Knowledge gaps, perceptions, and attitudes on Sexual Reproductive Health and HIV prevention among Adolescent Girls and Young Women

Survey Report

August 2020

Acknowledgements

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acknowledge the AVAC team who provided financial support and gave us this opportunity to undertake this critical project.

Abbreviations

ASRH	Adolescent Sexual and Reproductive Health
AGYW	Adolescent Girls and Young Women
FGDs	Focus Group Discussion
IDI	In-depth Interviews
KIIs	Key Informant Interviews

MPTs	Multi-Prevention Technologies
OVC	Orphaned and vulnerable Children
PLHV	Person living with HIV/AIDS
RH	Reproductive Health
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
YFS	Youth Friendly Services
VCT	Voluntary Counseling & Testing

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CHAPTER ONE: Introduction

HIV continues to be a major global public health issue, having claimed almost 33 million lives so far [1]. However, with increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives [1]. Ending HIV as a global health issue while aiming for universal access to Sexual Reproductive Health (SRH) remains a dual strategic goal of both HIV and SRH programming. The fundamental linkages between HIV and SRHR are entrenched, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding [2]. Linkages between SRHR and HIV lead to a number of critical health and well-being benefits [3, 4]. Therefore, advancing this goal across the two programming areas will require deliberate interventions to connect implementation at policy, systems, funding, coordination, management, service delivery and monitoring levels.

In 2017, Sub-Saharan Africa was home to 25.6 million people living with HIV [5]. This represents 69.6% of the people living with HIV in the world. Conversely, the global community survey carried out in 2014 on SRH priorities among women living with HIV to inform WHO guidelines, revealed 56.7% rate of unplanned pregnancy, with only 55.3% of women living with HIV having benefited from practical support for safe methods of conception. Furthermore, the results of the Evidence for Contraceptive Options in HIV Outcomes (ECHO) Trial found that HIV incidence rates were alarming among women using widely available forms of contraception who were receiving a comprehensive HIV prevention package. Sub-Saharan Africa has a low modern contraceptive prevalence rate estimated at 28% [6] and continued high unmet need for family planning (FP) at 22%, almost double the global average [7]. Since the 2004 Glion Call to Action on the linkage between FP and Prevention of Mother-to-Child Transmission of HIV (PMTCT), several initiatives and policies have been put in place to facilitate SRH and HIV integration [8].

In Kenya, young people account for the largest proportion of people living with HIV (PLHIV) contributing 51% of new adult HIV new infections according to the 2016 HIV progress report by the Kenya National AIDS Control Council (NACC). The infection and prevalence rate of HIV among adolescent is highest in areas with high overall prevalence rates of HIV. Existing prevention and management strategies, including behavior change, condom promotion, and therapy have not reduced the HIV incidence and prevalence, pointing to the need for novel innovative strategies. Adolescents and young people (AYP) especially AYGW bear the brunt of the HIV epidemic due to limited access to information, services, stigma, and discrimination. Research is currently underway to develop new biomedical interventions (MPTs) that could allow AGYW to address multiple SRH issues with one product. The MPTs include vaccines, contraceptives, microbicides and devices such as intravaginal rings and diaphragms. Currently, the MPTs under study focus on drug delivery mechanisms and products to prevent pregnancy and sexually transmitted infections including HIV.

Equally, as the COVID-19 pandemic continues to spread across the globe, it is critical that responses to this crisis recognize that sexual and reproductive health services are essential. Kenya has ordered the closure of learning institutions that doubles up as safe spaces for AGYW, and this has seen the rate of adolescent pregnancies spike [9]. In response to COVID-19, certain healthcare facilities are limiting the number of prenatal consultations and AGYW facing unwanted pregnancy are having. The pressures from the COVID-19 response on strained health services could disrupt essential care, including maternal health, cervical cancer screening, SGBV counseling and safe spaces, HIV care and treatment, contraception, safe abortion care and post-abortion care.

The aim of this survey is to establish the knowledge gaps, perceptions, and attitudes on Sexual Reproductive Health (SRH) and HIV prevention among the AGYW. The ultimate goal of the survey process is to build a cadre of AGYW advocates for the integration of sexual Reproductive health and HIV Prevention services for adolescent girls and young women (AGYW) in Kenya. The findings of this survey, will be critical in advocating for effective integration of SRHR and HIV Prevention Technologies including microbicides, vaccines, pre-exposure prophylaxis (PrEP) and HIV treatment as prevention models among AGYW in Kenya. The process will adopt a community-led-approach using community-level integration intervention to empower AGYW to advocate for their health needs and champion policymakers to respond to the unique health needs of community members. AGYW are expressly vulnerable to the virus, and their safety relies on comprehensive measures to combat HIV and COVID-19.

CHAPTER TWO: Methods and Design

To better understand the extent to which SRHR and HIV prevention strategies were linked, a literature review of the current HIV and SRH situation, and strategies was conducted. Systematic reviews and retrospective studies were screened to mine information on the intersection of SRH and HIV for AGYW. We also conducted a secondary review of national policies, global frameworks, and international guidelines for SRH and HIV to augment the process. During the literature review, knowledge gaps were identified. Themes were coined from this process which led to the main research question and study objectives.

The research question was created as part of a process to develop a detailed questionnaire for data collection. Questions related to socio-demographic characteristics, risk behaviors, structural vulnerabilities, and SRH and HIV practices were based on Integrated Behavioral and Biological Assessment (IBBA) Guidelines [10]. Questions related to sexual partnerships were based on different methodological approaches [11].

Between June 2020 and July 2020, the questionnaire was subjected under scrutiny to determine whether the response standards and practice adequately respond to the unique risks, vulnerabilities, and developmental needs of adolescent girls and young women. The survey tool went through a relevance test to determine whether it captured the relevant information relating to the study.

Prior to study implementation, the questionnaire was pilot tested among AGYWs.

2.1 Study design

The study employed a descriptive survey design that involved administering questionnaire to AGYWs. The target population in the study comprised of AGYWs who were aged between 15 and 30 years in and out of school across the country. The questionnaire was translated into an online tool using googledocs. Participants received the links from different controlled sources; the selection process was conducted through the support of AGYW advocates and community mobilisers, who were formerly or currently engaged in SRHR. Data collection occurred between 27 July 2020 and 14 August 2020.

2.2 Study duration

The study was undertaken from June 2020 to August 2020

2.3 Data analysis

Both qualitative and quantitative techniques were used in data analysis. Quantitative data obtained through the questionnaires were analyzed using MS Excel. The data was then presented using descriptive statistics of frequency and percentages.

CHAPTER THREE: Findings

3.1 Socio-demographic Characteristics

Three attributes of the Adolescent Girls and Young Women (AGYWs) which were considered critical to this study were age, education levels and employment status. A total of 161 AGYWs aged 15 and 30 years of age across Kenya participated in the survey. As shown in Figure 1, 55.3 % (26) of the counties were represented with Nairobi, Machakos and Kiambu recording the highest number of respondents.

