EXPERIENCES AND PERCEPTIONS OF HIV COUNSELLING AND TESTING AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN MBEYA CITY COUNCIL, TANZANIA

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By

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A Dissertation Submitted in (partial) Fulfilment of the Requirements for the Degree of Masters of Public Health of Muhimbili University of Health and Allied Sciences

October, 2024.

CERTIFICATION

The undersigned certify that they have read and recommend for acceptance of the dissertation entitled **Experiences and Perceptions of HIV Counselling and Testing among Adolescent Girls and Young Women in Mbeya City Council, Tanzania** in fulfillment of the requirements for the Degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

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Date

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Ms. WINFRIDA O. AKYOO
CO - SUPERVISOR

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Date

DECLARATION OF COPYRIGHT

I, **Tumaini John Ngoloke,** declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

Signature…….……... Date…….……...

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DEDICATION

"I dedicate this dissertation to my beloved sons Ethan and Ean.

Your presence in my life has been the greatest gift, filling each day with love, laughter, and boundless joy. Throughout this academic journey, your unwavering support and understanding have been my guiding lights, illuminating the path even in the darkest of moments. As I embark on this scholarly endeavor, I am reminded of the profound responsibility I carry as your parent and the significance of leaving a legacy of perseverance and dedication.

May this dissertation stand as a testament to the values we hold dear as a family hard work, determination, and the pursuit of knowledge. Ethan and Ean, you are my inspiration, my motivation, and my greatest source of pride.

ABSTRACT

Background: The prevalence of HIV in Tanzania is 4.5%, with Mbeya being the third region with the highest prevalence at 9.3%. Adolescent girls and Young Women (AGYW) are particularly vulnerable to HIV transmission. Despite extensive efforts to decrease HIV prevalence in the country, the risk remains high for AGYW in Mbeya. Previous studies have largely focused on general populations or specific intervention outcomes, leaving a gap in understanding the unique perceptions and experiences of AGYW regarding HIV Counselling and Testing (HCT) services in this high-prevalence region.

Objective: This study aimed to explore the perceptions and experiences of adolescent girls and young women concerning HIV counselling and testing services in Mbeya City Council, Mbeya.

Methods: The study adopted a phenomenological qualitative approach. An in-depth interview guide was used to collect data. A purposive sampling was used to select study participants. All interviews were recorded and transcribed verbatim. Data were analyzed thematically.

Findings: AGYW face some barriers in accessing HCT services. Key obstacles include poor knowledge, fear, stigma, and misinformation about HIV, leading to reluctance to seek testing services. Societal attitudes, religious beliefs, and gender norms further exacerbate these barriers, hindering access to HCT services. While some AGYW reported positive experiences with HCT services, challenges such as prolonged waiting times, discomfort with older service providers, and concerns about confidentiality were also reported.

Conclusion and Recommendations: AGYW face multiple challenges when accessing HCT services, including fear, stigma, and misinformation about HIV, compounded by societal norms, religious beliefs, and gender expectations. To enhance access to HCT services for AGYW, it is crucial to address the challenges, and tailor healthcare approaches.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
CDC	Center for Disease Control
CSO	Civil Society Organizations
HCT	HIV Counselling and Testing
HCS	Healthcare System
IDI	In-Depth Interview
Mbeya CC	Mbeya City Council
NGO s	Non-Government Organizations
PLWH	People Living with HIV
PrEP	Pre- Exposure Prophylaxis
SEM	Social Ecological Model
SRH	Sexual and Reproductive Health
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WEO	Ward Executive Officer
WHO	World Health Organization

DEFINITIONS OF KEY TERMS

Perception	Refers to the process whereby individuals interpret and make sense of sensory information from their surrounding environment. It is influenced by past experiences, cultural background, personal biases, expectations, and context, and plays a crucial role in how individuals understand and interact with the world. It is subjective, as different people may perceive the same stimuli differently (1).
HIV counseling and testing	HIV testing and counselling (HTC) is a package service intended to allow people to make informed decisions regarding knowledge of their HIV status and the implications of those decisions (2).
HIV Prevention Services	Includes a range of interventions, programs, and resources aimed at reducing the risk of acquiring or transmitting HIV, including but not limited to testing, counselling, education, condom distribution, pre-exposure prophylaxis (PrEP), and linkage to care (3).
Adolescent girls and young women	In this study adolescent and young women refers to girls ranges 15-24 years old who due variety of social drivers contributes to their increased vulnerability of HIV infections (4) .

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

HIV remains a critical public health concern globally and in sub-Saharan Africa, where the burden is disproportionately high. In 2022, an estimated 39 million people were living with HIV worldwide, with approximately 1.3 million new infections (5,6). Notably, 46% of these new infections occurred among women and girls, highlighting a significant gender disparity.

Adolescent girls and young women (AGYW) are particularly vulnerable to HIV. Globally, about 15% of women living with HIV are aged 15 to 24 (7,8**).** In sub-Saharan Africa, 86% of adolescents aged 15 to 19 living with HIV reside in this region, which also contributes to over 70% of global new HIV infections among young women. These young women acquire HIV 5-7 years earlier than their male peers, underscoring their increased vulnerability (9)**.**

Sub-Saharan Africa remains heavily impacted by the HIV epidemic, with 67% of the 38.4 million people living with HIV worldwide residing in this region in 2021 (9). The region accounted for 670,000 of the 1.5 million new infections and 280,000 of the 650,000 AIDS-related deaths globally in 2022. Adolescent girls and young women in sub-Saharan Africa face a particularly high risk, comprising over 77% of new HIV infections among individuals aged 15-24 (10,11) .

In Tanzania, the adult HIV prevalence is approximately 4.5%, with regional variations. For instance, the prevalence ranges from 0.5% in Zanzibar to 11.4% in Njombe (12). Women and girls, especially AGYW, bear a disproportionate burden of new HIV infections, contributing to 80% of new cases (5).

Mbeya, one of the regions with the highest HIV prevalence in Tanzania, faces significant challenges. The HIV prevalence in Mbeya is 9.3%, with young women aged 15-24 being disproportionately affected (12). This high prevalence rate underscores the urgent need for focused research on the unique experiences and perceptions of AGYW regarding HIV counselling and testing (HCT) services.

AGYW in Mbeya encounter numerous barriers to accessing HCT services. Social norms and cultural beliefs hinder open discussions about HIV/AIDS, while stigma and fear of discrimination prevent individuals from seeking HCT services (13). Limited knowledge about HIV/AIDS and misconceptions about its transmission further impact the perception of HCT (7,14). Additionally, socio-economic factors such as poverty, limited access to healthcare facilities, and transportation issues further hinder their ability to seek testing services (15–17). Gender inequalities and power imbalances also restrict their decision-making autonomy, making it challenging for them to pursue proactive steps toward HIV testing (18,19).

Despite the high HIV prevalence in Mbeya, limited research has been conducted on the perceptions and experiences of AGYW regarding HCT services in this region (19,20). Understanding these perceptions and experiences is crucial for developing effective interventions and strategies to reduce new infections and improve health outcomes among this vulnerable population (19,20). This study aims to fill this research gap by exploring the perceptions and experiences of HIV counselling and testing among AGYW in Mbeya City Council, Tanzania (3,21,22).

1.2 Problem Statement

The prevalence of HIV among adolescent girls and young women (AGYW) in Tanzania is concerning, with a prevalence rate of 1.0% for those aged 15-19 and 3.4% for those aged 20-24 (9). Despite national efforts to reduce HIV incidence and improve the quality of life for those affected, Tanzania has not yet achieved the 95-95-95 global targets set to end the HIV/AIDS epidemic by 2030 (15,17). Specifically, only 83% of people know their HIV status, 90% of those who know their status are on treatment, and 92% of those on treatment are virally suppressed (22,23).

Mbeya is among the regions in Tanzania with a high HIV infection rate, standing at 9.3%, led by the Njombe Region, which has the highest estimated prevalence at 11.4%, closely followed by Iringa at 11.3%, and then Mbeya (9.3%) while the national average is 4.8% (6). Therefore, due to the high infection rate in the Mbeya region, AGYW face an even greater risk of acquiring HIV infections (24).

Despite the Mbeya region being among those with high HIV prevalence, data on the perceptions, attitudes, and experiences of Adolescent Girls and Young Women (AGYW) in the Mbeya region regarding HIV counselling and testing is limited. Despite global research, there is a lack of studies on the unique socio-cultural context of Mbeya, limiting our understanding of factors influencing their attitudes and behaviors towards HIV testing. Counseling and testing services are crucial in preventing HIV transmission, particularly among this demographic, this represents a significant gap that needs to be addressed. It is essential to investigate the specific reasons behind the challenges faced by adolescent girls and young women in Mbeya to determine effective strategies for reducing HIV infections in the region (14,22,24).

Therefore, this study addresses a critical information gap by exploring the perceptions and experiences of HCT services among AGYW in Mbeya City Council. By investigating the specific reasons behind the challenges faced by AGYW, this research aims to contribute valuable insights for developing tailored interventions and programs to enhance HCT uptake and reduce HIV infections in this vulnerable population group.

1.3 Conceptual Framework

The Social Ecological Model (SEM) is recognized as a comprehensive framework that encompasses various factors influencing behavior. It considers individual-level factors, societal and environmental, organizational factors, community factors, and interpersonal relationships. This model is valuable for understanding the difficult relations and interactions between different environments, policies, and social and psychological influences on behaviour (25). Utilization of the HTC services is influenced by multiple factors such as health system, social-cultural factors, and experience with the availability and accessibility of HCTs as well as social-cultural factors (26).

The perception of availability and accessibility of HCT services, as perceived by AGYWs, play a crucial role in shaping their utilization of HCT services. The perception includes knowledge and awareness; stigma and discrimination; peer influence and social support. Furthermore, the affordability, time and availability of the services around the experience

affects the utilization of the HCTs services. Also, social and cultural factors like gender inequality, beliefs, norms, fear and stigma influence the utilization of these HCT services.

The quality of healthcare services, accessibility, availability, confidentiality, privacy and trust of healthcare providers under the health system affect the utilization of the HCT services among adolescent girls and young women. The main factors that influence the utilization of HCTs services are interlinked and affect each other in one way or another other as shown in the conceptual framework above.

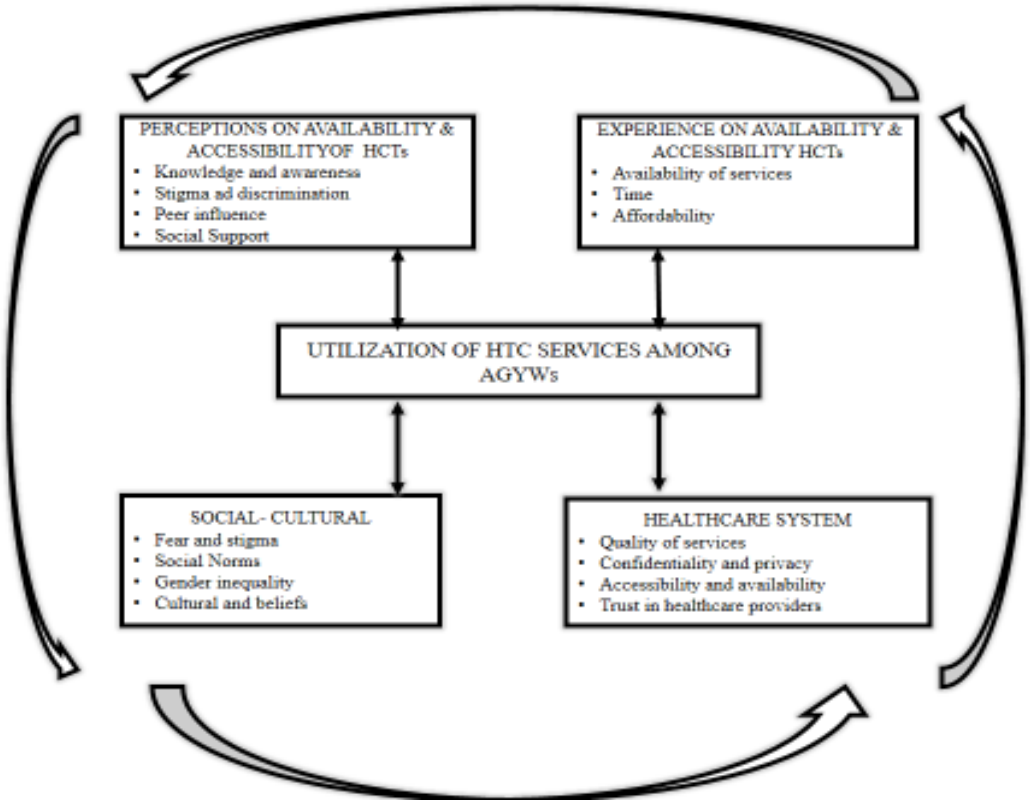


Figure 1: The conceptual framework adopted from Bronfenbrenner's Ecological Systems Theory 1979 shows multiple levels of influence on human behavior.

