

Experiences and Perceptions of HIV Counseling and Testing among Adolescent Girls and Young Women in Mbeya City Council, Tanzania

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Abstract

Introduction

HIV is still a problem in Tanzania. The prevalence of HIV in Tanzania is 4.5%, with Mbeya being the third region with the highest prevalence of 9.3%. Adolescents and Young Women (AGYW) are particularly vulnerable to HIV transmission. Despite the efforts to decrease HIV prevalence in the country, the risk remains high among AGYW in Mbeya. This study aimed to explore AGYW's perceptions and experiences regarding HIV Counselling and Testing (HTC) services in Mbeya City Council, Mbeya.

Methods

A qualitative research study explored AGYW's perceptions and experiences regarding HIV counselling and testing services in Mbeya City Council, Mbeya, Tanzania. Study participants were purposively selected. Data was collected through in-depth interviews, which were transcribed verbatim and translated into English. A thematic analysis was undertaken to identify key themes that emerged from the data.

Results

The findings revealed that AGYW face several barriers when accessing HTC services. These barriers included poor knowledge of HTC, fear, stigma and misconceptions. It was further revealed that societal attitudes, religious beliefs, prolonged waiting times, being uncomfortable with older healthcare providers, lack of confidentiality and gender norms exacerbate these barriers thus hindering access to HCT services.

Conclusion

The results show that by lowering social obstacles and strengthening peer support networks, healthcare providers can help AGYW access HCT-friendly services. Furthermore, when providing HCT to AGYW, healthcare professionals should adhere to their professional ethics, continue educating AGYW, and dispel any misconceptions about HCT services.

Keywords: *Experiences, perceptions, HIV Counseling and Testing, Adolescent Girls and Young Women, Tanzania*

INTRODUCTION

Globally, HIV is a critical public health concern. According to the most current UNAIDS statistics in 2022, the global HIV population was estimated to be 39 million individuals, ranging from 33.1 million to 45.7 million (UNAIDS Global update, 2023). Approximately 1.3 million people, ranging from 1 million to 1.7 million, acquired new HIV infections during the same year. In 2022, women and girls accounted for 46% of all new HIV infections (Global HIV & AIDS Statistics Fact sheet, 2023). Tragically, in 2022, AIDS-related illnesses claimed the lives of 480,000 to 880,000 persons (Global HIV & AIDS statistics — Fact sheet 2023). Around 86% of individuals worldwide who were living with HIV were aware of their HIV status in the year 2022 (UNAIDS, Global update, 2023). However, the remaining 14%, equivalent to approximately 5.5 million people, remained unaware of their HIV-positive status and needed access to HIV testing services (UNAIDS, Global update, 2023).

HIV infection is still high among AGYW (WHO, 2017). In 2021, 1.71 million teenagers between the ages of 15 and 19 were living with HIV worldwide, accounting for 11% of new HIV infections in adults and 5% of all HIV-positive individuals. Sub-Saharan Africa (SSA) is home to about 1.47 million people, or 86% of the total (Eba & Lim, 2017, Wang et al., 2022). The Sub-Saharan Africa (SSA) area has experienced the brunt of the international HIV epidemic. In 2021, SSA was home to about 67% of the 38.4 million People Living with HIV (PLWH) worldwide (Moyo et al., 2023). For example, in 2022, SSA accounted for 670,000 of the 1.5 million new infections and 280,000 of the 650,000 AIDS-related deaths reported globally. The region faced a significant challenge as AGYW accounted for over 77% of new HIV infections among individuals aged 15-24. The risk of contracting HIV in the same year was much higher for young females in this age group than for males. The alarming pattern persisted, with 4,000 new HIV infections among GYW aged 15 to 24 reported each week in 2022, with 3,100 of these cases taking place in SSA (Global HIV & AIDS Statistics, 2023, UNAIDS, Global update, 2023).

AGYW are more vulnerable to HIV infection, and HIV/AIDS remains a major worldwide health concern (Kapologwe et al., 2011). The significance of HIV prevention and testing services in lowering the virus's spread is acknowledged on a global scale (Mabala, 2006). Efforts have been made to improve access to HCT services, particularly among vulnerable groups such as AGYW.