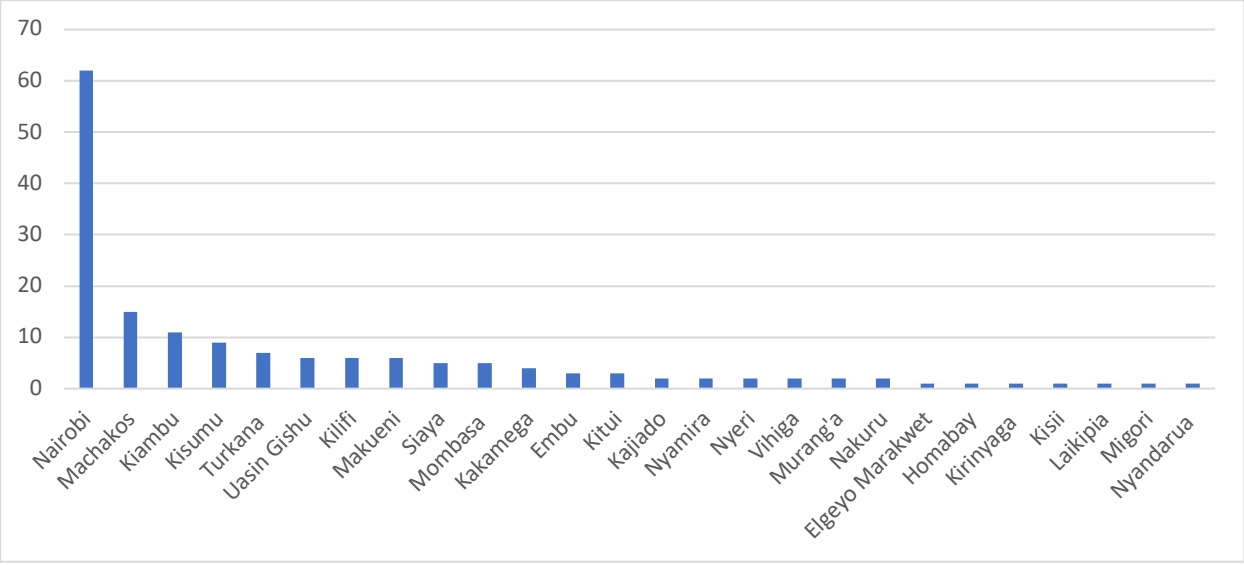

Figure 1: Distribution of the Respondents by County

Majority of the respondents were in the age bracket of between 20 and 24 comprising of 68.3% (110). Whereas, the AGYW were the target population, 16.8% (27) were adolescent boys and young men (Figure 2). The age distribution concerned could be explained by various factors, for instance from age 19 years of age, teenage girls are sexually active and they need information on reproductive health.

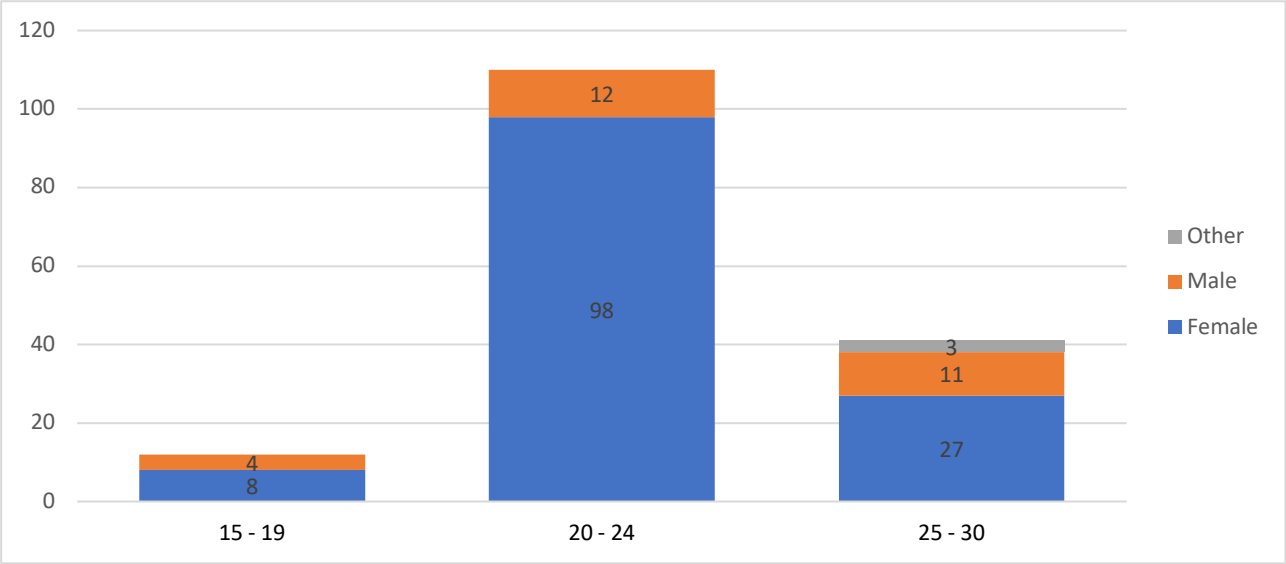

Figure 2: Sex and Age

The descriptive statistics showing the different highest academic levels attained, showed 73.3% had attained university or college level; interestingly a lower percentage (0.6%) had attained tertiary with secondary school (Figure 3).

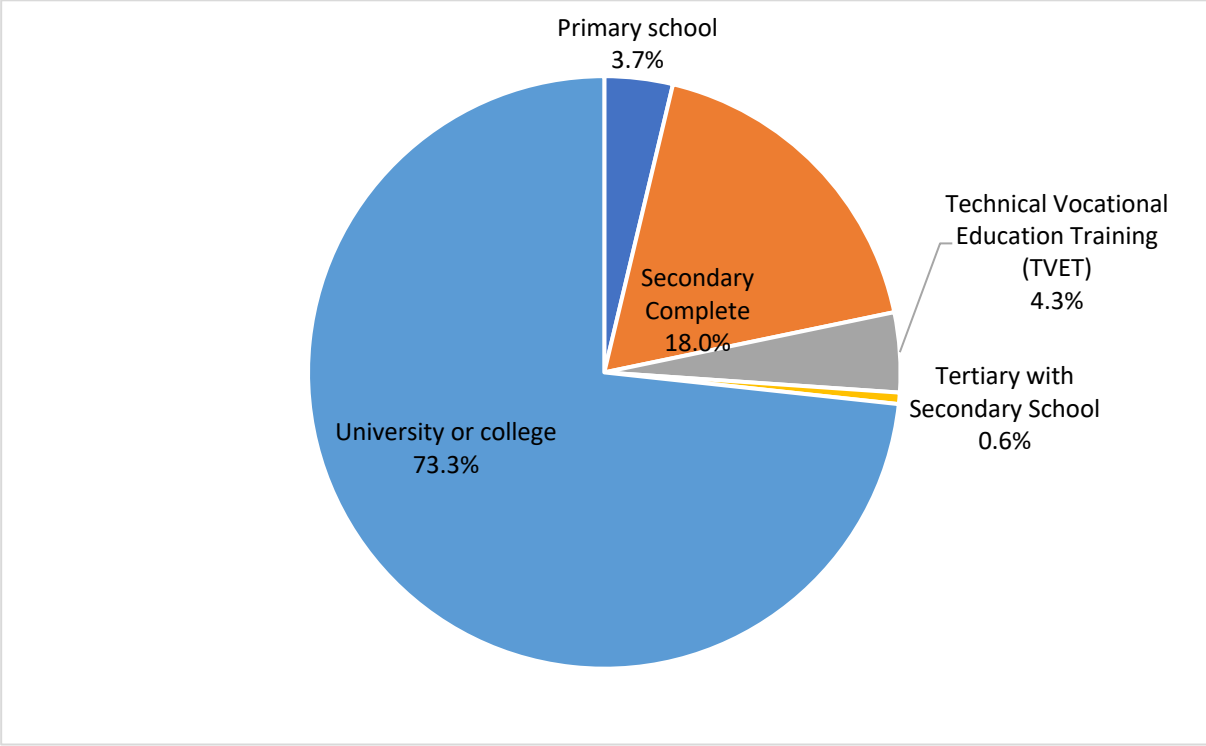

Figure 3: Highest academic level attained

Among the school-going respondents, when asked whether they were currently attending regular school, college or university, 50.9% (82) said they were not attending, 39.8% (64) said they were attending, while 9.3% (15) mentioned they were attending part-time (Figure 4).

