique, sample size, target population and data analysis. The qualitative research approach's interviews and focus group discussions were used to assess the intervention of CATS in improving adolescents HIV treatment, care and support.

3.1 Research Approach

Research approach is a plan or strategy of inquiry that the researcher chooses to carry out research (Artikson & Delamont, 2020). They further explain that the type of data collected, the method used and the conclusions that can be drawn from the study are all determined by the approach used. For this study the research used qualitative method, qualitative research method is the inquiry process of understanding that is grounded in building rich descriptions of phenomenon or lived experiences (Cresswell, 2019). Also Moser & Korstjens (2018) highlighted that qualitative research was designed to produce a low inference description of a phenomenon. Qualitative method was used for its holistic view, flexibility and that it is context specific.

3.2 Research design

According to Bryman (2012: 46) research design “provides a framework for collection of data and analysis”. Research designs are strategies of inquiry which fall within qualitative, quantitative, or mixed research approaches (Creswell, 2014). For this present study the

researcher used a case study as a research design method for the study. Case studies are a design of inquiry that provide an in-depth understanding of a problem; activity, process, individual person or group of people (Creswell, 2014). . The case study was deemed appropriate for this study since it allows for the exploration of the roles and experiences of CATS at Chitungwiza Central Hospital which would not have been possible using a quantitative approach.

3.3 Study setting

According to Creswell 2021 defines study setting as the physical and social environment in which the research is conducted. Chitungwiza Central Hospital will be the researcher's area of study. Chitungwiza is a town 24.9 km from Harare CBD and its hospital Chitungwiza Central Hospital is in Zengeza 4 but it caters for the whole town.

3.4 Target population

The population for a study is that group (usually of people) about whom we want to draw conclusions (Babbie, 2011: 119). The researcher targeted CATS at Chitungwiza Central Hospital as well as the adolescents.

3.5 Sample size

From the target population the researcher selected 6 CATS, the researcher also selected 20 adolescents. Having this sample size helped to acquire more information relating to the study.

3.5.1 Sampling techniques

To access interventions of CATS in improving adolescents treatment, care and support the qualitative method of data collection will be used. The qualitative research will use non-probability sampling method like purposive sampling. The researcher will use purposive sampling because it allows for the selection of participants with the most relevant experiences and knowledge. In this case the researcher will be able to select the adolescents with HIV

receiving the CATS support. The purposive sampling involves capturing relevant information through criteria such as age, gender which adds depth to the information to be collected, length of enrolment in CATS programs can also be used as a criteria in this case.

3.5.2 Purposive sampling

The study utilized the purposive sampling to select its participants, which is a non probability sampling technique. Purposive sampling involves selecting units or cases that are relevant to the research questions being investigated. In the context of this research the purposive sampling was employed to specifically target CATS who have been actively providing HIV services to adolescents living with HIV. It also targeted adolescents who have benefited from the services provided by the CATS.

3.5.3 Snowball sampling

In addition to purposive sampling the research also utilized snowball sampling to identify additional adolescents and CATS participants. Snowball sampling is a non-probability technique where existing participants recruit future subjects from among their acquaintances. The initially purposively selected CATS and adolescents acted as seeds from which several referrals were obtained. They were requested to refer other CATS providing HIV services in the community as well as adolescents enrolled in their care programs.

3.6 Data collection

3.6.1 Data Collection Techniques

Data collection techniques are the different methods or tools that are used to collect data from a given population for the purpose of research (Kothari, 2023). In this study the researcher will use data collection techniques such as in-depth interviews and focus group discussions. The in-depth interviews will assist the study by giving an insight and understanding into the personal experiences of the participants particularly the experiences of adolescents since they

are a diverse group in terms of age, gender and backgrounds. The focus group discussions will help in the study by generating discussions around different topics. The focus group discussions will be used for CATS volunteers who may have similar experiences when dealing with adolescents the focus groups may also be used for healthcare workers

3.6.2 Data Collection Tools

3.6.3 Key informant interview guide

Key informants interview guides were used to collect data from the CATS. CATS have specialized knowledge as they occupy an important position of responsibility and influence within communities as they are in charge of providing HIV treatment, care and support to the adolescents. CATS were able to provide insights based on their direct engagements with the adolescents over extended periods of time. This included information on challenges faced by adolescents and how the CATS interventions addresses the problems, community perceptions on the challenges and the proposed recommendations for improving service delivery. Given their grassroots knowledge and experience CATS key informants had an understanding of contextual issues affecting adolescents' living with HIV as well as information on how such issues can be dealt with. Their perspectives as well informed stakeholder (key informants) helped provide rich qualitative data.

3.6.4 Focus group discussions.

The use of focus group discussions benefited both the researcher and the participants. Nyumba et al (2018) stated that focus group discussions are frequently used as a qualitative approach to gain an in-depth understanding of social issues and the method aims to obtain data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population. The participants got the chance to express their views on the services offered by CATS, the advantages of CATS interventions and the plans

to enhance accessibility of services by adolescents living with HIV. The researcher got the chance to ask questions which kept the group on track.

3.7 Data analysis techniques

The thematic analysis was used to analyze the data collected through key informants, in-depth interviews and field observations. Thematic data analysis involves searching across data for repeated aspects, interpret the data and construct to describe the data (Braun and Clarke, 2006 cited in Kiger et al, 2020). The researcher coded the data and extracted themes. The recurring themes helped to capture prominent patterns related to how the CATS interventions impacted adolescents HIV treatment, care and support. Thematic analysis helped the study to develop a holistic portrayal and understanding according to the participants and observer viewpoints of the CATS interventions in adolescents HIV treatment, care and support.

