

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



**AN EXPLORATION OF SUPPORT GROUPS AND ACCESS TO SEXUAL AND
REPRODUCTIVE HEALTH SERVICES BY ADOLESCENTS LIVING WITH HIV: A
CASE STUDY OF ONE SUPPORT GROUP AT HOPELY FARM, HARARE**

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**A RESEACH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK,
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APPROVAL FORM

I certify that I read and recommended this research study entitled, an exploration of support groups and access to sexual and reproduction services promotion by adolescents living with HIV. A case study of one support group at Hopely Farm, Harare. An explorative study was submitted to the Department of Social work Bindura University of Science Education by Catherine Gamuchirai Dzapata (B1852208) in partial fulfillment of the requirements of the Bachelor of Science Honors Degree in Social work and I recommend that it proceeds for examination.

Supervisor’s Name..... signature..... Date.....

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The Department Board of Examiners is satisfied that this dissertation report meets the examination requirements and therefore recommend to Bindura University to accept the research project by Catherine Gamuchirai Dzapata (B1852208 in partial fulfillment of the requirements of the Bachelor of Science Honors Degree in Social Work and I recommend that it proceeds for examination.

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DEDICATION

I dedicate this work to my mother, my sisters and my friends. They provided the support I needed during the research period.

ACKNOWLEDGEMENTS

Firstly, I thank God for the wisdom, strengths and blessings he gave me to conduct the study. I also want to thank my supervisor, DR Masuka for his patience, tireless efforts and guidance throughout the study. I appreciate my mother's love, encouragement and sacrifice to throughout my university years .I also extend my gratitude to my sister for helping me out and giving me motivation. I would want to extend my special thanks to the participants. Lastly I would like to thank AfricaAid Zvandiri for giving me the permission to carry out my research.

ACRONYMS

ALHIV –Adolescents Living with HIV

ASRH-Adolescents’ Sexual and Reproductive Health

AIDS-Acquired Immuno Deficiency Syndrome

ART –Anti Retroviral Therapy

ARV –Antiretroviral

CATS- Community Adolescents Treatment supporters

HCT-HIV Counseling and Testing

HIV –Human Immune Virus

MoHCC – Ministry of Health and Child Care

SRH –Sexual and Reproductive Health

SRHR – Sexual and Reproductive Health Rights

PMTCT –Prevention of Mother to Child Transmission

VLS-Viral Load Suppression

VMMC-Voluntary Medical Male Circumcision

UNICEF –United Nations International Children’s Emergency Fund

UNAIDS –United Nations Programme on Acquired Immune Deficiency Syndrome

WHO -World Health Organization

ZNFPC-Zimbabwe National Family Planning

ABSTRACT

The study explored support groups and access to Sexual and Reproductive Health services by adolescents living with HIV using the case study of one support group at Hopely Farm, Harare. The mutual aid model was the theoretical framework used to understand how support groups assist ALHIV in accessing SRH services. A qualitative research approach was adopted. Case study research design was used to gather data from samples of 30 Adolescents living with HIV in Hopely Farm who were picked using convenience and selective sampling procedures. In-depth interviews were conducted with the key informants and focus group discussions with Adolescents Living with HIV. The study findings indicate that ALHIV are accessing various SRH services from support but however the services are not sensitive to SRH needs of adolescent boys. The research discovered the nature of SRH services offered to ALHIV, as well as numerous challenges that are encountered in attempting to get ALHIV to access SRH services and solutions to address these challenges, through support groups. Based on the study findings, it is recommended that organizations who offer sexual and reproductive health services in Hopely Farm through support groups should decentralize them, offer comprehensive services them and also be permanent in Hopely Farm.

DEFINITION OF KEY TERMS

WHO (2016), defined **Sexual Reproductive Health** as a state of complete physical, mental and social well-being and not merely absence of disease or infirmity, in all matters referring to the reproductive system and to its functions and process? WHO also defined it as people having a responsibility to satisfying and safe sex and that they have the capability to have children and the freedom to decide if, when and how often to do so.

Adolescence is a period of intense and rapid development, characterized by numerous developmental challenges (Acharya, S. & Dasgupta, and R. 2016). For some young people this period is particularly difficult because there are family and community risk factors, such as parental mental illness, substance abuse, domestic violence and child abuse or neglect that tend to lead to poorer developmental outcomes.

Peterson (2016), describe it as lasting from age 12 to 18 years, or from completion of primary school to graduation from high school. In this paper, adolescence is defined as the period between 12 and 18 years of age inclusive and the term ‘young person’ is also used to refer to adolescents.

Human Immune Deficiency Virus according to WHO (2019) it is an infection that attacks the body immune system especially the white blood cells called CD4 cells by weakening person’s immunity against opportunistic infections such as Tuberculosis and fungal infections

Acquired Immuno Deficiency Syndrome (AIDS) is defined by WHO (2019) as a chronic, potentially life-threatening condition caused by the human immunodeficiency virus HIV.

Hopley Farm was defined by Ndoziya (2019) as an emerging overpopulated settlement that was established by the Government of Zimbabwe in 2005 following Operation Murambatsvina which is characterized by lack of basic services due to high levels of unemployment and high child prostitution.

A Support group according to Brown (2014) is any group of people whose purpose is to support one another in dealing with an issue. For example participants who are infected with HIV.

Table of Contents

APPROVAL FORM	i
DECLARATION AND RELEASE FORM	ii
DEDICATION	iii
ACKNOWLEDGEMTS	iv
ACRONYMS	v
ABSTRACT.....	vi
DEFINITION OF KEY TERMS	vii
CHAPTER ONE	1
GENERAL INTRODUCTION TO THE STUDY	1
1.0 INTRODUCTION.....	1
1.1 BACKGROUND TO THE STUDY.....	1
1.2 STATEMENT OF THE PROBLEM	4
1.3 AIM OF THE STUDY	5
1.4 RESEARCH QUESTIONS.....	5
1.5 OBJECTIVES OF THE STUDY	5
1.6 JUSTIFICATION OF THE STUDY	6
1.7 CHAPTER SUMMARY	6
CHAPTER TWO: LITERATURE REVIEW	7
2.0 INTRODUCTION.....	7
2.1 THEORETICAL FRAMEWORK	7
2.2 NATURE OF SRH SERVICES ACCESSED BY ADOLESCENTS LIVING WITH HIV THROUGH SUPPORT GROUPS.....	8
2.2.1 COMPREHENSIVE SEXUAL EDUCATION	8
2.2.2 PMTC SERVICES FOR YOUNG MOTHERS.....	9
2.2.2 CONTRACEPTIVES.....	9
2.2.3 VIRAL LOAD MONITORING.....	9
2.3 PSYCHOLOGICAL, SOCIAL, ECONOMIC BENEFITS OF SUPPORT GROUPS.	10
2.3.1 PSYCHOLOGICAL BENEFITS	10
2.3.2 ECONOMIC BENEFITS OF SRH SERVICES PROVIDED THROUGH SUPPORT GROUPS.....	11
2.3.3 SOCIAL BENEFITS OF SRH SERVICES PROVIDED TO ALHIV THROUGH SUPPORT GROUPS. ..	11
2.4.1 PROVIDING TRANSPORT MONEY.....	14
2.4.2 ENGAGING PEERS WHO ARE GOOD ROLE MODELS.....	14
2.4.3 EDUCATING ALHIV ABOUT SUPPORT GROUPS	15

2.5	LEGAL, POLICY AND PROGRAMME FRAMEWORKS PROMOTING ACCESS TO ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH IN ZIMBABWE	15
2.5.1	LEGAL FRAMEWORK	15
2.5.2	POLICY PROMOTING ACCESS TO ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH IN ZIMBABWE.....	16
2.6.1	PROGRAMMES GUIDING ADOLESCENTS SRH IN ZIMBABWE	17
2.7	CHAPTER SUMMARY	18
	CHAPTER THREE	20
	RESEARCH METHODOLOGY	20
3.0	INTRODUCTION.....	20
3.1	RESEARCH APPROACH	20
3.2	RESEARCH DESIGN	21
3.3	STUDY SETTING	21
3.4	TARGET POPULATION	22
3.5	SAMPLE AND SAMPLING TECHNIQUES.....	22
3.6	DATA COLLECTION METHODS AND TOOLS.....	23
3.6.2	FOCUS GROUP DISCUSSION	24
3.7	DATA PRESENTATION AND ANALYSIS	24
3.8	ETHICAL CONSIDERATIONS.....	24
3.8.1	INFORMED CONSENT AND ASSENT	25
3.8.2	PRIVACY AND CONFIDENTIALITY.....	25
3.8.3	AVOIDANCE OF HARM	25
3.9	FEASIBILITY OF THE STUDY.....	26
3.10	LIMITATIONS OF THE STUDY	26
3.11	CHAPTER SUMMARY	26
	CHAPTER FOUR	28
	PRESENTATION, DISCUSSION AND ANALYSIS OF THE STUDY FINDINGS.....	28
4.0	INTRODUCTION.....	28
4.1	DEMOGRAPHIC PROFILE OF THE STUDY PARTICIPANTS.....	28
4.1.2	DISTRIBUTION OF PARTICIPANTS BY AGE	30
4.1.3	DISTRIBUTION OF PARTICIPANTS BY GENDER	31
4.2.2	CONTRACEPTIVES.....	33
4.2.3	ACCESS TO ARVs AND VIRAL LOAD MONITORING.....	34
4.2.4	PSYCHO-SOCIAL SUPPORT AND SRH INFORMATION THROUGH SUPPPORT GROUPS.	35
4.2.5	ACCESS TO SANITARY WEAR THROUGH SUPPORT GROUPS.....	36
4.3	BENEFITS OF ACCESSING SRH SERVICES THROUGH SUPPORT GROUPS	37

4.3.1 PSYCHOLOGICAL BENEFITS	37
4.3.2 ECONOMIC BENEFITS OF SRH SERVICES PROVIDED THROUGH SUPPORT GROUPS.....	38
4.3.3 SOCIAL BENEFITS OF SRH SERVICES PROVIDED TO ALHIV THROUGH SUPPORT GROUPS.	39
4.5 STRATEGIESTO IMPROVE SUPPORT GROUPS AS AN APPROACH THAT PROMOTES ACCESS OF SRH SERVICES BY ALHIV.....	43
4.5.2 HELP FROM NGOs	44
4.5.3 HAVING RECREATIONAL ACTIVITIES	45
4.5.4 ENGANGING OLDER ROLE MODELS.....	46
4.5.5 GOVERNMENT INTERVENTION	47
4.5.6 CHAPTER SUMMARY.....	47
CHAPTER 5: SUMMARY, CONCLUSION AND	48
RECOMMENDATIONS	48
5.0 INTRODUCTION.....	48
5.1 SUMMARY OF THE STUDY.....	48
5.2 KEY CONCLUSSIONS OF THE STUDY.....	50
5.2.1.NATURE OF SRH SERVICES IN HOPELY FARM	50
5.2.5 LEGAL, POLICY AND FRAMEWORKS PROMOTING ACCESS TO ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH IN ZIMBABWE.....	51
5.3 RECOMMENDATIONS OF THE STUDY	51
5.4 IMPLICATIONS TO SOCIAL WORK.....	52
5.5 AREAS FOR FURTHER STUDY.....	52
REFERENCES.....	54
APENDIX 1: PARENTAL CONSENT FORM.....	59
APPENDIX 2: CONSENT FORM FOR KEY INFORMANTS.....	62
APPENDIX 3 - IN-DEPTH INTERVIEW GUIDE: ALHIV	64
APPENDIX 4: FOCUS GROUP DISCUSSION GUIDE FOR ALHIV	65
APPENDIX 5: INDEPTH INTERVIEW GUIDE FOR KEY INFORMANTS	68
APPENDIX 6: APPROVAL LETTER FROM AFRICAAID ZVANDIRI	69

CHAPTER ONE

GENERAL INTRODUCTION TO THE STUDY

1.0 INTRODUCTION

Adolescents' sexual and reproductive health has become a global concern, particularly in developing countries and also in regions like Sub-Saharan Africa, where the highest number of deaths are caused by HIV and AIDS (World Health Organization, 2013). This chapter presents the background to the study, aim, research questions, objectives and justification of the study. A brief summary concludes the chapter.

1.1 BACKGROUND TO THE STUDY

Adolescents living with HIV face numerous challenges in terms of sexuality and sexual interactions. According to Foster (2017), adolescents must have a right to access SRH services as supported by the human rights based approaches. Chesney (2020) also noted that, due to the widespread of access to ART many perinatally HIV infected children are surviving into adolescence and are becoming sexually active having the power to decide about their SRH. Woog (2015), notes that, a third of children with perinatally acquired HIV, are considered killing themselves due to depression caused by the stigma they face in their communities, lack of adherence to ARVs, occasional illness, fears of the future uncertainties. According to Mungani (2010), adolescents who were infected with HIV report more instantaneously risky behaviors than their healthy counterparts which includes having unprotected sex. Although there is a growing number adolescents infected with HIV, little focus has been put on providing this group with specific HIV related care.

Adolescents who are infected with HIV face many barriers in trying to access SRH services. Gottschalk (2014), argued that the key barriers that adolescents face in trying to access SRH services include lack of knowledge, feeling uncomfortable to discuss SRH issues and not seeing the importance and need to discuss about SRH matters. McElhaney (2018) claims that, ALHIV are failing to seek medical attention about their SRH due its stigmatized nature and taboos associated with premarital sexual activities. Kim (2017) states that, healthcare workers also contribute to adolescents failing to access SRH services due to the quality of care they

offer and attitude they give .According to Glinski (2014), some religions also act as a barrier towards accessing SRH services for example, Johanne Marange apostolic sect discourage contraceptive use even after marriage and also visiting health facilities to seek medical assistance.

Laws and policies in a country also prohibits adolescents from accessing SRH services for example, the Public Health Act in Zimbabwe denies young and unmarried girls to get contraceptives from their parents or spouses. According to Njoki (2015), expensive services are hindering adolescent girls from seeking Healthcare because the majority are unemployed they depend on their caregivers for money. Erulkar (2005), carried on a quantitative survey in Kenya at Family Health Options on what hinders adolescents from accessing SRH services and the result was that of lack of information, confidentiality and high costs of SRH services. Tylee (2007) also notes that, adolescents are usually timid to seek SRH services because of lack of supplies, private consultation rooms and equipment.

