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Implementation Framework for Condom Use and Sexually Transmitted Illness Management for Adolescents on Antiretroviral Therapy.

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Abstract

This study aims to explore the intricate factors that shape adolescents' attitudes and perceptions toward condom use and STI treatment in Harare, Zimbabwe. The primary aim is to meticulously develop a tailored implementation framework catering to adolescents that are marginalized especially those on antiretroviral therapy (ART), but also includes adolescents that are disabled, child prostitution and LBGTQ at Beatrice Road Infectious Diseases Hospital.

Utilizing a robust conceptual framework grounded in the Theory of Planned Behavior and the Health Belief Model, qualitative data were meticulously gathered from a diverse array of adolescent health stakeholders, including parents, guardians, nurses, and the adolescents themselves. Through detailed interviews and focused group discussions, nuanced insights into adolescent perspectives and behaviors concerning condom use and STI treatment were meticulously obtained.

The findings reveal a complex landscape wherein adolescents, despite possessing awareness of condoms and sexual and reproductive health, tend to underutilise healthcare services. They heavily rely on information disseminated through peer networks, social media, the internet, and healthcare providers. The dynamic interactions with peers, guardians, and healthcare professionals significantly influence diverse perceptions among adolescents. Notably, the

pivotal role of resource availability and the reduction of behavioral barriers emerge as critical factors profoundly shaping adolescent intentions toward engaging in STI management.

Drawing from the extensive information gathered, this study proposes a meticulously crafted implementation framework, "The SHIAA Framework: Shaping Healthy Intimacy for Adolescents on ART". Emphasizing a holistic approach, which includes psychological support, empowerment, and practical guidance, the framework aims to foster positive behaviors related to condom use and STI treatment among adolescents on ART. By comprehensively addressing perceived behavioral control, resource availability, and behavioral barriers, this framework endeavours to encourage the uptake of Sexual and Reproductive Health and Rights (SRHR) measures among adolescents, thereby significantly improving their overall health outcomes.

Keywords: Adolescents, Antiretroviral Therapy, Condom Utilization, STI Treatment, Implementation Framework, Zimbabwe.

Name of the Framework: The framework has been coined "The SHIAA Framework: Shaping Healthy Intimacy for Adolescents on ART".

1.1 Introduction

The study endeavours to explore the nuanced factors influencing condom use and perceptions regarding STI treatment among adolescents in Harare, Zimbabwe. Its primary objective is to craft an implementation framework tailored to adolescents receiving antiretroviral therapy (ART). Utilizing the conceptual underpinnings of the Theory of Planned Behavior and the Health Belief Model[2,3], qualitative and quantitative data were meticulously gathered from diverse stakeholders[4]. Results suggest that while adolescents exhibit awareness of sexual health, they frequently underutilize healthcare services, instead relying on information from peers and social media[4].

The proposed framework aims to address these challenges, prioritizing holistic support and community engagement to promote condom use and STI treatment among adolescents on ART[4,5]. By fostering a comprehensive approach that integrates psychological empowerment and community development, it seeks to enhance adolescent health outcomes and promote positive decision-making in sexual and reproductive health matters.

1.2 Development of the Implementation Framework: A Comprehensive Overview

In crafting the framework for this study, careful consideration was given to the distinctive contextual nuances of adolescence in Zimbabwe. Drawing upon Ajzen's (1991) theories, the framework emphasizes the importance of elevated cognitive processes and decision-making capabilities in facilitating informed choices among adolescents. This assertion finds validation in empirical research, which indicates that adolescents who seek guidance from both peers and healthcare professionals demonstrate greater consistency and improvement in decision-making.

The framework's development was guided by two key theoretical frameworks, namely the Health Belief Model and the Theory of Planned Behavior. These frameworks served as pillars, providing theoretical underpinnings and methodological guidance for the assessment of attitudes, practices, and behaviors related to condom use and STI prevention within the Zimbabwean adolescent demographic. By integrating theoretical foundations, empirical evidence, and core principles, the implementation framework was meticulously designed to address the unique challenges and dynamics encountered by adolescents in Zimbabwe. Ultimately, the framework aims to facilitate positive behavioral changes among adolescents, particularly in terms of condom use and access to early STI treatment, thereby contributing to improved adolescent sexual and reproductive health outcomes.

