

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 use 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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