Globally, NGOs and other partners, including UNPFA, are endorsing the effective delivery of holistic, adolescent-friendly SRH health-care services, such as accurate SRH services information and low-cost contraceptive methods, sensitive counseling, quality obstetric and antenatal care for all pregnant women and girls, and STI management. Save the Children has a global ASRH program for adolescents between the ages of 10 to 14 which focuses on fostering development of positive social and gender norms .They also help to build linkages to health systems and increase access to reproductive ,maternal, and new born health services ,joint decision on when to make to have a child and use of family planning .It addresses barriers that prevents adolescents from accessing SRH services such as distance and costs of services .UNPFA (2020) states that, globally there is an increase in the use of contraceptives by adolescents who are in East and Southern Africa region which has an increase of 61.4 percent ,28.5 percent in West and Central Africa and 13.8 percent in the Arab states .Globally, between 2020 and 2030, rates of modern contraceptive use are anticipated to be rising.

There are large numbers of teenage pregnancies and maternal deaths are in Sub-Saharan Africa in the world. Evelia (2016) states that, on average the frequency use of contraceptives in Africa is 27% which is lower than the usual all over the world .According to Singh (2014), there was a study which was piloted in Sub-Saharan African countries which shows that adolescents are underutilizing maternal health services and also poor quality care is being provided to

adolescents with premarital and unintended pregnancy. Germain (2015) is of the view that, there is high commonness of abortions that are done annually in developed countries which are about 97%. In Uganda they are laws which regulates how abortions are done and medical officers and midwives are given the role of offering post abortion services.

Zimbabwe is trying to take measures to help ALHIV access SRH services. There are organizations such as, SAFAIDS, J.F KAPNEK, PZAAT,ACT, CESSHAR Zimbabwe, OPHID, Chiedza, Restless Development and ZICHIRE which promote adolescents 'access to SRH services in Zimbabwe .OPHID offer SRH services under the DREAMS program which targets the 10 to 24 years age group. However, it can be noted that, the services these organizations offer are sometimes not comprehensive. Adolescents are referred to main Hospitals where they face discrimination and some are afraid to be labeled by their community members. In Zimbabwe a number of institutions facilitates the involvement of adolescents on matters concerning their SRH. These includes the National Aids Council ,Ministry of Health and Child Care ,Ministry of Primary and secondary Education, Zimbabwe National Family Planning council .They carry on programs such as Guidance and Counseling,Young People's Network on SRH and HIV and Aids .They spearhead ASRH services which includes family planning services,STI screening, diagnosis and treatment, prenatal care, post abortion services .PMTCT, PrEP ,PEP ,cervical cancer screening ,voluntary medical male circumcision ,post-Natal care ,SRH and HIV and Aids education and HIV testing and counseling .

According to WHO (2019), an estimation of 70 000 are illegally done in Zimbabwe by adolescents annually .A lot of unintended pregnancies that are being recorded in urban areas. .According to UNICEF (2020) in Zimbabwe two –thirds of 15-19 year olds who are married are not using contraceptives yet they do not want to pregnancies. Since 2008 there was a deterioration of reproductive health services in the country due to brain drain of medical professionals. Also fees which were imposed by urban authorities are making contraceptives inaccessible to adolescents. The Zimbabwe National and Youth Sexual and Reproductive Health Strategy (2016-2020) emphasized that SRH services such as education has focused more on adults excluding youths.

Various studies have been carried out by different scholars on how support groups as an approach help ALHIV access SRH services. Zoe, Asleigh, Wilm et al (2021), conducted a study about how partaking in a peer group and club intervention profited South African

adolescent girls who are living with HIV .The results were that in peer groups helped ALHIV to in boosting their confidence , improving their self-esteem, self-worth and respect through role modeling of other peer-group club members, Menon, Glazebrook et al (2017) also conducted a study in Zambia on peer groups and the results were that HIV-infected young people who were members appreciated as they had an opportunity to interact with other adolescents who were HIV positive. However, others failed to attend support groups because of structural barriers such as early and unwanted pregnancies, abortions and marriages. The study has also shown that support groups are a very effective and influential methodology on empowering youths socially, economically and politically. Mupambireyi (2016), steered a study on the impact of peer network on adolescents who are HIV positive. The outcomes were that support group's benefit ALHIV through providing psychosocial support, SRH information, ability to build self-esteem and enhancing one's confidence. The blockades to adolescents attending support groups were also outlined which includes lack of transport money, fear of being stigmatized by societal members after being seen attending support groups dealing with ALHIV. On this study the researcher seeks to explore how support groups as an approach will promote positive living amongst ALHIV through having access to SRH services.

1.2 STATEMENT OF THE PROBLEM

In a bid to ensure that people have access to health the Zimbabwean government has legal frameworks and policies that focus on health for instance, the 2013 Zimbabwean Constitution as the supreme law that guides what needs to be done emphasize the health aspect. The Constitution on Section 71(1) stipulates that, every citizen or permanent resident of Zimbabwe has the right to access basic health care, including reproductive health care services .The National Reproductive Health Policy is another policy that is in place that focus on reproductive health. However, although these legal frameworks are there to promote people's access to health services, literature states that ALHIV are failing to access SRH services. Gore (2011) noted that, globally many adolescents are failing to access SRH services due to lack of services that are youth friendly. The morbidity and mortality rates that are in the world amongst adolescents are alarming calling for the need of quality and adolescent friendly health services. Since literature is citing that ALHIV are failing to access SRH services due to lack of youth friendly health services in Hopely farm there has not been enough study that has been done.

Therefore, this study sought to explore and describe how support groups promote access to SRH services amongst ALHIV at Hopely Farm, Harare. Also, there is shortage of academic literature regarding how support groups promote access to SRH services amongst ALHIV in Hopely and this study attempts to bridge that gap.

1.3 AIM OF THE STUDY

To explore and describe how support groups promote access to SRH services amongst adolescents living with HIV at Hopely Farm, Harare.

1.4 RESEARCH QUESTIONS

Based on the aim of this study, the following were the research questions that underpinned the study;

- What nature of SRH services are provided to adolescents living with HIV through support groups at Hopely Farm, Harare?
- What are the psychological, social and economic benefits of access to SRH services through support groups for adolescents living with HIV at Hopely farm, Harare?
- What challenges are being experienced in promoting access to SRH services through support groups at Hopely Farm Harare?
- How can the challenges be addressed to improve support groups as a strategy to promote access to SRH among adolescents living with HIV at Hopely farm, Harare?

1.5 OBJECTIVES OF THE STUDY

Guided by the research questions, the objectives of the study are as follows:

- To explore the nature of SRH services being provided to adolescents living with HIV through support groups at Hopely farm, Harare.
- To describe the psychological, social and economic benefits of access to SRH services through support groups by adolescents living with HIV at Hopely farm, Harare.
- To identify the challenges are being experienced in promoting access to SRH services through support groups at Hopely Farm Harare.
- To propose strategies that can strengthen support groups in promoting access to SRH services by adolescents living with HIV at Hopely farm, Harare.

1.6 JUSTIFICATION OF THE STUDY

The study is significant since it provided knowledge on how support groups promote access to SRH services amongst ALHIV at Hopely Farm, Harare. According to Stone and Ingraham (2003) making ALHIV access SRH services will yield reproductive health outcomes. The study helped Africa Aid Zvandiri in Hopely Farm which works with ALHIV to know how effective support groups as an approach is helping in accessing SRH services in a friendly environment. The study also helps social workers play their advocacy role in connecting ALHIV with the rightful support systems for them to get SRH services. The study also helps social workers to be able to link ALHIV with the rightful adolescent's friendly support systems. Mubvundi (2019) states that ,on ALHIV support groups in social workers provides ALHIV with psychosocial support, helps to enhance their problem solving capacities and link them to social welfare programmes and community resources. Hopely is an area which has people who are wallowing in poverty which can even make it hard for adolescents living with HIV to access SRH services. There were studies which were conducted on access to SRH services by ALHIV but there is a shortage of literature when it comes to how support groups are promoting access to Sexual and Reproductive health services in Hopely Farm, Harare. Thus, the research tries to bridge the knowledge gap and will be of significance academically since there is shortage of literature.

1.7 CHAPTER SUMMARY

Adolescents are facing so many challenges in trying to access SRH services globally .There are barriers which hinders them from accessing various services such as cultural and religious beliefs, stigmatization from the communities they live in and services providers lack of money and also lack of knowledge .The study aims to explore and describe how support groups promote access to SRH services amongst adolescents living with HIV in Hopely Farm ,Harare .The study has four objectives which are to explore the nature of SRH services being provided to ALHIV through support groups, to describe the psychological ,social and economic benefits of accessing SRH services through support groups .Also to identify the challenges being faced in trying to promote ALHIV 's access to SRH services through support groups and strategies that can strengthen support groups . The study will be of high significance to people in Hopely Farm, to the organizations which offer SRH services in Hopely Farm, to social workers and to adolescents living with HIV in Hopely Farm The next chapter is dedicated to literature review.

CHAPTER TWO: LITERATURE REVIEW

2.0 INTRODUCTION

Literature review is defined by Burns and Grove (2005) as a methodical approach to the identification and retrieval of information on an identified research topic. The first section of the chapter presents the mutual aid model which was the theoretical framework of the study. This is followed by discussions on the nature of SRH services being provided to adolescents living with HIV through support groups, the psychological, social and economic benefits of access to SRH services through support groups, challenges experienced in promoting access to SRH services through support groups and strategies that can strengthen support groups in promoting access to SRH services by adolescents.. A brief summary concludes the chapter.

2.1 THEORETICAL FRAMEWORK

In this study the mutual aid model was used to show how groups promote access to SRH services by ALHIV. Individuals can use a mutual-aid paradigm for social work with groups to stimulate group members' strengths, allowing them to become better problem solvers in all aspects of life. The approach was first used in social work by William Schwartz in 1961. Adolescents' participation in a group increases their problem-solving abilities and boosts their confidence, which is important because the sickness leaves them susceptible. Cialdini (2004) claimed that, the concept of people assisting one another has long been recognized as a biological and socially significant human dynamic. Assistance groups assist ALHIV in providing mutual support because they are unable to manage with their sickness owing to stigma and discrimination from the society in which they live. Flay (2010) states that when a group comes together as a force of advocacy or change that is mutual aid. When a group provides a safe haven for its members to explore differences and to try new ways of thinking, being, or doing, that too reflects mutual aid. As effect, mutual aid is the result of our

interventions that is, what people experience as a result of having participated in the group. According to Goddard (2004), the model has been widely applied to the achievement of personal and group level changes, maintenance of behavior changes as well as for health promotion programmes .Being in a group promotes ALHIV's access to services .One of the best uses for a group is to help people try out new ways of being, thinking, and doing. Mutual aid, according to Cohen and Graybeal (2007), can assist people in gaining a sense of personal, interpersonal, and environmental control over their life. Individuals receive information and resources through mutual aid. Support groups promote ALHIV's sexual health by providing a forum for them to access services and resources.

2.2 NATURE OF SRH SERVICES ACCESSED BY ADOLESCENTS LIVING WITH HIV THROUGH SUPPORT GROUPS.

Adolescents living with HIV access various SRH services through support groups .Support are being very helping in meeting the SRH needs of ALHIV with HIV since they are usually stigmatized .These services include comprehensive sexual education, PMTCT services, contraceptives, viral load monitoring.

2.2.1 COMPREHENSIVE SEXUAL EDUCATION

According to Birungi (2008), comprehensive sexual education allows a person to examine their own values, improve their decision-making abilities, communicate effectively, reduce risk, and learn about all aspects of sexuality. Laski (2018), notes that ALHIV are given extensive sexual education through which includes being educated about safe sex methods, consistent and correct use of lubricants and also adhering to ARVs. This will help ALHIV to not spread the virus and also to suppress their viral loads According to UNAIDS (2018), adolescents in the support groups usually engage in protected sex than their counterparts who do not. In a study conducted in Haiti by Settergen Philippe Francois (2021), adolescents had access to sex education such as learning about their puberty and contraception through support groups. In a study done by Mupambireyi (2016), adolescents who were interviewed pinpointed that they are being taught about relationship management in support groups.ALHIV are also being educated about side effects of other contraceptives such as spermicides or a diaphragm which increases the risk of HIV transmission .

2.2.2 PMTC SERVICES FOR YOUNG MOTHERS.

OPHID has peer support groups under FACE program which are called Mbereko groups these are to strengthen community structures for lactating women to access health services for themselves and their babies' .According Ortayli (2014), through support groups young mothers are being assisted to access services and information around conception, pregnancy feeding and parenting. REACH has also incorporated a peer support concept that is specifically targeted at HIV-positive pregnant and postpartum young mothers. Malawi, Zambia, Uganda, and Tanzania all have REACH health services. According to Cataldo (2014), ABCD assists young mothers in addressing their psychosocial needs through four areas, including assisting peer supporters and monitoring their psychosocial needs on a regular basis. In a peer-led project financed by EGPAF in Kenya, viral load monitoring uptake among pregnant and breastfeeding ALHIV patients increased from 83 percent to 96 percent six months after starting ART. At six months on treatment, VLS improved from 78 percent to 96 percent, which helped to avoid HIV transmission from mother to child.

2.2.2 CONTRACEPTIVES

The UNFPA and its partners started the Sista2Sista intervention in 2013 as part of the 6th CP. According to WHO (2017), 36,789 girls were tested for HIV in 2019 and 88,083 adopted a form of family planning. In NAC support groups ALHIV are also educated about the side effects of contraceptives. Biddlecom, (2013) notes that ALHIV are taught about the rightful contraception to use through support groups. There was a study which was done in Zambia by Chipeta, (2020), which indicated that contraceptive use was higher among attendees of support groups in comparison with non-attendees. It also helped in discovering that both support group members and non-members use condoms as their family planning method followed by depoprovera and pills. Sexually active ALHIV receive condoms through NAC support groups to reduce reinfection and also them transmitting HIV to their HIV negative partners.