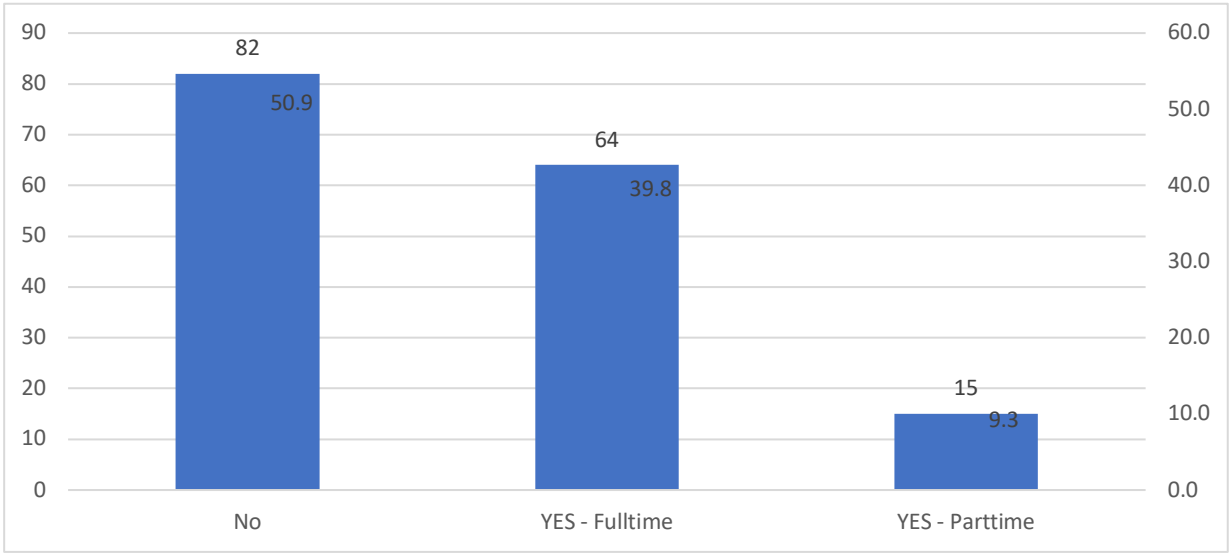

Figure 4: Nature of school attendance

The findings revealed that majority of the respondents (75.8%) were unemployed, a reflection of the general public and a contributing factor of some of the challenges affecting AGYWs and SRH health.

3.2 Sources of information on SRH and HIV

The source of information can be physical or digital in an array of media providing potential SRH and HIV information. Medical Doctors as a source of SRH and HV information was ranked the highest by the respondents with 27.3% (44). Parents were ranked as the second (36). Parents are the most trusted entities in the lives of teenagers, and the teenage needs guidance from parents as they transition from childhood to adulthood. Interestingly, even though teenage girls prefer sharing information among their friends or peer, friends/peer was ranked third (Figure 5).

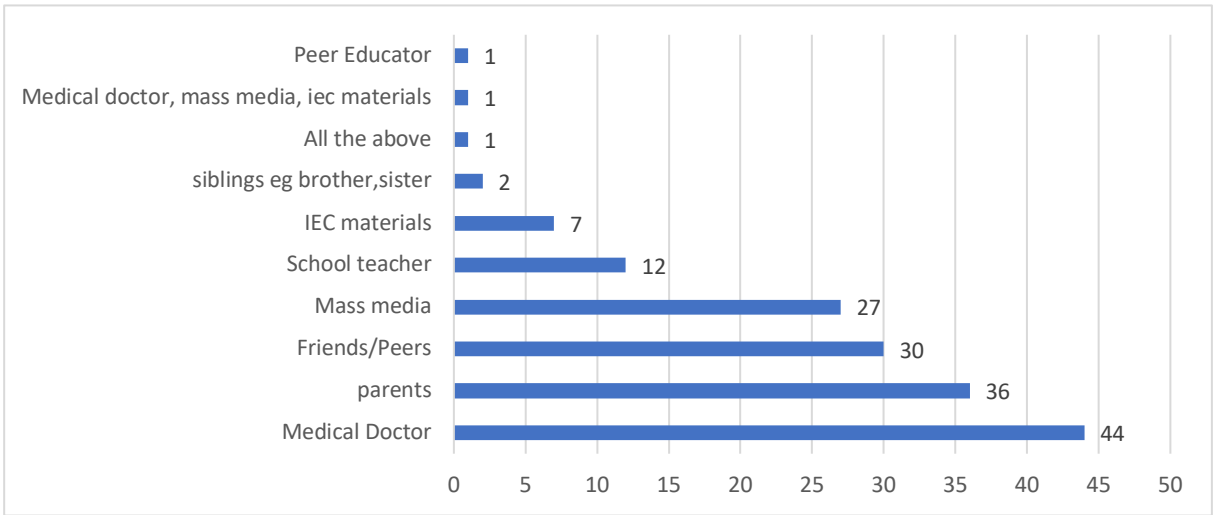

Figure 5: Source of information on SRH and HIV

Mass media has the advantage of covering a wider community in sensitization of SRH and HIV among AGYW, social media was ranked the highest most important source of information on SRH with 54% (87) of the respondents, Television and Print media came in second and third (Figure 6).

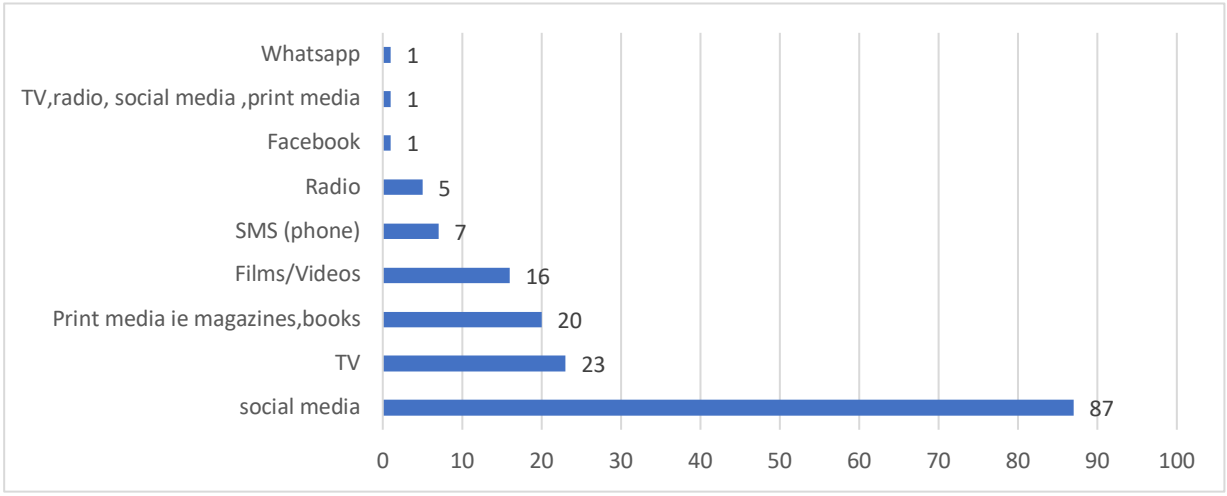

Figure 6: Most important source of information

Integration of HIV and SRH services for young people would serve as a channel through which information on HIV and SRH issues would be conveyed to the AGYW. Thus, sources of information have been found to be interacting with access and use of reproductive health information among AGYWs.