1.3 The Implementation Framework

The overarching goal of the SHIAA is to propose a framework based on research findings that can assist adolescents on ART in adopting resolutions conducive to increased condom use and STI treatment.

1.3.1 Objective of implementing the Framework

i) To increase condom, use and early treatment of STIs amongst adolescents aged 15-19 years on ART.

ii) To demystify cultural norms and values that impede condom use and STI treatment amongst adolescents on ART.

iii) To enhance technological innovations and advancements including them to entice adolescents on ART to increase condom use and seek STI treatment early.

iv) To improve service delivery amongst adolescents on ART aged 15-19 years

1.3.2 Target Audience:

This framework is tailored to meet the unique needs of adolescents aged 15 to 19 living with HIV, a demographic often marginalized within healthcare systems. Adolescents in this age group face distinct challenges in managing their sexual health, including ongoing physical and emotional development alongside the burden of HIV infection management. The framework prioritizes empowerment and informed decision-making to address the prevalence of heightened sexual risk-taking behaviors among these adolescents, emphasizing increased condom use and access to STI treatment. Moreover, it recognizes the intersecting forms of marginalization experienced by certain subgroups within this demographic, such as adolescent sex workers, LGBTQ+ individuals, and those with disabilities. By adopting an inclusive approach, the framework aims to address the specific challenges faced by these marginalized groups in accessing sexual health services, promoting equitable access to resources, and fostering a supportive environment for all adolescents, regardless of their background or identity. Through collaborative efforts with key stakeholders and community-based organizations, this model seeks to dismantle systemic barriers and promote the sexual health and well-being of all adolescents living with HIV.

1.3.3 Benefits of the SHIAA Framework

The SHIAA Framework recognizes the complex needs of this population. It caters to their desire for independence and autonomy while providing age-appropriate guidance and support. Unlike traditional sex education programs, SHIAA acknowledges the realities of their sexual lives and empowers them to navigate relationships responsibly by integrating HIV management strategies with safer sex practices. The model promotes holistic well-being and fosters a sense of control over their health and enhances accessibility to STI treatment.

Beyond Condom Use

The benefits of the SHIAA Framework extends far beyond simply increasing condom use and STI treatment. The framework equips adolescents on ART with knowledge, skills, and confidence thereby empowering them.

Reduce their risk of sexually transmitted infections (STIs): This includes both HIV transmission to uninfected partners and acquiring secondary STIs, which can complicate HIV management.

Improve adherence to ART: When adolescents feel in control of their sexual health, they are more likely to adhere to their treatment regimens, leading to better viral suppression and long-term health outcomes.

Boost self-esteem and confidence: Making informed choices about their sexual health empowers adolescents to build healthy relationships and navigate their sexuality with greater certainty.

Increased communication and access to healthcare: The model encourages open communication with healthcare providers about sexual health concerns, ensuring they receive comprehensive age-appropriate information, support, and services.

By addressing these diverse needs, SHIAA aims to holistically empower sexually active marginalised adolescents to lead healthy and fulfilling lives.

1.3.4 Principles Guiding the Framework:

The SHIAA framework is designed to systematically address and explore key aspects of attitudes, practises and behaviours among adolescents on ART, ultimately contributing to the development of effective strategies for promoting condom use and STI treatment. The table 5.1 below summarizes these components at BRIDH hospital in Harare.

