“AN HIV free future and enjoyment of full potential” Project

Comprehensive Baseline study

GIRL CHILD RIGHTS
DIREITOS DA RAPARIGA

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1.0 Introduction

A Baseline Study for the *"AN HIV free future and enjoyment of full potential"* project implemented by GCR in Sussundenga District has been commissioned by GCR with support from Dorcas Aid International. The overall purpose of this study was to assess the HIV and AIDS situation among AGYW and their communities and provide benchmark indicators to inform the monitoring and evaluation of the 2 year project. The assessment not only focused on HIV/AIDS and SRHR but also other factors that trigger the epidemic, namely; child marriage and forced unions, gender based violence, cultural norms and practices, and polygamy.

The findings of the baseline study revealed that there are several socio-cultural practices, perceptions, and knowledge of key aspects related to HIV and SRH among young people, community leaders, parents and community members in Sussundenga. It further showed that the majority of the AGYW are vulnerable to HIV infection due no several risky behaviour like drug and alcohol abuse. In addition, some adolescents are sexually active and out of school and face a disproportionate risk, including early sexual debut, rape, and forced marriage.

The finding and recommendations of the baseline study will inform the design and implementation of the *"AN HIV free future and enjoyment of full potential"* project implemented by GCR with support from DORCAS AID.

List of abbreviations

AGYW LWHA	Adolescent Girls and Young Women Living with HIV/AIDS
ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
ART	Anti-Retroviral Treatment
ARV	Antiretroviral
FP	Family Planning
GBV	Gender Based Violence
GCR	Girl Child Rights
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
MoH	Ministry of Health
OVC	Orphaned and Vulnerable Children
PLWHA	Persons Living With HIV/AIDS
PWD	Persons with Disability
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund

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1.1 Background to the study

Recent trends of HIV/AIDS in Mozambique

In 2016, Mozambique had 83 000 (73 000 - 96 000) new HIV infections and 62 000 (50 000 - 73 000) AIDS-related deaths. There were 1 800 000 (1 600 000 - 2 100 000) people living with HIV in 2016, among whom 54% (41% - 63%) were accessing antiretroviral therapy. Among pregnant women living with HIV, 80% (61% - >95%) were accessing treatment or prophylaxis to prevent transmission of HIV to their children. An estimated 13 000 (7000 - 20 000) children were newly infected with HIV due to mother-to-child transmission (UNAIDS, 2019)

The HIV epidemic presents a major threat to future development of the country, an estimated 1.5 million people are living with HIV and the current HIV prevalence is 11.5% (INSIDA). This is higher in women (13.1%) and in pregnant women (15% RV 2009) than in men (9.2%). The number of paediatric infections is also high and accounts for (8.2%) of the global total for new infections, where Mozambique is among the top three contributors after Nigeria and South Africa (UNAIDS). The HIV prevalence is higher in urban areas (15.9%) than rural areas (9.2%) and geographically there are significant variations, with the southern and central Provinces being most affected (INSIDA).

The main drivers of the HIV epidemic are a high rate of multiple concurrent partnerships, low condom use, mobility and migration, age disparate and transactional relationships and low levels of male circumcision. There are also differences in prevalence according to wealth quintiles, the higher the wealth quintile, the higher the prevalence rate. The majority of new HIV infections in adults Mozambique are through sexual transmission (47%) and multiple concurrent partnerships (24.29%). 19% of new infections are through sex workers and their clients, 5% of new infections through men who have sex with men and 2.2% of new infections are through mother to child transmission.

The HIV epidemic has a serious impact on the children of Mozambique. There are an estimated 1.8 million orphans of which 510,000 are orphaned due to AIDS (UNICEF 2010) and the most recent data showed that nationally (12%) of children are orphans and 5% are vulnerable (MICS 2008). Children are vulnerable to malnutrition, ill health, abuse, neglect and HIV infection and face considerable barriers to education, health care, psychosocial support and livelihood activities.

The Central Region of Mozambique presents a high HIV prevalence in the country, where by Sofala is 15.5%, Manica 15.3%, Zambezia 12.6% and Tete 7%, of the population aged 15-64 are infected, the majority of which are female compared to males. These figures are high mainly because of the Beira Transport Corridor which links Beira and the neighbouring countries and serve as centres for development commonly known as hotspots (PEN IV 2015 – 2019).

This region has many migrants and thus classified as a high risk group for HIV due to their mobility and migration process and studies show that they are more vulnerable to infection due to an increased probability of having multiple sexual partners and sexual relationships with commercial sex workers. According to PEN IV 2015 – 2019, the migrants, long distance drivers presented a HIV prevalence of 21.9%.

In the Central Region of Mozambique female sex workers, OVC, PWD, truck drivers, and women, particularly in communities where there is pronounced gender inequality, are amongst the most vulnerable groups in this area, and are exposed to a high risk of HIV infection, due to socio-economic, cultural or behavioural factors. Limited condom use, due to lack of availability and knowledge and to cultural resistance, together with inadequate health-seeking behaviour and poor service delivery, contribute to the HIV vulnerability of these at-risk groups, and represent the biggest challenges in preventing and decreasing the rate of new infections

The key documents which orientate Health and HIV and AIDS policy in Mozambique are namely the Health Sector Strategic Plan (PESS 2014 -2019), the third National Strategic Plan for HIV and AIDS (PEN III 2010-2014), and the fourth National Strategic Plan for HIV and AIDS (PEN IV 2015-2019)

The problem of HIV and SRH among adolescents in Sussundenga district

The HIV prevalence rate for Manica Province is estimated at (15.3%). It is estimated that above (9%) of all people living with HIV/AIDS in Mozambique are from Manica province. The highest HIV prevalence rates in Manica province are reported in the districts along the Beira corridor, Chimoio with (24%) and Sussundenga with (11.5%). One of the challenges faced by MoH and its partners is HIV epidemic control. According to MoH, Manica is the province nationally with the lowest ART retention for the past 2 years for HIV+ pregnant women with

(48%), which means that in every 100 HIV+ pregnant women, only 48 start and stay on treatment.

Adolescent Girls and Young Women Living with HIV/AIDS (AGYW LWHA) aged 15 and 24 years in Sussundenga district have low access and adherence to HIV care and treatment services (anti-retroviral therapy uptake and retention). Unfortunately recent studies globally and regionally indicate that most of the HIV infections occur among AGYW aged between 15 to 24 years due to various factors including lack of control and decision make power over their sexual reproductive health, lack of appropriate and adequate information on HIV prevention, care and treatment, poverty, peer pressure, Gender Based Violence like intimate partner violence. There are multiple factors to this challenge including poor HIV service delivery, long distance and long time spent waiting in long lines to be attended are just a few examples that results in HIV+ AGYW to abandon ARV treatment. While the MoH has policies and laws that seek to provide preferential treatment and services to PLWHA especially AGYW, most of them are not aware of this provision.

1.2 Overall purpose of the study

The overall purpose of the study was to assess the situation of HIV/AIDS and SRHR and the vulnerabilities of AGYW and ABYM that expose them to the risk of infection and assessing SRH/HIV services targeting young people in Sussundenga district.