1.4 Rationale

This study delves into the perceptions and experiences of adolescent girls and young women (AGYW) in Mbeya City Council, highlighting the critical need for context-specific insights. By focusing on local factors influencing HCT utilization, the findings not only enhance

understanding within similar regions and cultures but also hold implications for improving the delivery of HCT services by healthcare providers. To ensure accessibility and effectiveness across health facilities, the study aims to increase AGYW's engagement in HIV testing, thereby bolstering efforts to combat HIV/AIDS transmission. Furthermore, the research provides valuable guidance for policymakers to tailor interventions that cater to the specific needs and preferences of AGYW, fostering an environment conducive to greater HCT uptake and strengthening public health initiatives focused on HIV prevention and treatment. Ultimately, the utilization of these findings is poised to inform future research endeavors aimed at further enhancing HIV/AIDS intervention strategies.

1.5 Research Questions

1.5.1 Broad Research Question

What are the experiences and perceptions of HIV counselling and testing services among AGYW in Mbeya City Council?

1.5.2 Specific Research questions

1. What are the experiences of AGYW in Mbeya City Council regarding HCT services?
2. What are the perceptions of AGYW in Mbeya City Council regarding HIV Counseling and testing services?
3. What are the social and cultural factors that affect AGYW in Mbeya City Council to seek HIV Counseling and Testing services?
4. What are the healthcare system experiences of AGYW in Mbeya City Council on HCT services?

1.6 Research Objectives

1.6.1 Broad Objective

To explore the experiences and perceptions of HTC services among AGYW in Mbeya City Council.

1.6.2 Specific Objective

1. To explore the experiences of AGYW in Mbeya City Council regarding HIV Counseling and testing services.
2. To investigate the perceptions of AGYW in Mbeya City Council regarding HIV Counseling and testing services.
3. To assess the social and cultural factors that affect AGYW in Mbeya City Council to seek HIV Counseling and Testing services.
4. To examine the healthcare system experiences on HIV Counseling and Testing among AGYW in Mbeya City Council services.

CHAPTER TWO

2.0 LITERATURE REVIEW

This section reviews different literature based on the objectives of the study. The literature review examines the experiences and perceptions of AGYW regarding HCT services in Mbeya City Council. It explores the existing research on AGYW's engagement with HCT services, including their perceptions of availability and accessibility (27,28). The review aims to identify the factors that influence AGYW's utilization of HCT services, such as stigma, cultural beliefs, and societal norms. By analyzing the literature, this review contributes to a better understanding of AGYW's experiences and perceptions in Mbeya City Council and highlights any knowledge gaps in this area.

2.1 Adolescent girls and young women (15-24 years)

World Health Organization (WHO) classifies AGYW as a group of girls aged 15- 24 years (29). Adolescents and young people are considered to be a group of people passing through a life period of predominantly vulnerable health issues, this is a time when critical behaviours are shaped that will affect health in the future and some already experiencing them (30). New HIV infections among adolescent girls and young women are substantially higher than among males of the same age because HIV is more commonly acquired from male sexual partners who are a few or several years older. Girls and young women aged 15-19 are three times more likely to be living with HIV in sub-Saharan Africa, with 85% of people living with HIV knowing their status (31).

2.2 The perceptions of AGYW on the availability and accessibility of HCT services

Globally, in both developed and beliefs, as well as fear and stigma and cultural norms surrounding HIV/AIDS, which can act as barriers to utilization in developing countries, significant efforts have been made to improve the provision and access to HIV counselling and

testing (HCT) services (32–34). Various research studies have focused on understanding the perspectives of different groups regarding the availability and accessibility of these services(7,35). These studies have highlighted factors such as confidentiality, affordability, social and cultural, and availability of services

HIV/AIDS remains a significant public health concern in Africa, especially among adolescent girls and young women (24). A study conducted in rural areas of South Africa on the availability and acceptability of HCT programs revealed challenges related to stigma, discrimination, limited knowledge, and barriers to accessing services, which may hinder the utilization of HCT services among AGYW (36,37). Efforts have been made to expand the provision of HCT services in Tanzania, including targeting adolescent girls and young women (13). However, limited studies have specifically explored the perceptions of this population regarding the availability and accessibility of HCT services in the context of Mbeya City Council. Existing studies in Tanzania have mainly focused on general HIV/AIDS knowledge, prevention, and treatment-seeking behaviour among different populations (14).

There is a knowledge gap regarding the specific perceptions of adolescent girls and young women in the Mbeya City Council regarding the availability and accessibility of HCT services (38,39). Understanding their perspectives is crucial for designing targeted interventions and strategies to improve the use of HCT services among this population (23,28). Therefore, this study aims to address this knowledge gap by exploring the perceptions of adolescent girls and young women in Mbeya City Council regarding the availability and accessibility of HCT services (40).

2.3 The experiences of AGYW in accessing HCT services

A study conducted on a global scale has examined the experiences of diverse populations in accessing HCT services (27). These investigations have emphasized the significance of several factors, including confidentiality, privacy, service quality, waiting times, and interpersonal

interactions. These elements play a pivotal role in shaping individuals' overall experiences when utilizing HCT services.

Limited research in Africa, has specifically examined the experiences of adolescent girls and young women when accessing HIV counselling and testing (HCT) services (41). However, broader studies conducted in the region have identified common factors that can either hinder or facilitate their access. These factors include stigma, discrimination, gaps in knowledge, transportation difficulties, and socio-cultural norms (37). These influences may impact the experiences encountered by this particular population when seeking HCT services. In Tanzania, several studies have explored the experiences of different populations in accessing HIV/AIDS services (3,41). However, there is a scarcity of research specifically focusing on the experiences of adolescent girls and young women in accessing HCT services in Mbeya City Council. Existing studies have primarily focused on general HIV/AIDS knowledge, prevention, and treatment-seeking behaviour among different populations (40,42).

The literature lacks a comprehensive understanding of the experiences of adolescent girls and young women in Mbeya City Council when accessing HCT services. Gaining insights into their experiences, including barriers and facilitators, is vital for improving the quality and effectiveness of HCT services (43). Therefore, this study aims to address this knowledge gap by examining the experiences of adolescent girls and young women in accessing HCT services in Mbeya City Council.

2.4 Social-cultural perceptions of AGYW regarding HCT services

Social and cultural perceptions surrounding HIV/AIDS and HCT services vary across different countries and cultures. The Study conducted on barriers and facilitators of access to HIV prevention, care, and treatment services in Kerman, Iran has identified cultural beliefs, gender norms, and societal attitudes as influential factors in shaping the perceptions and behaviours related to HCT services among adolescent girls and young women (26). Understanding these perceptions is essential for designing culturally appropriate interventions.

Cultural beliefs and societal norms related to sexuality and reproductive health also play a role in shaping AGYW's perceptions on HCT services (4,24). These beliefs and norms can impact their willingness to access and utilize these services. For example, conservative cultural norms may restrict open discussions about sexual health and hinder AGYW from seeking HCT services due to concerns about moral judgment or loss of reputation (44). Moreover, the influence of peer networks and social support systems cannot be overlooked (26,45). AGYW may seek advice and guidance from their peers, friends, and family members, which can further shape their perceptions of HCT services. Positive social support can encourage AGYW to engage with HCT services, while negative perceptions or misinformation within their social circles may act as barriers (22). Despite the recognition of these social and cultural influences, there is a need for more localized research in Mbeya City Council, Tanzania, to understand the specific social and cultural perceptions of AGYW regarding the utilization of HCT services (34). This will help identify the unique factors that impact AGYW's decision-making processes, their interactions with healthcare providers, and the social dynamics that shape their access to and utilization of HCT services.

Addressing this knowledge gap will contribute to the development of culturally sensitive interventions and strategies that promote positive social norms, reduce stigma, and enhance AGYW's engagement with HCT services in Mbeya City Council. Understanding and addressing the social and cultural perceptions surrounding HCT services, it becomes possible to create an enabling environment that supports AGYW in accessing the vital healthcare services they need.

2.5 The perceived role of Healthcare System in the delivery of HCT services among AGYW

Globally, there is a recognition of the importance of HIV prevention and testing services in reducing the transmission of the virus (44). Efforts have been made to improve access to HCT services, particularly among vulnerable populations such as AGYW. Various studies have highlighted the barriers and challenges faced by AGYW in accessing and utilizing HCT

services, including stigma, discrimination, lack of confidentiality, and limited knowledge about available services (17,43).

However, there is still a lack of comprehensive understanding of AGYW's perspectives on the healthcare systems and their specific challenges in accessing HCT services (46). Limited research has been conducted to explore the perceived healthcare systems among AGYW in Mbeya CC and how these systems influence their utilization of HCT services (23,28). This knowledge gap hinders the development of targeted interventions and policies tailored to the unique needs and preferences of AGYW in this specific region. In Africa, similar challenges to HCT service utilization among AGYW have been identified in other areas. Studies conducted in Kenya have reported barriers such as limited accessibility of services, gender inequalities, cultural beliefs, and inadequate youth-friendly healthcare environments (3,13). These factors have been reported to influence AGYW's decision-making processes and their willingness to seek HCT services.

However, the specific perspectives of AGYW in Mbeya CC regarding the healthcare systems and their impact on HCT service utilization remain unknown. There is a need to explore the regional context and understand the unique factors that affect AGYW's experiences and perceptions of the healthcare systems in Mbeya City Council, in order to develop context-specific interventions and strategies.

CHAPTER THREE

3.0 MATERIALS AND METHODS

3.1 Study Design

The study employed a cross-sectional exploratory phenomenological study technique to analyze adolescent girls and young women's experiences and perceptions of HCT in Mbeya City Council, Tanzania. This approach aimed to understand and explore these experiences from the perspective of individuals who had directly undergone HCT.

3.2 Study Area

This study was conducted in Mbeya City, which is one of the seven districts of the Mbeya Region. Mbeya City covers an area of 37,700 square kilometers and is located along the Tanzania-Zambia highway and railway line. It serves as the host for both the District and Region Headquarters. According to the 2012 National Census, Mbeya City Council had a total population of 385,279 inhabitants, with 182,620 (47%) being male and 202,659 (53%) being female. The city is divided into two divisions, along with 36 wards, ensuring effective governance and public service delivery (47). Despite its vibrancy, Mbeya City faces health challenges, particularly a high prevalence of HIV. With an incidence rate of 9.3%, it ranks as the third-highest region affected, with a high vulnerability of adolescent girls and young women (48). The results of this research will help increase understanding when developing plans aimed at assisting AGYW to access HCT services in abundance and with ease.

3.3 Study Population

The study focuses on AGYW aged 15-24 who live in Mbeya City Council, Mbeya Region, Tanzania and have tested for HIV at least once.

3.4 Sampling technique and Sample size

Purposive sampling was used to select Mbeya City Council due to its high HIV prevalence and specific characteristics of vulnerability among AGYW. Participants were selected purposively

through collaboration with peer educators in three wards (Uyole, Igawilo, and Iyela). Adolescent girls living in Mbeya City Council because of the population is vulnerability to HIV because of the factors such as biological vulnerability, gender inequality, early sexual debut, transactional sex, limited access to healthcare, lack of comprehensive sex education, and social and cultural norms (49). Purposive sampling was chosen because it allows the researcher to choose the participant according to the specific characteristics and the need of the research topic ensuring a deeper understanding of the phenomenon under investigation (50). A purposive sampling method was used where participants were selected purposively to give in-depth information about the subject (51) Adolescent girls and young women were identified through the help of peer educators from three wards (Uyole, Igawilo, and Iyela) which were motivated by the substantial size and population of adolescent girls and young women in these areas. These peer educators were introduced to us by the Ward Executive Officer (WEO) after receiving a letter of introduction from the city manager. Participants were contacted by phone and asked to schedule an appointment to meet with them for an interview. Participants were visited individually, guided by peer educators from their respective wards, and with permission from the WEO (52).

3.5 Data collection tool

This study used an in-depth interview guide for AGYW to gather data on their experiences with HCT services in Mbeya City Council. In-depth interviews are unique in their ability to gather detailed information directly from participants, offering flexibility for researchers to explore specific topics and adapt questions based on responses. Focusing on participants' experiences and perspectives, these interviews provide rich qualitative data, providing deeper insights into complex issues. This participant-centered approach fosters a supportive environment, allowing for understanding of the subject matter. Data were collected by the researcher assisted by one research assistant with a degree in Health Management and experience in research and data collection in the health sector. The interview guides were designed to address the social demographic characteristics of the participants, and focused on areas such as experiences, perceptions, social and cultural factors influencing AGYW's seeking of HCT services, and

healthcare system experiences. Data collection tools were translated into Kiswahili to provide similar meaning to all participants and to minimize language barriers. The interviews were done at participants' place of convenient such as home, and business places. Permission for note-taking and audio recording was requested and all interviews were recorded using a digital voice recorder. Kiswahili language was used to conduct interviews.