1.4 Principles to guide implementation.

Within the framework, key stakeholders are equipped with methodologies to comprehend the diverse challenges adolescents face, along with a range of solutions to address them. The integration of monitoring and evaluation concepts is deemed essential in the developed framework, providing guidance for data collection, dissemination, and the formulation of action plans pertinent to Health Belief Model (HBM) framework policy implementation. As outlined in Table 1 below, tangible tools are crucial for individuals, teams, or institutions tasked with implementing the framework. These tools encompass various strategies, including:

- Assessment and utilization of available resources, local health personnel, and relevant issues to ensure maximum outreach to adolescents. For instance, the research utilized accessible platforms such as social media to engage adolescents effectively.
- Active engagement with the community, involving adolescents, guardians, and leaders of social gathering institutions like churches, peer educators, and other personnel in collaborative planning sessions.

- Establishment of actionable goals and objectives, such as determining the number of adolescents to be interviewed and assisted at Beatrice Hospital in Harare, with continuous monitoring of their progress.

Refinement of goals and objectives, along with adjustment of the methodology to accommodate evolving requirements, is integral to the implementation process. While the primary research focus centred on decision-making aspects, it also examined broader aspects of adolescent life and education, acknowledging their potential influence on overall decision-making processes.

The subsequent table delineates the primary objectives of the framework alongside the strategies and activities aimed at bolstering condom use and STI treatment among adolescents receiving antiretroviral therapy (ART) at Beatrice Road Infectious Diseases Hospital (BRIDH). By providing a comprehensive overview of the framework's goals and corresponding interventions, the table serves as a practical guide for stakeholders involved in adolescent healthcare. It outlines targeted approaches to address the unique challenges faced by this demographic, emphasizing the importance of tailored strategies to promote sexual health and mitigate the risks associated with HIV infection. Through the implementation of these strategies, the framework endeavours to enhance the overall well-being and quality of life for adolescents living with HIV, fostering a supportive environment conducive to positive health outcomes.

THE SHIAA FRAMEWORK

Table 1:

Objectives of framework	**Strategies**	**Activities**	**Responsible person**		
To increase condom use and early treatment of STIs among adolescents on ART	i) Increase ownership of activities by adolescents on ART. ii) Client centred approach iii) Youth first policy	i) Identify barriers and enablers of condom use behaviour change by exploring capability opportunity and motivation. ii) Involve adolescents on ART in planning activities and take responsibility of improving behaviour and actions on condom use and STI treatment.	Ministry of Health, healthcare providers,faith based organisations,GALZ,		

Objectives of framework	Strategies	Activities	Responsible person		
		iii) Provide age appropriate STI prevention and condom use material through games , music, pictures , short films and books. iv) Strengthen focus on STI treatment through periodic screening of STIs amongst adolescents on ART. v) To increase social and behavioural change communication through direct teaching			

Objectives of framework	Strategies	Activities	Responsible person		
		of condom use and STI treatment through dramas, E-learning peer mentor models, panel discussions and round table discussions. vi) Provide psycho social support through tailored youth treatment packages. vii) Encourage life skills development which leads to capacity building thereby delaying sexual debut			

Objectives of framework	Strategies	Activities	Responsible person		
		and increasing condom use. viii) Integrate HIV and STI prevention and control services ix) Mental, neurological and substance use disorder prevention and support x) Encourage HPV vaccine xi) Identify clients with risk factors that is social, economic and behavioural then link with appropriate			

Objectives of framework	**Strategies**	**Activities**	**Responsible person**		
		facilities for further management			
To de-mistify cultural norms and values that impede condom use and STI treatment amongst adolescents on ART	i) Develop guidelines about age of consent for provision of SRH services for those 18 years and under. ii) Resource mobilisation to disseminate information and teach behaviour change amongst the community, parents and guardians.	Emphasis to be placed on prevention of harmful practises like polygamy and child marriages. Teach community parents and guardians about sexual reproductive health rights including who and when adolescents can marry and the number of children they can have without cultural influence .	• Law enforcement agencies • Justice system • Faith based organisations. • Parents and guardians. • Advocacy groups,viral hepatitis,STI and TB prevention		