2.2.3 VIRAL LOAD MONITORING

Viral load monitoring is done to adolescents who have been on ART for six months in Africa. Through support groups ALHIV have their viral load monitored and they are also referred to hospitals when the support group does not have the service. ALHIV are encouraged in support groups to always have their viral load monitored in order for them to be motivated to engage in safe sex and to know if their viral load is safe for them to have sex so that they will not pass HIV to their partners.

Kågesten (2014) propounds that it promotes adherence, early detection of drug resistant mutation, detection of adolescents who are at risk of opportunistic infections. UNAIDS established a 95-95-95 strategy which has a condition that 95% of people that are on ART should have their viral load suppressed. There is enhanced adherence counseling to improve viral load suppression.

2.3 PSYCHOLOGICAL, SOCIAL, ECONOMIC BENEFITS OF SUPPORT GROUPS.

Adolescents living with HIV are benefiting psychologically, socially and they are also economic benefits of having them attend support groups. The psychological benefits include building their mental, emotional and physical resilience. Socially adolescents benefit through having their confidence boosted, being able to make social relationships, being able to fight stigma and discrimination. Making adolescents access SRH services through support groups has many economic benefits which include achieving the 95, 95, 95 goals, reduction of mortality as well morbidity rates, decrease in school dropouts and increases human capital leading to a demographic window that can yield powerful macro-economic benefits. This all can help countries to achieve its SDGs.

2.3.1 PSYCHOLOGICAL BENEFITS

Attending support groups helps ALHIV to benefit psychologically. Close and Rigamonti (2006), propounds that HIV inflicts psychological burden to adolescents which results in mental illness. This is stress caused by ART side effects, anxiety disorders, social stigma and discrimination. In his theory of psychosocial development, Erikson (1963) observes that, from the age of 12, adolescents are more likely to encounter a psychosocial crisis known as identity versus role uncertainty, which can occur when a teenager becomes pregnant. Hence through young mothers support groups ALHIV can get mutual support which can help them relieve stress. Rizesutek, (2017) notes that, support group therapy helps to maintain a stable mental functioning and psychological wellbeing. According to Lee (2013), group therapy assist ALHIV in increasing their mental stability, which reduces suicide rates.

According to Mazambara, (2022), support groups helps to build mental, emotional and physical resilience. They act to improve the lives of ALHIV through focused shared experiences, role modelling and supportive friendship. According to Mupambireyi (2015), support groups works as safe spaces. Glazebrook (2007) also states that, social support is critical since it increases coping abilities and self-esteem, resulting in enhanced psychological wellness in young people.

2.3.2 ECONOMIC BENEFITS OF SRH SERVICES PROVIDED THROUGH SUPPORT GROUPS.

Access to voluntary SRH services by ALHIV have positive economic benefits for families, communities as well adolescents themselves. According to UNPFA (2019), adolescents' access to family planning controls their fertility. Adolescent pregnancies, according to Mushwana (2015), have detrimental repercussions on society's socioeconomic standing, such as unemployment and poverty. UNFPA (2019) helps the Government of Zimbabwe to ensure that women and girls have access to family planning methods so that they can plan child birth. Also allowing ALHIV to access SRH services is beneficial since they are the future generation which will play an important role in the country's production. Mathers (2011) notes that, if adolescents lead healthy lives 95 ,95 ,95 goals will be achieved and mortality as well morbidity rates will decrease .The spread of HIV in the country will also be reduced hence contributing zero new infections.

According to Canning (2012), improvements in the utilization and access to SRH services for young people in Zimbabwe aid in the reduction of serious issues such as school dropouts, STIs such as HIV and AIDS, unintended pregnancy, which leads to unsafe abortion, and a high maternal mortality rate. The 2030 agenda has a target on decreasing maternal mortality and also ending deaths of new born and children under the age of five .This is trying to be achieved by having access to PMTCT services by Young mothers, viral load monitoring and family planning through support groups. Having ALHIV access SRH services through support groups increases human capital leading to a demographic window that can yield powerful macro-economic benefits.

2.3.3 SOCIAL BENEFITS OF SRH SERVICES PROVIDED TO ALHIV THROUGH SUPPORT GROUPS.

Using SRH services through support groups can assist in the reduction in spreading of HIV and STIs. According to Wright (2007), peer social support is critical for constructive coping, self-esteem, adherence, and other health-promoting behaviors. Peer support group sessions using cognitive behavioral therapy help to promote positive thinking and lifestyle. Mavhu (2013) notes that support groups are essential in linking ALHIV with SRH services in a confidential and friendly environment. According to Ballantyne (2011), support groups can assist ALHIVs regain their confidence, especially those who had lost it, were withdrawn, and unsociable after learning of their HIV status. According to the results of a study which was carried out by

Mupambireyi (2016), the support groups helps ALHIV to make friends from the community support groups, and also fight stigma and discrimination. They also play a pivotal role in reducing ALHIV's fear of the present and future implications of their HIV status

Cialdini (2004) notes that, support groups influences ALHIV to access SRH services through combating stigmatization since they will be in a group with individuals with the same condition as theirs. They feel emotionally connected through listening to stories that others will be sharing this can be validating since it makes them understand that everything they are feeling and experiencing is normal. Furthermore, Casale (2013) conducted a study among adolescents living with HIV and AIDS in South Africa, and found that ALHIV were satisfied with the support they received from their peers because it enabled them to live a better quality of life. According to Mburu (2014), support groups in Zambia serve to provide interactive support, facilitate disclosure, and give teenagers access to adherence support and other forms of psychosocial support.

According to the findings of a study conducted in Paris by Funck, Brentano, Dalban, et al (2005), young people who attend support groups cope well with their HIV positive diagnoses. Ballantyne (2011), notes that in Canada support groups are beneficial to young people on accepting and on their perceptions towards their HIV infection. They are also essential for sharing and learning since they provide a platform for ALHIV to openly talk and share their experiences. Young people enjoy support groups because they alleviate loneliness, fill in knowledge gaps, and offer them a feeling of purpose (Ballantyne, 2011). UNICEF (2018) notes that, support group attendees found them to be very helpful in providing emotional support.

In support groups, viral load bleeding and monitoring allows adolescents with unsuppressed results to be identified and to have focused adherence interventions to decrease onward sexual and vertical transmission. Comprehensive sexual education, according to UNESCO (2016), lowers bias and increases correct knowledge, improves decision-making abilities, and contributes to delayed sex.

2.4 CHALLENGES THAT SUPPORT GROUPS AS AN APPROACH FACE IN HELPING ALHIV ACCESS SRH SERVICES

INTRODUCTION

There are many challenges that support groups are facing in trying to make ALHIV access SRH services .These challenges affect both adolescents and their group coordinators .The

challenges include lack of money for transport, fear of stigma by ALHIV from societal members making them not to attend group meetings, some adolescents are lacking information about support groups and also ignorance from the ALHIV to attend sessions..

Adolescents do not join support groups because they lack knowledge about them. Mbeba, (2012) notes that some adolescents do not want to participate in group settings thus limiting the effectiveness .Adolescents living with HIV face disclosure challenges hence participating in a group makes them feel like they are trapped .According to Wodon, (2015) ,young people do not want to attend local support groups due to fear of being seen by their neighbors .They choose to be transferred to other support groups far from their homes .However this poses a transport challenge .Many adolescents also fail to attend support groups due to lack of transport money since most of them come from poor families and also that they are young and unemployed .

2.4 STRATEGIES THAT CAN STRENGTHEN SUPPORT GROUPS AS AN APPROACH IN PROMOTING SRH ACCESS BY ALHIV.

INTRODUCTION

There are many strategies that can be implemented to strengthen support groups as a strategy to help ALHIV access their SRH services. These include engaging peers who are good role models, providing transport money for the less privileged, educating and informing adolescents and their parents about attending support groups and also having support groups involving same age groups.

ALHIV do not join support groups due to lacking knowledge about them and time constraints. Some adolescents do not open up in a group thus preventing them from accessing SRH services they want. Although most examples found peer support to positively influence adolescents and young people living with HIV outcomes, one study in Kenya (43) reported no difference in retention after monthly peer support groups, health provider training in adolescent-friendly health services and a dedicated adolescent and youth clinic day.

Some ALHIV may feel uncomfortable in groups with other people and fail to open up. Adolescents living with HIV face involuntary disclosure and confidentiality challenges. Kalichman (2021), argued that adolescents fear to be seen attending support groups since they

will be recognized by other societal members and labelled as HIV infected adolescents. Furthermore, participation in social support groups might be greatly hindered by stigma and non-disclosure of HIV status.

The strong compulsion to try to keep one's status a secret, at virtually all costs, led some of the young people to refuse to participate in support groups. Dominique (2005) some young people refused to be transferred to their local clinics and community based support groups, opting instead to receive their treatment and care through referral hospitals for fear of being seen by their neighbors and friends at the opportunistic infection waiting areas. Garikai was one child who was interviewed in the research and he refused to attend his local clinic in an effort to ensure that his status remained a secret in his neighborhood.

This strategy pose a problem to ALHIV due to transport costs. Transport costs is a barrier to support group attendance. Mupamireyi (2016), notes that transport costs affect support group working personnel and young people. The challenges in finding the resources to cover the transport costs were exacerbated by both the distance that some young people needed to travel to attend the support groups and the fact that some of the support groups were not consistently run due to funding constraints and low participation.

2.4.1 PROVIDING TRANSPORT MONEY

Offering transport money to ALHIV helps to increase support groups attendance. Costs of transport affect support group working personnel and young people. Mupambireyi (2016) support the idea that, providing transport money for those who fail to attend support group sessions will promote attendance. Many adolescents are not employed hence they cannot cater for their expenses and this limits their attendance to support group sessions. The distance that some young people must travel to join support groups also makes it difficult for the ALHIV to attend as they cannot cover their own transport expenses.

2.4.2 ENGAGING PEERS WHO ARE GOOD ROLE MODELS

According to Germain (2015), in order to improve support groups, individuals who organize them must recognize the importance of involving peers who are good role models who are also on ART to lead support group discussions and share their own experiences growing up with

HIV in the community. According to Chesney (2020), services must be differentiated based on the age of the adolescent as well as the clinical and psychosocial needs of the teenager. Low participation is also caused by the fact that some support groups are not continuously run owing to financing problems, thus, funders must adequately fund support groups.

2.4.3 EDUCATING ALHIV ABOUT SUPPORT GROUPS

ALHIV do not join support groups due to the lack of knowledge. Educate ALHIV lacks knowledge on the importance of support groups and how they can help them to access SRH services. Support groups according to Hlatshwayo (2017), may be improved if there is a balance between those led by adults as facilitators and those led by peers. Adolescents must also not attend support groups from the same area they stay so that they will not be shy to go. Kalichman (2021) argued that, ALHIV fear to be seen attending support groups since they will be seen by other societal members and be stigmatized. According to Mubvundi (2019), some ALHIV patients refused to be transferred to their local community-based support groups, preferring to receive treatment and care in referral hospitals rather than risk being seen by their friends and neighbors in the opportunistic infection waiting areas.

2.5 LEGAL, POLICY AND PROGRAMME FRAMEWORKS PROMOTING ACCESS TO ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH IN ZIMBABWE

INTRODUCTION

The provision of SRH services in Zimbabwe is guided by various legal frameworks. These legal frameworks regulate how the government and civil society organizations can offer sexual and reproductive services to adolescents. The legal frameworks include the Constitution of Zimbabwe, the legal Age Majority Act, the Criminal Law (Codification and Reform), Termination of Pregnancy Act and the Public Health Act.

2.5.1 LEGAL FRAMEWORK

The Chapter 4 section 76 of the new constitution of Zimbabwe promotes access to ASRH. MoHCC (2014) notes that, according to the new Constitution of Zimbabwe all citizens including ALHIV must have the right to access health services that also involve reproductive health services. Despite the fact that section 76(1) of the constitution states that everyone has the right to access reproductive services, some legal instruments still prevent minors under the

age of 18 from doing so. These instruments include the Public Health Act of 2018 which notes that persons under 18 require parental consent to access medical health services. In Zimbabwe the legal Age of Majority act states that, no one should be forced into marriage against their will thus protecting adolescents. Children cannot be pledged for marriage. It also states that, people must choose who they want to marry, have sex with and once married they do not require parental consent to access SRH services. According to the Criminal Law (Codification and Reform) Act Chapter 9:23 transmission of HIV willingly and knowingly in Zimbabwe is an illegal act this is to protect adolescents also.

The Termination of Pregnancy Act also safeguards teenage SRH by declaring that abortions will only be permitted if a woman's life is in danger, if the child is at risk of major disability, and in cases of rape and incest. Due to this adolescents' abortions had remained the lowest that is 5 per 1000 women of all age groups. A person under the age of 16 requires parental authorization to access medical health treatments, according to the Public Health Act. A person under the age of 16 is also prohibited from having sexual intercourse under the Criminal Law Codification and Reform Act, thus they can only utilize SRH services with a police report or parental consent. According to Justice for Children, a child under the age of 16 cannot consent to sexual intercourse under the law, it is assumed that a child under the age of 16 does not require contraception or other SRH services, which is a prejudice against children.

2.5.2 POLICY PROMOTING ACCESS TO ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH IN ZIMBABWE.

Zimbabwe has implemented policies and measures to ensure that ALHIV are aware of their SRHR. The National Reproductive Health Policy, the Youth Policy, the Zimbabwe National HIV and AIDS Strategic Plan, the National Health Strategy, and the Educational Policy were all used to initiate the ICPD Action Plan in Zimbabwe. All of these policies contribute to increasing adolescent access to ASRH services and addressing the barriers that adolescents face in trying to access them. They also guide organizations on the procedures of offering SRH services to adolescents.