1.3 Specific objectives of the baseline survey

The baseline study was guided by the following specific objectives;

1. To assess the situation of HIV/AID and SRH among AGYW and ABYM in Sussundenga sede as well as the vulnerabilities that expose them to the risk of HIV infection
2. To find out the knowledge and attitudes of parents/caretakers and community leaders about young people`s HIV and SRH issues
3. To examine the existing HIV and SRH programmes and services targeting young people in health centres and the communities in Sussundenga sede

1.4 Summary of key findings

Child marriages / forced unions

- 63.64% of the community leaders affirmed that they know of cases of child marriages/ forced unions in their communities
- The highest (32.99%) of respondents reported that lack of knowledge about SRHR is the major cause of child marriages in their communities
- There is little or no understanding of the dangers that child marriages expose to victims as a result of infringing their SRHR.
- 84% do not define girls' readiness for marriage by biological attributes
- 22.34% of AGYW hold the view that when a girl starts her menstruation then that is a sign that she is ready for marriage. (17.87%) believe that girls who do well domestic work are ready for marriage, while (8.25%) hold the view that when a girl starts developing breast then she is ready for marriage. There is a small portion (3.44%) that was of the opinion that a girl is ready for marriage at 16 years.
- Findings about girls and boys portray that young people to some extent define readiness for marriage based on physical and biological attributes like body size and ownership of property
- 64.26% of young people were of the view that a girl should marry from 18 years and above
- 20.96% think that parents marry off their daughters to earn some money
- 271 out of 291 provided feedback indicating that child marriage has several negative consequences related to health including; increased risk for sexually transmitted diseases, cervical cancer, and death during childbirth, and obstetric fistulas.

Family planning / Contraceptive methods

- Male condoms were highlighted as the frequently used contraceptive method by 61 female respondents out of the 215 respondents, while 45 said that they did not know about family planning methods at all.

Gender Based Violence

- (84.54%) of the 273 youth responded that they have never been violated while (9,28%) revealed to have fallen victims of sexual abuse in the last 12 months
- A cross section of those that experienced abuse revealed that they never reported for some, because the perpetuator was anonymous and to others because the violators were their own husbands who threatened to do even worse in case the victims reported to any authorities.
- Major gaps were identified in the violence reporting mechanisms in the community as most of the cases are resolved at community level where families of the perpetuators influence the decision taken by the leaders.

Sexual Reproductive Health and Rights

- Much as the number of AGYW who reported to have knowledge of their rights is slightly higher, there is a cross section of the same target group that is completely not aware that they have the right to enjoy and demand for their SRH rights.
- The second largest response rate of (15.12%) of the AGYW reached were not aware of the signs and symptoms of STIs among women
- 36.77% of AGYW said that they are not comfortable speaking about SRH issues with their parents or caretakers due to various reasons

Access to SRH services

- Information and counselling on sexual reproductive health and HIV counselling and testing were cited as the services frequently accessed by the young people
- Contraception and post abortion services were reported to be the least accessed
- Services like contraception are less accessed due to the beliefs people have about family planning methods and limited knowledge about the pros and cons of using the methods.

HIV/AIDS

- A majority (58.48%) reported that they know someone in their community living with HIV/AIDS
- Findings from the interviews show that most young people (79.38%) are aware of the ways in which HIV is transmitted

- Most young people reported to take certain measures to prevent HIV infection. However, there is a minority of (2.06%) who revealed that they take no measure to prevent being infected with HIV
- 67.35% of AGYW and ABYM have ever done an HIV test and that (29.21%) have never done a test to know their HIV status.
- There are some young people living with physical disability that find it difficult to access the health centres to do the HIV test.
- Some adolescents think they are still so young and that testing for HIV is for old people
- 49.12% of the parents and community leaders were of the view that the most important health issue for the young people is HIV/AIDS
- Smoking and drinking, unprotected sex, sexual abuse and violence, carelessness, lack respect were listed by community leaders and parents as the behaviours that put young people`s health in risk

Polygamy

- 65% of parents believe that polygamy is bad practice because; it promotes witchcraft, it increases the risk of being infected with STDs, and creates a lot of problems in family like conflicts among children
- 35% of the respondents hold the opinion that polygamy is not a bad practice because; a man can have many children and that gives him respect in the community, it helps have many children to help in the Machamba, and increases produce in the farms.

SRH services

- 74% of respondents revealed to have access to a health centre in their community and have actually taken the initiative to demand for SRH services
- 49% of the respondents revealed that their health centres have got a place designated for the provision of sexual reproductive health services like counselling and testing.
- 83%of the respondents reported that adolescents and youth are passive and are not effectively involved as they should in the planning and monitoring of SRH programs.

2.0 Methodology and approach

The baseline study was conducted using a cross-sectional descriptive survey design involving both qualitative and quantitative approaches. A relatively small amount of data was thus selected from a bigger population derived from the project logical framework documents to act as inference.

2.1 Area of the study

The baseline study was conducted in Sussundenga sede, covering 10 localities where the GCR activists work on issues of HIV and SRH.

2.2 Study population

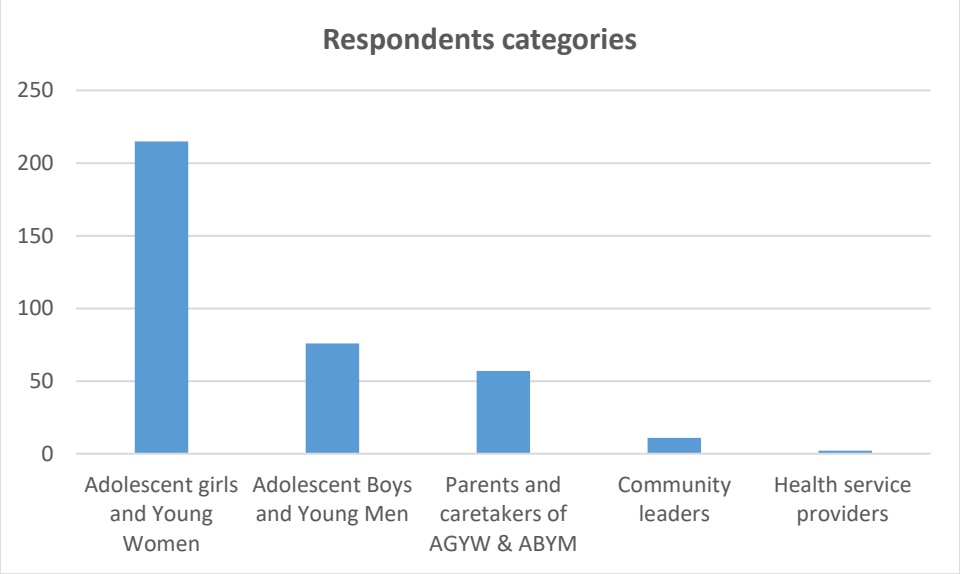
The study population reached out to by the activists was 361 respondents including 215 AGYW, 76 ABYM, 57 parents and caretakers, 11 community leaders, and 2 health service providers. These groups were selected because they are information rich focal persons as far HIV/AIDS and SRHR issues of young people in Sussundenga sede is concerned.

Respondent category	Number of respondents
Adolescent girls and Young Women	215
Adolescent Boys and Young Men	76
Parents and caretakers of AGYW & ABYM	57
Community leaders	11
Health service providers	2
TOTAL	**361**

2.3 Sample size and selection

The sample size of 361 was derived from the project target of 1800 people directly reached at baseline level. As it was impossible to involve the whole targeted population, a sample representing the whole population was selected.