AGYWs need to be engaged in all matters relating to sexual and reproductive health to help them gain information that will make them make informed decisions, however the results show that, 65.4% of the respondents were not aware of SRH sessions in community settings, furthermore, when asked whether they have ever attended sessions classes on SRHR sessions, 58% said they had never attended such. Teachers and members of the family are significant sources of knowledge, beliefs and attitudes for AGYW as they act as role models or mentors. Of the 161 Respondents, 96.2% proposed comprehensive sexuality education (CSE) to be part of the school curriculumn (Figure 7).

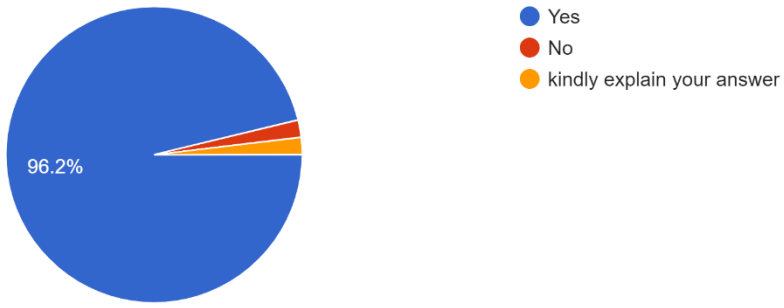

Figure 7: Opinion on Comprehensive Sexuality Education

3.3 Understanding of SRH Issues and needs of Adolescent Girls and Young Women

The reproductive health information is a very important factor in the lives of AGYWs. When asked what kind of SRH services AGYW frequently seek for, 65.8% (106) of the respondents mentioned seeking for HIV/STD, followed by 37.3% (60) seeking for contraceptive (Figure 8).

This no doubt as this age bracket is associated with risk taking and experimental behaviors, which makes AGYWs exposed to SRH complications.

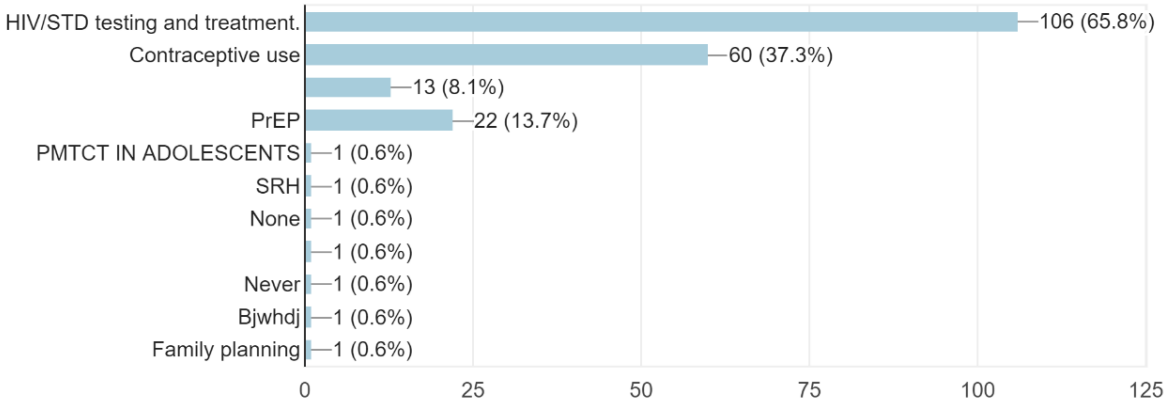

Figure 8: Kind of SRH services AGYW frequently seek for

When asked whether these SRH services are tailored to their needs, 60.9% of the respondents said yes, and 17.4% said no while 21.7% said maybe. This further explains that good reproductive health should include contraceptive choices and the ability to control HIV or other STIs.

3.4 HIV prevention interventions available

Respondents were asked to highlight HIV prevention interventions available, all the respondents ranked the use of condoms, abstinence, Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis, as the most preferred and common interventions to reduce the risk of HIV (Figure 9).

Figure 9: Interventions to reduce the risk of HIV

Furthermore, when asked whether these HIV prevention interventions work well for AGYW, 80.1% of the respondents confirmed, while 19.9% said the interventions were not working well.

AGYWs face several HIV/SRH health issues that include early pregnancy which is mostly unwanted, complications of unsafe abortions, access to quality and friendly healthcare, and treatment of HIV. Findings revealed that sexual reproductive health issues affected AGYW the most with teen pregnancy ranked the highest, 77% (124), high risk sexual activity 47.8% (77) and HIV and AIDS 44.7% (72) (Figure 10).

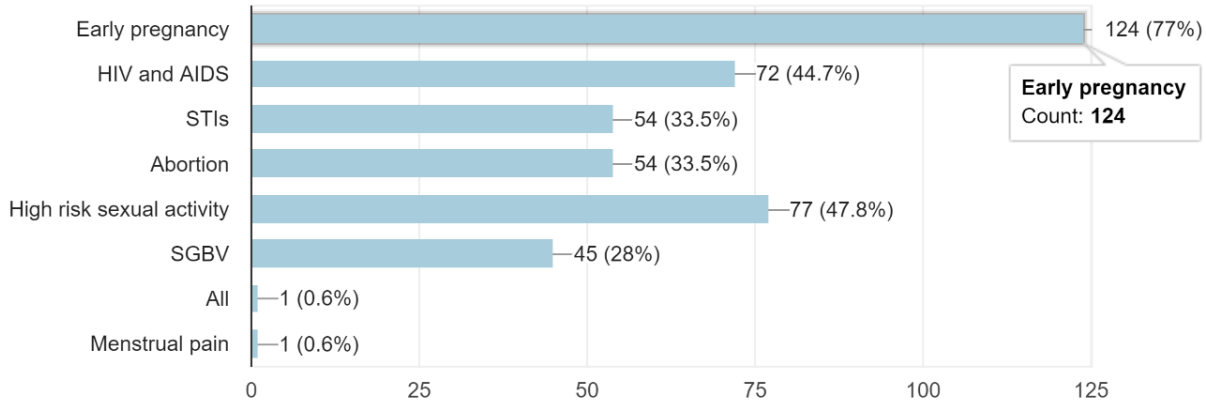

Figure 10: Sexual reproductive health issues that most affect AGYW

3.5 Barriers to HIV/SRH service acquisition among AGYW

AGYWs have a range of barriers related to HIV/SRH service acquisition among AGYW mainly drug and substance abuse, abortions, teenage pregnancies among others. Based on the findings, respondents mentioned innumerable barriers to HIV/SRH service acquisition among AGYW; the most prevalent ones were poverty, peer pressure and influence, unprotected sex (Figure 11).