According to several studies, AGYW face several barriers and challenges when attempting to obtain and use HCT services, including stigma, prejudice, a lack of confidentiality, and ignorance of potential therapies (Chimoyi et al., 2015, Genberg et al., 2008).

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 (Weiss et al., 2010). New HIV infections among AGYW are significantly greater than among males of the same age, owing to the fact that HIV is more typically acquired from male sexual partners who are several years older. AGYW aged 15-19 are three times more likely to be living with HIV in Sub-Saharan Africa, with 85% of those living with HIV aware of their status (Global HIV & AIDS Statistics Fact sheet, 2023).

Beliefs, as well as fear, stigma and cultural norms around HIV/AIDS, can function as impediments to adoption of HCT services in poor nations. Significant efforts have been made to improve the provision and access to HIV and HCT services (Jaafari et al., 2022, Strauss & Rhodes, 2015, Wamoyi et al., 2019). Some studies have focused on understanding the perspectives of different groups regarding the availability and accessibility of HTC services (Eba & Lim, 2017, Goudge et al., 2009). However, HIV/AIDS remains a major public health concern in Africa, particularly among AGYW (Dellar et al., 2015). Studies in Kenya and South Africa revealed that stigma, discrimination, a lack of knowledge, and obstacles to service access may prevent AGYW from using HCT services (Mathur et al., 2020, Nyblade et al., 2019). According to a 2022 systematic review study on the factors facilitating and hindering access to HIV prevention, care, and treatment services revealed that cultural beliefs, gender norms, and societal attitudes have a significant impact on how AGYW perceive and behave when it comes to HCT services (Kågesten et al., 2016).

Cultural ideas and cultural norms about sexuality and reproductive health can influence AGYW's opinions of HCT services (Dellar, 2015; George et al., 2022). These beliefs and norms can impact their willingness to access and utilise 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 (Mabala, 2006). Peer networks and social support systems play a significant role

(Kågesten et al., 2016; Mcleroy et al., 1988).

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 motivate AGYW to use HCT services, but unfavorable perceptions or misinformation in their social groups can operate as hurdles (Kapologwe et al., 2011). Some studies conducted in Tanzania reported barriers such as limited accessibility of services, gender inequalities, cultural beliefs, and inadequate youth-friendly healthcare environments (Kidman et al., 2020, Colombini et al., 2021).

Furthermore, a study by Sanga et al. (2019) in Mbeya, Tanzania, indicated that social and moral support from family members, friends, neighbours, and significant others were reported to facilitate linkage and retention in HIV care. However, the same study indicated that the most often cited barriers to HIV testing and care in the Mbeya region were fear of stigma associated with HIV, lack of disclosure, being asymptomatic at the time of diagnosis, and denial. However, it has been claimed that beliefs in witchcraft and spiritual healing impede access to HIV care. HIV prevalence among those aged 15 and up was 4.5% in mainland Tanzania and 0.4% in Zanzibar. In mainland Tanzania, HIV prevalence ranged from 1.7% in Kigoma to 12.7% in Njombe. In three regions—Mbeya, Iringa, and Njombe the HIV prevalence exceeded 9.0%. The HIV prevalence in Zanzibar ranged between 0.8% in Kusini Unguja and 0.2% in Kaskazini Pemba. In Tanzania, the prevalence of HIV in adults was 4.4%, which meant that 1,548,000 people tested positive. It has been reported that women had a higher prevalence of HIV (5.6%) than men (3.0%) (TDHS (2022/2023)).

Remarkably, women and girls bear a disproportionate burden compared to men, with AGYW contributing to 80 per cent of new HIV infections (UNAIDS, Global Update, 2023). AGYW in Mbeya face numerous challenges and barriers when accessing and utilising HTC services. Social norms play a significant role, as cultural beliefs and practices hinder open discussions about HTC. Gender inequality and limited access to healthcare services pose additional challenges for adolescent girls and young women seeking HCT services (Sanga et al., 2019, Colombini et al., 2021, Ngadaya et al., 2021). Furthermore, gender disparities and power asymmetries may impede their decision-making autonomy, making it difficult for individuals to take proactive actions toward HIV testing (Ngadaya et al., 2021).