Respondent category	Population derived from LF	Sample size	Sampling strategy
Adolescent girls and Young Women	500	215	Simple random sampling
Adolescent Boys and Young Men	280	76	Simple random sampling
Parents and caretakers of AGYW & ABYM	Not defined	57	Simple random sampling
Community leaders	Not defined	11	Purposive sampling
Health service providers	Not defined	2	Purposive sampling
Total population	1800	361	



2.4 Data collection methods

Data was collected using structured and semi structured interviews with open ended and closed ended items to obtain qualitative and quantitative data respectively. To obtain quantitative data, respondents were provided with a list of alternatives from which they could select the answer that best describes their views. This was mainly used for AGYW and ABYM. Open ended questions on the other hand were used for community leaders, parents/ caretakers, and health service providers and were framed in such a way that they elicit facts and opinions from respondents about the status of adolescents SRH and HIV issues.

2.5 Data collection tools

Data was collected using Kobo tool box which is a free open-source tool for mobile data collection. It enabled the collection of data in the field by 10 activists using tablets. The findings were made available to the data analyst on a link online and this facilitated viewing and editing of multiple forms and data sets during and after the data collection process.

3.0 Presentation of baseline study findings

The findings of the baseline study are presented below under each specific objective.

3.1 The situation of HIV/AID and SRH among AGYW and ABYM in Sussundenga sede

This section of the survey examined different aspects that are interrelated to the young people`s SRH and HIV related issues.

Child marriages / forced unions

There are several attitudes and beliefs that inform the continuous practice of forced unions in the communities and this is coupled with limited or no awareness of the socio-economic impacts the vice has on society as a whole, not to mention the sexual reproductive health related negative impacts it has on AGYW. The baseline study sought to assess the young people´s awareness of the practice of child marriages/forced unions in their communities and the dangers it has on the victims of the same.

AGYW and ABYM understanding of the meaning of child marriages/ forced unions

On being asked about the meaning of child marriages, a majority of AGYW and ABYM (46.74%) described them as union between a girl under 18 years and a much older man, while (24.74%) responded that it is simply marriage between two children. (17.87%) asserted that child marriage or forced union is union between two people in which one or both parties are younger than 18 years of age. It is also worth noting that (5.84%) revealed that they did not know anything about child marriages while 3 provided other descriptions namely;

- An agreement between 2 people of different sexes
- It is when the woman is younger than a man. The woman must at least have 19 years and the man 21 years

Value	Frequency	Percentage
Union between a girl under 18 years a much older man	136	46.74
Marriage between 2 children	72	24.74
union between two people in which one or both parties are younger than 18 years of age	52	17.87
Do not know	17	5.84
Other description	3	1.03

It is apparent that the young people in Sussundenga sede have divergent views about what child marriages or forced unions are and this implies that a majority may not be able to understand that is a vice punishable by law since they cannot identify it in the first place. Only (17.87%) gave the right response and the knowledge that these have can be replicated to other youth groups backed by the legal framework that condemns forced unions as a crime.

Causes of child marriages / forced unions

It was deemed necessary to gauge the young people's understanding of the reasons behind child marriages and the responses revealed several causes including; Poverty, Lack of knowledge about SRHR, unexpected pregnancy, and religious beliefs. The highest (32.99) respondents reported that lack of knowledge about SRHR is the major cause of child marriages in their communities. This specific finding implies that there is little or no understanding of the dangers that child marriages expose victims as a result of infringing their SRHR.

What shows that a girl is ready to get married?

AGYW and ABYM were further asked to mention what in their view shows that a girl or boy is ready for marriage in a bid to understand their perceptions about society and gender norms that inform community embracement of the practice.

263 out of the 291 respondents answered this question indicating that there are many ways to tell if a girl is ready for marriage including; when she develops breasts, does well domestic work and respects elders, and when she starts her menstruation. The highest number of responses (28.87%) said that none of those indicators show that a girl is ready for marriage, while (22.34%) hold the view that when a girl starts her menstruation then that is a sign that she is ready for marriage. (17.87%) believe that girls who do well domestic work are ready for marriage, while (8.25%) hold the view that when a girl starts developing breast then she is ready for marriage. There is a small portion (3.44%) that was of the opinion that a girl is ready for marriage at 16 years.

Value	Frequency	Percentage
does well domestic work and respects elders	52	17.87
when a girl starts her menstruation	65	22.34
when a girl starts developing breast	24	8.25
When she has 16 years	10	3.44
None of the above	84	28.87
All the above	10	3.44
Other opinion	18	6.19

The data shown in the table above shows that a considerable percentage of young people (84%) do not define girls' readiness for marriage by biological attributes. On the other hand the fact that other respondents hold the view that a girl is ready for marriage when they develop breasts and start menstruation reveals that there is lack of awareness about the complete development process including not only the physical but emotional, intellectual, social and economic, which are all interrelated and cannot to a greater extent be achieved in infancy and adolescence but in adulthood.

What shows that a boy is ready for marriage?

Respondents had different views concerning what shows that a boy is ready for marriage, with (22.34%) holding the opinion that a boy ready for marriage should own his own house, (9.97%) saying that he should have a business, while some (6.19%) believe that a male ready for marriage should have a big body. Other young people who participated in the group discussions think that a man is ready to marry when he has a beard and respected in society. Findings about girls and boys portray that young people to some extent define readiness for marriage based on physical and biological attributes like body size and ownership of property.

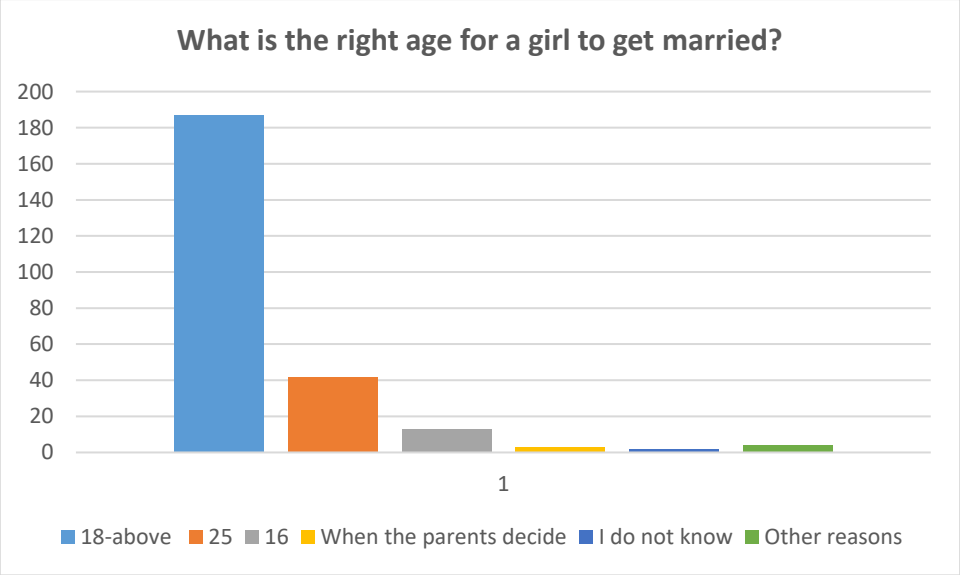
The right age for girls and boys to get married

When asked about the right age for girls and boys to get married, (64.26%) were of the view that a girl should marry from 18 years and above. On the contrary when the same question was made for boys most respondents said that boys are ready for marriage at 25 years and above. "I am 25 years old but I have not married yet, I will marry when I am prepared. I cannot marry and stay in the home of my parent", mentioned a male respondent. Another male respondent shared a view quite contrary about the right age for girls to marry, "there is no age limit for a girl to marry, and they can marry as soon as they are 14 or 15 years of age"

It can be concluded that there is more pressure put on the age at which a girl can marry and in most cases the age is earlier for the girl than it is for a boy.