By signing the 1994 ICPD Plan of Action and more recently the Eastern and Southern Africa (ESA) (2013) commitment on comprehensive sexuality education and health services for adolescents and young people, Zimbabwe has strengthened its commitment to promote good sexual and reproductive health for adolescents. The Zimbabwe Youth Policy maintains that,

the private sector ,NGOs must be strongly involved on education adolescents about abstinence ,deferment of sexual debuts ,provision of family planning methods and information about STD. WHO (2018) states that , communities, policy makers and health services providers must be encouraged to help in removing the barriers to youths ‘access to SRH services . The School Health Policy (2018) integrates health subjects into school curricula, provides school health packages, and improves inter-ministerial collaboration and coordination among all stakeholders. The Zimbabwe National strategy for HIV and AIDS Policy (ZNASP 3) has programmed such as PMTCT and VMMC. These policies and strategies are helping in promoting adolescents’ participation.

Family planning should be integrated into HIV services such as HIV testing and counselling, prevention of mother-to-child transmission (PMTCT), care, treatment, and support services, according to the National HIV and AIDS Strategic Plan (ZNASP) 2015–2018. Family planning is also mentioned in the National Maternal and Neonatal Health Road Map 2005–2015 as an important factor in reducing maternal morbidity and mortality. It also calls for the provision of family planning information at all levels where maternal and newborn health services are given, such as PMTCT and prenatal care. Condoms and emergency contraceptives should also be available through PMTCT services. The plan's main goal is to increase the availability and use of youth-friendly family planning services by strengthening the capacity of health-care providers in the area.

2.6.1 PROGRAMMES GUIDING ADOLESCENTS SRH IN ZIMBABWE

There are many programmes which were put in place in Zimbabwe by government which are also supported by various NGOs to promote ASRH that include the PMTCT programs, comprehensive sexuality education program and family planning programs. In Zimbabwe, the global fund strategy for 2017-2022 is helping adolescent girls advancing their SRH rights through programs which are funded by DREAMS.

In Zimbabwe there is a family planning distribution programme. In addition, the government, in collaboration with NGOs such as World Vision, ZICHIRE, FACT, SAYWHAT, and ZAPSO, has integrated family planning methods information into health and education programs offered in health facilities. Gottschalk (2014), has it that in Zimbabwe there is a

program that aims to establish an enabling environment for the provision of family planning services while also strengthening the supply chain system.

The government in partnership with other organizations has a comprehensive sexuality education is a program that is also refining ALHIV 's SRH knowledge in Zimbabwe. WHO (2015), notes that the program aims to increase knowledge and utilization of integrated HIV prevention and SRHR? According to Alkema (2013), this program 's interventions focus on out of school youths educating them about their sexuality, gender rights, reproductive health rights services and related life skills. UNFPA in collaboration with SAYWHAT also apply this program aiming young people in tertiary institutions. They carry out the initiative through organizing condom use campaigns, as well as events such as color runs, sporting activities, and celebrity appearances. Condom distribution and use programs are being spearheaded by the ZNFPC, MoHCC, and PSI.

FACT Zimbabwe's Orphans and Vulnerable Children OVC and Livelihoods program aims to decrease the burden of HIV and AIDS on orphaned children by providing comprehensive, long-term care. The campaign is aimed at young ladies and adolescent girls.

Another program introduced by the government is the inclusive PMTCT approach, which consists of four components that address maternal, newborn, and child health throughout the continuum of care, namely preventing HIV infection in women of reproductive age, avoiding unintended pregnancy among HIV-infected women, preventing mother-to-child transmission and having safe breastfeeding practices through HCT, and providing follow-ups, care, support, and treatment to HIV-infected women, their infants, and their children. Also, by taking ART in accordance with the WHO PMTCT guidelines for ARV medication prophylaxis, which recommends delivering HIV-infected pregnant women Azidothymidine starting at 28 weeks and single-dose Nevirapine to the mother and newborn at birth.

2.7 CHAPTER SUMMARY

ALHIV's support groups are assisting ALHIV patients in obtaining SRH services such as family planning pills, comprehensive sexual education, condoms, viral load monitoring, and PMTCT. Adolescents living with HIV suffer psychologically due to the diseases hence support groups will help them to overcome this burden .Support groups help in providing psychosocial support to help ALHIV to overcome stigma ,anxieties and discrimination due to the diseases they are constantly living with .There are various legal frameworks such as the constitution of

Zimbabwe that helps in promoting ASRH access .Policies and program frameworks are also being used to guide the provision of ASRH services by ALHIV . In this chapter, the mutual help model was used to examine how groups increase ALHIV's access to SRH services. The research methodology of the study will be discussed in the next chapter.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter focuses on the research methodology that was employed to address the study objectives. Research methodology is defined by Burns and Groove as procedures by which a research go about describing, explaining and predicting a phenomena. The chapter presents the research approach, research design, target population, sampling, data collection methods and tools, data analysis methods, ethical considerations, feasibility and limitations of the study .The chapter will end with a brief summary.

3.1 RESEARCH APPROACH

Datt and Datt (2016), defined a research approach procedures and strategies for research that explains the phases from broad assumptions to detailed methods of data collection, interpretation and analysis. There are three broad approaches to social science research namely qualitative, quantitative and mixed methods. In this study a qualitative research approach was adapted. Schneir (2012) states that qualitative research concerned with assessment of attitudes, opinions and behavior of study participants. According to Bryman (2004), it is grounded in the explanatory custom which takes the point that any study of human behavior must reflect the social context that shapes such behavior. In this study the researcher focused on the attitudes, opinions and the behavior of ALHIV who are members of a support group in Hopely Farm. Participants in this type of investigation, according to Creswell (2016), embrace an approach to research that respects an inductive style, focuses on distinguishing meaning, and emphasizes the need of comprehending the complexity of a situation. According to Willis (2007), qualitative research is a successful strategy because it allows the researcher to detect specific factors, which aids in explaining the study's goal, which took place in a natural setting. This helped the researcher to get high reliable data because of being involved in understanding the experiences of ALHIV in accessing SRH services through support groups. Berg (2011) notes that, the qualitative approach is exploratory in nature because it makes use of probing skills that involves asking open ended questions giving the respondents a chance to answer using their own words . Hence, this approach enabled the researcher to get information from the respondents rather than making assumptions.

3.2 RESEARCH DESIGN

The researcher utilized a case study as the research design. According to Creswell (2014), a research design is an overall plan for linking theoretical problems to the appropriate and attainable empirical research. The researcher used qualitative research approach because it investigate deeper into the problem under study. Creswell (2017) also notes that, case studies assist a researcher to get more insight about a poorly understood situation. According to Schreier (2020), a case study endorsed the researcher to have detailed, multi –faceted investigations about ALHIV’s complex issues about their real life. It was selected in order for the researcher to be able to provide descriptions, explanations and assessments of the impact of support groups on helping ALHIV access SRH services. A case study, according to Shuttlesworth (2008), is a detailed examination of a specific scenario rather than a lengthy statistical survey. According to Creswell (2016), a case study does not answer a question completely but can display some clues and allows for more clarification and facts which contains realization of a hypothesis. By using a case study the researcher managed to know the nature of SRH services Adolescents living with HIV need and are getting through support groups and the strategies to improve support groups as an approach in helping ALHIV to access SRH services. The researcher through a case study had an overview of how support groups are benefiting ALHIV socially, economically and psychologically. Kothari (2004) states that a research design is the theoretical structure within which a research is piloted as it organizes the plan for the collection, measurement and analysis of data.

3.3 STUDY SETTING

Hopely Farm in Harare is the site of study which is from the South of the city center. It is located 12 kilometers outside of Harare's city center and has a history of expulsions and demolitions dating back to the 1992 Porta Farm. Chatiza (2013) points out that, Hopely Farm is an informal settlement whereby people settle freely as well as chaotically. People on the farm face various challenges, according to Ndoziya, Hoko, and Guminfoga (2019), including a lack of basic amenities, alienation from the urban core, human rights violations, and political exclusion. Matamanda (2020), argues that there are very few basic services for instance sewers water, schools clinics, roads and shopping centres. Most of the housing fail to meet the standard of a decent shelter and there are overcrowded whereby four people will be sharing a room. Chitekwe (2009) notes that, the unemployment rates are high at Hopely farm hence, people

end up resorting to immoral activities such as stealing, drug abuse and child prostitution. Mtapura and Myeni (2020) notes that, most children in Hopely do not go to school and are now into drug abuse and prostitution. He also added that, child marriages and teen pregnancies are of high relevance that is at 18% and 21% correspondingly. Mujuru, (2018) notes that, adolescents are resorting to sexual activities as a source of income, the moral fiber has perished and sexual activities have been normalized among adolescents leading to uninformed choices for the ALHIV and their peers. There is high HIV prevalence amongst adolescents in Hopely farm due to poverty which is making them resort to prostitution as a means to an end but with deadly consequences.

3.4 TARGET POPULATION

In social research, Creswell (2016) postulates that, the researcher must identify a target population before coming up with a research sample. A target population, according to Nuemen (2007), is a group of cases that the researcher wants to analyze and from which a sample is drawn. The participants in this study are 50 male and female teenagers aged between 13 to 18 years living with HIV who are enrolled in an Africa Aid Program at Hopely Farm, Harare .The study also targeted 8 key informants consisting of Community Adolescents Treatment supporters (CATS), a youth friendly nurse from Africa Aid Zvandiri and social workers. These were targeted because of their experience and interaction with ALHIV in support groups at Hopely Farm, Harare.

3.5 SAMPLE AND SAMPLING TECHNIQUES

A sample, according to Alvi (2019), is a group of considerably lower numbers of persons chosen from a population for research reasons. There was a sample of 30 adolescents which was selected from the target population .These were ALHIV who were willing to participate and readily available from Africa Aid Zvandiri register .Convenience sampling was used since it was suitable for this study because the sample was readily available .This was through selecting a sample from people who were conveniently in the Africaid register .Convenience sampling is defined by Stratton (2021), as a type of non-probability sampling that involves a sample being drawn from the part of the population that is close to hand. Participants which included ALHIV and key informants were purposively selected. According to Thomas and Silverman (2015), purposive sampling can be defined as selecting a sample in an intentional non-random manner to achieve pre-determined objectives of interest to a pre-selected criterion

that is relevant to answering the investigated research questions. In this study ALHIV were more familiar with the researcher. This enabled the researcher to get more reliable information rather than making use of samples which consist of both experts and non –experts. Adolescents between the ages of 12 and 18 who were attending the support group met the study's inclusion criteria. Because of their experience and knowledge, 5 key informants were purposively sampled for key informant interviews, including 2 CATS and 2 youth friendly nurses, as well as 1 social worker offering SRH to adolescents. Purposive sampling is used to select potential respondents who are familiar with, have insight into, or have experience with a given phenomenon in order to answer research questions (Gibson & Brown, 2009). The key informants had to have been providing SRH to teenagers for at least two years in order to be included.

3.6 DATA COLLECTION METHODS AND TOOLS

Research methods are defined by Creswell (2014), defined data collection tools as instruments used in collecting data from subjects involved in a study. ALHIV data was gathered through focus group discussions and in-depth interviews. To gather data from ALHIV and key informants, the researcher conducted in-depth interviews and focus group discussions.

3.6.1 IN-DEPTH INTERVIEWS

In-depth interviews, according to Creswell (2016), are a qualitative data gathering method that entails direct engagement with individual participants who provide in-depth information on a topic. To obtain data from key informants and 10 ALHIV who did not participate in the focus group discussions due to the fear being in a group the researcher conducted in-depth interviews. The researcher used interview guides in order to collect data from ALHIV and key informants. According to Boyce and Neale (2017), in-depth interviews are used to get detailed facts about a person and audiovisual communication found naturally in most in-depth interviews are most suitable because they do away with non-response. However in-depth interviews also have some limitations which include being time consuming, they are costly compared to other methods, and they require interviewing skills in order to do away with non –response such as building rapport with the participant and probing skills.

3.6.2 FOCUS GROUP DISCUSSION

A focus group discussion, according to Berg (2011), is an interaction between multiple members for the goal of gathering data. The researcher used a focus group discussion to collect data from 15ALHIV. The researcher conducted one focus group discussion. Pearce (2006) states that, this is effective in the research because FGDs explicitly call for participants to interact with one another in formulating responses. Because some people will not freely express themselves in a focus group discussion, the researcher also conducted in-depth interviews to gain a better grasp of the issue under study. Focus group discussion were best to use since the participants are familiar with working in a group due to the fact that they already belong to a support group. The researcher used a focus group discussion guide as a tool.

3.7 DATA PRESENTATION AND ANALYSIS

Qualitative research frequently generates a large amount of data, which must be collected and evaluated in an ethical manner. Data analysis, according to Ravitch and Mittenfelner (2016), is the planned, systematic study of information that occurs at various stages and times during the research process. The researcher used the thematic analysis approach to analyze data in this study because it is the best when carrying out a qualitative research. Braun and Clarke (2015) notes that, thematic data analysis involves scrutinizing, categorizing organizing, unfolding and reporting themes from the raw data gathered. Braun and Clarke (2015) also noted that, the thematic analysis assists a researcher to produce detailed and rich data that is multifaceted. Basurto (2012) notes that, thematic analysis delivers straightforwardly interpretable and brief description of the data collected. Data was presented in thematic topics, graphs and tables. Research findings will eventually be presented to a wider audience in written format in the form of a final report.

3.8 ETHICAL CONSIDERATIONS

Babbie and Mouton (2016) defined ethics as, the norms that express the difference between what is right and wrong and their importance in preventing against the fabrication of data. During the research the researcher observed privacy and confidentiality, informed consent and also assent and avoidance of harm.

3.8.1 INFORMED CONSENT AND ASSENT

Dockett and Perry (2011) notes that, informed consent is difficult when carrying out research with children because they are not competent enough to give consent they can only give assent. According to Conroy (2005), assent refers to a young person's readiness to engage in a research study even if they are unable to offer informed permission but are aware of the research's advantages, dangers, and activities. Breeuwsma (2019) has it that, even though if a young person offers assent it is not enough informed consent must be attained from their parents since a person who is under the age of 18 cannot participate without parental consent . The researcher explained about the rights benefits dangers and risks to the ALHIV about the study before starting in order for them to make informed choices. This is in line with Meterns and Ginsberg's idea that participants must understand fully about their involvement, the time that the research will take, the topic of the research and risks involved. Participants voluntarily participated in the research. According to Mertens and Ginsberg (2009), respondents must not be forced to participate.