3.5.1 Recruitment and training of the research assistants

A research assistant with a degree in Health Management and experience in research and data collection in the health sector was recruited prior to commencing data collection. The selection of this research assistant took into consideration their experience in health-related issues as well as their expertise in research data collection. This assistant underwent training conducted by the principal investigator for duration of six days to ensure they understood and were familiar with the objectives and detailed goals of this research, as well as becoming acquainted with the tools used in data collection. Additionally, these training sessions emphasized the importance of obtaining participant consent and adhering to ethical principles in data collection.

3.5.2 Pre – testing of data collection tool

A pre-test was conducted at Sisimba Ward among three (3) AGYW to understand their experiences and perceptions of HTC services before the start of data collection. The tool was tested in order to assess its reliability and validity.

Three AGYW, similar to the target study population, were selected for the pre-test to provide a representative sample for feedback. Each participant was given a copy of the in-depth interview (IDI) guide, which included open-ended questions designed to explore their experiences and perceptions of HIV counseling and testing (HCT) services. The pre-test interviews were conducted to gather detailed insights from the participants, during which they were asked to share their thoughts on each question in the guide.

Following the interviews, participants were asked to provide feedback on the interview guide, focusing on several key areas. These included the clarity of the questions, assessing whether any were unclear or difficult to understand, and the comfort level of the participants, noting if any questions made them feel uncomfortable or hesitant to answer. They also provided feedback on the relevance of the questions to their experiences with HCT services, the completeness of the guide in covering all important aspects of their experiences, and the duration of the interview, evaluating whether the length of time it took to complete the interview was appropriate.

3.5.3 Trustworthiness

The reliability of the collected data was ensured through credibility, transferability, dependability, and conformability.

Credibility: This was established by fostering a rapport with participants to encourage the voluntary exchange of information. Member checking was employed, allowing participants to verify the accuracy of the transcribed information. Conformability was maintained through bracketing, where all researchers' beliefs and knowledge regarding the experiences and perceptions of HIV counselling and testing were outlined before data collection, minimizing bias in the information provided by participants.

Transferability: was another critical aspect addressed in the study. This involved providing rich and detailed descriptions of the research context, participants, and procedures to enable readers to assess the relevance of the findings to their contexts. Thick descriptions, quotations, and detailed case studies were employed to provide insight into the study's context and facilitate comparisons with other settings. A purposeful sampling of participants ensured diversity and representation, enhancing the potential for findings to be transferred to similar contexts.

Dependability: Dependability was ensured through meticulous documentation of the research process. Detailed records of data collection procedures, analytical decisions, and any

modifications made during the study were maintained. Establishing an audit trail facilitated transparency and traceability of the research process, allowing others to assess the reliability of the findings. Additionally, systematic and rigorous data analysis techniques, such as inter-coder reliability checks in qualitative research, were employed to ensure consistency in interpretation and enhance dependability.

Conformability: Conformability, the objectivity and neutrality of the research findings, was also addressed. This involved maintaining reflexivity throughout the research process, where researchers critically examined their own biases, assumptions, and preconceptions. Detailed reflexive journals or memos were kept to document reflections and decisions, demonstrating transparency and accountability. Furthermore, engaging in peer review or debriefing helped mitigate potential biases and enhance the objectivity of the findings. The purposive sampling approach played a crucial role in ensuring the study's transferability (51).

3.6 Data Management

Participants consented to be recorded, conversations were audio-recorded, and detailed notes were taken. Each interview was labeled with a number and date, without capturing personal information for identification. The audio recordings were stored on a password-protected computer to ensure confidentiality. Additionally, during transcription, all identifiers such as names and healthcare facilities where services were received were omitted to safeguard against the use of personal information or linkage during data analysis and reporting. Notes and audio recordings were reviewed at the end of each interview day to organize information, reflect on the content, and plan for follow-up interviews or document identification to address any gaps and emerging issues. Text transcripts were crosschecked by listening to the audio to verify the accuracy of the written content in the documents.

3.7 Data Analysis

All the interviews were transcribed verbatim and then translated to English language for analysis. The process of transcribing the study data adhered to the six-phase thematic analysis approach proposed by Braun and Clarke in 2006 (53). Thematic analysis was used during data analysis.. The six phases according to (53) by familiarizing with the data, creating initial codes, seeking out themes, evaluating themes, formulating and labelling themes, and report writing.

Familiarizing with the data; involved listening to the audio recordings, reading the field notes, and reviewing the transcripts multiple times. The objective was to ensure clarity in the collected data, laying the groundwork for a comprehensive thematic analysis.

Preliminary Codebook Development; data were organized in a more meaningful and systematic manner, and open coding was used to develop and modify during the coding process. The researcher scrutinized the data to identify codes that described the contents of a line or even a paragraph. The researcher coded the chunks of data by using highlighters and inserting comments in the text to identify sections of the data.

Code Generation and Theme Search; the next phase involved generating initial codes by reflecting on the preliminary ones. This iterative process enriched the codebook, contributing to a nuanced understanding of key elements identified in the data analysis. Themes were then systematically searched and reviewed in alignment with the emerging information from the transcripts.

Theme review; during this phase, the identified themes were carefully reviewed to ensure they accurately represented the data. This step involved refining the themes by checking their coherence, relevance, and distinctiveness. The review process aimed to confirm that the themes effectively captured the patterns in the data, providing a solid basis for further analysis.

Theme Definition and Naming; themes, representing patterns and significant findings within the data, were defined and named accordingly. This step aimed at providing a clear and organized representation of the key insights derived from the interviews. The themes formed the basis for a meaningful and descriptive report, enhancing the communicative power of the study.

Reviewing Themes and further Analysis; all generated themes were subject to a comprehensive review, ensuring that codes were assigned appropriately. The final codebook, with clear definitions, governed the subsequent data analysis. The use of NVivo 12 Plus facilitated the coding process, leading to further analysis and summarization of findings. The inclusion of verbatim quotes in the narrative served to authentically reflect the perspectives of the participants.

3.8 Ethical considerations

Ethical clearance was sought from the MUHAS Institutional Review Board (IRB reference number D.A.282/298/01.C/1851). Further permission to collect data for the study was sought from Mbeya City Council. To ensure the study adhered to ethical guidelines and protected the rights and well-being of the participants, Participants provided written informed consent before interviews, ensuring their willingness to participate in the study after receiving the explanation of the study objective. For the participants who were under the age of 18, the researcher approached their parents/guardians to explain the objective of the study and sign the concert form for participation. Permission to record the interview was sought from the participants before the interview. The participants were assured that their data would remain confidential and not contain their identity information. They could stop the narration at any time during the interview. Data access was managed using a password-protected Google Drive, and audio recording devices would also have passwords for other individuals' access.

CHAPTER FOUR

4.0 FINDINGS

This chapter presents the findings on experiences and perceptions of HIV counselling and testing among AGYW in Mbeya City Council, Tanzania regarding HIV counselling and testing. It provides a nuanced understanding of the challenges, triumphs, and insights of AGYW in navigating these services. The chapter also explores the socio-cultural factors, healthcare infrastructure, and individual beliefs that shape their engagement with these services. It also examines the effectiveness of existing support systems and the barriers that impede access to these services. The findings provide a basis for informed discussions and potential interventions to enhance HIV prevention and care strategies for AGYW in Mbeya City Council and beyond.

From the data analysis, major four themes which are perspectives on HIV counseling and testing Among AGYW, Experiences of AGYW in HIV Counseling and testing, Social-Cultural Influences on AGYW Perceptions of HIV Counselling and Testing and Healthcare experiences of AGYW on HCT services emerged.

Table 1 below presents the main themes sub-themes and quotes which emerged from the findings.

Table 1: Themes and Subthemes

S/N	**Theme**	**Sub-Themes**	Quotes
1	Perspectives on HIV Counseling and Testing Among AGYW	Knowledge of HCT services	*"In society, there exists a misconception about HIV; people point fingers, saying, 'This one is already infected.' They still believe that having HIV means you can't have safe children. The notion persists that if you acquire HIV, your whole family will be infected. After getting knowledge of HIV, I realized that you can live with HIV, and as long as you use protection properly, you can live safely without infecting your partner."* (IDI, Participant 16 - 16 years, single, primary education).
			"Some people hesitate to test because they fear the possible outcomes, both health-wise and socially, after knowing their

		Fear and Stigma of HIV testing	*status. Additionally, lack of awareness about the risk of HIV infection can lead some individuals to avoid testing, feeling that doing so would be like admitting they are at risk"* (- IDI, Participant 04 19 years, married, secondary education).
		Positive and negative perceptions	*"Some AGYW are afraid to know their HIV status because they fear the unknown. They fear that if they are found positive, people will start avoiding them. They prefer living with the uncertainty rather than facing the truth".* (IDI, Participant 14 - 22 years, married, secondary education).
		Peer influence	*"I was in an HIV-risky environment and happened to meet a peer educator. They persuaded me to get tested for HIV. They explained the benefits and risks of testing, and after their guidance, I willingly agreed to get tested"* (IDI, Participant 03 - 22 years, married, primary education).
		Social support	*"Don't bother testing for HIV; if you find out you have HIV, that's the end of your life, you will die. You might make bad decisions if you find out you have HIV."* (IDI, Participant 01 - 17 years single, primary education).
2	Experiences of AGYW in HIV Counseling and testing	Testing experiences	*"The HIV counselling and testing was comprehensive. They explained the HIV counselling and testing process step by step, ensuring I understood each stage. They emphasized the importance of knowing my HIV status for my well-being. The counsellor also discussed safe sexual practices, the importance of using protection, and regular testing. This information was valuable because it not only educated me about HIV but also motivated me to adopt healthier*

			behaviour" (IDI, Participant 10 - 23 years, married, primary education).
		Counselling experiences	*"The first time was quite difficult as I went to a health centre. When I noticed the sign indicating the counselling and testing room and saw the queue, it became tough for me to keep waiting for services. The fact that everyone passing by knew the reason for my visit made me feel uneasy."* (- IDI, Participant 06 18 years single, secondary education).
		Quality of services	*"Perhaps it would be beneficial if they increased the number of healthcare workers at the facilities, as there are often long queues. This would help to reduce waiting times and ensure that individuals receive timely care and attention "*(IDI, Participant 05 - 20 years single, secondary education).
3	Social-Cultural Influences on AGYW Perceptions of HIV Counselling and Testing	Beliefs	*"I was fearful that if the choir members and church attendees saw me getting tested, they would perceive me as having committed a sin, which is why I hesitated to go for testing."* (IDI, Participant 17 - 17 years married, primary education).
		Gender inequality	*"As a young woman, I encountered a challenge when I wanted to go for HIV counselling and testing for the first time. My mother didn't agree with me and questioned where I got the idea of HIV testing. She was concerned that my father would be upset if he found out. My mother acted as an obstacle, trying to prevent me from getting tested for HIV out of fear of my father's reaction* (IDI Participant 06 -, 18 years single, secondary education).
		Gender norms	*"As a young woman, I encountered a challenge when I wanted to go for HIV counselling and testing for the first time. My mother didn't agree with me and questioned where I got the idea of HIV testing. She was concerned that my father would be upset if he found out. My mother acted as an obstacle, trying to prevent me from getting tested for HIV out of fear of my father's reaction* (IDI Participant 06 -, 18 years single, secondary education).
4	Healthcare experiences of AGYW on		*"When you visit a hospital or health facility for HIV counselling and testing, our group of adolescent girls and young women does not receive friendly services, resulting in prolonged waiting in lines." However, if I go with that*

	HCT services	Accessibility and infrastructure	*leader (peer educator), it becomes easier for me to be served quickly*." (IDI, Participant 12 - 22 years married, secondary education).

4.1 Socio-demographic Characteristics of the Participants

Table 2: Socio-demographic Characteristics of the study participants

Background information	**Total**	**Number (N= 17)**
Age Distribution	**Number**	**Percentage (%)**
15-19	7	41
20-24	10	59
Grand Total	17	100%
Marital status	N	%
Single	11	65
Married	6	35
Grand Total	**17**	**100%**
Education level	**N**	**%**
Primary school education	6	35
Secondary school education	9	53
Drop out school	2	12
Grand Total	**17**	**100%**

4.2 Theme one: Perspectives of HIV counselling and testing among AGYW

This section delves into the primary objective, focusing on the Perspectives on HTC among AGYW. Here, we explore key themes including fear and stigma, knowledge, peer influence, Positive and negative perceptions, and social support.