What is the right age for a girl to get married?

Value	Frequency	Percentage
18-above	187	64.26
25	42	14.43
16	13	4.47
When the parents decide	3	1.03
I do not know	2	0.6
Other reasons	4	1.37



What parents of adolescents think about child marriages/forced unions

Value	Frequency	Percentage
Child marriage is a bad practice	172	59.11
Child marriage helps the family to get some money	61	20.96
It is a good practice	24	8.25
I do not know	12	4.12
Other opinions	4	1.37

This part of the baseline study unveiled the young people's view of parents and caretakers perceptions about child marriages. When asked about what parents think about child marriages and forced unions, (59.11) revealed that their parents think it is a harmful practice, (20.96%) consider marrying off their daughters as a means of earning some money, (8.25%) think it is a good practice, while (4.12%) do not know that the parents think about child marriages. Some respondents provided other views highlighting that in most cases parents force their daughters into unions at early age and this consequently leads to dropping out of school to get married "when some parents hear that their daughter is in a relationship with a man from a rich family, they force the girl to marry against her will"

Besides considering forced unions as a means of obtaining money, religious beliefs were also cited as triggers for the vice. "Parents who go to the Majowane church force their daughters to marry claiming that it is the rule of their church"

In depth interviews with some ABYM also brought to light the challenges that some young men involved in relationships face arising from pressure to get married early. "*I am in a situation where the father of my girlfriend is forcing me to marry his daughter because her older sister is already married"*

Negative consequences of child marriages related to health

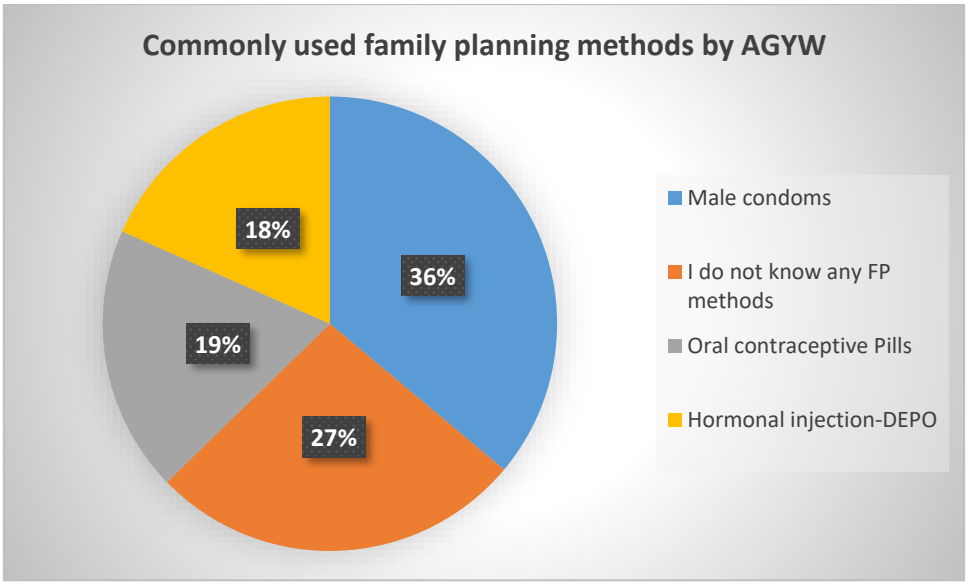
In tackling the question of child marriages / forced unions, it is imperative that the respondents level awareness not only the causes but also the impacts the vice has on its victims. 271 out of 291 provided feedback indicating that child marriage has several negative consequences related to health including; increased risk for sexually transmitted diseases, cervical cancer, death during childbirth, and obstetric fistulas.

3.2 Use of contraceptives

One of the aims of the baseline study was to examine the level of awareness and use of birth control methods. Respondents revealed to have knowledge of some birth control methods namely; Oral contraceptive pill, Hormonal injection (i.e. Depo), intra-uterine device (IUD or Loop), Hormonal implant, Male condom, Female condom, Emergency Contraceptive Pills (morning after pill), and Withdrawal. Much as there was portrayal of general knowledge of all the mentioned methods, the use of male condoms was highlighted as the frequently used method by 61 female respondents out of the 215 respondents, while 45 said that they did not know about family planning methods at all. The lack of information about family planning methods among AGYW calls for intervention through information dissemination campaigns in liaison with health centres about the importance of family planning. Besides, the sessions delivered by activists in the communities for AGYW and ABYM should be well articulated to respond to the information needs of young people as far as FP methods are concerned and references made to health centres.

Commonly used contraceptive methods

Value	Frequency	Percentage
Male condoms	61	20.96
I do not know any FP methods	45	15.46
Oral contraceptive Pills	32	11
Hormonal injection-DEPO	31	10.31



3.3 Gender Based Violence

Findings of the baseline study indicate that a cross section of AGYW experience gender based violence especially in their homes. Direct questions were posed to the AGYW whether they have suffered sexual abuse in the recent past, whether they reported to any authorities, and the outcome of the reported case. To the question whether anyone, male or female, ever physically forced young people to have sex with them without their permission, (84.54%) of the 273 youth responded that they have never been violated while (9,28) revealed to have fallen victims of sexual abuse in the last 12 months. To gauge the young people's ability to report cases of violence more deeply, another question was posed whether the victims of abuse were able to report. A cross section of those that experienced abuse revealed that they never reported for some, because the perpetuator was anonymous and to others because the violators were their own husbands who threatened to do even worse in case the victims reported to any authorities. On the other hand, some victims of gender based violence reported to the Police, family members, and community child protection committees. When asked whether anything was done to resolve the cases reported, 128 (43.99%) respondents said that nothing was done, 3 revealed that the culprit paid a fine, and 2 people informed that the case was treated as a family issue.

Has anyone, male or female, ever physically forced you to have sex with them without your permission?

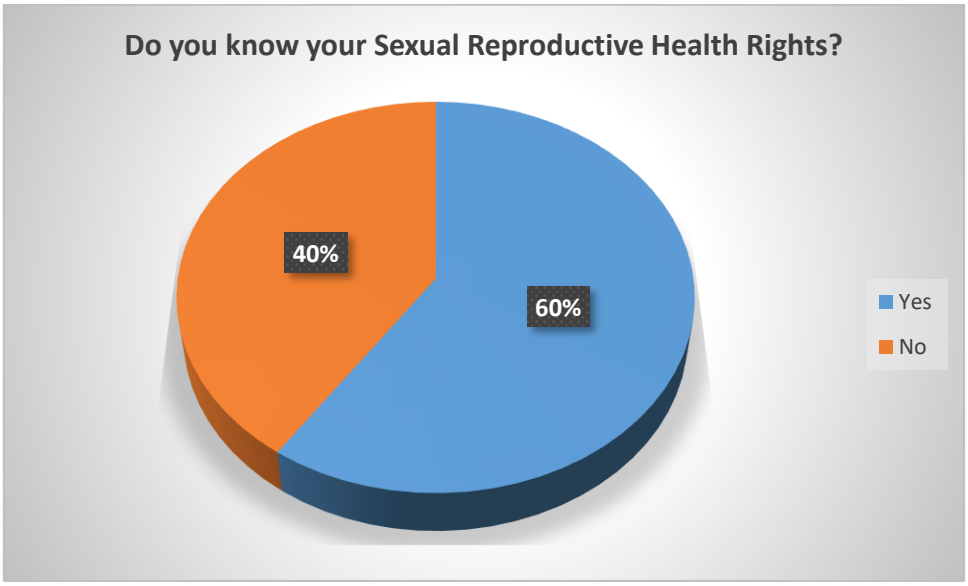
Value	Frequency	Percentage
Yes	246	84.54
No	27	9.28