3.8.2 PRIVACY AND CONFIDENTIALITY

The researcher upholds confidentiality since adolescents value it in whatever they do. Ryen (2004) notes that, by upholding confidentiality the researcher must not expose the respondents 'names. The researcher must inform the respondents that the information shared will remain confidential and their names will not be captured. The stigma that surrounds HIV makes attention to confidentiality particularly important. Through upholding confidentiality the researcher can create an environment that is friendly enough to make participants share sensitive and personal information. The researcher assured the participants that she will not reveal information shared and their identity. The researcher also had the Zimbabwe social workers code of ethics (2012) in mind during and throughout the research which has it that social workers must keep all information shared professionally confidential and this is the researcher's primary goal . Confidentiality was of high importance in this study to avoid risks and danger to the ALHIV and key informants.

3.8.3 AVOIDANCE OF HARM

Taylor (2011) notes that protecting people from harm is also about preventing them from being harmed especially when the information they shared has been exposed .Throughout this study the researcher ensured that no one was harmed this was through keeping information shared

confidential . It is also the social workers role to protect people especial vulnerable ALHIV from harm (Farley 2016) .According to the Zimbabwe Code of Ethics (2012) ,social workers must respect people’s dignity and worth this is in order to promote their wellbeing .

3.9 FEASIBILITY OF THE STUDY

According to Kenny (2020), feasibility is refers to assessing how practical a proposed study is. Feasibility also include issues determining the fiscal costs, time required, the scope, ethical considerations and the cooperation required from other individuals (Whittaker, 2012). The letter from the University ‘s Department of social work helped the researcher explain the purpose of the study and seeking permission for carrying out the study from Africa Aid Zvandiri. The proposed study is feasible because the researcher has acquired all necessary budgets including stationery, transport and food fee for data collection. Hopely farm was accessible since it is close to where the researcher reside and it is along a highway road where transport is easy to get. The researcher used participants who are already in an AFRICAID Zvandiri organization support groups. Participants accepted to participate through signing consent forms. They were available since they were already in a support group. The researcher had an approval from Africa aid Zvandiri to engage in a support groups with ALHIV. The researcher had a hard time trying in applying for the consent to carry on the research since Africa -Aid sees its information as confidential .The researcher also had parental consent to work with ALHIV.

3.10 LIMITATIONS OF THE STUDY

According to Creswell and Poth, (2017), study limitations refers to characteristics of a methodology that has an impact on how findings of the research will be interpreted .The definition of adolescence used in this study may also be limiting since the researcher is working with adolescents aged 12 to 18 .The study was conducted with a sample of ALHIV who belong to an Africa Aid support group at Hopely Farm, Harare. There are more ALHIV in Hopely farm who do not belong to the Zvandiri group and are not supported by Africa Aid Zvandiri .This excludes these adolescents from the sampling frame thus, making the results to be somehow generalized amongst all ALHIV in Hopely Farm,Harare . The researcher failed to interview all participants due to Covid 19 restrictions.

3.11 CHAPTER SUMMARY

The study utilized a qualitative research approach in order to collect data in Hopely Farm .The researcher conveniently selected a sample of 30 participants who were familiar with the phenomena under study .The researcher utilized a case study as the research design . Hopely Farm was the site of the study the research used in-depth interview and focus group discussions to collect data from the ALHIV and key informants. The data will be analyzed using thematic analysis and presented in thematic topics. During the research was guided by research ethics such as upholding privacy and confidentiality, informed consent and accent and avoidance of harm .The feasibility of the study was guaranteed since the researcher managed to gather resources which could make things easier. However there were limitations such as Covid 19 restrictions which made the researcher to fail to interview all the participants the next chapter presents, discusses and analyses the study findings.

CHAPTER FOUR

PRESENTATION, DISCUSSION AND ANALYSIS OF THE STUDY FINDINGS

4.0 INTRODUCTION

This chapter presents, discussed and analyses the study findings. The first section presents the demographic profile of the study participants. This is followed by sections that presents, discusses and analyses the study findings guided by the study objectives which were to; explore the nature of SRH services being provided to adolescents living with HIV through support groups at Hopely farm, describe the psychological, social and economic benefits of access to SRH services through support groups by adolescents living with HIV, identify the challenges are being experienced in promoting access to SRH services through support groups and propose strategies that can strengthen support groups in promoting access to SRH services by adolescents living with HIV at Hopely farm A brief summary concludes the chapter.

4.1 DEMOGRAPHIC PROFILE OF THE STUDY PARTICIPANTS

There are subgroups of participants were utilized for the study and these were key informants, adolescents and the biographic information of the respondents are presented in the tables below.

FIGURE 1: DEMOGRAPHIC DATA OF ALHIV

Research Participant	Sex	Age	Level of education
RP-1	M	15	SECONDARY
RP-2	M	13	PRIMARY
RP-3	M	16	SECONDARY

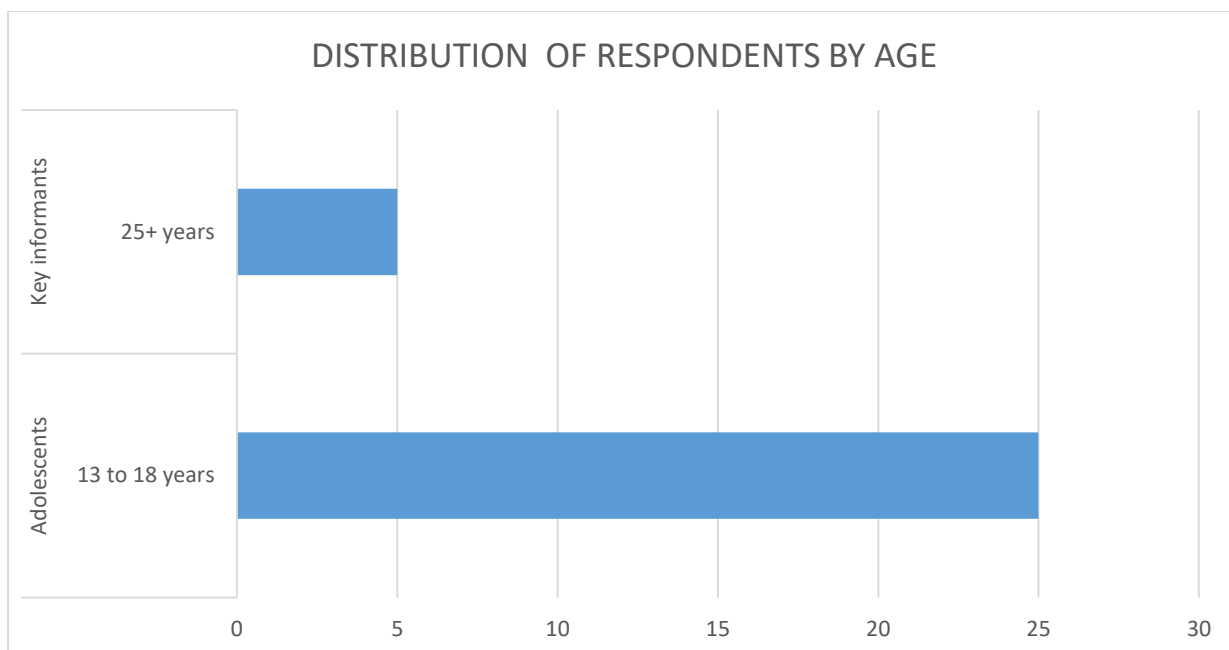
RP-4	M	18	SECONDARY
RP-5	M	14	SECONDARY
RP-6	M	17	NONE
RP-7	M	16	SECONDARY
RP-8	M	14	PRIMARY
RP-9	F	15	SECONDARYB
RP-10	F	18	NONE
RP-11	F	16	NONE
RP-12	F	18	SECONDARY
RP-13	F	16	SECONDARY
RP-14	F	14	NONE
RP-15	F	17	SECONDARY
RP-16	M	18	SECONDARY
RP-17	F	15	SECONDARY
RP-18	F	13	PRIMARY

FIGURE .2 DEMOGRAPHIC DATA FOR KEY INFORMANTS

Participant	Gender	Qualifications	Working experience
KI-1	FEMALE	CATS	3 YEARS

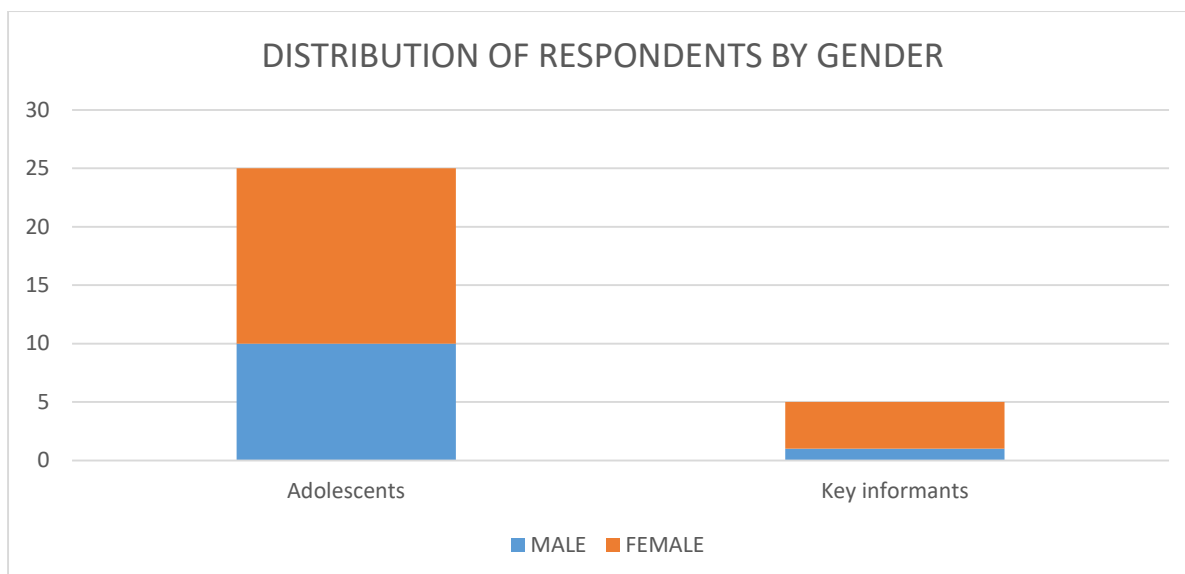
KI-2	FEMALE	NURSE	4 YEARS
KI-3	FEMALE	CATS	2 YEARS
KI-4	FEMALE	SOCIAL WORKER	2 YEARS
KI-5	FEMALE	NURSE	3 YEARSs

4.1.2 DISTRIBUTION OF PARTICIPANTS BY AGE



The study had an initial target of 50 adolescents but owing to COVID-19 restrictions, the researcher was able to reach out to 25 adolescents. Of the 25 adolescents they all fitted into the age range of 13-18. 15 out of the 25 adolescents that were sampled were in between the ages of 16-18. These teenagers were familiar with sexual and reproductive health services. A majority, 80%, of the key informants were above the age of 30. This supports finding by Odinga (2018) that a majority of SRH service providers in the global south are older people. The exception to this was the youth friendly nurse who were in their late 20s.

4.1.3 DISTRIBUTION OF PARTICIPANTS BY GENDER



The study focused on both female and male adolescent participants. Females, on the other hand, made up the majority of those who took part in the study. Out of the 25 adolescent participants that were sampled for the research, 15 were females and 10 were males. Similarly for key informants, they were 4 females and 1 male. Taylor (2017) posited that, caregiving is a predominantly feminine role. This in turn accounts for the high number of female key informants that were sampled for this current study.

4.2.1 COMPREHENSIVE SEXUALITY EDUCATION

Three participants indicated that through support groups they are getting comprehensive sexuality education in Hopely farm .One respondent said the following:

Support groups are helping me to erase false information I was told by others which could worsen my situation .I was told that to reduce reinfection and spreading my HIV to my partner I must use two condoms .The support group leader gave us an insight that this can be risky because there are high chances that the condom could burst .They also emphasized that one should be faithful to one partner .Abstinence was over emphasized as a way of preventing risks to us since most of us can make risky sexual behaviors .(RP-3, **Male**)

Another participant said,

Before I attended support groups I was overwhelmed by peer pressure in terms of engaging into sexual intercourse .because it is like a normal thing adolescents do .It is easily available and very accessible .Most of my friends are sexually active and I was feeling out of place by not doing it .Support groups sessions taught me that sex is not entertainment it has a lot of responsibilities .Right now

I cannot be pressurized into doing it because I now know its consequences (RP-16, **Female**)

Another participant also said,

I now know signs of STIs through sexuality education which we are receiving from support sessions .We were taught that one can notice that he or she has chancroid when his or her private parts has sores and also having unusual rashes and unusual discharge from their private parts “(RP-10,**Female**)

The key informants were in support of what the adolescents said. They also indicated that ALHIV ‘s management of sexual relationships and sexual health has improved .Adolescents now show that they know the risks of engaging in unprotected sex to their health .From the findings it was indicated that comprehensive sexuality education is helping ALHIV to avoid reinfection and be responsible .This is in line with Mupambireyi 2016, who noted that Comprehensive Sexual Education allows a person to examine their own values, improve their decision-making abilities, communicate effectively, reduce risk, and learn about all aspects of sexuality. Adolescents also stated that they are more aware of numerous STI signs and they thank support group sessions which are assisting them in staying healthy.

4.2.2 CONTRACEPTIVES

Three participants indicated that they were accessing contraceptives through support groups and they are being very helpful to them.