Objectives of framework	Strategies	Activities	Responsible person		
	iii) Address negative cultural norms and values that impede condom use and STI treatment. iv) De-criminalise key populations which include LGBTQI where some of the adolescents on ART belong to but are scared to disclose .	Monitoring and evaluation top ensure inclusivity of community and parents at all levels of ASRH programs. Promote campaigns which involve community interactions ,decision making, problem solving , relationship building with parents and the community. Create platforms for regular discussions			

Objectives of framework	Strategies	Activities	Responsible person		
		with parents and the community. Promote stress management ,empathy ,creative thinking , critical thinking by involving community and parents in planning and implementing projects on condom use and STI treatment. Encourage sharing of information on STI treatment and condom use amongst parent and the community so that they take an active			

Objectives of framework	**Strategies**	**Activities**	**Responsible person**		
		role on needed actions and support. Encourage trans-formative leadership models which can put pressure to adjust laws.			
To enhance technological innovations to improve condom use and STI treatment amongst adolescents on ART.	Continue counseling and psychological support by including technological equipment to entice and motivate adolescents on ART.	Encourage youth to attend the youth friendly corner to collect their medication as well as get age appropriate information given by healthcare workers and peer mentors. Encourage psychological support	Ministry of health ,ministry of education,partner organisations eg national AIDS council ,members of parliament ,counsellors,adolescents on ART		

Objectives of framework	Strategies	Activities	Responsible person		
		is provided to increase condom use and STI treatment. Include digital innovations e.g web based STI diagnosis and prevention strategies. Introduction of STI self sample collection kits where samples are collected and sent to labs discretely by adolescents on ART . Design an application which adolescents can have easy access to so			

Objectives of framework	**Strategies**	**Activities**	**Responsible person**		
		that they can self diagnose and possibly seek treatment early. Generate and transmit STI prevention information and treatment through social media, SMS clubs , debates , brainstorming , role play, internet game simulations and debates online.			
Improve service delivery	i) Human rights training and sensitisation of	Promote healthy positive living amongst adolescents	Faith based organisations, Zvandiri SAFAIDS, organisations that are		

Objectives of framework	Strategies	Activities	Responsible person		
	healthcare workers to reduce bias ii) Targeted sensitisation and stigma reduction interventions with service providers. iii) Tailor delivery of promotive, preventive and regular screening of STIs amongst adolescents on ART . iv) Have readily accessible curative and behaviour change services .	on ART by reducing stigma and involving Community Adolescent Treatment Supporters(CATS) Provide additional follow up and care for adolescents on ART with STIs and non difficulties in accessing condoms. Involve senior doctors and social workers to cater for special needs of adolescents on ART.	linked to adolescents and STI treatment EG Zichire,,social services		

Objectives of framework	Strategies	Activities	Responsible person		
	v) Intersectoral collaboration and establish institutional framework allowing collaboration and networking.	Collaboration of Ministry of Education and Ministry of Health in devicing age appropriate information on SRH in school curriculum according to current national health strategy. Promote advocacy for adolescents on ART through campaigns that address inconsistent laws on ASRH. Accurate and correct information to be			

Objectives of framework	Strategies	Activities	Responsible person		
		disseminated to inform behaviour change, attitude change and practises. Design, plan and implement a comprehensive a capacity building initiative for adolescents on ART to improve STI prevention and treatment . Capacity building of healthcare providers to strengthen and ensure ownership and sustainability of			

Objectives of framework	**Strategies**	**Activities**	**Responsible person**		
		condom use and STI treatment.			

The objectives of this study require actions to be effected in order to meet the goal of improving adolescent thought process regarding condom use and STI treatment. As such the call to the action as highlighted by the table 1 above seamlessly integrates the desired objectives into attainable actionable goals.

1.4.1 To increase condom use and early treatment of STIs among adolescents on ART To ascertain the attitudes and practices on condom use and prevention of STIs by adolescents on ART on condom.