3.4 Level of awareness of Sexual Reproductive Health and rights among young people

Awareness of the rights young people must enjoy as regards to their reductive health is one of the major touchstones to an HIV/AIDS free society as this empowers them to not only be passive beneficiaries but also demand for quality services. The baseline study laid emphasis on establishing whether young people especially AGYW are aware of their SRHR and specific questions were asked as regards to knowledge about salient SRH issues, access to services, attitude toward SRH, freedom of expression, participation in SRHR campaigns, STIs, and menstrual hygiene.

Do you know your SRH rights?

Value	Frequency	Percentage
Yes	162	60
No	110	40



As indicated in the table above the difference between AGYW who have knowledge of their SRHR (60%) and those who reported that they have knowledge of their SRH rights (40%) is very small. Much as the number of AGYW who reported to have knowledge of their rights is slightly higher, there is a cross section of the same target group that is completely not aware that they have the right to enjoy and demand for their SRH rights.

What are the signs or symptoms of sexually transmitted infections when in a woman?

Value	Frequency	Percentage
Vaginal itching	66	22.68
I do not know	44	15.12
Vaginal discharge	42	14.43
Pain while urinating	28	9.62
Pain during intercourse	17	5.84
Other	15	5.15

The above question solicited responses about the signs of STIs commonly known by the AGYW. 212 out of 291 AGYW responded the question and their feedback revealed that vaginal itching is the commonly symptom with (22.68%) response rate. The second largest response rate of (15.12%) of the AGYW reached were not aware of the signs and symptoms of STIs among women while others cited vaginal discharge, pain while urinating, vaginal rushes, and swelling on the external parts of the vagina.

The lack of awareness about the signs of STIs among youth needs to be addressed through continuous awareness raising sessions so that they can be able to approach health centres for treatment.

Do you think a girl's monthly period is something to be ashamed of?

A majority (76.98%) hold the view that a woman`s monthly period is not something to be ashamed of, while a minority (5.5%) of AGYW think it is shameful. "A woman´s blood is dangerous and should not be seen by other people" mentioned a respondent

"People should not know that I am menstruating" said another AGYW. The responses of the minority who think that menstruation is shameful indicate that there are certain myths in society about it and this can hinder some AGYW from approaching necessary help in case of any challenges regarding their monthly period. Project SRHR campaigns should combat myths

and practices that promote stigma against AGYW sexual reproductive aspects such as menstruation and promote good practices like personal hygiene and gender responsive environments for AGYW.

AGYW`s confidence to discuss SRH issues with parents/caretakers

Previous studies done by GCR on youth SRH friendly services reported that a majority of young people depend on peers, social media networks, and NGO organized platforms to engage on SRH issues. There is little or no engagement with parents and care takers as in the past, parents can hardly initiate a conversation on sexual reproductive health with their children. AGYW were asked if they are confident enough to discuss SRH with their parents or caretakers and (52.23%) mentioned that they easily interact with their parents about SRH issues. On the other hand (36.77%) said that they are not free speaking about SRH issues with their parents or caretakers due to various reasons as explained below;

"It is shameful, I cannot imagine saying such things to my parents"

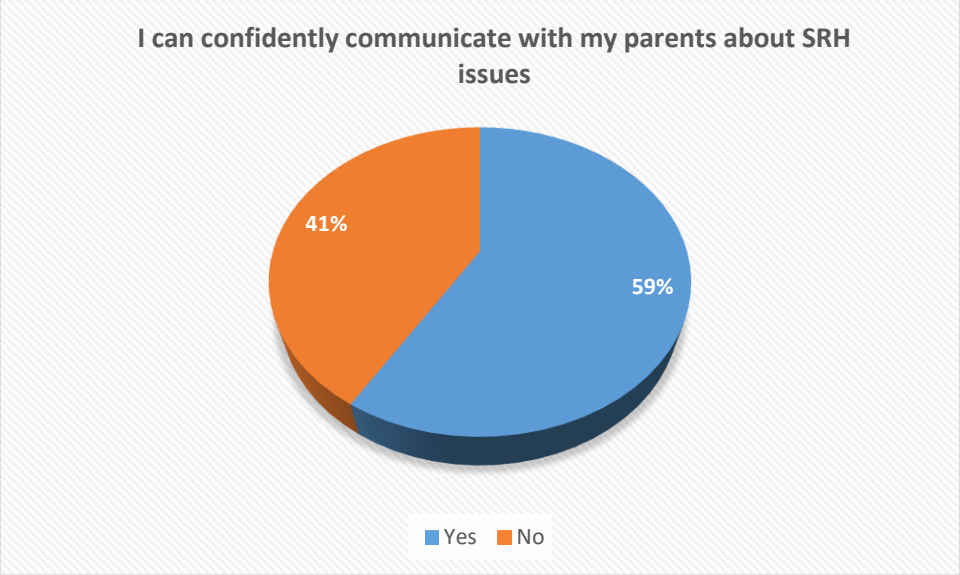
"It is hard to open up completely to them because of fear and shame"

"It is something they have never conversed with me and so it is hard for me to start"

"My parents stay away from me, we are not close"

I can confidently communicate to my parents about SRH issues

Value	Frequency	Percentage
Yes	152	59
No	107	41



3.4 Youth friendly SRH services accessed by AGYW

In depth interviews with AGYW also collected detailed information about the youth friendly services accessed by the target group with emphasis on evaluating accessibility, affordability, and confidentiality. 235 out of 291 respondents reported to have ever accessed the services shown in the table below;

I have accessed the following youth friendly services before

Value	Frequency	Percentage
Information and counselling on sexuality, safe sex and reproductive health	93	31.96
HIV counselling (and referral for testing and care)	87	29.9
Pregnancy testing and antenatal and postnatal care	40	13.75
STI diagnosis and treatment	32	11
Counselling on sexual violence and abuse (and referral for needed services)	29	9.97
Contraception and protective method provision (with an emphasis on dual protection)	17	5.84
Post-abortion care (PAC) counselling and contraception (with referral when necessary).	9	3.09

Information and counselling on sexual reproductive health and HIV counselling and testing were cited as the services frequently accessed by the young people. On the other hand