Limitations

The study encountered a few limitations that must be acknowledges in interpreting the results of the research. Firstly the sampling techniques used namely purposive and snowball sampling introduce the potential for selection bias in identifying study participants. Financial constraints also narrowed the scope of the study in some respects.

3.8 Ethical consideration

- **Confidentiality** – the study will observe the confidentiality of the participants as well as keeping the information and data provided confidential. The researcher will use pseudo names to protect participants' privacy. However, the researcher will make it clear to the participants that the information will be used for academic purposes only.

- **Informed consent** – the researcher will seek consent from people before the beginning of the study. The researcher will explain to the target population how the study will be conducted and all the information necessary
- **Beneficence** – the researcher should ensure that the study aims to benefit either the participants, that is the adolescents and the CATS by evaluating interventions to improve their well-being and implementations respectively.
- **Voluntariness** – the researcher should make it clear to participants that participation is voluntary and that they can withdraw anytime they feel like it .

3.9 Chapter summary

This chapter outlined the research methods used to collect data on the interventions of CATS in improving adolescents' HIV treatment, care and support. The study employed qualitative research design utilizing in-depth interviews, key informants as well as observations documentary. The participants were both from the adolescents and the CATS. Ethical approval was obtained and informed consent procedures were followed. Overall this chapter of Research methodology outlined the research design, population, sampling techniques, data collection methods as well as the ethical considerations and the limitations and delimitations of the study.

CHAPTER 4

DATA PRESENTATION ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presents analyses and discusses data derived from the interviews and FGDs. The research bases on the views of service benefactors and young people relating to their understanding of HIV and AIDS as well as their insight on the interventions that help improve their HIV treatment, care and support. The research findings shall be outlined and presented under the following themes derived from objectives:

- Services offered by CATS
- Advantages of CATS interventions
- Plans to enhance accessibility of CATS services by adolescents living with HIV

4.1 Services offered by CATS

CATS offer a number of services to the adolescents living with HIV and these services range from emotional, social and medical.

4.1.1 Counselling

Discussions on services being offered by CATS to adolescents living with HIV went well as the researcher explained questions in detail to FGD participants. The researcher started the discussion by asking if the participants knew about the services offered by the CATS and the answers were remarkable as most participants knew the answer. The services that were discussed include adherence counseling, helping with disclosure, antiretroviral therapy (ART) for HIV treatment. Participants agreed that they have used most if not all services offered by

CATS some publicly and some at some high level of confidentiality. Participants also agreed that overall their information has been kept confidential by CATS. One participant shared about their first experience with the counseling service at CATS and how they still use that service from time to time

“Pandakatangisa kuuya pano zvaitondinetsa kubvuma kuti ndine HIV saka ndakazoendeswa kuma CATS kwakune vanhu vezera rangu zvekuti kubvawo ipapo ndakatobvuma zvandiri” (I remember when I first came here I couldn’t believe that I was HIV positive so I had a hard time in the counseling room and they refereed me to the CATS where I was given counseling by people of my age and after that it was easier to start moving forward. I still consult my mentor when things are hard that I need guidance.) (Male 19 years)

In addition key informants also highlighted the services they offer and counselling topped the list. CATS alluded to the fact that there is a specific referral protocol that is followed when adolescents are first brought to the CATS offices. They also highlighted that when an adolescents already in the CATS database needs counselling there is no protocol observed it can be done anywhere. Some key informants shared their experience when providing counselling.

“Counselling is one of the hardest service to deliver when the adolescent is new and just finding out about their HIV status. It could go for as long as 1 hour just going back and forth but the end result is always good.” (Key informant)

“Each of us is assigned their adolescents that they attend to from counselling to keeping their file records but that does not keep us from proving adherence or general counselling to adolescents when their mentors are not available. CATS are always there for the adolescents. Sometimes we are even called to the Opportunistic

Infections Clinic OIC counselling room to provide counselling to adolescents who are not in the CATS database” (Key Informant)

“I would like to also highlight on the fact that not only do we provide counselling to adolescents but we go beyond and provide counseling to their family members to make the adolescents lives easier at home and community level. We normally do this to try and eliminate stigma” (Key Informant)

HIV counselling addresses important personal and environmental influences on behaviour highlighted by Bandura (1977) in his theory Social cognitive theory through reciprocal determinism which is defined as the dynamic and reciprocal interaction of personal factors, behaviour and environmental influences. From the discussions and interviews with FGD and key informants respectively the researcher understood that counselling as a service ought to equip and empower adolescents living with HIV with psychological and emotional wellbeing as well comprehensive knowledge on their HIV status and coping strategies. It is also there to equip the families and communities at large with knowledge on HIV to avoid stigma and other forms of discrimination against adolescents living with HIV.

4.1.2 Disclosure

The other service that was on the list of services offered is helping with disclosure. During the discussion and the interviews the issue of disclosure was a complex and problematic topic as it is fraught with fear, stigma and uncertainty. After the discussions and the interviews the researcher noted that the problem of disclosure begins at family level. Most families do not do the process of partial disclosure which is disclosure done to a child. Most families wait till the child falls sick due to defaulting because of poor ART intake and take them to the hospital so that the health workers can do the process of disclosure. This then poses problems to the CATS who have to fully explain the situation relating to the HIV status of the child. After

discussion with adolescents in the FGD the researcher noted that adolescents found it hard to disclosure to their close friends at school as they feared stigma. Each adolescent had a story to tell about their disclosure from families or the Peer counsellors. Some adolescents talked about how their families did the disclosure process without enough knowledge about HIV and AIDS and this caused fear amongst the adolescents because the first thing on their minds was the fear of death. A number of participants shared their experience with disclosure by the CATS.