4.2.1 Knowledge of HCT Services

Some participants reported a lack of knowledge about HCT services, leading to a diminished understanding of its importance. Negative attitudes, misinformation, and myths about HIV and its services were identified as significant barriers, instilling fear and anxiety and discouraging AGYW from seeking HIV testing services. This was demonstrated by one participant saying;
"In society, there exists a misconception about HIV; people point fingers, saying, 'This one is already infected.' They still believe that having HIV means you can't have safe children. The notion persists that if you acquire HIV, your whole family will be infected. After getting knowledge of HIV, I realized that you can live with HIV, and as long as you use protection properly, you can live safely without infecting your partner." (IDI, Participant 16 - 16 years, single, primary education).

On the other hand, few participants reported that a lack of awareness and understanding regarding the risks associated with HIV transmission serves as a significant deterrent from seeking services at health centers. They narrated that they perceived no urgent need to access HCT services due to their limited knowledge of HIV and its services. One participant said;
"*From what I see, many girls don't understand when you talk about testing. I don't know if it's because the education hasn't been provided in-depth. They don't understand testing, and many outright refuse it. More detailed education is needed for them to understand."* (IDI Participant 16 -, 16 years single, primary education).
However, few of the participants reported knowing HIV and HCT services. The research underscores the significance of this knowledge in enabling the provision of HCT services for adolescent girls and young women. It emphasizes the pivotal role of accurate information in

empowering individuals to assert control over their health. One of the participants had this to share;

"Because I had never been tested before, and I knew I had engaged in sexual activities with others. So, after learning about the services, I became unsure about my situation. I thought what if I have an infection? It made me very afraid. If I have an infection, should I go for a test and reveal that I have it? What if I'm going to die soon? I thought it might be better not to know and continue living without knowing." (IDI, Participant 10 - 23 years, married, primary education).

Some of the study participants also highlighted the pivotal role of education in promoting early detection of HIV. They emphasized that understanding the benefits of early detection, such as timely medical interventions and prevention of further transmission, was key in encouraging individuals to consider HCT services as a proactive health measure. One participant narrated that;

"I believe the primary reason is a lack of comprehensive education on what? People are not well-informed about HIV counselling and testing-related matters, leading to reluctance to undergo testing. However, with a more thorough education on HIV counselling and testing, they will have a better understanding" (IDI, Participant 16 - 16 years single, primary education).

Moreover, some of AGYW acknowledged a lack of clear understanding of counselling and HIV testing. Furthermore, participants expressed that having precise information on HIV counselling and testing would help them access these services more extensively. One participant reported that;

"The advice they gave me greatly increased my confidence in what. It made me believe that I could live with HIV, continue with my business, earn an income, fulfil my dreams, and even raise a family well. It helped me build confidence instead of being stressed, thinking that getting HIV means the end of my dreams" (IDI, Participant 03 - 22 years, married, Primary education).

4.2.2 Fear and Stigma on HIV Testing

Most of the study participants highlighted the significant impact of fear and stigma within our community on accessing HIV testing and counselling services. They expressed a common sentiment: the fear of being judged and isolated if their HIV status were to be known. For them, it's a tough dilemma between facing the truth and living in uncertainty. Many admitted they would rather not know their status at all, just to avoid the stigma associated with it. One participant revealed that;

"Some people hesitate to test because they fear the possible outcomes, both health-wise and socially, after knowing their status. Additionally, lack of awareness about the risk of HIV infection can lead some individuals to avoid testing, feeling that doing so would be like admitting they are at risk" (- IDI, Participant 04 19 years, married, secondary education).

They added that the fear of being labelled as prostitutes and ostracized by society influences how we approach HIV testing and counselling. We need more support and understanding from our community to overcome these barriers. She said;

"Some AGYW are afraid to know their HIV status because they fear the unknown. They fear that if they are found positive, people will start avoiding them. They prefer living with the uncertainty rather than facing the truth". (IDI, Participant 14 - 22 years, married, secondary education).

Some study participants expressed that social judgment in their communities, HIV testing was considered taboo and shameful to one's dignity, hindering their engagement with HCT services. Negative attitudes and discriminatory practices linked to HIV counselling and testing heightened concerns about potential labelling if perceived as at risk or living with HIV. One participant said;

"I was worried about the possibility of being diagnosed with HIV. I didn't want to involve anyone, so I went alone. I thought that if I shared my results with someone and the results were not good, people would talk, and rumors would spread in the community. I was afraid of how people would perceive me". (IDI Participant 15 -, 22 years married, secondary education).

4.3 Theme 2: Perceptions of HCT services

Most participants revealed a range of perceptions among AGYW regarding HIV counselling and testing. The study participants further reported a prevalence of negative perceptions of HIV counselling and testing, rooted in societal stigmas. Additionally, AGYW expressed reluctance to participate in HIV counselling and testing due to being associated with being HIV-positive.

"When someone talks about HIV counselling and testing, it seems like something unusual and shameful in society. You look like a girl who is unsettling and promiscuous. In the eyes of the community, you are perceived as promiscuous, and people might question you, 'Why are you going for HIV counselling and testing when, as a girl, you should be respectable?" But that's how society perceives it." (IDI, Participant 11 - 22 years single, secondary education).

However, some study participants reported the influence of perceptions on the decision-making process regarding HIV testing and counselling among AGYW. For example, one participant had this to share:

"If you find out that you are HIV positive, that is the end of your life, you will die. You might make bad decisions if you find out you are HIV positive." (IDI, Participant 01 - 17 years single, primary education).

4.3.1 Social Support

Participants were asked about social support from the people and community regarding HIV counselling and testing; most of them revealed that they do not receive support from the surrounding community. They not only receive support from their parents and family members but also their close relatives and friends when they express an interest or a desire to seek HIV counselling and testing services. They need support like emotional reassurance, clear information, peer encouragement, community acceptance, counselling services, and ongoing guidance for HCT. The study participants further reported that lack of support makes it difficult for them to freely access the services. For instance, one had this to say:

“If you say you are going for HIV counselling and testing, people would assume you are very promiscuous or that you are truly HIV positive and you are revealing this information to them in that way. I don't think even my family would have supported me in any way or encouraged me to go for the HIV counselling and testing because of the stigma.” (IDI, Participant 07 - 17 years single, school dropout).

Some of the study participants reported that they do not receive social and moral support from their family, relatives, and the entire community in general, thus making it difficult for them to access HTC services. Moreover, HIV is perceived as a shameful issue within the community, and many people are not willing to talk about it. One participant had this to say;
"Don't bother testing for HIV; if you find out you have HIV, that's the end of your life, you will die. You might make bad decisions if you find out you have HIV." (IDI, Participant 01 - 17 years single, primary education).

The study participants reported that the perpetuation of stigma within social circles, coupled with the fear of judgment from peers or family members, emerged as a significant barrier that dissuaded individuals from seeking testing. For example, one participant said;
“Within the community, people may speak negatively about you, they might say "This girl has gone astray; she isn't raised with good morals, and now she is perceived as promiscuous, troublesome, and unlikeable.” (IDI, Participant 06 - 18 year’s single, secondary education).

4.3.2 Peer Influence on HIV counselling and testing

Some of the study participants recounted that peer educators have been very helpful in conveying HIV counselling and testing information to them. They continued narrating that the majority of them have acknowledged receiving accurate information and education about HIV infections, as well as counselling and testing services, from peer educators who visited their areas. One of the participants said:

"I was in an HIV-risky environment and happened to meet a peer educator. They persuaded me to get tested for HIV. They explained the benefits and risks of testing, and after their guidance, I willingly agreed to get tested" (IDI, Participant 03 - 22 years, married, primary education).

Contrary to what most participants said about the factors hindering them from seeking HIV testing and counselling services, some of the study participants affirmed that they feel more comfortable and have more freedom discussing reproductive health issues, including education on HIV infections and its services, than talking to an older person who are more of age than them. One participant said;

"Since the peer educators were of similar age to me, I was open to telling them my entire story concerning my lifestyle since they seemed to understand me". (IDI, Participant 08 - 23 years, married, primary education).

4.4 Theme 3: Experiences of AGYW in HCT

4.4.1 HIV Testing Experiences

One participant revealed that the counsellor provided a comprehensive HIV testing process, explaining each step thoroughly and emphasizing the importance of knowing one's HIV status for well-being. They also highlighted the importance of regular testing and adopting safe sexual practices, motivating the individual to prioritize their health by getting tested regularly and practicing safer behaviours. The participant said that:

"The HIV counselling and testing was comprehensive. They explained the HIV counselling and testing process step by step, ensuring I understood each stage. They emphasized the importance of knowing my HIV status for my well-being. The counsellor also discussed safe sexual practices, the importance of using protection, and regular testing. This information was valuable because it not only educated me about HIV but also motivated me to adopt healthier behaviour" (IDI, Participant 10 - 23 years, married, primary education).

Some participants also revealed that they find it difficult to communicate their reproductive health problems with service providers older than their age. They mentioned the experiences

they went through when accessing services. The study participants further reported that health providers interfere with their personal life, and they act as if they are their parents. The study participants further narrated that this posed a challenge in responding to some of the questions from the health provider making it difficult for AGYW to feel free to disclose everything when they go for HCT. One participant said;

"I was 19, during a visit to the health provider with my 27-year-old partner, I felt uncomfortable when the provider made comments about my age, implying I should be in school. It felt like she was judging me and made me feel insecure and embarrassed as if my age affected my ability to make decisions on my health". (IDI, Participant 07 17 years single, school dropout).

4.4.2 Quality and Experiences with HIV Counselling Services

The study participants explained their experiences with HIV counselling services, highlighting the challenges they face in discussing reproductive health and sexual behaviours due to concerns about confidentiality. Fear of stigma and discrimination often deter individuals from seeking services, perpetuating misconceptions about HIV/AIDS. They emphasized the need for greater awareness and education to combat stigma, promote supportive environments, and improve access to confidential services. She narrated;

"I felt a sense of fear and reluctance in disclosing my secrets, as I perceived them to be deeply personal and intended to remain private. The thought of revealing my secret to them filled me with apprehension, fearing potential consequences or judgments" (IDI, Participant 13 - 22 year's married, primary education).

Also, some of participants reported that health centres often have poor service quality, with patients experiencing long waiting times exceeding three hours due to a scarcity of healthcare providers. This can lead to frustration and dissatisfaction, as patients have responsibilities beyond medical care. The extended waiting periods consume time and disrupt daily routines, exacerbating their perception of the inefficiency of the healthcare system. This experience may make patients feel like their time is being wasted, causing further distress and potentially

discouraging them from seeking timely medical attention in the future. One participant shared this;

"The first time was quite difficult as I went to a health centre. When I noticed the sign indicating the counselling and testing room and saw the queue, it became tough for me to keep waiting for services. The fact that everyone passing by knew the reason for my visit made me feel uneasy." (- IDI, Participant 06 18 years single, secondary education).

4.5 Social-Cultural Influences on AGYW Perceptions of HCT

4.5.1 Religious and Beliefs

Some of the study participants reported that, in society, HIV has been associated with beliefs where there are some teachings which forbid them to associate with these services. The study participants further reported that there are also negative perceptions and misconceptions about HTC services. They continue explaining that discourages AGYW from accessing counselling and HIV testing services due to fear of societal judgment and discrimination. One participant explained that;

"There is a misconception like stigma that undergoing testing implies involvement in unsafe sexual practices. People perceive HIV cancelling and testing differently in comparison to someone undergoing other health check-ups. However, when you go for HIV counselling and testing, you may be unfairly labelled as a failed immoral individual and considered lacking in decency." (IDI, Participant 12 22 years married, secondary education).

The study participants reveal that the community views AGYW negatively, labelling them as disobedient and immoral, reflecting inadequate upbringing. This fear discourages girls from seeking services, and even if they do, they approach it with apprehension and conceal their actions to avoid being seen. The participants also reported fear in their own lives. She explained that;

"I was fearful that if the choir members and church attendees saw me getting tested, they would perceive me as having committed a sin, which is why I hesitated to go for testing." (IDI, Participant 17 - 17 years married, primary education).

4.5.2 Gender Norms and Inequality

Some study participants also explained how females face societal and traditional barriers like barriers include fear of judgment, social isolation, cultural taboos, and limited healthcare facilities that limit their engagement with HIV testing services. One participant said;

"As a young woman, I encountered a challenge when I wanted to go for HIV counselling and testing for the first time. My mother didn't agree with me and questioned where I got the idea of HIV testing. She was concerned that my father would be upset if he found out. My mother acted as an obstacle, trying to prevent me from getting tested for HIV out of fear of my father's reaction (IDI Participant 06 -, 18 years single, secondary education).

Some study participants reported how cultural norms affect them in their efforts to access HIV counselling and testing services. Gender norms like stigma and shame, gendered power dynamics, limited autonomy, fear of violence, economic dependence, and lack of confidentiality make it difficult for girls to make their own decisions about their health. One participant I said;

"Even though I am married, I cannot go to the hospital without my husband's approval, and he is the one who covers the transportation expenses for me to get there."(IDI, Participant 04 - 19 years, married, secondary education).