Strategy: The study proposes three primary strategies to enhance adolescent engagement and HIV prevention among individuals on antiretroviral therapy (ART). Firstly, it advocates for increased adolescent involvement in healthcare activities to promote ownership and responsibility regarding treatment. Secondly, it emphasizes a client-centered approach, tailoring interventions to meet the specific needs of adolescents living with HIV/AIDS. Lastly, the study suggests implementing a youth-first policy to prioritize adolescents' unique perspectives within HIV prevention strategies, aiming to empower them and improve treatment adherence while reducing transmission of HIV and other STIs.

Action: The Ministry of Health should conduct comprehensive research to identify barriers and facilitators influencing condom use behavior among adolescents on ART, focusing on factors like capability, opportunity, and motivation. Active involvement of these adolescents in planning and executing activities related to condom use and STI treatment is crucial. Additionally, prioritizing the development and dissemination of age-appropriate STI prevention and condom use materials, integrating periodic STI screening into routine healthcare, and enhancing social and behavioral change communication are recommended. Providing tailored psychosocial support, promoting life skills development, integrating HIV and STI prevention services, encouraging HPV vaccination, and identifying at-risk individuals for further management are essential steps. Through these actions, the Ministry of Health can effectively mitigate the spread of HIV/AIDS and improve adolescent well-being.

1.4.2 To de-mistify cultural norms and values that impede condom use and STI treatment amongst adolescents on ART

Strategy: Efforts to enhance adolescent access to sexual and reproductive health (SRH) services and promote behavior change within communities require a multi-faceted approach. Clear guidelines regarding the age of consent for SRH services provision are essential,

alongside mobilization of resources for education and information dissemination. Addressing negative cultural norms and values hindering condom use and STI treatment is imperative, necessitating comprehensive community-wide initiatives. Furthermore, the decriminalization of key populations, including LGBTQI individuals, is essential for creating a safe and inclusive environment conducive to accessing healthcare services without fear of discrimination or legal repercussions.

Action: Various entities, including law enforcement agencies, faith-based organizations, parents, and advocacy groups, share responsibility for adolescent sexual and reproductive health (ASRH). Priorities include preventing harmful practices like polygamy and child marriages, educating parents and guardians about sexual reproductive health rights, and fostering community involvement through monitoring, evaluation, and promotional campaigns. These efforts aim to promote dialogue, stress management, empathy, and critical thinking skills, while encouraging information sharing on STI treatment and condom use. Advocating for transformative leadership models is crucial for advancing ASRH initiatives.

1.4.3 To enhance technological innovations to improve condom use and STI treatment amongst adolescents on ART.

Strategy: The objective is to enhance technological innovations to improve condom use and STI treatment among adolescents on antiretroviral therapy (ART). This includes integrating counseling and psychological support using technological equipment to engage and motivate adolescents. By leveraging advancements like mobile applications or virtual counseling platforms, services can be made more accessible and appealing. Incorporating gamification or interactive features can incentivize adherence to treatment regimens and promote positive health behaviors, aiming to enhance the effectiveness and reach of initiatives.

Action: In the realm of adolescent sexual and reproductive health (ASRH), the government should actively encourage youth to utilize youth-friendly corners for medication and age-appropriate information. Promoting psychological support services can increase condom use and STI treatment uptake. Integrating digital innovations like web-based STI diagnosis and self-sample collection kits can enhance accessibility. Developing user-friendly applications for self-diagnosis and early treatment-seeking behaviors is crucial. Utilizing social media platforms, SMS clubs, debates, and online forums can effectively disseminate STI prevention information. By leveraging these strategies, the government can significantly enhance ASRH outcomes and empower adolescents to make informed decisions about their sexual health.

1.4.4 Improve service delivery.

Strategy: The objective is to enhance service delivery for adolescents on antiretroviral therapy (ART) through strategic interventions. Human rights training and sensitization of healthcare workers aim to reduce bias and discrimination, fostering inclusivity. Targeted efforts to reduce stigma with service providers address unique needs, including provision of promotive, preventive, and screening services for STIs. Accessible curative and behavior change services are crucial for diverse needs. Intersectoral collaboration and institutional frameworks facilitate coordinated efforts to address multifaceted challenges.