.One participant said,

We are accessing condoms through support groups in order for us to reduce unwanted pregnancies and STIs also .Organizations such as Restless Development are also coming through support groups offering us condoms .Support group sessions have taught us the importance of condoms and this has led to high demand of them in Hopely farm among most adolescents who are sexually active .Even at our Tariro youth Clinic we now have confidence to go and ask for protection and even offer a pack of them whenever we go to seek protection .(RP-7, **Male**)

Another participant said that,

I am afraid to get pregnant before I finish my school .I already have HIV but being pregnant right now is my worst fear and I am now sexually active. Support groups are helping us to reduce pregnancies through being offered family

planning pills .I was afraid of bringing a child on this earth while I was not ready and also my HIV status makes me to be afraid to conceive although I am sexually active hence I am getting family planning tablets from Zvandiri support groups and they are helping me very much. (RP-9, **Female**)

A key informant also said:

There is change in Hopely Farm since ALHIV are coming to access condoms and contraceptive pills .However there are others who are still engaging in risky behaviors due to drugs and are continue infecting other HIV negative counterparts due to their ignorance .Even if they get information about using condoms they never listen (KI-3,**Youth friendly nurse**)

From the findings it was indicated that ALHIV in Hopely Farm are accessing contraceptives through support groups. Some key informants also added that there is change in the collection of condoms by ALHIV in Hopely Farm .However other key informants pinpointed that some adolescents living with HIV in Hopely are ignorant to take condoms and they continue to engage in risky sexual behaviors which is making them to die at an early age .From the Other key informants also indicated that Hopely Farm is full of individuals who engage in social ills which is making it a bad place for ALHIV to change their antisocial behaviors .Many adolescents in Hopely farm are also accessing condoms as a form of primary contraceptives. This is in line with WHO (2017) results, which show that in 2019, 88,083 adolescents have used a family planning method. Thus showing that contraceptives uptake amongst adolescent girls is very high .It also correlates to a study which was done in Zambia by Chipeta, (2020), which indicated that contraceptive use was higher among attendees of support groups in comparison with non-attendees.

4.2.3ACCESS TO ARVs AND VIRAL LOAD MONITORING

Two participants indicated that, they are accessing ARVs through support groups which helps them to suppress their viral load so that they can get best results when they go for viral load bleeding .The support group directs adolescents to places where they can get the treatment they need or help they need. In a way the support group acts as a broker, linking adolescents with the appropriate resources they need for their sexual and reproductive health. One of the participant said that,

I had a negative stance towards taking my medication because they sometimes make me such and they would make me angry of why God could give me such a disease that I should survive on pills but through the support group I now value taking pills. The support group sessions are helping us to take our medication

very correct. We also play a soldier game that is if we stop taking the medication our soldiers from our bodies will be weakened with the virus. (RP-9, **Female**)

Another participant said mentioned that,

Through support groups am I now able to access and adhere to my medication for the virus to be suppressed .She went on to say that they were told that they must take their medication for the rest of their lives and they are now fit and strong”(RP-6,**Female**).

Another participant remarked,

We go for viral load bleeding after every 6 months this helps to assess if our viral loads are being suppressed and also if we are taking our ARVs.Taking ARVs is not very easy to the extent that some suffer a lot viral load bleeding will help to check all this. (RP-3, **Male**).

A key informant also indicated that

We do frequent viral load monitoring this is to establish if ALHIV are responding well to their medication .If they are not responding we refer them to clinics where they will be given a different drug that will help them to have their viral load suppressed .(KI-2,**CATS**)

The findings show that accessing ARVs through support groups is helping adolescents in Hopely farm to have their viral load suppressed so that they will not pass HIV to their partners. The participants also indicated that they go for viral load bleeding in Zvandiri clinics .Kågesten (2014) propounds that, viral load bleeding promotes adherence, early dictation of drug resistant mutation, detection of adolescents who are at risk of opportunistic infections .A key informant also noted that, having adolescents access ARVs through support groups is helping to promote adherence since they are being having hope in their lives through seeing other adolescents with the same condition as theirs .

4.2.4 PSYCHO-SOCIAL SUPPORT AND SRH INFORMATION THROUGH SUPPORT GROUPS.

Adolescents living with HIV are getting psycho –social support through support groups .This is a very important services that can be accessed in a group with people sharing the same problem .There participants indicated how psycho-social support they are getting through support groups is benefiting them. One participant said that,

Counselling sessions have made me to regain self-confidence as well as accepting the things I cannot change, and group sessions on positive living also educated me a lot on good sexual health and I now know on how to engage on safe sex. (RP-4, **Female**)

One of the key informants expressed his thoughts on the subject, saying,

Most of the adolescents we deal with appreciate the counselling and health talk sessions since they say they have helped them in dealing with stigma and discrimination .For instance they look healthy and have been able to fight against OI's due to medication .(KI-5.CATS)

Another participant also mentioned that,

Living with HIV is a difficult thing you face hate from relatives and friends in the community we stay ,but in our support group everyone is a friend ,brother and also a sister .We love one another and we always help each other .(RP-10, **Female**)

From the findings it was indicated that support groups are helping adolescents living with HIV to live their lives normal as their counterparts who are HIV negative .Adolescents indicated that support groups are helping them to boost their self-esteem and confidence . These findings are consistent with the findings of Ballantyne et al (2011) who found that, support groups aid in the rebuilding of confidence in ALHIV who had lost confidence, had become shy, withdrawn, and very unsociable after learning of their HIV status. The findings are also in line with Mupambireyi (2016) noted that support groups helped ALHIV to make friends from the community support groups, to fight stigma and discrimination. Key informants also supported this mentioning support groups are best for promoting mutual support.

4.2.5 ACCESS TO SANITARY WEAR THROUGH SUPPORT GROUPS

Adolescents' girls indicated that they are accessing sanitary wear through support groups. One participant said,

'When I'm on my monthly periods I experience a lot of pain that I can't even walk the long distance to go and buy pads and beside that my parents cannot afford to buy me one due to lack of money . Sanitary pads are overpriced in Zimbabwe which is putting most of at risk of having leakages and discomfort .Sometimes we have pads distributed to us during our month support group sessions this is being very helpful to us. (RP-11, **Female**)

Another respondent added that,

Support groups are helping us a lot through giving us sanitary pads .Sanitary wear is very expensive and most of us cannot even afford to buy a pack of sanitary pads to the extent of using cloths when we run out of pads . (RP-14, **Female**).

Another participant also stipulated that,

Through support groups we are being taught about menstrual health management .These are being attended by girls who are from the ages of 10-24 and the sessions are being very helpful to us .We now know how to keep ourselves clean during periods. (RP-10, **Female**)

Most respondents highlighted that access to sanitary wear is very limited to adolescent girls in Hopely Farm. There are few shops in the area and the distance is far to go and buy pads and as well the cost of the pads limit them to be able to buy sanitary wear However, few participants from the discussions revealed that they are able to access sanitary wear since they are beneficiaries of the harmonized social cash transfer program where they are given a little portion to buy pads from shops. Makoni (2020), notes that in Zimbabwe, there is period poverty which makes adolescent girls to struggle during their menstrual cycles whereby they cannot afford sanitary materials .The key informants also supported adolescents ‘idea that sanitary pads are being a challenge to be accessed by ALHIV in Hopely farm even if they get some from the support groups they will not sustain them for long.

4. 3 BENEFITS OF ACCESSING SRH SERVICES THROUGH SUPPORT GROUPS

Adolescents are benefiting a lot from support groups in Hopely Farm since they are now managing to live healthy normal lives due to the services and support they are getting from the organization other NGOs and their peers. There are psychological, economic benefits of attending support groups in Hopely farm.

4.3.1 PSYCHOLOGICAL BENEFITS

Two respondents indicated that they are benefiting from support groups through improving their mental wellbeing .A key informant said that,

Support groups are helping adolescents to build their self-esteem even when people label, stigmatize them .They are now able to open up and laugh with other Peers. Most adolescents when they came were suffering from stress and having suicidal thoughts due to their conditions .Psycho-social support which we are offering them is playing a very important role in their lives since their state of mind have improved they are now living happily and confident. .(KI-1, **Social Worker**)

Another participant responded that,

I used to suffer from depression and I always had suicidal thoughts due to my condition .I always felt like this was the end of my life since I discovered that I was HIV positive at the age of 8.My parents used to hide everything from me .I grew up with bitterness and I could not even engage in any relationship because I was afraid of being dumped if one discovered that I am HIV positive .However through attending support groups have helped me to improve my mental wellbeing through getting mutual support from others suffering from the same disease I have hope in my life .“(RP-14, **Female**)

From the findings it is clear that adolescents are benefiting very well from the support groups .Many adolescents and key informants indicated that the diseases causes many stresses to them and sometimes they fail to live normal lives like their HIV negative counterparts .They also indicated that some are stressed by their family members .the adolescents also indicated that support groups are acting as a mechanism to heal their stress .Key informants also indicated that adolescents ‘s state of minds have also improved through support groups through getting psychosocial support . The findings back up Glazebrook's (2007) assertion that, the social support adolescents receive from support groups is critical because it increases coping abilities and self-esteem, resulting in enhanced psychological wellness in young people. As a result, disclosure is predicted. This is also in line with the mutual aid model, whereby to Cohen and Graybeal (2007), noted that mutual aid can assist people in gaining a sense of personal, interpersonal, and environmental control over their life.

4.3.2 ECONOMIC BENEFITS OF SRH SERVICES PROVIDED THROUGH SUPPORT GROUPS.

The findings show that there are economic benefits of support groups which includes reduction of unwanted pregnancies, school going adolescents and also dropping of child mortality rates .One respondent said,

Our community is suffering from many hardships to the extent that we fail to even live normal lives worse with our HIV status sometimes we get very sick that we fail to do any economic activity .But through support groups we are accessing ARVs so that we stay healthy and active ..Support groups are also helping us to access family planning pills so that we won't have burdens of having unplanned pregnancies which may worsen our economic statuses, (RP-9, **Female**)

A key informant said that,

A lot is improving especially among adolescents girls in our area which are prone becoming school dropouts after they become pregnant family planning

pills are being very helpful because some adolescents are sexually active they don't want to become pregnant .PMTC programs done through Africa aid Zvandiri are also helping in reducing child mortality rates .(KI-1, CATS)

Another key informant said:

In Hopely Farm there is need to take these support groups very serious because there is still an increase of cases of school dropouts, many adolescents in Hopely farm are engaging in prostitution, have high numbers of unwanted pregnancies .(KI-4, CATS)

From the above discussions it was noted that, support groups are helping people living in Hopely farm and the country as a whole to reduce unwanted pregnancies and child mortality rates .Hopely farm's situation is very bad to the extent that many adolescents drop out from school and engage in immoral things but through support groups the situation is improving .Many adolescent girls indicated that, they are accessing family planning pills. However another key informant mention that there is high prevalence of prostitution and unwanted pregnancies still being recorded amongst ALHIV in Hopely Farm .This study supports Canning (2012) , hypothesis that, better utilization and access to sexual and reproductive health services for young people in Zimbabwe will reduce some of the country's most pressing issues, such as school dropouts, STIs, including HIV and AIDS, unintended pregnancy, which leads to unsafe abortion, and a high maternal mortality rate.

4.3.3 SOCIAL BENEFITS OF SRH SERVICES PROVIDED TO ALHIV THROUGH SUPPORT GROUPS.

Three participants pinpointed that they are benefiting socially from support groups because their behaviors has changed ,there are getting valid SRH information from support groups and they are now able to fight community stigma since they are now confident to access condoms .A key informant said ,

There is now behavioral change among ALHIV in Hopely Farm .The change is now noticeable as adolescents are now very away and are no longer engaging in risky behaviors. We have noticed a positive change in young people's health seeking behaviors. Support groups have increased uptake of SRHR services by young people including HIV treatment services, family planning services, condoms, contraceptives, STI screening and treatment.(KI-5, **Youth friendly Nurse**)

Another participant also said,

Information about SRH has been spread to us through support groups .Long back we used to depend of false street information which is biased and not

based on facts but right now support groups are bringing opinions that are tangible and which are facts (RP-15, **Female**)

Another key informant mentioned that,

Nowadays, young people can freely take condoms to prevent themselves from reinfections and to protect themselves from STIs .When support groups were introduced in Hopely Farm it was embarrassing for young people to take condoms now they are free to take them. In terms of sexual rights, we know that some young people are already engaging in sex, but as a result of these SRHR sessions, young people are now aware of their right to consensual sex and requesting to use a condom. They are also now aware of STIs and even when they engage in sex, this is from an informed position. (KI-3, **Youth friendly nurse**)

This shows that support groups are helping ALHIV in Hopely farm so much since they are pointing that they are getting important SRH information, they are now not afraid to be stigmatized they can access condoms freely. Key informants are in support of what ALHIV are saying on how support groups are benefiting them socially through promoting services intake, building their confidence and making friends According to Camara 2015 emotional support is the most appropriate kind of support for adolescents. This is in support of the mutual-aid model of social work which purports that groups helps individuals to be able to solve their own problems in life. According to the findings, adolescents living with HIV in Hopely now have different perceptions towards their disease. This is in line with the ideas of Simon (2011) who noted that, support groups have been popular for sexual health education and promotion of healthy seeking behaviors.

4.4 CHALLENGES THAT ARE FACED IN TRYING TO PROMOTE ACCESS TO SRH SERVICES THROUGH SUPPORT GROUPS IN HOPELY FARM.

Adolescents and key informants Hopely Farm indicated in focus group discussions and in-depth interviews that they are facing so many challenges in trying to promote access SRH services through support groups .These include failure to adhere to ARVs failing to afford transport to attend support groups, stigma and discrimination from the communities they live in and lack of concern from their parents.