Moreover, participants also mentioned social consequences, driven by societal expectations, acted as barriers to seeking testing services. Gender norms also impacted healthcare provider-patient interactions, affecting the comfort level during counselling. The vulnerability of young women to HIV was linked to societal pressures to conform to traditional roles. For example, one participant said:

"Some are afraid to know their status because they fear the unknown. They fear that if they are found positive, people will start avoiding them. They prefer living with the uncertainty rather than facing the truth" (IDI, Participant 14 - 22 years, married, secondary education).

4.6 Healthcare experiences of AGYW on HCT services

Most AGYW reported that the health facilities set up do not guarantee them a comfortable space for their age category as they seek counselling from service providers. The study participants explained that they don't feel comfortable being seen with people from their neighborhood for fear of being judged and directed to them like finger-pointing and discussed them as ill-mannered children with immoral behaviour. One participant had this to share;

"When you visit a hospital or health facility for HIV counselling and testing, our group of adolescent girls and young women does not receive friendly services, resulting in prolonged waiting in lines." However, if I go with that leader (peer educator), it becomes easier for me to be served quickly." (IDI, Participant 12 - 22 years married, secondary education).

4.6.1 Pathway to Care

The study found that factors such as stigma, peer influence, and logistical challenges significantly influenced Adolescent Girls and Young Women's decision not to use HIV counselling and testing services. These factors included fear of judgment and limited access to testing sites. These obstacles hindered AGYW's ability to effectively access and use HIV testing services, emphasizing the need for improved support and resources.

Moreover, among the participants, fear of receiving positive test results and the perceived consequences, such as stigma, discrimination, or social isolation, discouraged AGYW from seeking HIV testing. They may have avoided testing totally or delayed seeking services until symptoms appeared, leading to late diagnosis and treatment.

"Before getting tested, I lived in constant uncertainty, fearing the possibility of being HIV positive. When I received the results and found out I was negative, a huge sense of relief washed

over me. It was like emerging from a fog of worry into a clear, reassuring understanding of my health status. This revelation liberated me from the burden of anxiety, allowing me to embrace life with renewed confidence and vigour." (IDI, Participant 17- 17 years married, primary education).

4.6.2 Accessibility of HCT Services and Infrastructure

Few participants reported that, the accessibility and challenges faced by AGYW in accessing HCT services. Study participants highlighted both positive aspects of HIV testing and counselling services, such as ease of access and the presence of peer educators, as well as challenges related to the location and waiting times at health facilities. Participants confirmed that HCT services are easily accessible due to the proximity of health facilities and the outreach efforts of peer educators. One participant had this to share:

"The HCT services are easily accessible to AGYW because health facilities are nearby, and there are peer educators who go door-to-door providing education to AGYW on HCT which makes it easy to access the services". (IDI, Participant 13 - 22 years married, primary education).

However, few participants reported still facing challenges with HCT even though services are easily accessible. The study participants narrated that when they go for HCT in many health centres, waiting areas are open, making it easy for everyone around the facility to see each other. They continue reporting that many girls fear being seen by acquaintances, especially those who might stigmatize them, influenced by societal attitudes surrounding them. One participant had this to state:

"I encountered difficulty in staying at the health facility due to the evident awareness among passersby of the specific reason for my presence. This heightened visibility contributed to my feelings of discomfort and unease, making it hard for me to remain." (IDI, Participant 15 - 22 years married, secondary education).

Some participants reported long waiting hours in health centres, sometimes over four hours, which hindered their access to HCT services. They suggested that there should be enough

healthcare workers available to provide quick HCT services without significant delays. One participant shared her experience of waiting over four hours for services. She said:

"Perhaps it would be beneficial if they increased the number of healthcare workers at the facilities, as there are often long queues. This would help to reduce waiting times and ensure that individuals receive timely care and attention "(IDI, Participant 05 - 20 years single, secondary education).

CHAPTER FIVE

5.0 DISCUSSION

5.1 Discussion

This study explored the experiences and perceptions of adolescent girls and young women regarding the utilization of HIV counselling and testing in Mbeya City Council. The objective was to gain a deeper understanding of their perspectives and insights and enable to comprehend the factors that influence the uptake of HCT services.

The study revealed that the majority of participants were aged 20-24, with a mean age of 20. A significant proportion completed secondary education, while a minority dropped out. These findings provide context for understanding the perspectives and experiences of AGYW in Mbeya City Council regarding HIV counselling and testing.

5.1.1 AGYW Perspectives on HIV Counselling and Testing

This study revealed that AGYW face significant challenges when trying to engage with HIV testing services due to factors such as knowledge, fear, stigma, perceptions, social support, and peer influence influencing their engagement with HCT services. These perceptions are shaped by societal judgment and misconceptions, making individuals hesitant to confront their status or seek testing. The fear of being stigmatized by their communities further compounds this reluctance. However, peer educators can help disseminate accurate information and create a supportive environment for testing uptake.

The study finding is similar to the study done in Uganda and reveals a significant lack of knowledge and awareness among AGYW about HIV and its related services. Negative attitudes and myths contribute to a diminished understanding of the importance of HIV testing services (54). Misconceptions like HIV infection being a death sentence or spreading to family members discourage individuals from seeking testing. The study underscores the need for comprehensive education on HIV prevention and testing strategies.

Informants in this study reported fear and stigma as significant obstacles to adolescent girls and young women accessing HTC services. These challenges arise from a combination of fear and societal stigma, misconceptions about transmission and living with HIV persist today, Lack of information and outdated beliefs contribute to fear of HIV, and people often view it as a disease exclusive to certain groups, leading to negative judgments about those living with HIV. creating difficulties in a community that fosters fear and undermines confidence (54,55). The main barrier preventing these individuals from seeking healthcare is the fear of judgment by community members who stigmatize them for seeking such services, especially AGYW. This implies that, because of fear and stigma AGYW find it difficult to communicate their health problems. A study conducted in South Africa and Kilifi Kenya, indicated that AGYW fear judgment (16,56). This fear is compounded by the association of seeking these services with promiscuity, leading to social disrespect.

The community's lack of recognition regarding the importance of testing creates challenges, and the absence of support from family and partners hinders their ability to pursue these services. This suggests the importance of community-wide awareness campaigns to challenge stereotypes and foster a more understanding and accepting attitude towards individuals seeking HCT, especially among the youth. The same situation is happening in Uganda where the HIV testing stigma is associated with lower testing rates among AGYW. However, that stigma does not interfere with the counselling and testing awareness but AGYW in Uganda are likely to experience the HIV testing stigma and that acts as a barrier to them (57).

The findings from the study, along with related research in South Africa and Zambia, shed light on how perceptions among AGYW are shaped by peer dynamics, societal expectations, and broader cultural norms regarding HIV testing. The study underscores the positive impact of peer groups in disseminating information and fostering acceptance of counselling and HIV testing services among adolescents. However, the research also reveals the influence of peer dynamics and societal expectations on AGYWs' testing behaviours, with the fear of judgment and potential offensive labels significantly impacting their willingness to undergo testing. These

findings relates to what was found in South Africa, where HIV testing amongst youth through peer delivery of the testing kit increased and health information was widely done through peers (58). This emphasizes the need for community-wide awareness campaigns to challenge stereotypes and promote a more understanding and accepting attitude, especially among the youth seeking HIV counselling and testing as pointed out in Zambia that the community-led peer influence on HIV counselling and testing had an impact on the uptake of testing, however, broader perspective was emphasized during this youth-led intervention (59).

Moreover, the research uncovers broader societal implications of this negative perspective. The fear of labelling and stigma compels individuals to approach testing cautiously, often resorting to secrecy to avoid community inspection. The same is happening across Africa, especially Sub-Saharan Africa where speaking anything that is sexually related like HIV testing is considered a taboo preventing AGYW from accessing the available HIV counselling and testing services (60–62).

5.1.2 Experiences of AGYWs on HCT

The research findings shed light on the emotional and psychological aspects of testing experiences that played a significant role in shaping AGYWs' decisions. Positive testing experiences, characterized by supportive counselling and a confidential environment, were identified as facilitators for HCT utilization. Conversely, negative experiences, including encounters with fear of the unknown from society, stigma and discrimination during testing, long waiting, and location of counselling rooms acted as deterrents, fostering fear and apprehension among AGYW These emotional dimensions are contrasted by the modalities of testing as in South Africa, Kenya and Rwanda the experience of AGYW is different through the HIV self-testing strategy that minimizes the inconvenience of the negative experiences encountered at the health facilities of the stigma following visiting the known spots for HIV testing and counselling (27, 63).

The research findings underscore the comprehensive challenges faced by AGYW in accessing HCT services, ranging from societal stigma to emotional and psychological barriers. These

barriers have been highlighted by several studies, as one in South Africa pointed out that the stigma and the psychological barriers on AGYW when it comes to HIV testing are related to the stigma as healthcare providers act as parents and the fear of breaching confidentiality (64). Addressing these challenges requires a comprehensive approach, including community education to dispel myths, the establishment of confidential and supportive testing environments, and initiatives aimed at changing societal perceptions. By understanding and addressing these factors, interventions can be tailored to create a more inclusive and encouraging space for AGYWs to prioritize their sexual health through HCT.

5.1.3 Social-Cultural Influences on AGYWs Perceptions of HCT

The research assessed various social-cultural factors impacting AGYWs in Mbeya City Council in their decision to seek HCT. These factors included cultural norms, societal beliefs and perceptions, and community attitudes, all of which played a role in shaping individuals' behaviours regarding testing for HIV. The research findings shed light on the significant social-cultural influences impacting the perceptions of HCT among AGYW in our community. The prevailing societal attitude emerged as a crucial factor, as the community tended to view AGYW accessing HCT services with disapproval, associating such actions with negative characterizations such as being unruly or promiscuous. These cultural perceptions do not only exist in Mbeya on AGYW but also in Uganda and Ghana where social-cultural perspectives around unmarried women and adolescent girls hinder their exploration of sexual and reproductive health (SRH), especially HIV testing and prevention (65).

These perceptions reflect deeply ingrained cultural norms and expectations surrounding young women's behaviour, reinforcing the societal stigma attached to HIV testing happening across Africa, as the influence of community judgments on AGYWs' perceptions was evident in the fear and apprehension expressed by these individuals. The negative labels attached to seeking HCT services contributed to a sense of shame and a fear of social repercussions. This fear-driven dynamic was particularly pronounced, discouraging AGYWs from accessing testing services

and creating reluctance that, when overcome, led them to undertake HCT with anxiety and the need for concealment (66).

In conclusion, the research highlights the intricate web of social-cultural influences that shape AGYWs' perceptions of HTC services. Addressing these influences requires a multifaceted approach that involves community education to dispel misconceptions, challenging stigmatizing language, and fostering an environment that supports open conversations about sexual health.

5.1.4 Healthcare experiences of AGYW on HCT services

In this study, some participants reported positive experiences with HCT services like comprehensive counselling and support, but also identified challenges like discomfort with older service providers, and long waiting times. Similar to findings from another study from Cameroon long waiting hours, inadequate and limited space for HCT services (2).

The pathway to care for adolescent girls and young women (AGYW) seeking HCT services is influenced by a multitude of factors, as highlighted by the research findings. Societal perceptions play a significant role in shaping AGYW's willingness to access HCT services. The stigma and negative judgments associated with seeking such services create substantial barriers, as observed both in the primary research and in findings from Zambia, where AGYW face similar challenges fearing judgment in health facilities. This societal stigma not only affects AGYW's self-perception but also hinders their ability to make informed decisions about their sexual health.

The emotional and psychological aspects of testing experiences were identified as crucial factors influencing AGYWs' utilization of HCT services. Positive testing experiences, marked by supportive and empathetic counselling, were found to contribute significantly to increased utilization. Conversely, negative experiences, including encounters with stigma, discrimination, or judgment during testing, acted as strong deterrents. The fear of social repercussions and the emotional consequences of a positive result were major obstacles that discouraged AGYWs from seeking testing (42,67).

The research also highlighted the nuanced role of confidentiality in testing experiences. Concerns about unauthorized disclosure of test results without consent emerged as a critical factor hindering AGYWs' willingness to utilize HCT services, especially in settings where privacy was not guaranteed. This underscores the need for healthcare providers to ensure a confidential and safe environment during the testing process (42,67).

Contrary to what is happening in Uganda and South Africa where peer influence of HIV testing has improved the counselling and testing among AGYW, in this study the influence of peer dynamics and societal norms was also evident. However the fear of being perceived negatively by peers, and the pressure to conform to perceived social norms, further contributed to the hesitancy of AGYWs in accessing HCT services.