“I found out I was HIV positive when I was 13 years old when I came to the OIC for an HIV test. My parents had not told me anything they only gave me ART and they said it was medication for headaches. The CATS then helped me understand what HIV and AIDS is and how I could manage to lead a healthy life” Female 17 years

“I remember in 2017 when I was only 11 years old I had been in and out of the hospital due to a lot of illnesses and then the doctors in ward 2 told the nurses to get an HIV test so they could see the way forward. Both my parents are HIV positive but they had not even told me anything about my status until that day when the test came back positive. A CATS mentor disclosed the status to me and it only felt better when I knew a lot of people my age were also HIV positive” Female 18 years

“I came to the OIC with my mother’s sister who insisted I get an HIV test. She knew that my mother was HIV positive so she suspected I was to and she was correct. She wanted me to get help early enough. So I got here and the CATS helped me with disclosure. To this day I’m grateful for the disclosure because they did it in a way that I knew I had a chance in life despite my HIV status.” Male 19 years

In addition, key informants also talked about Disclosure being the highlight of their work. They emphasized on hard it is about how it is the hardest task that anyone can have, they also talked about how hard it is. CATS talked about how they are trained on how to deliver disclosure to their beneficiaries they trained in different ways to deliver disclosure through different techniques such as role plays, referral pathways and post disclosure follow ups (Denison, 2018). Key informants gave insights on how they help adolescents with disclosure

“Disclosure is the highlight of our services we do it in different ways to different people the adolescents, their families depending on the situation. We are well trained for this” Key Informant

“The hardest part about the disclosure is telling a 10 year old that they are HIV positive. It is so hard because of the false information they have about HIV /AIDS but at the end of the day we get the job done” Key informant

“What most people do not know is that disclosure comes in different ways such as the most common disclosure counseling, then there is taking the role of facilitating disclosure and also post disclosure support only to mention a few. We as CATS offer all of these” Key Informant

Some key informants also added why disclosure is on of the main services offered and also how they like to deliver it.

“Disclosure is the most important because it is usually the first step after a HIV test and it is the beginning of the journey. How disclosure is delivered determines how one will take their medication the better the disclosure the better the antiretroviral treatment.” Key Informant

“An HIV positive status is the one of the hardest things to accept especially if its not your fault for example most adolescents are victims of MTCT Mother To Child Transmission so the process of disclosure has to be approached in such a way that the adolescents do not hate their parents and also that they accept themselves and start with ART.” Key Informant

Most participants and the key informants view the issue of disclosure as very complex and important as most people find it hard to disclose their status to others when they should and this has led to a number of problems such as infecting partners, mother to child transmission as mirrored by UNICEF Annual Results Reports, 2017 which stated that the highest number of adolescents living with HIV acquired it due parental transmission. So the provision of disclosure as a service offered by CATS is also helping to combat the spread of HIV. Disclosure has also fostered transparency amongst people living with HIV as they can openly participate in HIV awareness campaigns this is in relation to Liefoghe et al (2019) who talks about identifying and addressing barriers to HIV treatment and prevention

4.2 Advantages of CATS interventions

The aim was to identify significant advantages of the CATS interventions, and the researcher finds it prudent to one participant’s definition of the interventions and advantages which says,

“These are efforts implemented with the goal to change or improve a situation or outcome. They can be preventative, corrective or supportive.” Male 22 years

Over the years, the Zvandiri support groups have evolved into a model of differentiated service delivery, combining clinic and community, peer-led interventions that seek to improve the uptake of HIV testing services, retention, adherence and viral suppression among adolescents living with HIV and also their mental health, protection and sexual and reproductive health. The interventions that are used by CATS in their HIV service delivery

include peer support, community based interventions such as awareness campaigns, home visits to adolescents. The other interventions include education and skills building, psychological support and linkage to care amongst others. These interventions over the years have proved to have advantages to the adolescents, CATS and other health care workers.

Firstly during the FGD the researcher asked the participants if they were aware of the interventions provided by the CATS, some participants knew of the interventions and some were aware of them but did not know that they are called interventions. It is only after a participant (24 years) gave a clear definition that everyone was on board. The participants discussed how several interventions have been advantageous to them in their lives dealing with HIV. Some participants shared the advantages that they experience from the CATS interventions.

4.2.1 Treatment adherence

Adherence is one of the major reasons why there are CATS, so that they can help adolescents since it is the hardest things to do. Treatment adherence is the taking of medication is the extent to which a person's behaviour taking medications corresponds with the agreed recommendations from a healthcare provider. At the start of the program, adherence was at 44.2%, improving to 71.8% (Willis et al 2019). One participant in FGD highlighted that

“Nyangwe uchigona kumwa mushonga vanhu veCATS vanotongoramba vachikudzidzisa kumwa mushonga zvakanaka” (No matter how perfect you are at taking your medication correctly as required CATS mentors will always remind you of the importance of adherence) Female 20 years

Treatment adherence as an advantage of CATS interventions is brought by a number of interventions such as peer support, defaulter tracing and HIV/AIDS education. On peer support according to Willis et al (2019) CATS then support adolescents living with HIV to

adhere to treatment by providing peer-led, adolescent-focused information, counseling and support, helping them to understand their HIV diagnosis and support treatment adherence, drawing on their own experience. This is in relation to the theoretical framework that guides this study which is Social cognitive theory which talks about observational learning so the adolescents learn about treatment adherence from the CATS. Defaulter tracing is another intervention that promotes treatment adherence as an advantage. CATS have registers where they enter information about ART refill. These registers allow them to see who came for a refill, who missed a refill and who is due for a refill. This helps them to trace all those who may have missed and also to remind those who are almost due. This intervention clearly leads to adherence amongst the adolescents as it reduces chances of missing a refill. HIV/AIDS education also contributes to adherence as the adolescents are taught and educated on the importance of adhering to their HIV treatment which includes improved overall health as an outcome and this is supported by one of the theoretical framework's tenets which is outcome expectation. This is because adolescents are expected to adhere to their treatment so that they can get good health. A participant in the FGD highlighted that many interventions support treatment adherence