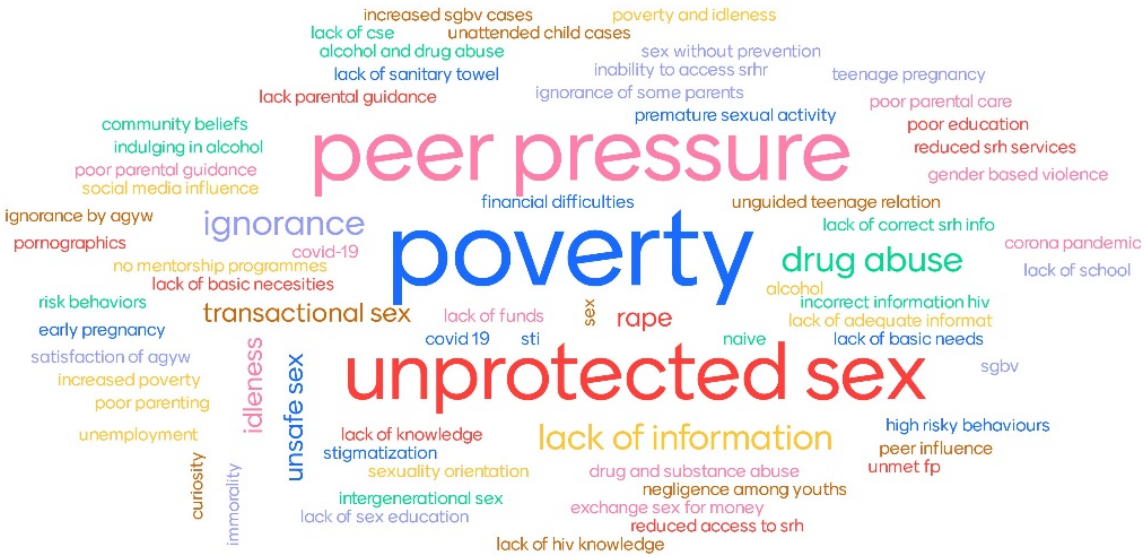

Figure 11: Barriers to HIV/SRH service acquisition among AGYW

Use of condoms was ranked the highest, 70.8% (114) as the most frequent method to reduce the risk of HIV. Others methods included the use of antibiotics (2.5%), traditional herbs (1.9%) (Figure 12). These show a dire need of reproductive health information and services for AGYW.

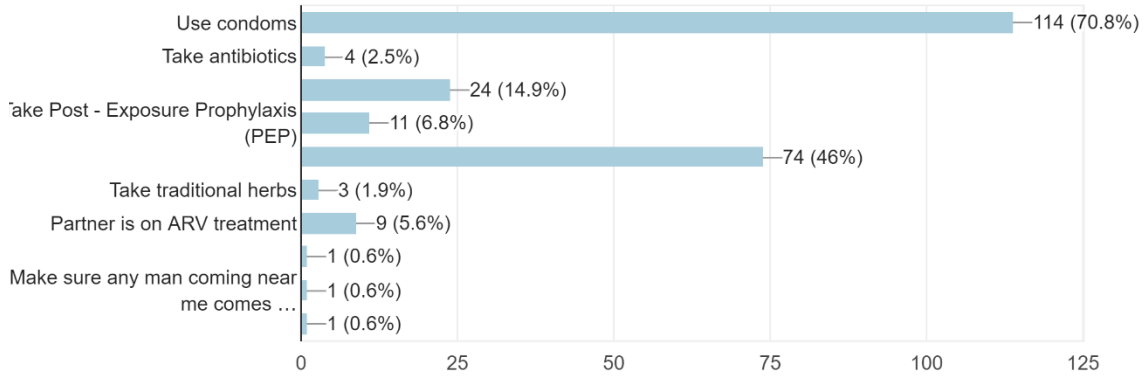

Figure 12: HIV Risk reduction

3.6 Key contributors to the rising HIV incidences and teenage pregnancies among AGYW

Despite the government's effort through the ministry of health and other relevant stakeholders to enhance and integrate SRH and HIV, the following were highlighted as the key contributors to the rising HIV incidences and teenage pregnancies;

- Lack of access to HIV/SRH information, including comprehensive sexuality education
- Reduced access to quality SRH services in health care facilities
- Economic challenges including poverty, high levels of unemployment
- Lack of essential commodities including sanitary towel leading to transactional sex for pads
- Lack of parental guidance and counselling on sexuality
- Peer pressure and influence
- Degradation of the social fabric including morals
- Sexual and gender based violence
- Lack of safe sex practices including unprotected sex and complacency
- Drug and substance abuse
- Lack of role models and mentorship programmes
- Illicit teenage relationships leading to early sexual debut
- Early or teenage pregnancies most ending to unwanted
- Unmet Family Planning needs
- Negative communal beliefs and perception including on abortion and contraceptives
- Stigmatization and discrimination
- Inadequate youth friendly SRHR and HIV facilities
- Literacy levels especially in the rural settings
- Restrictions emanating from the deadly COVID-19
- Negligence from caregivers and poor upbringing
- High risk sexual activities among AGYW
- Human rights violations most specifically health rights
- Cyber crimes and acts including Pornographic literature
- *Boda boda* drivers, and fisher folks luring AGYWs into sexual activities

3.7 Interventions proposed by young people to address the rising HIV incidences and teenage pregnancies

To ensure AGYWs access quality HIV/SRH services and to curb the ever increasing HIV incidences and teenage pregnancies, the following interventions were proposed;

- Integrated and more accessible SRH services and SGBV response mechanisms
- Package the right HIV/SRH information among AGYWs
- Engage AGYW in advocacy and policy for SHRH
- Provide the basic personal necessities such as pads and condoms to the young women
- Train young people on ways to protect themselves during sexual activities
- Refocus SRH education in the rural areas
- Use mass media as a powerful advocacy tool in sensitizing the wider community on HIV/SRH
- Intensify EBIS and cash transfer programs
- Invest in the use of microbicides including PrEP, PEP and condoms
- Strengthen peer linkage with peer educators.
- Create more Youth friendly clinics.
- Parents and teachers to take up their parental guidance role
- Sensitize guardians and teachers on comprehensive sex education
- Strengthen implementations of the existing HIV/SRH policies
- Training on economic empowerment
- Community dialogues led by young people and for young people
- Integrate SRHR and HIV services in the health facilities
- Educate the community on the risks of SRH and if possible the government to give sanitary towels to all the schools girls
- Introduce sex education in community settings as well as in schools
- Introduce role model and mentorship programmes
- Undertake more seminars that appeal to young people
- Educate the community on the importance of testing and how to avoid contracting HIV
- Issue free sanitary towels and condoms, education to AGYM on the importance of sexual reproductive health
- Create learning camps in resource constrained areas
- Support community based organisations supporting HIV/SRH
- Create a network of youth advocates championing SRH and HIV rights
- Inclusion of SRH education in the school curriculum
- Involvement of community AGYW'S is creating awareness.
- Government to allocate funds to help and stop poverty that is lack of some essential
- Introduce guiding and counselling sessions in primary schools
- Encourage more health education in the community
- Mobilise and train Community Health Workers/Volunteers on HIV/SRH integration and support the sensitisation programs in the villages
- Scrap off service charges on essential HIV/SRH services in public hospitals
- Root for scholarships and funding for education
- Government to cushion Children against adverse effects of Covid19

3.8 Understanding of Sexual Reproductive Health and HIV Prevention Technologies integration for AGYW

Multi-prevention technologies or MPTs are products that combine protection against pregnancy, HIV and other STDs, and therefore providing AGYW with more choices for their sexual and reproductive health needs. Results showed, 68.9% of the respondents were not aware of any HIV Multiprevention Technologies (MPTs) available or in the research pipeline (Figure 13). The AGYW who are largely sexually active can be exposed to the risk of

unintended pregnancy and sexually transmitted infections (STIs) including HIV. Therefore an understanding of sexual reproductive health and HIV prevention technologies is critical.