4.4.1 CHALLENGES IN ADHERING TO ART

Pill burden has been cited as an impediment to drug adherence. 10 respondents reported that taking ARVs daily is not an easy task therefore they end up not adhering to the treatment. One of the participant stated that:

Sometimes I fail to adhere to my ART treatment because the pills are big, difficult to swallow and I hate pills so much. (RP-6, **Male**)

Support group attendance is also being affected by ALHIV who are defaulting from taking their pills. Some parents take long to tell their children that they are HIV positive they grow up thinking that the pills they take are for allergies. We have many cases of ALHIV who have quit attending support groups due to shame and stress. (KI-2, **Social Worker**)

These findings are similar to the research findings of Kerrissey (2008) who carried out a study in Uganda on factors affecting disclosure, adherence, and prevention of HIV who reviewed that pill burden is a contributing factor to non-adherence. The key informants also indicated that taking ARVs forces a child to be at home on time all the time for example if the child takes the pill at 6 o'clock, he or she is supposed to take the pills during that time yet sometimes they maybe hindrances that affect the child to be at home on time for example, if they go out with some friends to watch movies. Another key informant also indicated the impact that parents are having on adolescents not attending support groups this is by the delay they take to inform their children that they are HIV positive.

4.4.2 TRANSPORT COSTS

Respondents in this study highlighted that transport costs made them unable to attend support groups and to access SRH services.

Most of us come from poor backgrounds and our parents are doing small business like selling vegetables and fruits. We fail to go and attend support groups due to lack of transport money. I am not even employed and I stay far from where support group sessions are carried out (RP-10, **Female**).

Another key informant also said:

Hopely farm is not very big that an adolescent must worry much about transport money if he or she really to attend group sessions. Most of the adolescents stay close to where group sessions are done but they do not want to attend (KI-5, **CATS**)

Adolescents indicated that transport money was a challenge for them to access support groups since most of their families are trapped in Poverty. Some key informants were also in support

of this through mentioning that transport is a challenge to adolescents since most of ALHIV in Hopely Farm are not employed they depend on their parents who are also struggling to earn a living .However one key informant was against these ideas she mentioned that many ALHIV in Hopely Farm stay close to where support group sessions get carried out but they are just too ignorant to attend they do not see their importance .

4.4.3 STIGMA AND DISCRIMINATION

A majority of the participants indicated that they are discriminated on because of their HIV status and this sometimes leads them to withdrawing from many social activities

Most of the time when it comes to STIs, people do their business or keep their statuses to themselves. If people could hear that you had an STI it is very shameful as they could laugh at you. People still get treated secretly, because of fear the stigma and discrimination from their peers. (RP-1, **Male**)

In support of the above one of the participant say that:

As young people we are still being ashamed to talk about SRHR and we cannot even tell each other important information like where we can access protection as we are afraid of being judged and labelled. Even when we know who can give us the condoms like Africa Aid and Chiedza, We are still ashamed to go and request them. (RP-15, **Female**)

Another participant also said,

Currently I am not dating because my former relationship was not so much to marvel at. My ex-boyfriend did not really understand positive living, we were all HIV positive he wanted us to have unprotected sex simply because we are all positive .Although I loved her I opted out” (R5-20, **Male**)

My boyfriend got to know my status through my best friend and that was the end of it ,he rejected me and started dating my best-friend .I was so hurt broken so much that I don’t think I’m ready to move on RP-14,**Female**)

Adolescents indicated that stigma they face from their communities is making disclosure not easy at the same time if a partner discovers another partners results coincidentally it becomes an issue .Hence, adolescents face dilemmas in relationships with partners of the opposite sex. Similarly another girl reported her case whereby the partner ended up spreading the status to almost everyone after she disclosed her status, As a result of the stigma they face when they disclose their statuses to their relatives or friends, some of them said they then decide to stay away from sexual health related issues because it does not concern or benefit them in any way .Key informants also said that stigma and

discrimination from the community is affecting ALHIV 's attendance .They are fearing to be seen and be labelled as HIV positive people .

4.4.4 LACK OF CONCERN AND IGNORANCE FROM PARENTS

From the research done it is noted that lack of concern from adolescents' parents or guidance

One participant said that,

“We never get SRH information from our parents, probably because they fear they might encourage us to be promiscuous. Most parents in Hopely Farm believe in masquerades they stop us from attending support group sessions saying it is against their tradition. (RP-21, **Female**)

A key informant said,

Some parents do not want their children to attend support groups because they fear that their statuses will also be exposed to the community .Since the community believes that people who have children who are HIV positive were infected during birth by their mothers. (KI-3, **Youth Friendly Nurse**)

Few adolescents mentioned that their parents and guidance are always there for them that they even get worried when they do not attend support groups the male adolescents highlighted that their parents or guardians are under the assumption that they are asexual so they do not offer them any SRH information or services. Participants indicated that, because some of their parent's lack of concern in their sexual and reproductive health they end up getting the information and services from support groups they attend. During the discussions key informants were in agreement with what ALHIV were saying as they alluded that some parents do not allow their children to attend support groups because they fear that their statuses will be known too.

4.5 STRATEGIESTO IMPROVE SUPPORT GROUPS AS AN APPROACH THAT PROMOTES ACCESS OF SRH SERVICES BY ALHIV

A number of strategies to optimize adolescent's access to SRH care services in the area through support groups were alluded the adolescents and the key informants. Which includes training

to make reusable pads, having older and good role models, having recreational activities and receiving help from other NGOs and the government.

4.5.1 TRAINING TO MAKE REUSABLE SANITARY WEAR

Participants indicated that they would love to be trained on how to make reusable sanitary pads .One participant said,

I will be happy if I happen to be trained to make re-usable pads because most of us cannot afford to buy pads. Pads are a necessity to all adolescents girls hence they must be accessible easily. (RP-14 .**Female**)

Another participant said that,

Adolescents in Hopely Farm are suffering when it comes to accessing sanitary wear .Most people in Hopely farm are trapped into Poverty and they cannot access pads since they are expensive .It is very disturbing to hear complaints from many adolescents when they come for support groups saying they sometimes tear their clothes during their menstrual cycles .Therefore it will be better if they are taught on how to make reusable pads in support groups. (KI-3, **CATS**)

An Adolescent girl also said:

If we are trained to make reusable pads in support groups we will not suffer and our menstrual hygiene will be improved .We are suffering a lot during our periods whereby we fail to afford pads most of our parents are not employed they do not afford to purchase pads for us .We end up improvising .(RP-12, **female**)

All the participants were happy and in agreement that even the man in the focus group expressed their support that they will always be there to support women and they also love to be trained on how to make one. All the key informants were also in agreement that training on how to make re-usable pads will be of help to adolescent girls since they are suffering in during their menstrual cycle days .The participants from focus group one even highlighted also that they are ready to be trained if there is one to so that they can experience a dignified menstrual flow.

4.5.2 HELP FROM NGOs

Participants indicated that they need help from NGOs so that support groups will be very effective in Hopely farm .One participant said:

Many organizations which do support groups in Hopely farm are not permanent and their funding also get finished before they even complete their programs hence there is need for permanent organizations to come in Hopely farm .Also the services provided by these organizations must be comprehensive (RP-13,**Female**)

Another participant said that,

We need more NGOs to operate in Hopely farm especially meeting our special needs since we do not usually receive specialized care .Most organizations which come in Hopely Farm such as Chiedza, CESSHAR Zimbabwe and Restless development do not focus mainly on adolescents living with HIV only they offer services to everyone .Hence, we need more NGOs like Africa Aid which promotes our access to SRH services. (RP-2, **Male**)

Another respondent also said,

The Africa Aid Zvandiri program alone is failing to help us access HIV related SRH services in Hopely Farm through support groups .More NGOs must also come to assist us because the government resources are not enough and we are suffering .(RP-14,**Female**).

The participants acknowledged that, they are a number of programs in the area that cater for the SRH care needs of adolescents in Hopely but the existing programs were not enough or out of reach for a majority of the adolescents. The Key-informants indicated that, their respective organizations need to do more so as to come up with programs that are holistic. They also suggested that, they would do better if they had a multi-sectorial approach to their efforts. Adolescents also indicated that many organization which come in Hopely end their programs early .According to Greifinger (2012), NGOs blamed a lack of funding for their failure to fill existing gaps in sexual and reproductive health care services in Hopely. None the less the astounding role of NGOs through the Zvandiri program was mentioned and the room to do more was also emphasized.

4.5.3 HAVING RECREATIONAL ACTIVITIES

Adolescents wants to have entertainment and activities that can help them to have motivation to attend support groups.

One of the key informants said that,

There must be introduction of activities such as going to game parks, road trips and sporting activities .These can also help adolescents' mental health since the activities can keep their minds refreshed and busy subjected from overthinking. This can also strengthen attendance since adolescents need entertainment. (KI-1 **Social Worker**)

Another respondent said,

We need to have refreshing activities so that support groups will be a place where we can also run away from our life stresses .Support groups must give us a home where our lives become easier .This can be successful through organizing parties ,sports ,taking us to trips .(RP-11,**Female**)

From the interviews which were done with the adolescents and key informants it was shown that many adolescents want recreational activities for them to find motivation to attend support groups .Adolescents indicated that for support groups to not be very boring and happen on obvious places the group leaders must take them to tourist places where they can also get entertainment and be exposed to new environments. From the study findings adolescents indicated that recreational activities can lead to their mental stability since HIV can cause depression to them another key informant was also in support of this .This is in line with UNICEF (2018) 's idea that, through attending support groups adolescents living with HIV get emotional support and can relive their stress.

4.5.4 ENGAGING OLDER ROLE MODELS.

Two participants indicated that, support groups to be improved must be led but older people who passed through adolescents while living with HIV so that they can share experiences. One of the participants said that,

I think that we should get the opportunity to meet older people who passed through adolescents while living with HIV so that they can share experiences, dos and don'ts because it easier to embrace knowledge imparted by a person who was once in a situation than someone who is professionally trained to teach.(RP -7, **Male**)

Another participant said,

I might have had a fair share of experiences as an ALHIV, but all of these guys in the support group cannot learn from me. They face a wide variety of issues and they need more role models and more scenarios to learn from. (K-4, **CATS**)

The participant further explained that, indeed they have their facilitators and CATS but some of them are actually still trying to make it in life as HIV positive individuals, they just passed

the adolescence stage and thus they have very little knowledge to impart as they are also trying to figure out their own lives. Mburu et al (2013) reiterated this sentiment urging service providers to modify health services to fit the requirements of ALHIV patients as a way to give age and status appropriate therapies while advancing their right to health. The key informants also supported this through mentioning that there must have role models amongst these adolescents so that they will be motivated.

4.5.5 GOVERNMENT INTERVENTION

Our SRH rights as adolescents living with HIV are not very well recognized so we need policies and legislation that is tailor made to cater for our own needs. The government must intervene in making sure that we have fixed organizations which help ALHIV in hope to access SRH services since most organizations are just seasonal (RP-8 **Female**)

Another respondent said,

I think our SRH rights will be recognized if the government intervenes because most of us are failing to access our SRH rights due to our age even if support groups try to help us there are laws which hinder us from accessing services also the costs of SRH services (RP-15, **Female**)

Another respondent added that,

The government and its stakeholders must work on committing to meet the sexual and reproductive health of us adolescents living with HIV. The government must also make sure that adolescents have correct information about the sexual and reproductive rights (RP1-**Male**).

The majority of participants urged the government to intervene to protect ALHIV's dignity by ensuring that any adolescent who is having difficulty receiving SRH care services has access to them. Key informants added on saying the government should fund SRH treatments so that they are affordable to adolescents. The participants indicated that, government should draft policies and programs that mainly favor adolescents living with HIV especially in regard to sexual and reproductive health care services. All these findings spoke to the improvement of service provision and need for strict adherence to professional regulations when addressing issues concerning ALHIV and their SRH. This falls in line with the argument raised by Hindin and Fatusi (2009) that, gaps still exist within programs that target both knowledge and behavior change in the sexual activities of ALHIV.

4.5.6 CHAPTER SUMMARY

The researcher managed to collect data from 25 participants and the majority of the participants were females. Data was collected from adolescents who were from 13-18 years old. Most of the adolescents were of secondary school going age. From the findings it was indicated that adolescents are getting comprehensive sexual education, contraceptives, ARVs, sanitary wear and psychosocial support through support groups. Support groups are also helping ALHIV to live normal lives through having their confidence boosted. However, they are challenges which are being faced in trying to promote ALHIV's access to SRH services through support groups which include stigma and discrimination in their communities, their parents hindering them to attend support groups, financial challenges and adolescents failing to adhere to ART. The findings also indicated solutions which can improve support groups and promote ALHIV's attendance which are having recreational activities, training adolescents on how to make reusable pads and getting from other NGOs. These findings were also linked and compared to the existing literature as well as the theoretical framework employed in this study, thus correlating and filling out gaps left out. The summary, conclusions and recommendations of the study will be presented in the next chapter.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

The study was focused on understanding the experiences of adolescents in getting SRH care through support groups in Hopely Farm, Harare. This chapter gives a summary, conclusions and recommendations from the study. A summary concludes the chapter.

5.1 SUMMARY OF THE STUDY

The first objective explored on the nature of SRH services that are being provided to ALHIV at Hopely Farm, Harare through support groups. From the findings it was indicated through support groups adolescents are accessing SRH services such as comprehensive sexuality education, contraceptives, ARVs, having their viral load monitored, have psychosocial support and access to SRH information and also access to sanitary wear and information about menstrual hygiene. From the study findings the results were that there are no services which were specifically friendly to adolescent boys' SRH needs the services which are being offered in support groups are just that one size fits all. The study findings indicated that support groups are helping them to live normal healthy lives. However on the other hand participants indicated that despite all the services being offered some ALHIV in Hopely farm continue to engage in risky sexual behaviors since the areas is a Hotspot for child prostitution.

The second objective dwelled on describing the psychological, social and economic benefits of access to sexual and reproductive health services through support groups by adolescents living with HIV at Hopely farm, Harare. The findings indicated that adolescents have improved in their health seeking behaviors through the support they are getting. The findings also show that support groups are helping ALHIV to relive stress and their mental wellbeing is being improved. However participants also revealed that despite having access to SRH services there are still a number of unwanted pregnancies and school dropouts which are being recorded in Hopely Farm this affecting its economic status. From the study it was indicated that adolescents are mainly benefiting from psychosocial support in the groups which is helping them to boost their confidence, be resilient and fight against stigma and be able to associate and make friends. This is supported by Ballantyne, (2011) who noted that young people enjoy support groups because they alleviate loneliness, fill in knowledge gaps, and offer them a feeling of purpose.