The findings emphasize the multifaceted nature of healthcare experiences among AGYW seeking HCT services. Addressing societal stigma, promoting confidential and supportive healthcare environments, and tailoring interventions to acknowledge the emotional and psychological aspects of testing experiences are essential for ensuring that AGYWs feel empowered to prioritize their sexual health through regular HIV testing. These insights can inform targeted interventions and policy initiatives aimed at improving the overall accessibility and acceptability of HCT services for this vulnerable demographic.

5.2 Limitation and mitigation of the study

The study encountered several limitations that could have affected the validity or trustworthiness of the findings, but steps were taken to mitigate these issues.

First, the sample size was limited, which might have impacted the representativeness of the broader population of AGYW in Mbeya City Council. To mitigate this, efforts were made to ensure that the selected sample was as diverse as possible within the constraints, and findings were contextualized with the recognition that they may not generalize to all AGYW in the region.

Second, the reliance on self-reported data introduced the risk of self-reporting bias, where participants might have provided socially desirable responses rather than their true experiences. To address this, the study ensured confidentiality and anonymity to encourage honest responses. Additionally, cross-verifying self-reported information with other data sources, where possible, helped reduce the impact of this bias.

Third, the study's geographical scope was confined to Mbeya City Council, limiting the generalizability of the findings to other regions with different socio-cultural contexts. The mitigation for this limitation included a detailed discussion of the specific socio-cultural context of Mbeya in the analysis, with suggestions for future research to explore similar issues in different regions.

Fourth, the cross-sectional design of the study captured perceptions and experiences at a single point in time, which might not reflect changes over time or the impact of ongoing interventions. To mitigate this, the study included retrospective questions that allowed participants to reflect on their experiences over time. The limitations of the cross-sectional design were also acknowledged in the discussion, with recommendations for future longitudinal research.

Finally, resource constraints limited the breadth of data collection, potentially omitting other relevant factors influencing HIV counseling and testing (HCT) uptake among AGYW. To minimize this limitation, the study prioritized collecting data on the most critical variables and transparently reported these constraints in the findings. Future research was suggested to explore additional factors that might have been overlooked.

5.2.1 Strengths of the study

The study exhibited several strengths that significantly contributed to its depth and trustworthiness. First, the use of in-depth interviews allowed for a deep exploration of the lived experiences of adolescent girls and young women (AGYW) aged 15-24 in Mbeya City Council. This qualitative approach provided rich, detailed insights into the participants' perceptions and

experiences with HIV counseling and testing (HCT) services, capturing nuances that might have been missed in quantitative research.

Ethical considerations were also rigorously adhered to, which was a notable strength of this study. The research maintained strict ethical standards, ensuring the confidentiality and privacy of all participants. This ethical rigor not only protected the participants but also enhanced the credibility and trustworthiness of the findings.

Additionally, the study uses a qualitative approach to understand AGYW perspectives on HCT services. By allowing participants to share their experiences, the study provides depth and authenticity, revealing factors shaping AGYW's engagement with HCT services, which may be overlooked by quantitative approaches.

CHAPTER SIX

6.0 CONCLUSIONS AND RECOMMENDATIONS

This chapter provides the conclusion of the study. It also provides some key recommendations for the future way forward.

6.1 Conclusion

The perspective and experiences on HCT among AGYWs is intricately woven into societal attitudes and norms. Negative perceptions surrounding testing contribute to an environment of fear and judgment, impeding open engagement with HCT services. This emphasizes the urgency of creating supportive environments for AGYWs to access HCT services without the fear of societal repercussions. Regarding the experiences of AGYW in Mbeya City Council regarding HIV Counseling and testing services; most of the participants demonstrated limited information and understanding of the HCT services. Also, inadequate knowledge of the importance of HTC services renders them with fear of seeking HCT services.

Further, the perceptions of AGYW in Mbeya City Council regarding HIV Counseling and testing services lie on the general social norms and perception of their communities on the HIV testing and counselling services, where the majority of youths are afraid to be perceived as prostitutes and have poor moral conduct. These perceptions of the general communities seeing the AGYW as a sexual exploited runs further down to the perception of the healthcare providers rendering the AGYW to not seek the HCT services.

Moreover, on the social-cultural factors that influence AGYW in Mbeya City Council to seek HCT services were closely related to the AGYW perceptions and the perception of their communities in general. Socially and culturally, seeking HCT services for an adolescent girl or a young woman is not well taken and considered taboo. The HIV counselling and testing services in Mbeya are reserved for married women and not the AGYW as a social and cultural construct. Therefore, AGYW seeking HCT services is considered as a prostitute in

their communities. Due to these misconceptions of the communities, the families of the AGWY barely provide support for the youth to seek testing and counselling services.

Finally, about the healthcare system's experiences on HIV Counseling and Testing among AGYW in Mbeya City Council services, the lack of the youth-friendly services for the AGYW in Mbeya is profound. These are due to long waiting times at the facilities, poor comfort zone at waiting area, lack of privacy at the health facility and lack of peer providers of the services as the health care providers are particularly older than the AGYW minimizing the comfort to seek the health services. Conclusively, the HIV testing and counselling among the AGYW in Mbeya is faced with several implementation challenges that put this group at risk of acquiring new HIV infections.

6.2 Recommendations

The study has revealed a significant knowledge gap and fear among AGYW regarding HCT services. To address this issue, I recommend that Mbeya City Council, in collaboration with local health authorities and educational institutions, strengthen educational programs and HCT awareness campaigns. These programs should focus on providing accurate information and promoting informed decision-making about HCT services. Specifically, community health workers and educators should be trained to deliver targeted sessions in schools, community centres, and through mass media channels, ensuring that the content is culturally sensitive and accessible.

Moreover, the study highlights the influence of social and cultural factors, including misconceptions, fear, and stigma, on AGYW's perceptions of HIV testing. To address these issues, I recommended that local cultural leaders, in partnership with the Mbeya City Council and community-based organizations, develop culturally appropriate interventions that integrate traditional beliefs while promoting the importance of HCT services. This could involve incorporating HIV education into existing cultural practices or ceremonies, such as initiation rites or community festivals, to create a supportive environment for testing. Engaging respected community elders and religious leaders in these efforts can also help reduce stigma and encourage testing.

Additionally, given that social norms and community perceptions contribute to the stigma surrounding HCT services, I suggest that Non-Governmental Organizations (NGOs) operating in the Mbeya region intensify community education efforts. These organizations should work closely with local leaders to organize community forums, workshops, and outreach programs focused on demystifying HIV testing and promoting its benefits. Involving influential community members, including religious and traditional leaders, in these educational initiatives can challenge taboos and foster more open discussions about HCT services.

Lastly, the study identified the lack of youth-friendly services, including negative attitudes from health service providers, long waiting times, and inadequate comfort in waiting areas, as barriers for AGYW. To address these issues, I recommended that NGOs and Civil Society Organizations (CSOs) collaborate with local health facilities in Mbeya to improve the youth-friendliness of these services. This could involve providing resources such as tents for creating comfortable waiting areas, training health service providers on youth-friendly approaches, and implementing systems to reduce waiting times. Additionally, the Mbeya City Council should consider establishing dedicated youth-friendly centers where AGYW can access HCT services in a more welcoming and supportive environment.

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Appendices

Appendix 1: Consent Form_ English Version

Consent form

I: DESCRIPTION

Introduction

Greetings! My name is Tumaini John Ngoloke, a postgraduate student in department of Public Health and Social sciences at Muhimbili University of Health and Allied Sciences. I warmly invite you to participate in a study on the perception of HIV counselling and testing among adolescent girls and young women

Aim

To explore the perceptions of adolescent girls and young women regarding HIV counselling and testing (HCT) services.

Participation

If you agree to participate in this study, you will be invited to engage in either a one-on-one interview or a group discussion. During this session, we kindly request you share your thoughts, experiences, and perceptions regarding HIV counselling and testing services. Your honest and open responses to the questions asked during the interview or group discussion will greatly contribute to the valuable insights we seek to gain from this study. This interview will take approximately 30 to 60 minutes.

Benefits and risks

Your Participation in this study will contribute to the advancement of knowledge in HIV counselling and testing, potentially leading to improved services and support for adolescent girls and young women. There are minimal risks associated with this study, such as potential discomfort or emotional stress when discussing sensitive topics.

Compensation

There is no compensation for participation in this study.

Confidentiality

All information collected from you will be kept confidential. Only the research team will have access to your collected data. Identifiable information will be removed before reporting and/or publication of findings from this study.

Right to withdrawal

Your participation in this study is voluntary. You have the right to terminate your participation in the study at any time even after you have signed the consent form.

Who to contact?

Should you have any questions regarding this study, you should contact the. Following: Tumaini John Ngoloke (Principal Investigator) P. O. Box 3426 Mbeya, mobile phone: 0765082487, e-mail ngoloketumaini@gmail.com

In case of questions about your rights as a participant you may contact the Chairperson of the Senate Research and Publications Committee, Muhimbili University of Health and Allied Sciences, P. O. Box 65001, Dar es Salaam.

II: CERTIFICATE OF CONSENT

I have read the above information (has been read for me). I have asked (had the opportunity to Ask) questions and have been answered. I have understood the aim of the study. I understand the benefits, risks and my rights to withdraw from the study. I hereby consent voluntarily to participate in this study.

Signature of participant…….

Date (DD/MM/YY) ……...

Signature of researcher……...

Date (DD/MM/YY) ……...

Appendix 2: Consent Form_ Swahili Version

Consent Form (Kiswahili Version)

Fomu ya idhini ya kushiriki

I: TAARIFA

Utangulizi:

Habari, Naitwa Tumaini John Ngoloke ni mwanafunzi wa stashada katika Chuo Kikuu cha Afya na Sayansi shirikishi Muhimbili. Ninakukaribisha kushiriki katika utafiti unaohusiana na mtazamo kuhusu ushauri nasaha na upimaji wa VVU miongoni mwa wasichana balehe na wanawake vijana

Dhumuni

Kuchunguza mitazamo ya wasichana balehe na wanawake vijana kuhusu huduma za ushauri nasaha na upimaji wa VVU (HCT).

Ushiriki

Ukikubali kushiriki katika utafiti huu, utashiriki katika mahojiano ya ana kwa ana au majadiliano ya kikundi. Katika kipindi hiki, tunakuomba ushiriki mawazo, uzoefu, na mitazamo yako kuhusu huduma za ushauri nasaha na upimaji wa VVU. Majibu yako ya uaminifu na ya wazi kwa maswali yaliyoulizwa wakati wa mahojiano au majadiliano ya kikundi yatachangia pakubwa maarifa muhimu tunayotafuta kupata kutokana na utafiti huu. Mahojiano haya yatachukua takriban dakika 30 hadi 60

Faida na Hatari

Ushiriki wako katika utafiti huu utachangia katika kukuza ujuzi katika ushauri nasaha na upimaji wa VVU, na hivyo kusababisha kuboreshwa kwa huduma na usaidizi kwa wasichana balehe na wanawake vijana. Kuna hatari ndogo zinazohusiana na utafiti huu, kama vile usumbufu unaoweza kutokea au mfadhaiko wa kihisia unapojadili mada nyeti.

Fidia

Hakuna fidia yeyote katika kushiriki katika utafiti huu.

Usiri

Taarifa zote utakazotoa katika utafiti huu zitatunzwa kwa siri. Wahusika wa utafiti ndio pekee watakaoweza kuona taarifa hizi. Jina lako halitaorodheshwa katika ukusanyaji wa taarifa na matokeo ya utafiti huu yatakapochapishwa hakuna taarifa zozote ziwezazo kukutambulisha wewe zitakazojumuishwa.

Haki ya Fujita

Ushiriki wako katika utafiti huu ni wa hiari. Una haki ya kujitoa wakati
wowote ukibadili mawazo hata kama ni baada ya kusaini fomu ya idhini ya kushiriki. Hautopoteza haki zozote kwa tiba stahiki unayopaswa kupata utakapoamua kujitoa kushiriki katika utafiti huu.

Madhara

Hakuna madhara yoyote kwako yanayotegemewa kutokea kutokana na ushiriki wako katika utafiti huu.

Kwa mawasiliano

Endapo utakua na swali lolote kuhusiana na utafiti huu, wasiliana na wafuatao: Tumaini John Ngoloke (Mtafiti mkuu) S. L. P 3426, Mbeya. Simu 0765082487, barua pepe: ngoloketumaini@gmail.com Kwa maswali kuhusu haki zako kama mshiriki, unaweza kuwasiliana na Mwenyekiti wa kamati ya Seneti ya utafiti na machapisho, Chuo Kikuu cha Afya na Sayansi shirikishi- Muhimbili, S. L. P 65001, Dar es salaam.

II: IDHINI YA KUSHIRIKI

Nimesoma (nimesomewa) taarifa hii kama ilivyoelezwa hapo juu. Nimepata nafasi ya kuuliza na kupata ufafanuzi kwa maswali niliyokua nayo. Nimeelewa dhumuni la utafiti huu, faida, athari na haki yangu ya kujitoa katika utafiti wakati wowote. Ninakubali kwa hiari yangu kushiriki katika utafiti huu.