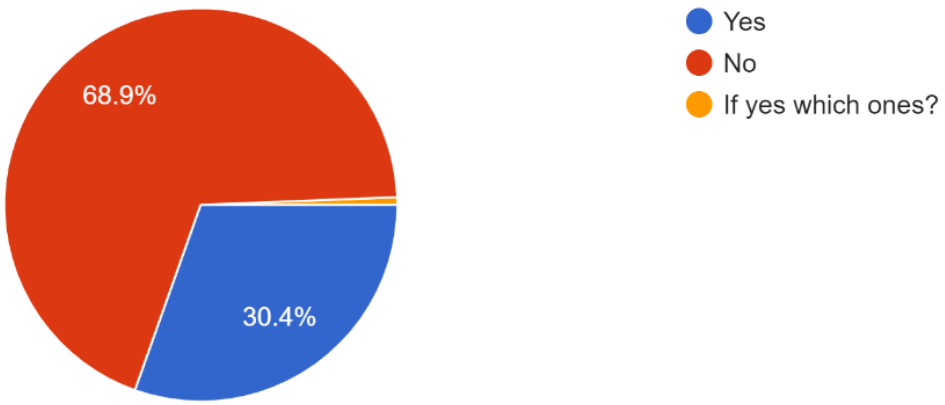

Figure 13: Awareness on Multi-prevention Technologies (MPTs)

To better meet the sexual and reproductive health (SRH) needs of AGYW living with HIV and to provide HIV prevention services to AGYW visiting health facilities, integration of HIV/SRH for AGYW is critical. From the findings, a significant percentage 41.6% of the respondents were not aware of facilities that offer HIV/SRH integrated services for young people or youth friendly services (Figure 14).

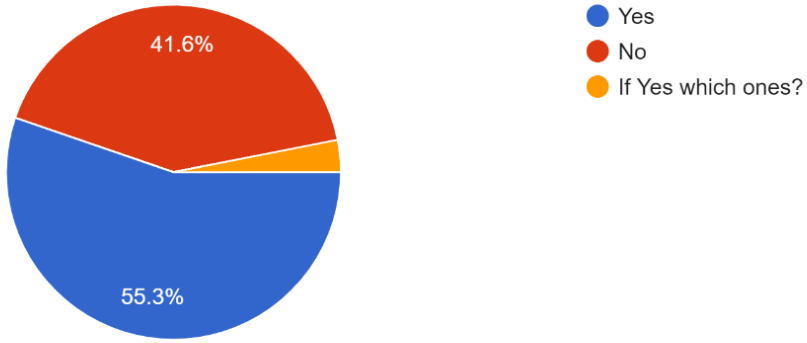

Figure 14: Awareness on facilities offering HIV/SRH integrated services

Since SRH and HIV risk behaviors among AGYWs are intertwined, this rationalizes the need for integration of SRH and HIV services within the health care facilities. Majority of the respondents, 46.9% (75) mentioned preferred full integration when it comes to accessing HIV and SRH services as an AGYW, with 19.4% preferring partial integration (Figure 15).

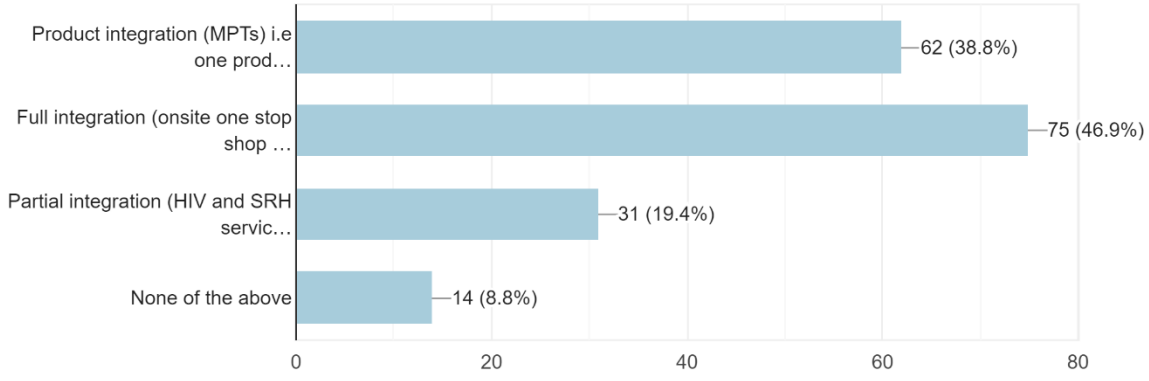

Figure 15: Preferences accessing HIV and SRH Services

Optimizing utilization of sexual and reproductive health services through integrating HIV and SRH services for AGYW is a key step to mitigating the high risk of sexual behaviors. When asked whether HIV/SRH integration will work for AGYW, 94.4% were confident that the HIV/SRH integration will work (Figure 16). However, inadequate linkage of SRH services often leads to missed opportunities for addressing unmet needs.

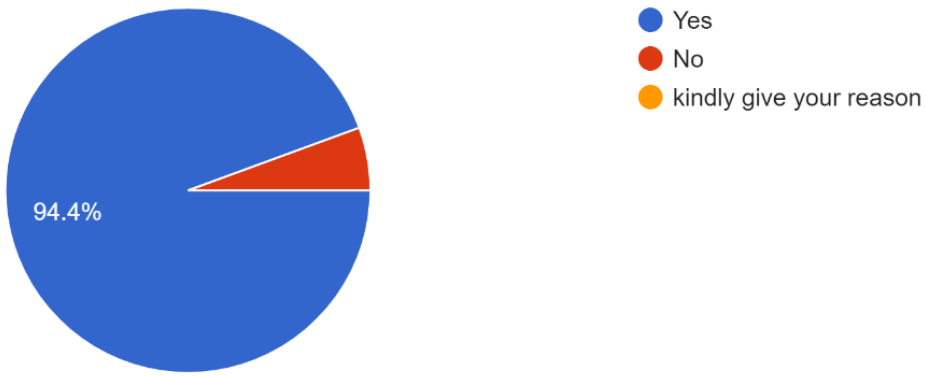

Figure 16: Perception on HIV/SRH integration

AGYW face social, cultural, structural and additional legal, policy barriers to access HIV and SRH. Policies and guidelines addressing SRH and HIV integration are geared towards enhancing SRH status of adolescents. However, 65.8% of the respondents were not aware of any policies and guidelines addressing SRH and HIV integration (Figure 17).

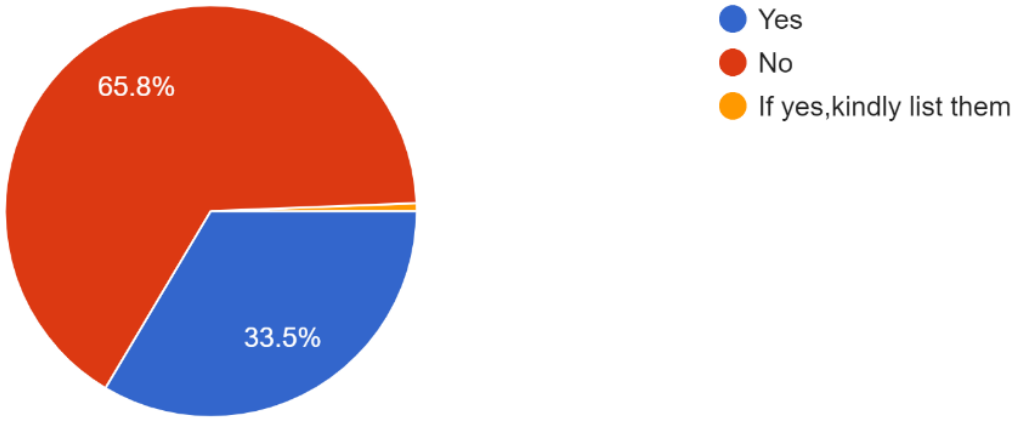

Figure 17: Knowledge on policies and guidelines addressing SRH and HIV Integration