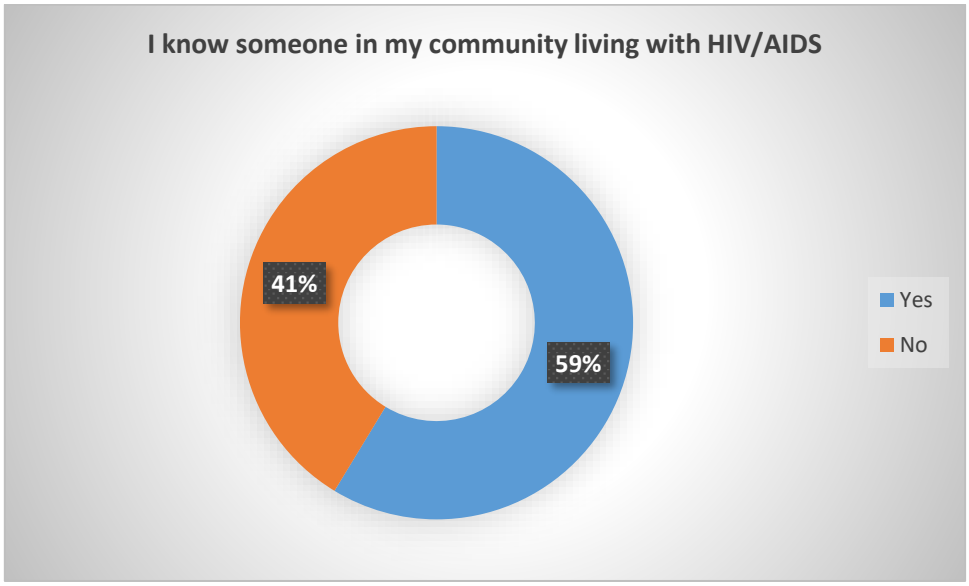
contraception and post abortion services were reported to be the least accessed. It was highlighted that the mostly accessed are the services regularly available at the health centre youth friendly service centres (SAAJ) and there are health workers designated for the provision of the services. However, services like contraception are less accessed due to the beliefs people have about family planning methods and limited knowledge about the pros and cons of using the methods.

3.5 Status of HIV/AIDS awareness among young people

The baseline study sought to establish if the young people in Sussundenga sede are aware of the magnitude of the HIV epidemic in their community and to achieve this objective specific questions were posed to the respondents. Questions explored issues such as transmission of HIV, Mother to child transmission, safe male circumcision, and HIV testing and counselling.
To gauge the respondents' awareness of the magnitude of HIV/AIDS epidemic, a question was posed as to whether they know of anyone in their community living with HIV/AIDS.

Have you know any person living with HIV in your community?

Value	Frequency	Percentage
Yes	170	59
No	107	41

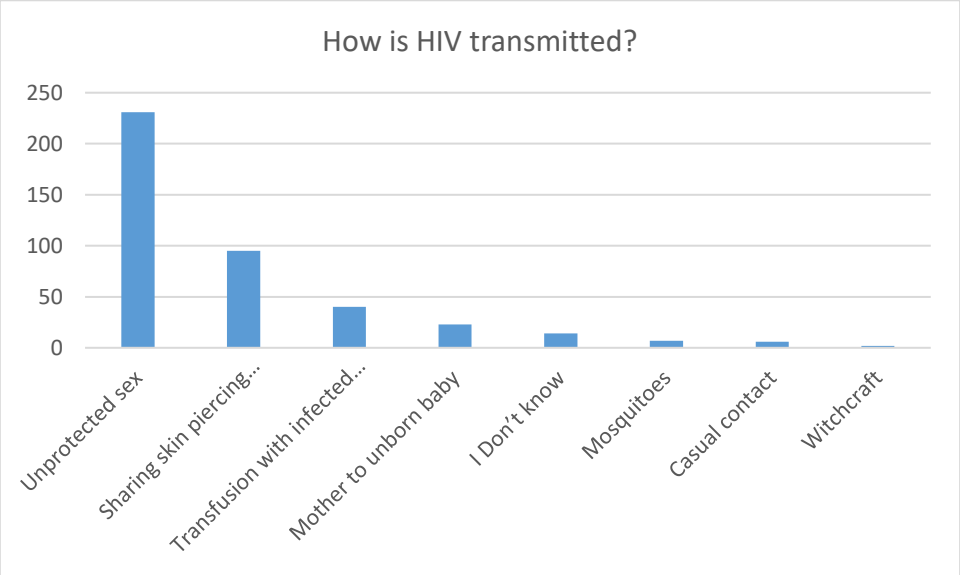


A majority (59%) reported that they know someone in their community living with HIV/AIDS

Transmission of HIV/AIDS

Findings from the interviews show that most young people (79.38%) are aware of the ways in which HIV is transmitted. This notwithstanding, there are some who believe that HIV is spread through witchcraft, some said it is through mosquito bites, while others simply did not know how HIV is spread.

Value	Frequency	Percentage
Unprotected sex	231	79.38
Sharing skin piercing instruments	95	32.65
Transfusion with infected blood	40	13.75
Mother to unborn baby	23	7.9
I Don't know	14	4.81
Mosquitoes	7	2.41
Casual contact	6	2.06
Witchcraft	2	0.69



Prevention of HIVAIDS

Besides assessing the respondents' level of awareness of the ways in which HIV is transmitted, the study also gauged young people's knowledge of the means of its prevention. To this end respondents gave feedback on what they do to avoid HIV infection. (67.01%) of respondents

highlighted that they use male condoms, while (22.68%) stated that they avoid HIV infection by being faithful to their partners. There is a minority of respondents (2.06%) who revealed that they take no measure to prevent being infected with HIV.

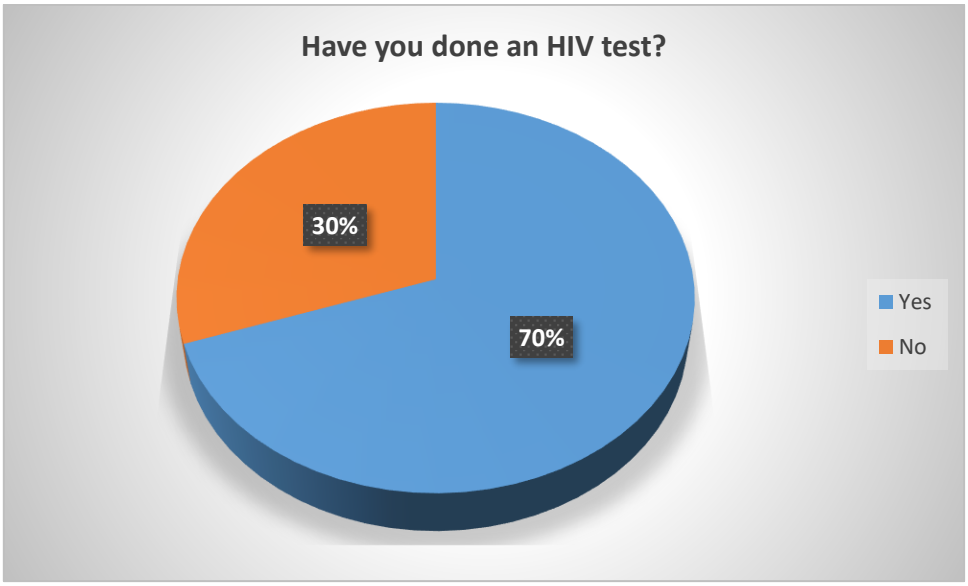
Young people´s awareness about the importance of voluntary HIV testing

Findings from interviews with AGYW and ABYM show that they are aware of the importance of testing for HIV in order to know their status and adhere to treatment. They affirmed that the only way one can know their HIV status is through going for an HIV test. It is worth noting though that some young people hold a contrary view that people can know their HIV status by looking at the symptoms, asking health workers, and going to a witch doctor.

Besides finding out about the importance of conducting an HIV test, young people were also asked if they have ever actually done the test to know their HIV status.

Have you ever done an HIV test?