“Zvese zvatinoaita pano nevanhu veCATS zvinenge zvinechekuita nekumwa mushonga zvakanaka” (In everything we do here and the activities we participate in, the main story or issue is about adhering to our treatment.) Female 16 years

Some key informants went on to highlight that, adherence is one of the most important issues in dealing with HIV. They also highlighted how they encourage adolescents to adhere to their treatment and the techniques they use. Some participants went on to highlight that,

“Same time everyday for the rest of our lives is one of the most common statements amongst the CATS and the adolescents it refers to taking our medication everyday at

the same time and for the rest of our lives. We usually say this statement during peer group meetings and peer support.” Key informant

“As the CATS we use what we call the bead techniques. We have three jars filled with beads first having red beads, the second having black and red beads and last having black beads. We use this technique to show adolescents how the virus accumulates in the body if they do not adhere this is the red beads jar and how the virus is suppressed with time if one adheres to their medication by using the black and red jar and the black jar.” Key Informant

“Most of our interventions lead to adherence because it is the most crucial issue when one is living with HIV. Adhering to medication can contribute to a healthy life and prevent infectious diseases that HIV positive people are prone to” Key Informant.

From having discussions and conducting interviews the researcher learnt that most if not all interventions contribute to treatment adherence making it an advantage of these interventions. According to a randomized control trials done by Zvandiri the adolescents under CATS supervision were likely to perform better than the control arms. At the 12 month follow up, with a response rate of 85% (intervention arm) and 60% (control arm) findings indicated that adolescents supported by CATS were 3.9 times more likely to adhere to treatment than the control group. At the start of the programme, adherence was at 44.2%, improving to 71.8% (Willis et al 2019).

Drawing upon some tenets of the Social Cognitive Theory by (Bandura,1977) such as outcome expectation and observational learning as a guiding framework of this theory it is clear that the CATS influence the adolescents to adhere to medication thus proving the observational learning. It should be noted that while the CATS educate on adherence and its

importance the researcher managed to gather the causes of non adherence and forgetting emerged as the main cause of non adherence. The researcher recommended setting alarms or having an application that reminds adolescents to take their treatment

4.2.2 Viral suppression

To begin the discussion the researcher asked the FGD participants if they were aware of the term viral load and the issues surrounding viral load participants were all aware of the issues to do with viral load. One participant gave the definition of viral load and viral suppression as;

“Viral load is the amount of virus in one’s blood and viral suppression are actions taken towards reducing viral replication until its undetectable.” Female 18 years

Viral suppression is also another advantage of the CATS interventions such as education and mainly viral suppression Routine checkups done at health centres. The routine of viral load monitoring has played an integral role in tracking both the individual response to antiretroviral therapy and performance towards achieving programmatic goals (WHO Technical Update, 2019). During the FGD the participants talked about how the process of viral load monitoring is done and how it has helped them in terms of their health. Some participants also highlighted on the importance of a suppressed viral load such as improved overall health, preventing disease progression and also helping with immune system recovery.

“Ndaigara ndichingorwara rwara viral load yangu payanga yakawira asi pandakazotanga kutedzerawo zvekuti viral load idzike handichatomborware rware saka kugara viral load ichitariswa zvinobatsira(I was always sick when my viral load was high but once I started following every step to suppress my viral load I have been

healthy ever since. So having our viral load monitored is a good thing with its advantages)Female 17 years

“Maresults eviral load ndoanoshandiswa kuona kuti tukumwa mushonga here nekuona kuti mushonga unenge uchiwirirana nemunhu here” (CATS use our viral load results to see if we are adhering to our medication and this also helps them to see if the medication is working according to each individual.)Male 19 years

In addition key informants also highlighted on viral load monitoring being one of their interventions and leading viral suppression as its advantage. They also talked about attaining TND which is (Target Not Detected), which is when the virus is not detected during the viral load monitoring

“We advise all adolescents to take good care of themselves so that when their viral load can be on TND.” Key informant

Viral suppression as an advantage of CATS intervention can be linked to the Sustainable Development Goal 3 (SDG3) target which is the 95-95-95, which stated that the 95 on treatment should have a suppressed viral load (UNAIDS,2020). This helps to maintain good health among the adolescents.

4.2.3 Reduced stigma

Most young people managed to define stigma as well as identifying forms of stigma. Among the listed where physical, neglect, emotional abuse, just to mention a few. Stigma reduction is done through interventions such as education, awareness campaigns and counselling.