3.9 Additional comments and recommendations

- Train young people on the importance of making right choices that will positively impact their health
- Engage young girls on community projects and help them meet their basic needs like access to sanitary pads and such is very important.
- Strengthen the mentorship programmes, as issues affecting adolescents needs same age bracket to mentor
- Provide motivation to Young People for testing SRH and HIV
- The youth friendly services need to be made available in the rural settings

- Focus on HIV/SRH full integration in addressing AGYW unmet needs
- Develop protocols to demystify myths and misconceptions on contraceptive use
- Develop clear government policies that are all inclusive and work for all
- Encourage young people serving young people in health facilities as they understand their challenges better but get guidance and support from the older service providers, have
- Create more platforms for live sessions most especially for the youths to engage a high number of them
- Develop risk reduction exposure to porn films amongst the youths
- AGYW to receive more SRH education so as to be informed and not make decisions based on naivety
- Sexualize and repackage abstinence
- Develop an innovative program to manage early pregnancies as well as HIV
- SRH should be practiced more especially to the teenagers
- *Yes. This is a cry for mercy from the president and cabinet secretary in charge of internal security, those administrators and police officers indulging and accused of rape and teenage pregnancies to be arrested, no bail and they shouldn't be a public officer. These are people who should be a source of protection in the community.*
- ARVs have in some ways led to the abnormal increase of HIV cases, ART literacy to be developed
- Introduce public cafes to create awareness to the youths on SRH/HIV
- Develop frequent campaign on social media on adolescent pregnancy and facing young women
- Review the school curriculum to include CSE/HIV/SRH this will go a long way to reach the AGYW'S that live in the rural interiors and can hardly travel to town to reach the services.
- Offer advice and counselling sessions to teenagers in such situations to avoid suicidal cases.
- Step up HIV/SRH related continuous medical education in healthcare facilities to sensitize healthcare workers
- Develop community based continuous education concerning MPTs
- Train more CSOs to advocate for SRH and MPTs
- Invest more in research and new science on SRH and MPTs
- Mobilize AGYW to advocate for AGYWs SRH rights

CHAPTER FOUR: Discussion of Findings

This study provides an exploratory analysis of knowledge gaps, perceptions, and attitudes on Sexual Reproductive Health (SRH) and HIV prevention among the AGYW. Access to HIV/SRH information and services for AGYW remains a global health challenge especially in HIV prevalence settings. There's urgent need to refocus efforts to promote integrated services among the AGYW at the health facility. There is recognition that integration is needed to support SRH needs among AGYW, to push the HIV epidemic back with the goal of ending AIDS as a global health threat and to reach universal access to SRH by 2030 as per the Sustainable Development Goals (SDG) [12]. The integration of SRH and HIV with SRH

services has the potential to increase the efficiency and effectiveness of health systems and providers and to better meet the needs of AGYW seeking these services.

Integrating HIV into SRH services can lead to better HIV testing outcomes [13], more consistent condom use [14], improved quality of care [15] in this supplement, potential for better use of scarce human resources for health [16, 17], and potential for reduced HIV-related stigma and discrimination [18, 19]. SRHR and HIV linkages may also improve coverage, access to, and uptake of both SRHR and HIV services for AGYW [20].

Multi-prevention technologies or MPTs are products that combine protection against pregnancy, HIV and other STDs, and therefore providing AGYW with more choices for their sexual and reproductive health needs. Majority 68.9% of the respondents in this study were not aware of any HIV Multiprevention Technologies (MPTs) available or in the research pipeline. Effective integration of HIV and SRH services requires not only behavioral change interventions for health care providers but also increased understanding of MPTs.

There's a need to invest in multipurpose prevention technologies to make them accessible to AGYW globally. Women need to prevent pregnancy and protect themselves from HIV and other sexually transmitted infections. While HIV is often viewed as a lesser priority in emergency contexts - particularly due to other competing demands, the weakened health infrastructure and low availability of medical professionals - skilled cadres who focus on HIV treatment and care needs of PLHIV, can increase clinical capacity and help alleviate workforce constraints.

There's also a need for innovative approaches for integration of SRHR and HIV in community-based service delivery models as well as in emergency settings. Furthermore, high level political will for SRHR and HIV Linkages is critical, Majority, 65.8% of the respondents were not aware of any policies and guidelines addressing SRH and HIV integration. Smit *et al.* (2012) found that 'policy directives mandating the delivery of healthcare in an integrated fashion are needed.

The imperative to reach AGYW with the right HIV/SRH information deliberate efforts must be rooted in assessment of specific AGYW SRH/HIV needs, meaningful engagement of those living with HIV, and where appropriate integrated services. Understanding the knowledge, perceptions and attitudes of AGYW is a critical step before reaching consensus about the most essential interventions. Varying contexts will call for tailoring of HIV and SRH service delivery strategies to AGYW.

CHAPTER FIVE: Limitations

The exploratory survey was open for all the AGYW aged between 15 and 30 years, however the response rates were low and did not cover AGYW views from the entire country (Figure 1b), therefore due to small sample size, we did not control demographic variables; it is likely that more responses could tilt the scale. In addition, Sexual issues, including contraception, pregnancy and abortion, can be sensitive and the responses are subject to biases such as social desirability.