Value	Frequency	Percentage
Yes	**196**	**67.35**
No	**85**	**29.21**



It is apparent from the figure above that most young people (70%) have ever done an HIV test and that (30%) have never done a test to know their HIV status. There are several justifications that respondents provided for not testing for HIV and these are explained below;

Some adolescents think they are still so young and that testing for HIV is for old people

"I have not done the test because I am still young"

Others have not gone for a test because they do not want to since they have not yet started engaging in sex. Some said they just do not want to have the test, others fear to go for the test while others do not have the courage to go for the test.

There are some young people living with physical disability that find it difficult to access the health centres to do the test. *"I am with physical disability and reaching the health centre is hard because of the distance"*

"The place where VTC is done is so far from my home, but I also have fear"

"I have not tested because my parents have not told me to do so"

"My husband does not want to go with me to do the test"

3.6 Parents/caretakers and community leaders` perceptions about young people`s HIV and SRH issues

The evaluation of parents and community leaders' attitudes about the SRH issues of young people solicited information on a wide range of issues including;

- Their understanding and opinions of the most important SRH and HIV issues for the youth
- Knowledge of the SRH and HIV/AIDS services available in the community and the main service providers
- Barriers that young people face in accessing the SRH and HIV/AIDS services
- Risky health behaviours of the young people
- The good things in the community that positively promote the health of the young people
- Cases of gender based violence and how it is handled in the community
- Perceptions about polygamy

Parents and community opinions of the most important SRH and HIV issues for the youth

49.12% of the parents and community leaders were of the view that the most important health issue for the young people is HIV/AIDS, (38.6%) indicated that Sexual Reproductive health is the most important, and (24.56%) believe that gender based violence in the most pressing health issue for the age group. When asked about the main service providers in the

community for the mentioned services, both groups unanimously reported that community health centres are the only official service providers but they work with the help of health committees, health activists, and HIV/AIDS community counsellors

Good practices in the community that positively promote the health of young people

The question about any good practices that promote the health of young people fetched different kinds of responses with some parents and community leaders mentioning that spaces are provided for young people through lectures, HIV prevention campaigns, sensitization events, and sports and cultural events that promote the SRH rights of young people. In addition, some parents and community leaders expressed their concern for lack of interest among youth to protect their health. *"There is nothing good in this community for these young people, they are all lost to drugs and alcohol, and some do not even want to study"* –Complained one of the parents

Risky behaviours among young people that impact negatively on their health

Smoking and drinking, unprotected sex, sexual abuse and violence, carelessness, lack respect, were listed by community leaders and parents as the behaviours that put young people`s health in risk. *"The risk for young people in this community is HIV, our daughters move a lot at night because of baracas and because of this many get pregnant at an early age"*

3.7 Cases of gender based violence and how it is dealt with in the community

Community leaders and parents affirmed that cases of gender based violence exist in the community and that when that happens to a child, hospital services are sought and later the culprits are handed over to the Police department for victims of violence. In some cases of violence against children are reported to the village chiefs who call upon the families involved to resolve the issue between families depending on the situation. There was major gaps identified in the violence reporting mechanisms in the community as most of the cases are resolved at community level where families of the perpetuators influence the decision taken by the leaders. *"Gender based violence exists in the community but the greatest problem is that most parents do not report but instead force their daughters to get married to the men who violated them"*

There is need for the community protection committees to design violence reporting mechanisms that ensure that cases are reported to authorities higher than the family unit.

3.8 Parents and community leaders` perceptions on polygamy

On asking the parents and caretakers of their personal opinions about polygamy, 65% believe that it is bad practice because; it promotes witchcraft, it increases the risk of being infected with STDs, creates a lot of problems in family like conflicts among children, a man is not able to sustain all the families, leads to the abandoning of families especially children. On the other hand 35% of the respondents hold the opinion that polygamy is not a bad practice because; a man can have many children and that gives him respect in the community, it helps have many children to help in the Machamba, and increases produce in the farms.

“It is the bad behaviour of women that forces men to find other women”

“Here polygamy is a normal practice”

“Polygamy is a bad practice but there are many polygamous men in this community”

“With Polygamy you can have good farm produce because each wife and children can go to Machamba”

“Having many children help the man to feel important in the community and to have many children in life is a good thing”

3.9 Community leaders’ perceptions about child marriage or forced unions

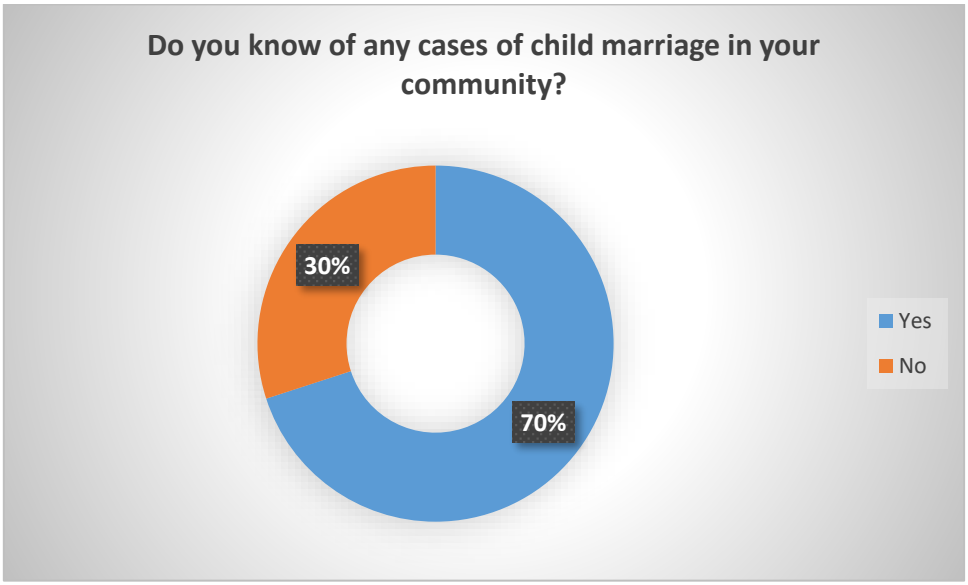
Through key informant interviews community leaders were asked how communities determine the appropriate age for girls and boys to get married and 78% of the leaders responded that the right time for both girls and boys to get married is at 18 years and above when they have completed their studies and can sustain their families. On the contrary (22%) belief that the age to get married especially for girls depends on the family and sometimes on the girls themselves. “The right age to get married is 18 years and above, but the girls in this community do not listen to parental advise, the run away with men and get married at an early age”. Community leaders just like AGYW, reported that many parents give their daughters away in marriage in exchange for financial favours. “There is an acceptable age for girls to get married but in this community that is not respected, some parents force their children to get married early”

Parents were reported to have contradicting motives for marrying off their daughters at an early age, with some claiming that when a girls leaves the home to join a man in marriage it mean less expenses on food, education, and clothing for the parents. “Child marriage is normal for some parents because it reduces the burden of taking care of the child and less expenses”

When asked if they know of any cases of child marriages,(63.64%) of the community leaders affirmed that they do, while (27.27%) said that they do not know of any cases of child marriages in their communities.

Do you know of any cases of child marriage in your community?