Action: Efforts should promote healthy living and reduce stigma among adolescents on ART, involving Community Adolescent Treatment Supporters (CATS). Additional care should address STIs and condom access challenges. Collaboration between ministries is vital for age appropriate SRH education. Advocacy campaigns should address inconsistent laws, disseminating accurate information for behavior change. Capacity-building initiatives empower adolescents with STI prevention skills, while healthcare providers undergo training for sustainability. These collaborative efforts aim to enhance ASRH outcomes and support adolescent well-being.

1.4.4.1 Economic Empowerment

The research underscores the significant influence of economic insecurity on adolescent behavior, particularly in relationships and access to resources such as condoms. Adolescents from financially stable backgrounds have better access to resources for safe sex practices. Economic empowerment is proposed as a solution to mitigate risks associated with dependency on older partners and peer influence. Measures to support career growth and development can reduce the likelihood of unprotected sex, manipulation, and early marriages by fostering independence and unbiased decision-making among adolescents. Additionally, financial stability can improve access to healthcare and treatment for sexually transmitted infections. Suggestions include enhancing technical skill development through vocational training schools and community-based skills sharing initiatives, with parents and community elders playing a crucial role in information dissemination.

1.4.4.2 Multi-sectoral approach

The framework utilized a multidisciplinary approach, involving church leaders, community leaders, nurses, and teachers, to address adolescent sexual and reproductive health (ASRH) issues. This approach fosters diversity in idea generation and enables adolescents to receive

holistic health perspectives. Each sector contributes unique insights and interventions, enhancing the adolescent's overall well-being. This collaborative effort promotes confidence and openness among adolescents, facilitating information sharing and informed decision-making. Additionally, a multisectoral approach aids in policy and program reforms for ASRH by streamlining service delivery and improving access to information and services. Incorporating champions from each field further enhances the quality of ideas and research outcomes.

1.4.4.3 Youth First Policy

The Youth First Policy aims to educate and empower adolescents aged 10 to 19 to safeguard themselves against various sexual and reproductive health challenges such as STIs, early pregnancy, unsafe abortion, gender-based violence, and harmful cultural practices, while promoting gender-equitable norms. However, youth involvement in decision-making and policy formulation regarding their sexual and reproductive health is limited, making them recipients of decisions made without their input. To address this, the policy advocates for youth inclusion in planning and implementation of interventions and emphasizes the importance of creating a health-promoting environment at both hospital and community levels. Additionally, health advocates should collaborate with communities to promote social change conducive to adolescent sexual and reproductive health promotion. Through these measures, the Youth First Policy aims to provide adolescents with the resources and agency to act responsibly and access quality sexual and reproductive health services.

1.4.5 Strategies for increasing STI treatment and condom use among adolescents on ART

The framework explores strategies for enhancing STI treatment uptake among adolescents, emphasizing the influential role of various sources such as parents, peers, healthcare providers, and cultural norms.

Peer Counseling: Peer counseling emerges as a pivotal strategy, leveraging peer influence to disseminate information effectively among youth. Active involvement of young individuals in community development initiatives and youth centers facilitates meaningful dialogue.

Parents and Guardians as Primary Sources of Information: Parents and guardians play a crucial role as primary sources of information. Tailored approaches are needed to facilitate open communication and support, recognizing their significant influence on adolescents' attitudes and behaviors.

Culture and Its Impact: Culture shapes attitudes and behaviors significantly. Inclusive approaches are required to integrate sexual health discussions within traditional settings, fostering acceptance and understanding while addressing negative attitudes.

Healthcare Workers' Attitudes: Healthcare workers, particularly community health workers and nurses, are crucial in influencing adolescent attitudes and behaviors. Effective communication strategies and training programs are needed to promote safe sex practices and positive health behaviors.