Some participants also highlighted on their experiences with stigma and why stigma should end. Participants highlighted that stigma exists in families, societies and even at school. They also talked about the effects of stigma on one’s self esteem, mental health and even physical

health. Some participants chose not to participate on this issue specifically because it was triggering and some said it was in their past and better left there. To those who shared their experiences;

“Vanin’ina vangu nehanzvadzi dzangu vakakura vachindisema vaisada kana kurara mugumbeze neni kana kushandisa cup yandashandisa kana kupihwa hembe dzandaimbopfeka. Yatongova nyaya ye HIV education yatochijisa zvinhu” (My siblings who are HIV negative always treated me differently; they did not want to share a bed with me, share cups or even clothes. They believed one would contract HIV through those things. It is through interventions such as HIV/AIDS education that people are starting to understand more about HIV and stigma is getting low) Male 17 years

“Inini hangu panoendwa kuma awareness campaigns ndoenda because ndukuda kuti stigma ipere muma communities umu inini semumhu akamboitirwa stigma ndoziva kurwadza kwazvo. MuZengeza 4 umu stigma yatove nani nekuda kwema Awareness Campaigns” (I am always active in the awareness campaigns conducted in the communities so that I can help raise awareness against stigma as a former victim of stigma. Stigma has greatly reduced in my community in Zengeza 4 due to these awareness campaigns.) Female 21 years

In addition, key informants gave their on stigma with much more reference based in their everyday field of practice of fighting stigma. They highlighted that stigma causes a lot of problems such as suicidal behaviours and other mental health issues amongst the adolescents. CATS use their experience with stigma to help adolescents to cope, they also use interventions such as education in schools and communities and also awareness campaigns in schools as well as communities. As a group of peers working towards adolescent treatment

CATS took it upon their selves to fight stigma through a lot of techniques but they believe that awareness campaigns in social places like shopping centres worker better

“I think the awareness campaigns help a lot because my adolescent mentees no longer complain about being treated differently in the societies and i am happy that she is now being treated fairly.” Key Informant

“We operate with the saying ‘bury stigma resurrect love’. This is to teach all those who don’t understand about HIV to love those living with HIV. ” Key Informant

According to the research finding stigma is one of the greatest causes of problems encountered by people living with HIV as well as their families. This is because most people are scared of stigma so they are shy to go for their refill, some are not comfortable to seek HIV services. The stigma comes from both the society and the individual through internal stigma and it has different consequences that affect the adolescents living with HIV these findings were similar to what was stated in the literature section from the work of Badria et al. (2017) which said because several studies have found that experiences of stigma and rejection have negatively influenced adolescents mental health and linkage to care. The CATS try to do away with stigma in order to achieve outcome expectation as a tenet of the guiding theoretical framework of the study. From the findings it is clear that some adolescents participate in the fight against stigma and this resonates with Monroe et al 2018 & Kubi 2020 who highlighted on the importance of adolescents taking leadership at clinics and in communities.

4.3 Plans to enhance accessibility of CATS services by adolescents living with HIV

The accessibility of CATS services is not all the same available to all adolescents. This is because young people face different problems that hinder them from accessing CATS services. These problems range from personal, to social, to economic and to mental problems. The researcher designed questions about what the health and service providers can do to

enhance accessibility of their services and what the adolescents want and think about what can be done to increase accessibility of services.

4.3.1 Provision of counselling rooms

The first plan discussed to enhance the accessibility of CATS services was the provision of counseling rooms as there is only one counseling room at Chitungwiza Central Hospital Zvandiri station. Some adolescents in the FGD shared their thought on why other counseling rooms should be provided.

Kutovaka amwe maCounselling rooms kunoita kuti vanhu tikwanise kuwanawo counselling. Pano pane 1 counselling room ende kuuya kuno kunetsa nenyaya yekuti handi feeler safe muCounseling room imomo. (I think accessibility to services can be enhanced by building other counseling rooms. This is because when I am in need of counseling it is hard to come here sometimes because there is one counseling room and I don't feel comfortable because I always think people are listening to what I will be saying) Male 18 years

On that issue of a counselling room another participant also added that the alternative is to go outside which is also a bad idea in their opinion.

Ndikanzwa kuti ndirikuda counselling pa any issue yandinenge ndinayo ndikangofunga kuti kune 1 counselling room kana kuti toenda panze ndobva ndasiyana nazvo” (There are times I need counselling but then I remember that there is 1 counselling room and that sometimes the sessions are conducted outside where people are waking around I choose not to go. So the provision of other counselling rooms will be a good idea)Male 20 years

Key informants also shared their views on the providing more counselling rooms as a plan to enhance accessibility of CATS services.

“The authorities should provide more counselling rooms for us because most adolescents reject counselling even when we can see that they are in need of it.” Key informant

“Counselling rooms are very important I remember some time ago I had an adolescent who chose to wait for me so that he could walk me home and have our counselling sessions on the road because he was not comfortable having them here.” Key informant

“Sometimes we have to wait in line with the other CATS to use the counselling room and usually adolescents get impatient and leave. If the counselling rooms were enough then no one would have to wait in line.” Key Informants

The lack of counselling rooms can be attributed to the fact that Chitungwiza houses a number of Zvandiri CATS stations that were set up a long time ago and maybe one counselling room might have been enough. Due to the increasing numbers of adolescents joining the CATS programs the service to adolescents ratio has increased and some adolescents do not have access to services anymore. Hence the provision of counselling rooms will be a great plan to enhance the accessibility of counselling as a CATS service.

4.3.2 Mobile health services

As a plan to enhance accessibility of CATS services the introduction of Mobile health services will be a great move as said and discussed by both the adolescents in the FGD and the key informants. Participants who were once involved in certain problems that posed barriers to accessing CATS services hammered the idea of mobile health services and how well they think it will assist. During FGDs participants highlighted the need to have mobile health services

“Nyaya yemobile health services ikaunzwa inobatsira isu vamwe tinogara kure nekuti dzimwe nguva tinonoka kuuya kuzatora mushonga nekuda kwekutoshaya mari yebhazi

inokwana saka mamobile services aka yawo kuma communities zvinotibatsira”

(Mobile health services will be of great help because I live far away and sometimes I miss my due date for refills due to lack of transport money. So having mobile health services coming to our communities will help to do away with the barriers that we face.) Female 17 years

“I moved from Zengeza to Seke rural but Seke rural does not have Zvandiri CATS so I stayed here at Chitungwiza because I am so in need of some of their services which I cannot access due to distance so mobile health services will increase accessibility of services.” Female 16

The above mentioned responses highlight on distance and lack of transport money as a barrier to accessing CATS services and how having mobile health services will increase access to CATS services. Lack of transport money can be classified under poverty as mentioned in chapter 2 in the literature section that poverty is part of the socio-economic challenges faced by adolescents living with HIV. This is supported by Rosen & Fox (2011); Njuguna et al (2020), who stressed on financial constraints negatively influencing care enrolment and clinic attendance for impoverished adolescents due to high transportation cost. The door to door services that will be provided will help eliminate a number of barriers such as financial constraints, distance, stigma, many more. Some FGD participants also highlighted on the use of mobile technology such as phone and social media as a part of mobile health services.