The third objective was on identifying the challenges are being experienced in promoting access to SRH services through support groups at Hopely Farm Harare. The key findings were that the challenges that are found in trying to promote access to SRH by ALHIV in support groups includes lack of transport money, adolescents failing to adhere to their ARVs which affects their sexual and reproductive health and also lack of concern from their parents. This is in support of the ideas that the researcher gathered in the literature review. However from the findings the researcher concluded that problems vary by gender.

The last objectives was on strategies that can improve support groups as an approach in promoting access to sexual and reproductive health by ALHIV in Hopely farm .The key strategies were on training adolescents on how to make sanitary pads ,to get help from other NGOs ,having recreational activities and engaging Peers who are good role models .The participants 's ideas were similar to what the researcher found in the literature .Adolescents in Hopely farm however pointed out that organizations which are there should decentralize their services .Adolescents also want the government to intervene and promote police change since many policies such as the legal Age Majority Act limit and prohibits them from accessing SRH services .

5.2 KEY CONCLUSSIONS OF THE STUDY

The sub-sections summarize the conclusions of the study which includes the nature of SRH services being provided through support groups, the benefits of accessing SRH services through support groups, the challenges that are being faced in trying to promote access to SRH services through support groups.

5.2.1-NATURE OF SRH SERVICES IN HOPELY FARM

The researcher a concluded that services being offered in support groups are not comprehensive and are not sensitive to the SRH needs of adolescent boys since they do not have specific services for them.

5.2.2 BENEFITS OF ACESSING SRH SERVICES THROUGH SUPPORT GROUPS

ALHIV are benefiting mostly through psychosocial support in support groups which is helping them to boost their confidence ,manage to fight stigma and make social relationships .Adolescents 's mental being is also being improved through support groups .

5.2.3 CHALLANGES BEING FACED IN PROMOTING ACCESS TO SRH SERVICES BY ALHIV

The study concludes that there are challenges which are being faced in trying to promote access to SRH services which includes lack of transport money, adolescents not adhering to their

medication, lack of concern from parents and fear of stigma and discrimination from the societal members stops ALHIV to attend local support groups.

5.2.4 STRATEGIES TO IMPROVE SUPPORT GROUPS

Support groups can be strengthened through having recreational activities as motivation to attend, getting help from other NGOs and engaging good role models as leaders.

5.2.5 LEGAL, POLICY AND FRAMEWORKS PROMOTING ACCESS TO ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH IN ZIMBABWE

Adolescents in Zimbabwe, particularly those with ALHIV, have an acute need for SRH assistance. The country's national policies on teenage access to SRH services are not very flexible or clear. At the policy level, it is still a grey area. Adolescents need access to age-appropriate SRH services, according to the Adolescents Sexual and Reproductive Health Strategy (2010-2016). The school's health policy also mentions providing comprehensive sexuality education to students aged 10 to 17. A child is also defined as a person under the age of 18 in Zimbabwe's constitution. Marriage is also forbidden for children. As a result, it's difficult to promote adolescent access to SRH because policies and legislation contradict one another. The decision to provide SRH information and services for ALHIV is up to the individual health practitioner.

5.3 RECOMMENDATIONS OF THE STUDY

From the study findings the researcher recommend that organizations in Hopely Farm should decentralize their services ,offer services which are comprehensive ,communities must be educated about support groups and there must be introduction of services which are male friendly for adolescents boys who are living with HIV

5.3.1 Organizations which are offering services in Hopely Farm should decentralize and also concentrate on Hopely Farm so that service provision will be sustainable and ongoing.

5.3.2 .There must be an effective delivery of services since some services that adolescents get are not comprehensive.

5.3.3. The community should be educated about the most importance of support groups in helping adolescents living with HIV this will help to promote attendance.

5.3.4. There must be SRH services in support groups that are male friendly for adolescent boys so that they will access services that address their sexual and reproductive health needs.

5.4 IMPLICATIONS TO SOCIAL WORK

The study findings helps social workers in the field of community health to scale up services which promote access to SRH through support groups. The study also buttresses the use of group work as an efficient method of reaching out to vulnerable populations. Through the gaps identified by the study, NGOs and the government can adopt a multiagency approach to dealing with the SRH challenges being faced by adolescents living with HIV. Since adolescents have shown from their responses that support groups are helping them to have confidence to access services. The study findings make social workers to advocate for more policies that will address ALHIV's SRH problems.

5.5 AREAS FOR FURTHER STUDY

The study could not fill all the gaps it identified in adolescent and their access to sexual and reproductive health. Therefore the following are recommended as areas that can be filled by future studies:

- Challenges faced by adolescent girls in accessing sexual and reproductive health care services during the COVID-19 pandemic
- The role of parents in promoting good sexual and reproductive health care practices amongst adolescence.
- Socioeconomic challenges faced by adolescence living with HIV

5.5 CHAPTER SUMMARY

From the research objectives they key findings were that adolescents are accessing various services through support groups which includes CSE, contraceptives ,access to ARVs and viral

load monitoring .There were also benefits of attending support groups which included improving one 's mental being ,getting psychosocial support and also a drop of school dropout cases and unwanted pregnancies .

There researcher concluded that services which were being offered through support groups are not comprehensive and they are not meeting male adolescents 'needs .The researcher then recommended that SRH services should be decentralized in Hopely Farm, services must also meet adolescent boys' SRH needs and also that services must be comprehensive .Areas of further studies were pointed out such as dwelling on challenges that ALHIV face in trying to access SRH services.

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APENDIX 1: PARENTAL CONSENT FORM

INTRODUCTION

My name is CATHERINE G DZAPATA. I am at Bindura University of Science Education .I am a fourth-year Social Work student. A student in the Social Work degree program is required to do a research project as part of their coursework. In this regard, I'm undertaking the following investigation:

TITLE OF THE STUDY

An exploration of support groups and access to sexual and reproductive health services promotion by adolescents living with HIV .A case study of one support group in Hopely Farm, Harare

PURPOSE

If your child participates in this study, he or she will be asked to answer structured questions about socio-demographics and Sexual and Reproductive Health (SRH) issues affecting HIV-positive adolescents (ALHIV). The goal of this study is to see how support groups at Hopely Farm, Harare, promote ALHIV access to sexual and reproductive care. Your child has chosen to participate in this study because he or she is between the ages of 10 and 18, has HIV, and lives at Hopely Farm.

PROCEDURES AND DURATION

If you choose to let your child participate, he or she will be asked to contribute personal information about himself or herself, as well as information about how support groups improve access to sexual and reproductive services. His/her participation will last approximately 25 minutes.

RISKS AND DISCOMFORTS

There are no significant dangers to participants. During the data collection period, only refreshments will be supplied. Your youngster, on the other hand, may be inconvenienced if a survey is given at an inconvenient time or place, or if it takes too long to complete. She or he may also be at risk financially as a result of lost work time while completing the interview.

VOLUNTARY PARTICIPATION

It is entirely up to you whether or not you choose to let your child take part in this study. If you choose not to let your child participate in this study, it will have no bearing on your or your child's future interactions with the Africaid Zvandiri Program or any SRH interventions. You

and your child are free to withdraw your consent and assent and terminate participation at any time if you allow your child to participate.

Signature of the parent

Date

APPENDIX 2: CONSENT FORM FOR KEY INFORMANTS

INTRODUCTION

My name is name CATHERINE G DZAPATA. At Bindura University of Science Education, I am a fourth-year Social Work student. A student in the Social Work degree program is required to do a research project as part of their coursework. In this regard, I'm undertaking the following investigation:

2. TITLE OF THE STUDY

An exploration of support groups and access to sexual and reproductive health services promotion by adolescents living with HIV .A case study of one support group in Hopely Farm, Harare

3. AIM OF THE STUDY

The aim of the study is to explore and describe how support groups promote access to SRH services amongst adolescents living with HIV.

4. PROCEDURES

If you agree to participate in the study, you will be involved in a face to face interview with the researcher where you will be asked questions on how support are promoting access to sexual and reproductive services .With your consent, the researcher will record the interview proceedings in order to correctly capture the information.

5. BENEFITS

The benefit of you participate in the research is that you have power to exercise your autonomy .Data you are sharing will be recorded without including your identities .Hence confidentiality is guaranteed information share will only be used for academic purposes .

6. RISKS AND HARM

To minimize the risk of discomfort the researcher will conduct debriefing sessions where necessary. The information you will share will not be shared with anyone.

7. RIGHTS OF PARTICIPANTS

Your participation in the study is voluntary. Therefore you will receive no direct benefits in monetary or other forms. However, your participation has indirect benefits in that, the

information you will share with the researcher will go a long way in improving service delivery to ALHIV in Hopely farm.

Do you want to part to participate in my study? YES

NO

Signature of participant

Date

APPENDIX 3 - IN-DEPTH INTERVIEW GUIDE: ALHIV

INTRODUCTION

The interview guide is being utilized as a tool to collect data on how support groups are promoting access to sexual and reproductive health services by adolescents living with HIV in Hopely Farm, Harare. The interview guide is divided into two sections. The first section A comprises of the personal details of the adolescents living with HIV. The second section B contains questions on the nature of sexual and reproductive health services offered through support groups, the benefits of the services and also strategies to improve support groups as an approach to promotion of access to SRH services by adolescents living with HIV.

SECTION A: DEMOGRAPHIC DETAILS

1. Sex: Female () Male ()?
2. How old are you?
3. Do you go to school?
4. Which level are you at school between primary and secondary?
5. What is your religion?
6. How many are you in your family?
7. How many of your family members are above the age of 18?
8. How many of your family members are below the age of 18?

SECTION B: RESEARCH QUESTIONS

1. What is your understanding of Sexual and reproductive health?
Prompts from literature review.
2. Based on your understanding of ASRH what is the nature of sexual and reproductive services that are provided to adolescents living with HIV in Hopely farm through support groups.
Prompts from literature review.
3. In your opinion what are the benefits of accessing SRH services through support groups?
Prompts from literature review.
4. What challenges are being experienced in trying to access SRH services through support groups in Hopely Farm?
Prompts from literature review.

5. What strategies can be implemented to improve support groups and to promote access to sexual and health among adolescents living with HIV at Hopely Farm.

Prompts from literature review.

6. We are coming to an end of our discussion does anyone have additional comments on issues we discussed that will assist me to have a deeper understanding of how support groups are promoting your access to sexual and reproductive services.

INTRODUCTION

This focus group guide is being used in the research to collect data on how support groups are promoting access to sexual and reproductive health services by adolescents living with HIV. The focus group guide contains research questions which will add on understanding the nature of SRH services, provided through support groups, the benefits of assessing the services, the challenges faced in support groups and strategies to improve support groups. The researcher also designed form to capture the demographic details of the participants.

SECTION A: DEMOGRAPHIC DETAILS

1. Sex: Female () Male ()?
2. How old are you?
3. Do you go to school?
4. Which level are you attending? Primary () secondary ()
5. What is your religion?
6. How many are you in your family?
7. How many of your family members are above the age of 18?
8. How many of your family members are below the age of 18?

RESEARCH QUESTIONS.

1. What is your understanding of Sexual and reproductive health?

Prompts from literature review.

2. Based on your understanding of ASRH what is the nature of sexual and reproductive services that are provided to adolescents living with HIV in Hopely farm through support groups.

Prompts from literature review.

3. In your opinion what are the benefits of accessing SRH services through support groups?

Prompts from literature review.

4. What challenges are being experienced in trying to access SRH services through support groups in Hopely Farm?

Prompts from literature review.

5. Which strategies can be implemented to improve support groups and to promote access to sexual and health among adolescents living with HIV at Hopely Farm.

Prompts from literature review.

6. We are coming to an end of our discussion does anyone have additional comments on issues we discussed that will assist me to have a deeper understanding of how support groups are promoting your access to sexual and reproductive services.

APPENDIX 5: INDEPTH INTERVIEW GUIDE FOR KEY INFORMANTS

INTRODUCTION

This key informants interview guide is being utilized as a tool to collect data on how support groups are promoting access to sexual and reproductive health services by adolescents living with HIV in Hopely Farm ,Harare .The interview guide is divided into two sections .The first section A comprises of the personal details of the adolescents living with HIV .The second section B contains questions on the nature of sexual and reproductive health services offered through support groups, the benefits of the services and also strategies to improve support groups as an approach to promotion of access to SRH services by adolescents living with HIV .

SECTION A

1. Can you tell me about your working experience in the field of sexual and reproductive health for adolescents living with HIV?

Prompts years of work practice.

2. What is your role in the support groups that are promoting access to sexual and reproductive health services for adolescents living with HIV?

SECTION B: RESEARCH QUESTIONS

1. What is your understanding of Sexual and reproductive health?

Prompts from literature review.

2. Based on your understanding of ASRH what is the nature of sexual and reproductive services that are provided to adolescents living with HIV in Hopely farm through support groups.

Prompts from literature review.

3. In your opinion what are the benefits of accessing SRH services through support groups?

Prompts from literature review.

4. What challenges are being experienced in trying to access SRH services through support groups in Hopely Farm?

Prompts from literature review.

5. How can the challenges being faced in support groups be addressed to improve them as a strategy to promote access to sexual and health among adolescents living with HIV at Hopely Farm.

Prompts from literature review.

6. We are coming to an end of our discussion does anyone have additional comments on issues we discussed that will assist me to have a deeper understanding of how support groups are promoting your access to sexual and reproductive services.

20 May 2022

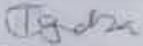
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Waterfalls
Harare

REF: PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH ON TOPIC ENTITLED "AN EXPLORATION OF SUPPORT GROUPS AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES BY ADOLESCENTS LIVING WITH HIV: A CASE STUDY OF HOPELY FARM".

Receipt of your letter with the above -mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research on a topic entitled "an exploration of support groups and access to sexual and reproductive health services by adolescents living with HIV: A case study of one support group in Hopely Farm. Permission granted STRICTLY on condition that the research is for academic purposes only in pursuit of your degree in Social Work. The data collected should not be shared to third parties.

Yours Faithful


T. CHIGADZA

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