Furthermore, the stigma associated with HIV/AIDS leads to fear of disclosure and discrimination, discouraging people from accessing HCT care (Strauss & Rhodes, 2015). Limited awareness of HIV/AIDS and the benefits of testing influence how this population perceives HCT. A study conducted in

Tanzania discovered that young people had widespread misunderstandings regarding HIV transmission, such as through mosquito bites or casual contact, highlighting the crucial need for focused education and awareness campaigns (Njau et al., 2014, Ngadaya et al., 2021). Socio-economic factors also play a role in shaping the experiences and perceptions of HIV counselling and testing (Wamoyi et al., 2020). Poverty, lack of access to healthcare facilities, and transportation issues hinder young women's ability to access HCT services. Efforts have been made to expand the provision of HTC services in Tanzania including targeting AGYW (Kidman et al., 2020).

There is currently a lack of complete awareness of AGYWs' opinions on healthcare systems and their specific obstacles in receiving HCT services (Njau et al., 2019). The prevalence of HIV in Tanzania among AGYW is still high (prevalence for 15 – 19 is 1.0% and 20 – 24 is 3.4%) (Moyo et al., 2023). The country has implemented a response to reduce its incidence and improve the quality of life for sufferers, and it is now aiming to achieve the global target of ending HIV/AIDS by 2030 (Wegner & Rhoda, 2025, Chimoy et al., 2015). To date Tanzania has not yet achieved the 95-95-95 global goals; only 83% know their status, 90% of those who know their status are on treatment, and of those who are in treatment, only 92% are virally suppressed (Kapologwe, 2011, Mafigiri et al., 2017).

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% (UNAIDS Global HIV fact sheet 2023). Therefore, due to the high infection rate in the Mbeya region, AGYW faces an even greater risk of acquiring HIV infections. Compared to their male counterparts, AGYW are up to eight times more likely to be infected with HIV, making them particularly susceptible in Africa. A few years of education, food insecurity, gender-based violence, increased genital inflammation, participation in age-disparate and/or transactional relationships, and amplification of the effects of transmission co-factors are some of the factors that make AGYW more likely than men to contract HIV (Dellar et al., 2015).

Additionally, the high-risk sexual behaviours among young adults include unprotected sex, multiple sexual partners, frequent sexual partner change, transactional sex, alcohol and other substance abuse, sex under the influence of alcohol, and forced sexual encounters in some instances (Magu et al., 2012; WHO, 2016). Furthermore, due to inadequate sexual health information among AGYW, risk perception may be low even when engaging in high-risk sexual behaviors

(WHO, 2016) and restricted access to healthcare for sexual and reproductive health (WHO, 2016, Adeyoyin, 2017).

Despite the efforts by the Tanzania government and other stakeholders to reduce the HIV infection rate among AGYW through HCT services, still, the infection continues to spread among AGYW. Existing studies in Tanzania on AGYW and HCT barriers on HCT, HIV testing preferences in Tanzania, actors enabling and deterring uptake of HIV self-testing, uptake of HIV testing among adolescents and associated adolescent-friendly services (Njau et al., 2019; Njau et al., 2014, Sanga et al., 2015, Wang et al., 2022, Kidman et al., 2020). To our knowledge, no specific study has been done to investigate AGYW's perceptions of experiences and perceptions of HCT services in the setting of Mbeya City Council. This study, therefore, aimed to explore perceptions and experiences of HCT services among AGYW in Mbeya City Council. This research aimed to contribute some insights on HTC among AGYW for the development of tailored interventions and programs to mitigate the challenges faced by this vulnerable population group.

METHODS

Study Design

This study employed a phenomenological qualitative study design. The qualitative study approach was employed in this study because it is useful in offering detailed descriptions of complicated phenomena, tracking unique or unexpected events, clarifying the experience and interpretation of events by actors with varied stakes and roles, and giving voice to individuals whose perspectives are rarely heard. Phenomenology aims to capture the essence of a phenomenon by examining it from the viewpoint of persons who have experienced it (Teherani et al., 2015). The aim of phenomenology is to determine the significance of this experience, both in terms of what was experienced and how it was experienced (Teherani et al., 2015). Thus, the phenomenology approach was used in this study to help us understand live experiences and perceptions of AGYW on the utilization of HTC services in Mbeya region.