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ANNEXURE

Appendix 1: Geographical Coverage of Respondents

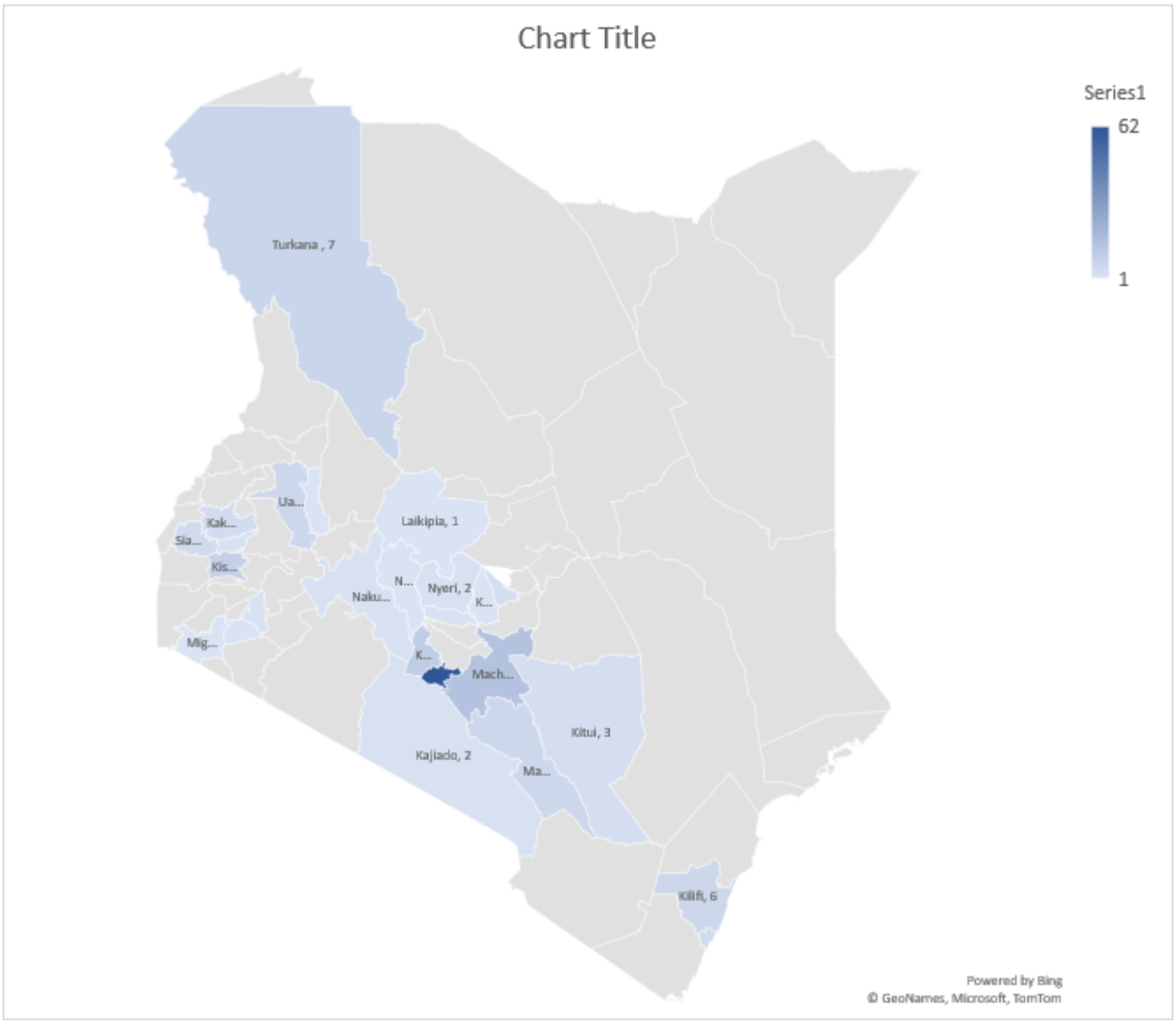

Figure 1b: Geographical coverage of the Respondents

Appendix 2: Data collection tool

Survey

Sexual Reproductive Health and HIV Prevention for

Adolescent Girls and Young Women

The purpose of this survey is to establish the knowledge gaps, perceptions, and attitudes on Sexual Reproductive Health (SRH) and HIV prevention among the AGYW. The ultimate goal of the survey process is to build a cadre of AGYW advocates for the integration of sexual Reproductive health and HIV Prevention services for adolescent girls and young women (AGYW) in Kenya.

The survey is to be filled out by AGYW (15-30 years old) across the country. Your participation in this study will generate information that will be used to advocate for effective integration of SRH and HIV Prevention among AGYW in Kenya. This survey will take no longer than 15 minutes to be complet. All information provided by the respondents will remain confidential.

SECTION I: Demography

Region	
County of Residence	
Sub-county of Residence	

1.0 Socio-Demographic Characteristics	
1.1Age: □ 15-19 □ 20-24 □ 25-30	Sex: □ Female □ Other
1.2 Highest academic level attained	□ Nursery □ Primary Complete □ Primary Incomplete □ Secondary Complete □ Secondary Incomplete □ Tertiary without Secondary School □ Tertiary with Secondary School
1.3 Are you currently attending regular school, college or university?	□ Yes □ No If Yes, full-time or part-time?
1.4 Are you currently working?	□ Yes □ No
2.0 Sources of information on SRH and HIV	
2.1 From whom would you prefer to have received more information on SRH and HIV?	□ School teacher □ Mother □ Father □ Brother □ Sister □ Other family members □ Friends □ Medical Doctor □ Religious person □ Mass media □ IEC materials □ Peers □ Other (Specify)

2.2 In relation to mass media, which is the most important source of information for you on SRH and HIV?	□ TV □ Radio □ Facebook □ SMS (phone) □ WhatsApp □ Twitter □ Instagram □ Books/magazines □ Films/Videos □ Other (Specify)
Some communities, settings or schools have sessions on rites of passage (ROPE), and or on sexual and reproductive health systems and on relationships between boys and girls. 2.3 Are these sessions in your community or setting?	□ Yes □ No If yes, do (did) you ever attend school classes on any of these sessions?
2.3 Do you think that sessions on SRH are important for AGYW?	□ Yes □ No
2.4 Do you think that there should be (more) sessions on these Sexual Reproductive Health topics?	□ Yes □ No
2.5 Are you aware of any outreaches similar to the '*ROPE'* ON SRH systems in your community?	□Yes □ No If yes kindly list them
2.6 Were these sessions informative? If not, how they could be improved? What was missing?	□ Yes □ No
2.7 In your opinion Should Comprehensive Sexuality Education (CSE) be part of the school curriculum?	□ Yes □ No Kindly explain your answer
3.0 Understanding of SRH Issues and Needs of Adolescent Girls and Young Women	
3.1 What kind of SRH services do you frequently seek?	□ HIV/STD testing and treatment. □ Contraceptive use □ Abortion or pregnancy related services. □ PrEP □Other HIV prevention (Specify) □ Other (Specify)
3.2 Are these services tailored to your needs?	□ Yes □ No
3.3 What HIV prevention interventions are desirable but not available in your locality?	
3.3b Do these interventions work well for you as an AGYW?	□ Yes □ No
3.4 What are the gaps in SRH services that negatively affect adolescent girls and young women (AGYW) in your locality?	
3.5 What are the sexual reproductive health issues that most affect AGYW?	□ Early pregnancy □ HIV and AIDS □ STIs □ Abortion □ High risk sexual activity □ SGBV □ Other (Specify)
3.6 What are some of the barriers to HIV/SRH service acquisition among AGYW in your locality?	□ Age of consent □ Unwelcoming service providers □ Cost of services

	□ Lack of privacy at the facilities □ Lack of the commodities at the facilities □ Fear of side effects of HIV/SRH products. □ Inconvinient opening hours □ Travel costs to the facilities □ Other (Specify)
3.7 What are some of the key contributors to the rising HIV incidences and teenage pregnancies among AGYW in your locality?	□Lack of contraception □Poverty □Multiple Sexual Partners □Gender Based Violence □Cross-generational sex □Transactional sex □Peer pressure □Other(specify)
3.8 What do you do to reduce the risk of STI or HIV infection?	□ Use condoms □ Take antibiotics □ Take Pre- Exposure Prophylaxis (PrEP) □ Take Post - Exposure Prophylaxis (PEP) □ Abstain □ Take traditional herbs □ Partner is on ARV treatment □ Other (specify)
3.9 In your view, what interventions can be put in place to address the issues raised in 3.5,3.6,3.7 above?	
4.0 Understanding of Sexual Reproductive Health and HIV Prevention Technologies integration for AGYW	
4.1 Are you aware of any HIV Multiprevention Technologies (MPT) available or in the research pipeline?	□ Yes □ No If Yes, which one?
4.2 Are you aware of any facilities in your locality that offer HIV/SRH integrated services for young people or youth friendly services?	□ Yes □ No If Yes, which one?
4.3 What are your preferences when it comes to accessing HIV and SRH services as an AGYW?	□ Product integration (MPTs) i.e one product catering for HIV and SRH needs eg condoms □ Full integration (one stop shop where one service provider offers all the HIV and SRH services) □ Partially integration (HIV and SRH services offered in one facility by different service providers) □ None of the above
4.4 Do you think HIV/SRH integration will work for you as an AGYW?	□ Yes □ No Why?
4.5 Are you aware of any policies and guidelines addressing SRH and HIV integration?	□ Yes □ No *Please explain your answer*
4.6 Do you have any additional comments or recommendations for how best to service AGYW with integrated HIV and SRH services?	
4.7 If you are interested in mobilizing for AGYW access to HIV and SRH services, please provide your contact information.	