Value	Frequency	Percentage
Yes	7	70
No	3	30



The leaders were further asked if they have ever dealt with cases of child marriages or forced unions and there was a 50/50 response for both those who have ever dealt with the cases and for those who have never. According to community leaders the main reasons for child marriages or forced unions in the community have to do with the parents and caretakers need to gain some money in exchange for their daughters, some girls are curious about the marital lifestyle and therefore run off to stay with much older men, some parents do not take their children to school and so they end up getting married.

Leaders who have ever received the cases of child marriage explained the measures they took in handling the cases and these included; taking the case up to the district attorney´s office, resolving the cases with the families until the girls returned to school, punishing the parents who married off their daughters, reporting the case to the police until the girl was taken back to her parents' home.

3.10 HIV and SRH programmes and services targeting young people

This component of the baseline focused on issues like health centre location, access fees, existence of health workers, the availability of promotional information materials, access to equipment and supplies. To the question as to whether there is a health centre in the community that offers youth-friendly sexual reproductive services; (86%) respondents revealed that they have access to a health centre while (14%) do not have health centres near them, they have to move all to Sussundenga town. (90%) of the young people reported that they are satisfied with the services provided at the health centre.

The responses obtained revealed that there is at least universal access to health facilities but does not necessarily mean that there is universal access to youth friendly services in those health centres. Whereas the biggest percentage (74%) of respondents revealed to have access to a health centre in their community and have actually taken the initiative to demand for SRH services, (24%) reported that they have never accessed services in the same health centres despite the fact that they are aware of location of the health centre.

The allocation of a specific hour of access to target groups is one of the major benchmarks for the provision of youth friendly sexual reproductive health services. In this regard, the baseline aimed at establishing whether the heath facilities have arrangements for allocating specific times to provide services to young people and whether the working hours are favourable with the AGYW schedules

105 out 215 of the adult girls and young women confirmed that there is a specific hour allocated to offering SRH services while some reported that there is no specific hour for the same. While some respondents reported that the health centre is open 24 hours, others

said that the service hours are between 7h30 and 15h30 (Monday to Sunday). On the contrary, some informed that there is no specific hour for offering SRH services but clients can drop in at any time to receive the services. In addition, some health service providers reported that the health centres' opening hours are not favourable for youths because some are students and cannot access the services after school hours

"The hours are favourable for some but not for others because some go to school and others go for work. Sometimes the working hours are not favourable because some adolescents cannot leave school to access services"- Lamented a school going adolescent.

From the above findings it is apparent that adolescent girls and young women are aware of the specific hours of accessing all services offered by the health centre but are not well informed about the specific hours for accessing youth-friendly sexual reproductive health services. While the health centre workers attest to the existence of a designated hour for offering SRH services, some clients remain unaware of this reality. This to some extent hinders the Adolescent Girls and Young Women to consult about the specific services due to the fact they are embedded within the general services provided by the hospital and no special focus on the intricate details associated with sexual reproductive health and rights.

The provision of most youth-friendly services like voluntary testing and counselling, counselling about sexually transmitted diseases, and family planning methods thrive on privacy and confidentiality. The manner and environment in which they are offered greatly influences youths adherence to the services.

The baseline thus sought responses to the questions as to whether; the health centres offer privacy and confidentiality; the existence of space for conducting SRH counselling sessions; clients' satisfaction with the place where counselling is conducted; minimization of interruptions during hospital visits by other clients; and recommendations for improved privacy and confidentiality.

49% of the respondents revealed that their health centres have got a place designated to the provision of sexual reproductive health services like counselling and testing.

Much as the respondents are satisfied with the existence of a place where they can access services, most of them decried the poor conditions of the space including the fact that the

room is too small compared to the number of clients who need services each hour, continuous interruptions from visitors during counselling sessions, and lack of curtains in the windows thus hindering privacy and confidentiality.

Youth involvement and participation is very vital in the design and implementation of their own health services. In light of this the assessment examined the effective involvement of youth in the planning, implementation and evaluation of youth-friendly Sexual Reproductive Health programs. (83%) of the respondents reported that adolescents and youth are passive and not effectively involved as they should.

"They are not effectively involved because they need feeding if they are to stay engaged for a long time during lectures. Without this kind of motivation, most of them do not participate" –Reported a hospital worker

The reported involvement and participation was is in terms of;

- Lectures on SRH and rights and during demonstration sessions on the use of contraceptives
- Voluntary testing and family planning campaigns
- Sensitization campaigns and lectures
- Lectures in the communities
- Adhering to the services offered and actively participating in lectures
- Participation in lectures and adhering to voluntary testing and counselling
- Participating in lectures at the school and community level
- Youth are involved in lectures and demonstration campaigns about voluntary testing
- Youth are involved in the programmes concerning SRH service provision

It is important to note that the kind of involvement that respondents mentioned is mainly in terms of the services they access and outreach programs but not necessarily involvement in planning of the activities implemented. This implies that the target group's voice is not hard in the planning and monitoring process.

It was deemed necessary to find out from the respondents 'point of view if the health centres have got enough equipment and supplies like condoms, contraceptives, demonstration materials, among others to offer to adolescents and youths that express interest. Besides

equipment and supplies, the assessment aimed at establishing whether health centres display enough information materials (visual and textual) as a means of disseminating more information and offering education and communication about sexual reproductive health and rights. 100% of the respondents revealed that Sussundenga health centre has got equipment and supplies but they are not enough. 96% of the responses affirmed that the health centre displays sufficient materials for education during sessions on reproductive health and rights, while (4%) reported that the information is not displayed and that there is need to improve in this area.

Respondents were asked if they are charged any fees to access sexual reproductive services and in case they are, to explain whether the services are affordable or not. 100% of the respondents from Sussundenga reported that sexual reproductive health services are offered free of charge in Sussundenga health centre. Payments are only made in the pharmacy in case of drug purchases, at the first Aid section, and consultancy fees for adults with other kinds of illnesses. The fees charged in other departments besides the SAAJ section were said to be fair and affordable.

4.0 Conclusions and recommendations

Child marriages

- Young people in Sussundenga sede have divergent views about what child marriages or forced unions are and this implies that a majority may not be able to understand that is a vice punishable by law since they cannot identify it in the first place
- The fact that some respondents hold the view that a girl is ready for marriage when she develops breasts and start menstruation reveals that there is lack of awareness about not only the legal framework about the right age to marry but also the negative consequences marrying early has on the health of girls.

Contraceptive methods

- The lack of information about family planning methods among AGYW calls for intervention through information dissemination campaigns in liaison with health centres about the importance of family planning.
- The sessions delivered by activists in the communities for AGYW and ABYM should be well articulated to respond to the information needs of young people as far as FP methods are concerned and references made to health centres.

Sexual Reproductive Health and Rights

- The lack of awareness about the signs of STIs among youth needs to be addressed through continuous awareness raising sessions so that they can be able to approach health centres for treatment
- The responses of the minority who think that menstruation is shameful indicate that there are certain myths in society about it and this can hinder some AGYW from approaching necessary help in case of any challenges regarding their monthly period.
- Project SRHR campaigns should combat myths and practices that promote stigma against AGYW sexual reproductive aspects such as menstruation and promote good practices like personal hygiene and gender responsive environments for AGYW.

HIV/AIDS

- An approach that focuses on tracking behavioural change should be adopted incorporating 3 phases; Exposition (where activists initiate interaction with young people about behaviour), Experience (where young people receive demonstration on how to change behaviour) and Practice (when young people are helped to put to practice what they have learned over time) This approach can be utilized to understand young people`s action / non action choices as regard to HIV/AID and SRH