“Mobile health services should be introduced as a plan to enhance accessibility of CATS services because some of us go work and we barely find time to go the hospital for certain services.” Male 19 years

“I am only free once a month because I work every day of the week so having the ability to access all services on my phone will be a great thing.” Female 20 years

Furthermore, the researcher went to conduct interviews with key informants on their take on the use of mobile health as a plan to enhance accessibility of CATS services.

“The introduction of mobile health service by the CATS can greatly assist even by those adolescents who are not in the Zvandiri CATS database but living with HIV by providing HIV/AIDS through visiting schools, communities and even group chats on WhatsApp and WhatsApp channels.” Key Informant

“Mobile health services are truly essential because times are changing and technology is the order of the day so if people are able to access services through mobile facilities that would help cover a lot of adolescents.” key informant

The widespread usage and ownership of mobile phones and other gadgets presents an opportunity to leverage technology into helping adolescents to access CATS services. Integrating technology into the CATS interventions will increase accessibility by doing away with limitations that are faced by adolescents.

4.3.3 Training more CATS

Amongst the plans to enhance accessibility of CATS services by adolescents was the training of new CATS. Training new CATS could help with delivery of services to a number of adolescents. During the FGD the participants were asked to air their thoughts on the training of CATS

“Kukauya amwe maCATS zvinobatsira nekuti dzimwe nguva maCATS aya aripo anenge ari busy pamwe pachoto topedzesera tadzokera kumba” (I think training new CATS is a good plan to enhance the accessibility of CATS services because sometimes when you come they are so busy attending other people so we end up going back home before being attended.) Male 17 years

“MaCATS akawedzerwa ndokuti zvizfambe nekuti dzinwe nguva unodzokadzoka kufambira chinhu chinokwanisika kuitika zuva rimwe chete” (Adding the number of CATS is the plan because sometimes I have to come back here to continue counseling session that could lasted one session only if the CATS weren’t busy)Female 16 years

Other FGD participants and key informants all agreed on the training of new CATS due to the similar reasons.

“Sometimes we don’t finish home visits because we cannot visit all household in one day but if we were to increase in number then I am sure the services we provide during home visits would be provided to all.” Key Informant

“Awareness campaigns are the hardest to conduct when you are short in number. All activities are not covered.”Key Informant

“Mamwe maCATS anofanha kutounzwa nekuti izvezvi maHomevisits hachatomboitwe ndikada kuverenga mahome visits avakaita kubva last year hasvike kana 10”(Definitely new CATS should be trained because I can count how many home visits have been done in my area since late last year and they are less than 10.) Female 17 years

The gap caused by shortage of CATS can also be covered by the adolescents themselves as a social group which can be defined as a group made up of people who share common experiences or characteristics and provide emotional and moral support for one another (Yalom &Leszcz, 2020). The findings are also in line with those of Munroe et al 2018 who stresses on the ability of support groups in empowering youths and strengthening peer networks as mentioned in the literature under community engagement as a way of helping adolescents living with HIV. from the discussion with the key informants the researcher found that the shortage of CATS can be due to burnouts cause by lack of enough resources as

supported by Maughan-Brown et al,(2017) and Schneider et al, (2018) in the statement ‘navigators also note navigator burnout risks without adequate supervisions and incentives’, this may cause CATS to stop providing services.

4.4 Chapter summary

The chapter focused on data presentation and analysis of the research findings from the field that was carried out through focused groups discussions and key informant interviews. The researcher presented the information in form of themes. Findings from this study have been found to be consistent with related studies reviewed in literature on the the services offered by CATS, advantages of CATS interventions and the plans to enhance accessibility of CATS services by adolescents living with HIV.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.0 Introduction

This concluding chapter highlights and discusses the summary, conclusions and implications of the study. In particular, this chapter begins by summarizing the findings of the study based on the objectives of the study which were to identify services offered by CATS, to examine the advantages of CATS interventions in adolescents HIV treatment, care and support and to develop a strategic plan to enhance accessibility of CATS services by adolescents living with HIV. The implications of the study are discussed herein, and these are particularly the implications of the study to social work practice, recommendations, and the possible areas for future research.

5.1 Summary

- In conclusion the findings indicate that CATS has several advantages for the adolescents living with HIV. CATS model has proven effective at reaching adolescents living with HIV and positively impacting their treatment, care and support as well as health outcomes. The model offers a more holistic set of services including home visits; help with disclosure and counseling just to mention a few.
- The model also has intervention such as home visits, awareness campaigns and other forms of community engagements, and these lead to advantages such as treatment adherence, TND through viral suppression and reduced stigma. However there is still work to be done in optimizing how CATS can specifically meet the wide range of adolescents needs.

- The findings also indicated the solutions to enhance the accessibility of CATS services by adolescents living with HIV. From the findings it is clear that the CATS model has potential to effectively cater for the adolescents through their interventions.