Knowledge and Its Influence: Ensuring accurate and timely information dissemination is crucial. Empowering adolescents to discern reliable sources and fostering a well-educated community are essential for promoting responsible sexual health practices and managing STIs effectively.

1.5 Monitoring and evaluation

A comprehensive monitoring and evaluation plan will be established to assess the implementation of the Sexual Health Intervention for Adolescents on ART (SHIAA) framework. The accompanying table delineates the monitoring and evaluation framework, designed to measure the accessibility of condoms and STI treatment among adolescents on ART. The framework encompasses indicators spanning input, process, output, outcome, and overall impact, facilitating a holistic assessment of the framework's efficacy.

Regular integrated supportive supervisions, conducted by sector ministries and health partners, will be instrumental in identifying gaps and rectifying deviations, thereby providing targeted support as needed. To facilitate tracking of adolescents on ART accessing STI treatment and condoms at Beatrice Road Infectious Diseases Hospital (BRIDH), service delivery registers, tally sheets, and reports will be utilized.

Furthermore, routine review meetings involving pertinent stakeholders will be convened to evaluate the implementation of the SHIAA framework and share best practices. To inform evidence-based implementation, ongoing research endeavours will persist, aiming to assess the implementation status, challenges, outcomes, and impacts of the framework, thus facilitating continuous improvement in its implementation processes.

Table 2 monitoring and evaluation framework

Input	Process	Output	Outcome	Impact
i) National policies and strategies e.g., ASRHR policies, public health, age of consent, marriage bill	Conducting advocacy meetings and sensitisation workshops	Healthcare providers, adolescents on ART, parents, and community to have clarity on inconsistent policies that impede condom use and STI treatment	Increasing condom use and STI treatment	Reduced morbidity and mortality of adolescents on ART
ii)Healthcare provider workforce	Training of health workforce	Competent healthcare providers who are knowledgeable on ASRHR issues and supportive of STI treatment and condom use	Improved healthcare provider attitudes	Improved knowledge and positive attitudes amongst healthcare providers
iii) Health package guidelines and job descriptions	Supportive supervision and review meetings	Health education and motivational learning to be conducted per treatment session and review session	Increased condoms use and tracking of adolescents on STI treatment	Improved STI treatment and condom use by adolescents on ART
iv)Register, reporting, referral formats	Provide service delivery registers, tally forms to track clients	Improved monitoring and evaluation of adolescents on STI treatment and those using condoms	Improved healthcare provider knowledge with a positive impact on attitude change	Improved ASRHR knowledge and skills by healthcare providers
v)Code of conduct	Train all healthcare providers on ASRHR policies and code of conduct of the hospital	Improved knowledge on ASRHR, organisation policies and code of conduct of BRIDH	Reduced STI and increased condom use amongst adolescents on ART	Improved access to ASRH services by adolescents on ART
vi)Medical supplies and equipment	Supply chain management	Common STIs managed at hospital and relevant referrals made for further treatment. Condoms	Reduced stigma and increased confidence by	Improved health of adolescents on ART

Input	Process	Output	Outcome	Impact
		distributed to adolescents who require them.	adolescents on ART	
vii)Finance/ budgeting	Allocate financial resources to support condom use and STI treatment programmes	Improved resource distribution at STI clinic and youth friendly center to increase treatment outcome and condom use.	Increased service sue by adolescents on ART	Improved access to ASRH services by adolescents on ART
viii)Infrastructure	Construct /assign youth friendly centers to provide comprehensive age appropriate ASRHR services to adolescents on ART	Ensure there is a functional youth friendly center which caters for ART supply, STI treatment and prevention and psychosocial needs of adolescents	Increased access to STI treatment and condom use	Improved access to ASRH services by adolescents on ART
ix) health facilities	Assign youth friendly centers	Ensure conducive consultation times to allow adolescents of school going age to have access to the center	Increased access to ASRHR by adolescents on ART	Improved access to ASRH services by adolescents on ART

1.6 Summary

Objective: The study aimed to investigate factors influencing attitudes and perceptions regarding condom use and STI treatment among adolescents, resulting in the development of "The SHIAA Framework." This model is proposed for adoption by adolescent support groups in Zimbabwe to address ASRH service accessibility issues.