Sahihi ya mshiriki……

Sahihi ya Ndugu (Kama mshiriki hawezi kuridhia) …….

Tarehe……...

Sahihi ya mtafiti……

Tarehe……

Appendix 3: In-depth Interview Guide_ English Version

IN-DEPTH INTERVIEW GUIDE FOR THE PERCEPTION OF HIV COUNSELING AND TESTING (HCT): EXPERIENCES OF ADOLESCENT GIRLS AND YOUNG WOMEN

INSTRUCTIONS TO THE INTERVIEWER

1. The interview will be conducted in privacy
2. Introduce yourself and assign an ID number to the interviewee.
3. The interview will take approximately 60 minutes.
4. Every bit of the interview should be tape-recorded and notes will be taken to complement the recorded interview, ask for consent before recording

Basic participant Information	
Time of the beginning of the interview:	
Age:	
Marital status:	
Interviewer name:	
Education level	
Date of interview:	
Time of finishing the interview:	
Participant Code:	

1. Thank you for your willingness to take part in this study
2. The findings will be used as part of the completion of a Master's Degree
3. The aim is to explore the perceptions of adolescent girls and young women regarding HIV counselling and testing (HCT) services
4. The interview will be recorded, and the interviewer will be taking notes throughout the interview

5. You can stop the recording and stop the interview at any time.
6. Start recording.
7. Introduce who you are interviewing.

Perspectives of Adolescent Girls and Young Women on Counseling and HIV Testing Services

1. To begin, how did you hear about counselling and HIV testing services?

(Specify sources of information on testing and counselling services for HIV; what motivated you to use these services?)

2. In what ways have peer groups in your community contributed to motivating your efforts to access counselling and HIV testing services?
3. Have you experienced stigma or discrimination during your interactions with healthcare providers or within the healthcare facility while seeking counselling and HIV testing services? How did this experience affect your intention to continue using these services?
4. What process did you go through when seeking counselling and HIV testing services, and did you encounter any obstacles or challenges?
5. Please describe your feelings (how you felt) before and after receiving counselling and HIV testing services, and how this experience influenced you.
6. Please share any positive or negative experiences you had regarding the counselling aspect of the HIV testing process.

(Specify) How did counselling contribute to your understanding of HIV and its effects?

Experiences of Adolescent Girls and Young Women on Counseling and HIV Testing Services

7. Can you describe the perspectives of adolescent girls and young women regarding access to counselling and HIV testing services, and how these perspectives influence their decision to seek these services?

8. How much freedom did you have to discuss reproductive health and gender-related issues and undergo HIV testing? (Specify) Were there any reasons that influenced your level of freedom?
9. How did you feel discussing issues related to HIV and sexual health with healthcare providers or counsellors? Were there topics or issues that you found difficult to discuss?
10. What factors (reasons) lead adolescent girls and young women to consider counselling and HIV testing services? Are there any fears or concerns they may have?
11. Can you provide examples or experiences from adolescent girls and young women that illustrate how their perspectives can impact their decision to seek counselling and HIV testing services?

Experiences of Adolescent Girls and Young Women in Healthcare Regarding Counseling and HIV Testing Services

12. Please describe your overall experience in accessing counselling and HIV testing services in the city of Mbeya. Specify if the services are easily available.
13. Were there specific concerns, fears, or misconceptions you had about HIV and the testing process before seeking counselling and testing services? (Specify) sources and reasons
14. Were you satisfied with the level of privacy and confidentiality provided during your interviews with healthcare providers and counsellors? Can you share any specific interesting experiences?
15. Can you describe any support or advice you received after the HIV testing process? How did this support contribute to your overall well-being and understanding of your test results?

Social and Cultural Factors Affecting Adolescent Girls and Young Women in Seeking/Accessing Counseling and HIV Testing Services

16. What misconceptions or stigma related to HIV/AIDS exist in this community, and how do they affect the intentions of adolescent girls and young women to test?
17. What cultural and religious beliefs affect the perspectives of AGYW regarding Counseling and HIV Testing, and how do these beliefs influence decisions?
18. What are the usual sources of information that adolescent girls and young women rely on regarding HIV/AIDS, and how do these sources affect their attitudes and behaviours towards testing?
19. In your opinion, how can societal attitudes affect the intentions of adolescent girls and young women to seek counselling and HIV testing services? Are there any challenges they may face due to these attitudes?
20. What strategies or approaches do you think can be implemented to address social and cultural barriers that adolescent girls and young women face in accessing counselling and HIV testing services in the city of Mbeya?
21. What recommendations or improvements would you suggest to enhance counselling and HIV testing services for adolescent girls and young women in the city of Mbeya? How can these services meet the needs of young women like yourself?

Appendix 4: In-depth Interview Guide_ Swahili Version

MWONGOZO WA MAHOJIANO YA KINA KUHUSU MTAZAMO NA UZOEFU WA WASICHANA BALEHE NA WANAWAKE VIJANA JUU YA HUDUMA ZA USHAURI NASAHA NA UPIMAJI WA VVU KATIKA JIJI LA MBEYA

MAELEKEZO KWA MHOJIWA

1. Mahojiano yatafanywa kwa faragha
2. Jitambulishe na mpe namba ya utambulisho mhojiwa
3. Mahojiano yatachukua takriban dakika 45 hadi 60
4. Kila sehemu ya mahojiano inapaswa kurekodiwa kwa uwazi na maelezo yatachukuliwa ilikujazia mahojiano yaliyorekodiwa.

Taarifa za Msingi za mshiriki	
Muda wa kuanza mahojiano:	
Umri:	
Hali ya ndoa	
Kiwango cha juu cha elimu:	
Utambulisho wa mshiriki	
Tarehe ya mahojiano:	
Jina la mhojaji	
Muda wa kumaliza mahojiano:	

1. Asante kwa kushiriki kuwa tayari kushiriki katika utafiti huu
2. Matokeo ya huu utafiti yatatumika kama sehemu ya kukamilisha shahada ya uzamili
3. Lengo ni kuchunguza mitazamo ya wasichana balehe na wanawake vijana kuhusu huduma za ushauri nasaha na upimaji wa VVU
4. Mahijiano yatarekodiwa ma mhojiwa atakuwa akiandika maelezo katika muda wote wa mahojiano.

5. Unaweza kusimamisha kurekodi na kusitisha mahojiano wakati wowote.
6. Anza kurekodi
7. Tambulisha ni nani unamhoji

Mtazamo wa wasichana balehe na wanawake vijana juu ya huduma za ushauri nasaha na upimaji wa VVU

1. Kwa kuanza, ulipataje habari kuhusu huduma za Ushauri na Upimaji wa VVU? [Dodosa; vyanzo vya habari za upimaji na ushauri nasha kuhusu VVU; nini kilichokuhamasisha kutumia huduma hizi?]
2. Ni kwa namna gani makundi rika katika jamii inayokuzunguka wamechangia kukuhamasisha au kukwamisha juhudi za wewe kufikia huduma za ushauri nasaha na upimaji wa VVU?
3. Je, umekutana na unyanyapaa au ubaguzi wakati wa mwingiliano wako na watoa huduma za afya au ndani ya kituo cha huduma ya afya wakati wa kutafuta huduma za Ushauri na Upimaji wa VVU? Uzoefu huu uliathirije nia yako ya kuendelea kutumia huduma hizi?
4. Ni mchakato gani ulioupitia wakati wa kutafuta huduma za Ushauri na Upimaji wa VVU, na je, ulikumbana na vikwazo au changamoto gani?
5. Tafadhali elezea hisia zako (ulijisikiaje)kabla na baada ya kufanyiwa huduma za ushauri nasaha na upimaji wa VVU, na jinsi uzoefu huo ulivyokuathiri.
6. Naomba unishirikishe uzoefu wowote chanya [mzuri] au hasi [mbaya] uliokuwa nao kuhusu sehemu ya ushauri katika mchakato wa Upimaji wa VVU? [Dodosa; Je, ushauri ulichangiaje katika uelewa wako wa VVU na athari zake?]

Uzoefu wa wasichana balehe na wanawake vijana juu ya huduma za ushauri nasaha na upimaji wa VVU

7. Je, unaweza kuelezea mitazamo ya wasichana balehe na wanawake vijana kuhusu upatikanaji wa huduma za ushauri nasaha na upimaji wa VVU, na jinsi mitazamo hii inavyoweza kuathiri uamuzi wao wa kutafuta huduma hizo?
8. Ulikuwa na uhuru kiasi gani kujadili afya ya uzazi na jinsia na kufanyiwa vipimo vya VVU? [Dodosa; Je, kulikuwa na sababu zozote zilizoathiri kiwango chako cha uhuru?]
9. Ulijisikiaje kujadili masuala yanayohusiana na VVU na afya ya kijinsia na watoa huduma za afya au washauri? Je, kulikuwa na mada au masuala ambayo uliona ni vigumu kujadili?
10. Ni mambo gani (sababu) yanayosababisha wasichana balehe na wanawake vijana kufikiria kuhusu huduma za ushauri nasaha na upimaji wa VVU? Je, kuna hofu au wasiwasi wowote wanavyoweza kuwa nao?
11. Tafadhali shirikisha mifano au uzoefu kutoka kwa wasichana balehe na wanawake vijana unaoonyesha jinsi mitazamo yao inavyoweza kuwa na athari kwa uamuzi wao wa kutafuta huduma za ushauri nasaha na upimaji wa VVU.

Uzoefu wa wasichana balehe na wanawake vijana kwenye huduma za afya Kuhusu Ushauri nasaha na Upimaji wa VVU

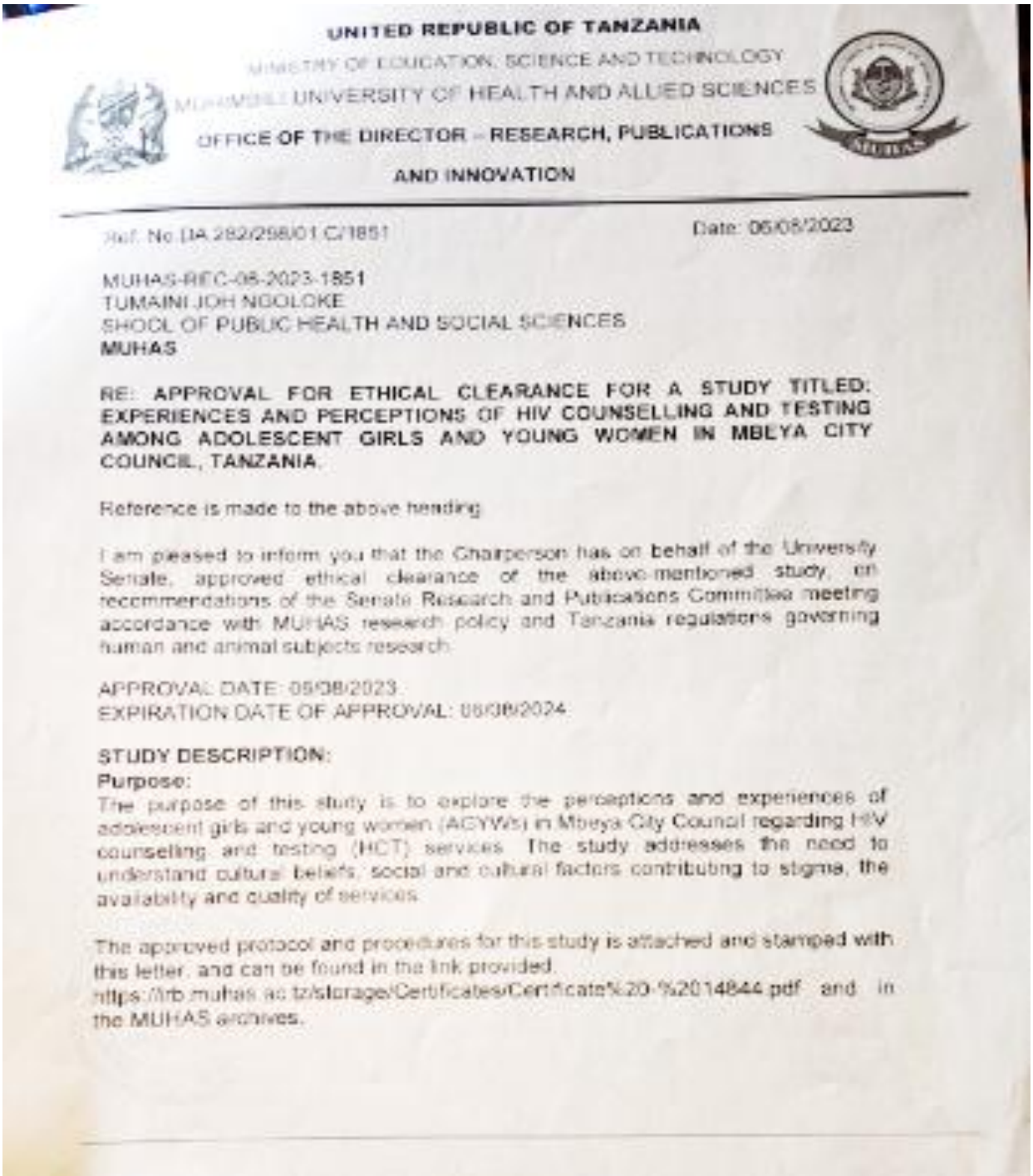
12. Tafadhali elezea uzoefu wako wa jumla uliopitia katika kupata huduma za Ushauri na Upimaji wa VVU katika la Jiji la Mbeya. Dodosa Je huduma zinapatikana kwa urahisi?
13. Je, kulikuwa na wasiwasi, hofu, au dhana potofu maalum zipi ulizokuwa nazo kuhusu VVU na mchakato wa vipimo kabla ya kutafuta huduma za ushauri na upimaji? [dodosa; vyanzo na sababu