5.2 Conclusions

A study's conclusions are essentially important in research as they help to shed light the overall findings and the implications of the entire research effort in a short and concise manner. In order to sum up the findings of this study, and discuss them in light of the Social cognitive Theory, reviewed literature, policy and practice, this section therefore sequentially ascertains the subsequent conclusions of the study with due respect to their corresponding specific study objectives.

- In light of the first objective which was to identify the services offered by CATS the study concludes that the CATS offer a number of services to the adolescents. Counseling and facilitating HIV status disclosure are some of the main services that are offered by CATS as supported by Key informants and adolescents in the FGD participants. From the findings disclosure is one service that was viewed as one of the hardest task to deliver as the key informants commented that it is a very complex task. Counseling was also said to be hard especially when delivering to children. the provision of these services were found to be hindered by
- The conclusion of the study with respect to the second objective, the CATS interventions have several important advantages that help improve adolescent treatment, care and support. The advantages from the findings included treatment adherence, viral suppression and reduced stigma. The interventions have brought about these advantages and treatment, care and support have been improved

through good overall health caused by viral suppression and treatment adherence. Reduced stigma as an advantage of CATS interventions has brought about a number of advantages such as reduced infections and confidence amongst adolescents with HIV.

- The study concludes with respect to the third objective of the study that they can be plans to enhance accessibility of CATS services by adolescents living with HIV. The findings support that they are plans that can be made to enhance the accessibility these plans included mobile health services, provision of counseling rooms and training of more CATS. These plans aim at doing away with barriers that are faced by adolescents when trying to access service. The barriers include long distances between catchment area and adolescents' residential area, lack of extra time and these can be compensated by mobile health services. Training of more CATS can assist with provision of services to a larger number of adolescents at the same time.

5.3 Implications to Social Work practice.

This section seeks to highlight relevance of the study to social work practice. This will be done through outlining duties of social workers and how they influence adolescents living with HIV. Social work is interdisciplinary, trans-disciplinary and intersectional in the sense that it works professional from other disciplines and uses individual and community experiences to advocate for individuals from grassroots level to macro level (Schneider & Lester, 2001). On the basis of the research findings and conclusions discussed above, and in light of social work theory and policy, the study highlights the following implications of the study to social work practice.

Education is an empowering tool which can be offered by social workers through outreach services in order to create a demand for information concerning services offered to adolescents. This leads to attitudinal and psychological change, thereby maximizing capacity within individuals and community. Therefore, through sensitizing individuals, social workers promote improved health behaviour and social change.

It is also imperative for social workers to engage relevant stakeholders in facilitating effective community participation in programs that are likely to improve the use of CATS services and maximize the advantages and benefits of the services. Social workers serve as brokers, hence linking clients to appropriate services. Social workers can work with the resource system to ensure that they become more responsive to adolescents' needs. Thus, social workers may make referrals within service provision systems within CATS which assists in improving the response to abuse and quality of services provided to victims of abuse or assault. This helps promote the goal of social work through restoring social functioning within individuals, groups and communities.

Social workers should lobby for policies aimed at increasing accessibility of services by adolescents. Social workers should lobby with Zvandiri to improve their services, service delivery methods and also train more service deliverers for scale up. The lobbying should be done as the interventions are executed through well articulated services. This helps promote the goal of social work through restoring social functioning within individuals, groups and communities.

5.4 Recommendations

Guided by the preceding research findings and conclusions, and in the context of theoretical framework and literature reviewed in Chapter Two, this study thereby proffers the following recommendations to specific concerned stakeholders.

- **Strengthening and expanding the services offered:** operational research should be done to identify and address the gaps as an important part of continuously improving the service delivery. Strengthening community engagement and peer support models will also assist in strengthening the services offered and also expanding the services to a large number of people. Human resource will also strengthen and expand the services offered as they will be an increase in the number of people offering services
- **Maximizing the benefits:** the benefits of the CATS interventions can be maximized. To further maximize these benefits by the responsible stakeholders such as Zvandiri and the MOHCC should help by increasing coverage of the services in order to increase the benefits and advantages. They should also scale up community-based treatment delivery and outreach.
- **Catalyzing Change Management Level:** even though the adolescents have access to the services a lot can be done to improve accessibility. Zvandiri which is the CATS management should consider various operational strategies to enhance accessibility. From the findings the management should employ the strategy of training more CATS and deploying them in different catchment areas and also provision of counseling rooms. The management should work on improving their CATS to adolescent ratio and also their service to adolescent ratio. The management should also incorporate the use of technology to promote mobile health services but also ensuring confidentiality.
- **Economic impact assessment:** Evaluate the economic burden experienced by families of adolescent's living with HIV, including health care costs and transportation to avoid missing refills or other important activities. This can help inform the CATS on the specific problems faced by its adolescents

5.5 Areas of further research

Future studies should research on disclosure experiences and outcomes among perinatally adolescents enrolled in CATS to improve support in the vulnerable group.

5.6 Chapter Summary

This chapter of the study was concerned with summarizing and concluding the study in addition to providing recommendations of the study. The summary of the entire study provided an outline of the whole study starting from the objectives in the first chapter to the theoretical framework, literature review in the second chapter, methodology and findings of the study in the third and fourth chapters respectively. The conclusions of the study discussed the research findings in light of the research objectives and literature in order to show if the study managed to achieve its intended aim. The implications of the study to social work, the study's recommendations and the suggested areas for future research were also discussed.