Key Findings: Adolescents possess awareness of condoms and sexual health but underutilize health services, relying mainly on information from nurses. The SHIAA Framework aims to assist adolescents in making informed decisions regarding condom use and STI prevention, exploring cognitive processes influenced by socio-economic settings, peer influence, and health providers' impact.

Theoretical Contributions: Integrating principles from the theory of planned behavior and health belief models, the framework proposes effective strategies for promoting ASRH services. It emphasizes motivational interviewing and placing adolescents at the center of development to encourage healthy behaviors. Despite possessing knowledge, implementation remains low, necessitating targeted interventions.

Practical Implications: The study contributes theoretically and empirically to ASRH, offering insights for policy development, intervention strategies, and community-based support systems. The SHIAA Framework identifies attitudes, norms, and control factors influencing behavior, aiming to empower adolescents on ART to make informed decisions about their sexual health and well-being.

1.6.1 Recommendations

1. **For Adolescents Living with HIV:**
- Stay on ART indefinitely for viral suppression and reduced transmission risk.
- Counseling and peer engagement are essential for stigma reduction and self-esteem.
- Abstinence or consistent condom use with informed partners is advised.
2. **For Community Groups:**
- Provide comprehensive care and support for young people living with HIV.
- Offer skills development programs and peer group discussions to build confidence.
- Implement inclusive policies to address adolescent fears and concerns.
3. **For Health Practitioners:**
- Offer comprehensive sexual and reproductive health services for adolescents on ART.

- Be friendly and non-judgmental towards adolescents seeking reproductive health services.
- Provide adequate training to personnel involved in adolescent health.

4. **For Policymakers:**

- Conduct awareness campaigns in marginalized areas on STIs and ART among adolescents.
- Utilize social media for disseminating sexual reproductive health information.
- Implement innovative teaching methods in schools for sexual reproductive health education.

5. **For Future Studies:**

- Conduct further research on sexual reproductive health among male adolescents.
- Explore the inclusion of male adolescents in reproductive health clinics and policy strategies.

1.6.2 Conclusion

This chapter concludes by delineating the conceptual framework and offering recommendations aimed at enhancing Adolescent Sexual and Reproductive Health (ASRH) among adolescents undergoing HIV treatment in Harare. Central to this discussion is the emphasis on the SHIAA Framework, a hybrid model derived from principles of the theory of planned behavior and the health belief model. This framework serves as a pivotal tool in addressing ASRH challenges by exploring factors influencing attitudes and perceptions regarding condom use and STI treatment among adolescents.

The recommendations put forth in this chapter underscore the imperative for targeted interventions and strategic policy formulation. Advocating for comprehensive care and support for adolescents living with HIV, the recommendations emphasize the significance of ongoing counseling, peer engagement, and the promotion of abstinence or consistent condom use. Furthermore, community groups are urged to play an active role in providing holistic support, offering skills development programs, and fostering inclusive environments that address the diverse needs of adolescents.

Health practitioners are called upon to enhance service delivery by offering non-judgmental and comprehensive sexual and reproductive health services tailored to the specific

requirements of adolescents on ART. This necessitates the provision of adequate training and sensitization initiatives to ensure a supportive healthcare environment conducive to adolescent well-being. Policymakers are urged to prioritize awareness campaigns and leverage social media platforms for disseminating accurate sexual reproductive health information. Additionally, innovative teaching methods within educational institutions are recommended to facilitate effective sexual reproductive health education.

Finally, future research avenues are delineated, highlighting the need for further exploration of sexual reproductive health among male adolescents and the inclusion of male-specific perspectives in reproductive health clinics and policy strategies. These recommendations collectively underscore the commitment to advancing ASRH outcomes and fostering holistic well-being among adolescents in Harare and beyond.

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