14. Je uliridhika na kiwango cha faragha na siri iliyotolewa wakati wa mahojiano yako na watoa huduma za afya na washauri? Je, unaweza kushiriki uzoefu wowote maalum uliokuvutia?
15. Je, unaweza kuelezea usaidizi au ushauri wowote uliopokea baada ya mchakato wa upimaji wa VVU? Jinsi usaidizi huu ulivyochangia ustawi wako wa jumla na uelewa wa matokeo ya vipimo vyako

Sababu za kijamii na kitamaduni zinazoathiri wasichana balehe na wanawake vijana Kutafuta/ kufikia Huduma za Ushauri na Upimaji wa VVU

16. Ni dhana gani potofu au unyanyapaa unaohusiana na VVU/UKIMWI katika jamii hii, na jinsi gani zinavyoathiri nia ya wasichana balehe na wanawake vijana kupima?
17. Je, kuna imani uatamaduni gani na kidini zinazoathiri mtazamo wa AGYW kuhusu Ushauri na Upimaji wa VVU, na jinsi imani hizi zinavyoathiri maamuzi
18. Ni vyanzo vipi vya habari ambavyo kwa kawaida wasichana balehe na wanawake vijana hutegemea kuhusu VVU/UKIMWI, na jinsi vyanzo hivi vinavyoathiri mtazamo na tabia zao kuelekea upimaji?
19. Je, unadhani mitazamo iloyopo katika jamii inaweza kuathiri nia ya wasichana balehe na wanawake vijana kutafuta huduma za ushauri nasaha na upimaji wa VVU? Je, kuna changamoto zozote wanazoweza kukabiliana nazo kutokana na mitazamo hiyo?
20. Kwa maoni yako, ni mbinu au mikakati gani inayoweza kutekelezwa ili kushughulikia vizuizi vya kijamii na kitamaduni ambavyo wasichana balehe na wanawake vijana wanakabiliana navyo katika kupata huduma za Ushauri na Upimaji wa VVU katika Jiji la Mbeya?
21. Je, mapendekezo au maboresho gani ungependekeza ili kuboresha huduma za Ushauri na Upimaji wa VVU kwa wasichana balehe na wanawake vijana katika Jiji la Mbeya? Jinsi huduma hizi zinaweza kukidhi mahitaji ya wanawake vijana kama wewe?

Appendix 5: Ethical Clearance Letter



UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATION

Ref. No DA.282/298/01.C/1851 Date: 05/08/2023

MUHAS-REC-08-2023-1851
TUMAINI JOH NGOLOKE
SHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: EXPERIENCES AND PERCEPTIONS OF HIV COUNSELLING AND TESTING AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN MBEYA CITY COUNCIL, TANZANIA.

Reference is made to the above heading.

I am pleased to inform you that the Chairperson has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 05/08/2023
EXPIRATION DATE OF APPROVAL: 05/08/2024

STUDY DESCRIPTION:
Purpose:
The purpose of this study is to explore the perceptions and experiences of adolescent girls and young women (AGYWs) in Mbeya City Council regarding HIV counseling and testing (HCT) services. The study addresses the need to understand cultural beliefs, social and cultural factors contributing to stigma, the availability and quality of services.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided.
https://rb.muhas.ac.tz/storage/Certificates/Certificate%20-%2014844.pdf and in the MUHAS archives.

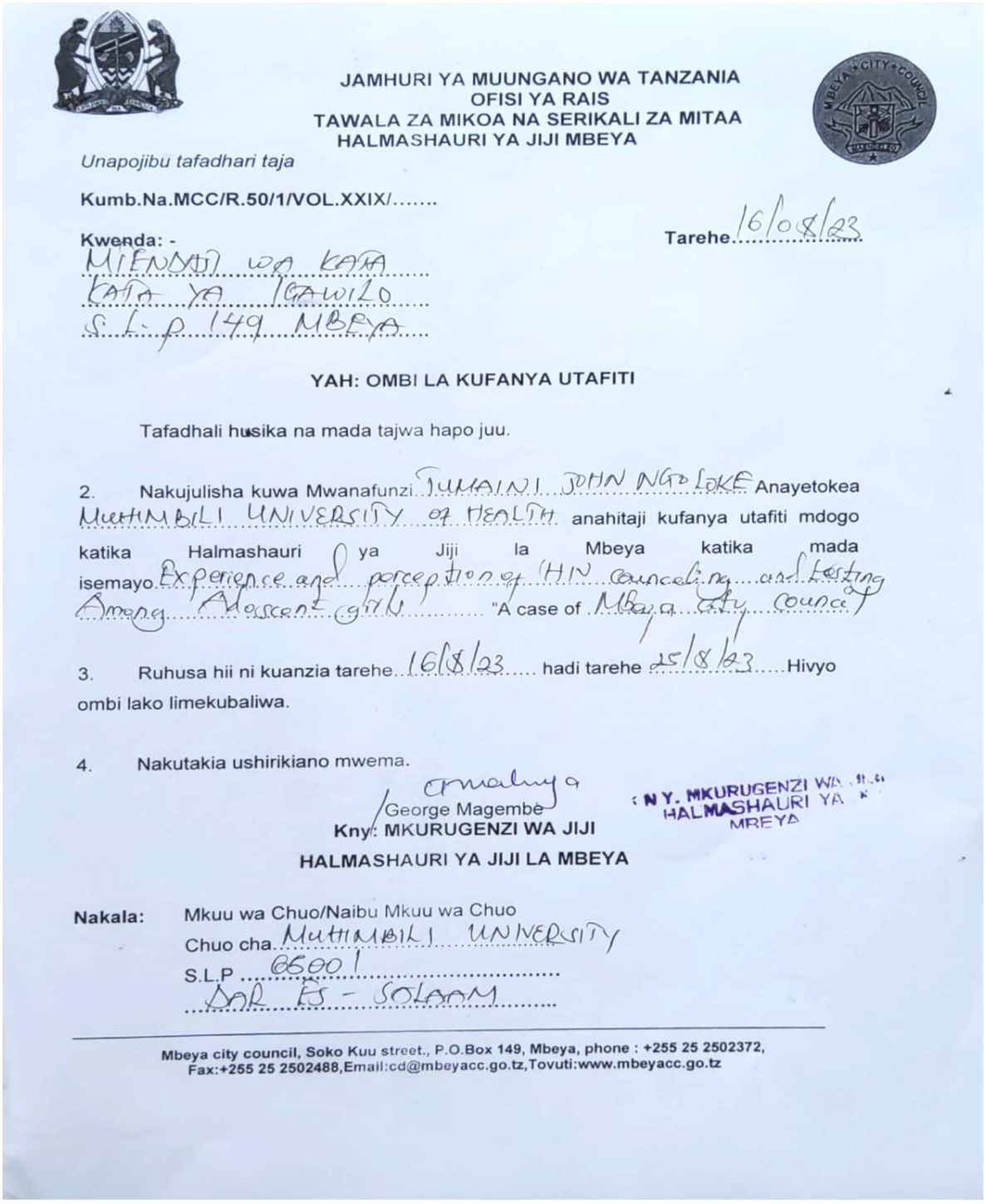
The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain data transfer agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain material transfer agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country,
8. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
9. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
10. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://rdh.muhas.ac.tz/.

Dr. Nahya Salim Masoud,
Chairperson, MUHAS Research and Ethics Committee

Muhimbili University of Health and Allied Sciences
DIRECTOR
Research, Publications & Innovations
Box 65001

Appendix 6: Mbeya CC Permission Letter



JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA JIJI MBEYA

Unapojibu tafadhari taja

Kumb.Na.MCC/R.50/1/VOL.XXIX/.....

Tarehe 16/08/23

Kwenda: -
MKUU WA KATA
KATA YA IGAWILO
S.L.P 149 MBEYA

YAH: OMBI LA KUFANYA UTAFITI

Tafadhali husika na mada tajwa hapo juu.

2. Nakujulisha kuwa Mwanafunzi JUMAINI JOHN NGOLOKE Anayetokea MUHIMBILI UNIVERSITY OF HEALTH anahitaji kufanya utafiti mdogo katika Halmashauri ya Jiji la Mbeya katika mada isemayo Experience and perception of HIV counseling and testing Among Adolescent girls "A case of Mbeya city council

3. Ruhusa hii ni kuanzia tarehe 16/8/23 hadi tarehe 25/8/23 Hivyo ombi lako limekubaliwa.

4. Nakutakia ushirikiano mwema.

George Magembe
Kny: MKURUGENZI WA JIJI
HALMASHAURI YA JIJI LA MBEYA

KNY. MKURUGENZI WA JIJI
HALMASHAURI YA JIJI
MBEYA

Nakala: Mkuu wa Chuo/Naibu Mkuu wa Chuo
Chuo cha MUHIMBILI UNIVERSITY
S.L.P 65001
DAR ES - SALAAM

Mbeya city council, Soko Kuu street., P.O.Box 149, Mbeya, phone : +255 25 2502372,
Fax:+255 25 2502488,Email:cd@mbeyacc.go.tz,Tovuti:www.mbeyacc.go.tz

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA JIJI MBEYA

Unapojibu tafadhari taja

Kumb.Na.MCC/R.50/1/VOL.XXIX/.....

Kwenda: -
MJENDAJI WA KATA
KATA YA UYOLE
S.L.P 149 MBEYA

Tarehe 16/8/23

YAH: OMBI LA KUFANYA UTAFITI

Tafadhali husika na mada tajwa hapo juu.

2. Nakujulisha kuwa Mwanafunzi TUMAINI J. NGOLOKE Anayetokea MUHIMBILI UNIVERSITY OF HEALTH anahitaji kufanya utafiti mdogo katika Halmashauri ya Jiji la Mbeya katika mada isemayo Experience of perception of HIV counselling and testing Among Adolescents "A case of Mbeya city

3. Ruhusa hii ni kuanzia tarehe 16/8/23 hadi tarehe 25/8/23 Hivyo ombi lako limekubaliwa.

4. Nakutakia ushirikiano mwema.

George Magembe
Kny: MKURUGENZI WA JIJI
HALMASHAURI YA JIJI LA MBEYA

N.Y. MKURUGENZI WA JIJI
HALMASHAURI YA JIJI
MBEYA

Nakala: Mkuu wa Chuo/Naibu Mkuu wa Chuo
Chuo cha MUHIMBILI UNIVERSITY
S.L.P 65001
DAR ES SALAAM

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA JIJI MBEYA

Unapojibu tafadhari taja

Kumb.Na.MCC/R.50/1/VOL.XXIX/.....

Kwenda: -
MKUU WA KATA
KATA YA IYELA
S.L.P 149 MBEYA

Tarehe 16/08/23

YAH: OMBI LA KUFANYA UTAFITI

Tafadhali husika na mada tajwa hapo juu.

2. Nakujulisha kuwa Mwanafunzi JUMAINI JOHN NGOLOKE Anayetokea MUHIMBILI UNIVERSITY OF HEALTH anahitaji kufanya utafiti mdogo katika Halmashauri ya Jiji la Mbeya katika mada isemayo. Experience and perception of HIV counseling and testing Among Adolescent girls "A case of Mbeya city council"

3. Ruhusa hii ni kuanzia tarehe 16/8/23 hadi tarehe 25/8/23 Hivyo ombi lako limekubaliwa.

4. Nakutakia ushirikiano mwema.

Amaliza
George Magembe
Kny: MKURUGENZI WA JIJI
HALMASHAURI YA JIJI LA MBEYA

KNY. MKURUGENZI WA JIJI
HALMASHAURI YA JIJI
MBEYA

Nakala: Mkuu wa Chuo/Naibu Mkuu wa Chuo
Chuo cha MUHIMBILI UNIVERSITY
S.L.P 6500
DAR ES - SALAAM