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LIST OF APPENDICES

APPENDIX A: APPROVAL LETTER

Telephone : (02421) 31850

31038

30828

31138

31489

31861

FAX: (070) 22668



REF:

HOSPITAL MANAGEMENT BOARD
CHITUNGWIZA CENTRAL HOSPITAL
P.O. BOX CZA 245
ZENGEZA
CHITUNGWIZA
ZIMBABWE

All correspondences to be addressed to the Chief Medical Officer

14 May 2024

Faculty of Social Sciences & Humanities

Department of Social Work

Bindura University of Science Education

P. Bag 1020

Bindura

Dear Mufaro Shoko,

REF: PERMISSION GRANTED TO CARRY OUT A RESEARCH PROJECT

The above refers.

This letter serves to inform you that permission has been granted for you to carry out a research project titled, *"Intervention by cats in improving adolescents' treatment care and support"*.

We wish you the best in your research study and hope it will help in finding solutions to improve management of adolescents' treatment and support. You will be required to produce evidence of ethical approval for the study, from a reputable ethics board before you embark on it.

We hope our mutual understanding will continue to exist. May the Lord richly bless you.

Yours faithfully,

Dr. A. Tasaranarwo
PUBLIC RELATIONS OFFICER



APPENDIX B: INFORMED CONSENT FORM

Consent for participation in the research study: Interventions by CATS in improving adolescents' treatment care and support.

You will be asked to participate in interviews and focus group discussions with other adolescents and CATS to discuss your experiences with and opinions on interventions by CATS and also experiences with and opinions on adolescents living with HIV. If any questions make you feel uncomfortable or upset recalling bad experiences with illness or other issues you are allowed to skip them. It should be noted that information from this study will benefit adolescents living with HIV as well the CATS.

Your identity will be protected as well as your privacy, as the study will utilize pseudo names (fake names to protect identity). Your participation in this study is completely voluntary, meaning you can refuse to answer questions and withdraw from the study. The results and findings of this study will be used for academic purposes only.

If you read and understood the above and had all your questions answered to your satisfaction, by signing below you consent voluntarily to participate in this study

Participant's Name:.....Date:.....

Researcher's Name:..... Date:.....

APPENDIX C: KEY INFORMANT GUIDE

I am Mufaro Shoko and I am a student at Bindura University of Science Education (BUSE). As part of the degree program students are expected to undertake individual research projects. I am researching on the topic 'Interventions of CATS in improving adolescents HIV treatment, care and support.' The study focuses on how the interventions CATS affect adolescents' HIV treatment, care and support. Your identity and personal information will be kept confidential. You are also reminded that the participation is voluntary, must you decide to withdraw from the research you are allowed to do so freely.

Start time.....

Finishing Time.....

Date...../...../.....

Section A: Biographic information (Pseudo Names)

Participant

Age.....

Location.....

How long they have worked as CAT.....

Section B: To identify services offered by CATS

1. What are the main services that peer counselors provide to the community?
2. Are they services that peer counselors are particularly known for in the community?
What makes those services unique or effective?

3. In your role how do you monitor or evaluate the performance of peer counselors' different services?
4. Are there any gaps in the services that peer counselors are looking to address through new programs or partnerships?

Section C: To examine the advantages of CATS interventions in adolescents HIV treatment, care and support

1. In what ways have peer counselors helped improve HIV related outcomes for adolescents (eg linkage to care, adherence and viral suppression)?
2. Which peer counselors services have been most helpful for adolescents and why (e.g home visits, peer support and counseling)?
3. How have peer counselors made HIV treatment, care and support more convenient and acceptable for adolescents
4. How have peer counselors strengthened adolescents knowledge, attitude and self-efficacy in managing their health?
5. What barriers have peer counselors helped adolescents overcome to access and benefit from healthcare services?

Section D: To develop a strategic plan to enhance accessibility of CATS services by adolescents living with HIV

1. What changes could peer counselors make to their service delivery model to better meet the needs of adolescents?
2. In your view what are the biggest barriers preventing adolescents from accessing peer counselors services?

3. What partnerships or community linkages should peer counselors prioritize to improve their reach to adolescents?
4. In your view what services and resources should be provided to the peer counselors to enhance their services and service delivery

APPENDIX D: FOCUS GROUP DISCUSSION

I am Mufaro Shoko and I am a student at Bindura University of Science Education (BUSE). As part of the degree program students are expected to undertake individual research projects. I am researching on the topic 'Interventions of CATS in improving adolescents HIV treatment, care and support.' The study focuses on how the interventions affect adolescents' HIV treatment, care and support. Your identity and personal information will be kept confidential. You are also reminded that the participation is voluntary, must you decide to withdraw from the research you are allowed to do so freely.

Section A: To identify services offered by CATS

What types of services are you aware that CATS provides to the community

1. In your experiences accessing CATS services, which interventions have you participated in?
2. How would you describe the range of clinical, social and educational support services available through CATS?
3. How easy or difficult is it to access and utilize the various services offered by CATS ?



Section B: To examine the advantages of CATS interventions in adolescents HIV treatment, care and support




1. How helpful have CATS programs and services been for HIV positive adolescents?
2. What aspects of CATS program make it easier for adolescents to regularly access HIV treatment, care and support?
3. Which CATS activities or interventions have most positively impacted your health, well-being and ability to manage your HIV?
4. How has engaging with CATS helped in disclosing your HIV status and preventing onward transmission during adolescents?






Section C: To develop a strategic plan to enhance accessibility of peer counselors services by adolescents living with HIV.

1. What are current barriers or difficulties that are faced by adolescents living with HIV in accessing CATS services?
2. How can CATS services be made as stigma free and confidential as possible for adolescents living with HIV?
3. What kind of partnerships or collaborations could help strengthen access to CATS services for the adolescents(e.g. with schools, communities)
4. What service deliver models or options would best meet the needs and preferences of adolescents living with HIV (e.g. location and timing)

APPENDIX E


MUFARO SHOKO B200663B....



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Match Overview

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