Study Area

This study was conducted in the Uyole ward in Mbeya City, one of the seven districts of the Mbeya Region. Mbeya City covers an area of 37,700 square kilometres 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 (<https://mbeyacc.go.tz/history>). Mbeya City faces some health challenges, particularly a high HIV prevalence with an incidence rate of 9.3%. Mbeya is among

three regions with high HIV prevalence rate of 9.0% (THIS, 2022-2023) with a high HIV prevalence among AGYW.

Study Population

The study focuses on AGYW aged 15-24 in the Uyole ward, who have resided in Mbeya City Council for more than a year and have received HTC services. This age group is vulnerable to HIV due to 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 (Krishnan et al., 2008). AGYW is vulnerable to HIV because of 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 (Krishnan et al., 2008).

Sampling technique

A purposive sampling was used to recruit AGYW aged 15-24 years who received HTC in the Uyole ward and have resided in the Mbeya City Council for over a year. In terms of the choice of purposive sampling, every study's overall logic should include the participant selection technique (Punch, 2004), and the reason for sample selection must be consistent with the study's overall aims from an ontological, epistemological, and axiological stance. A very small and intentionally chosen sample may be employed in a qualitative study to boost the depth of knowledge (Palinkas et al., 2015). Purposive sampling is a technique for identifying and selecting scenarios that will make efficient use of limited research resources (Palinkas et al., 2015) and is "used to select participants that are most likely to yield appropriate and useful information" (Kelly, 2010). Purposive strategies are justified by the premise that, given the goals and objectives of the study, particular types of people may have significant and differing opinions about the concepts and problems at hand and, as such, should be represented in the sample (Robinson, 2014). It was for these reasons that purposive sampling was utilized in this study to recruit the study participants.

Sample size

AGYW were identified through the help of peer educators from the Uyole ward in Mbeya. The Ward Executive Officer (WEO) introduced these peer educators to the principal researcher after receiving a letter of introduction from the Mbeya city manager. Participants were contacted by phone and asked to schedule an appointment to meet with the principal researcher for interviews. Consented study participants were visited individually, guided by peer educators from their wards and with permission from the WEO and Village Executive Officers. There are no general numerical directions in qualitative research (Guest et al.,

2006), clear rules or methods guiding the researcher how to obtain a properly sized sample (Kindsiko & Poltimäe, 2019). However, Patton (2002) recommends a minimal size with "reasonable" coverage of the studied occurrence. Most researchers use the concept of "saturation", borrowed from grounded theory, to assess whether the sample size is proper (Malterud et al., 2015). According to this theory, a sample is appropriate if it is large enough to answer the research questions and meet the study's goal.

However, Weller et al. (2019) propose using saturation as a substitute for prominence after observing a direct link between salience and the prevalence of an item, topic, or behavior in the examined population. When using the "saturation" tool, a sample size of 10 units can be used to examine the most common concepts, while a greater size can be used to investigate a wider range of ideas. It should be noted that qualitative research does not have strict guidelines for sample size (Lichtman, 2010) or universal recommendations (Kindsiko & Poltimäe, 2019). There are several formal statistical strategies for estimating sample size (Sim et al., 2018). According to Sandelowski (1995), determining the optimal sample size is a "matter of judgment" based on the milestones the researcher considers. Based on those grounds, this study selected a sample size of seventeen (17) AGYW based on the principle of data saturation, in which no new information emerged from the interviews.

Data collection tool

An interview guide was used to collect information from participants through in-depth face-to-face interviews. The interview guide was created after reviewing the literature (Kelly & Bourgeault 2010). The questions focused on the objective of the study i.e exploring experiences and perceptions of AGYW regarding HCT services in Mbeya. The questions in the interview guide focused on study participants' social demographic characteristics, experiences and perceptions regarding HTC services in the Mbeya city council. The interview guide was translated from English into Kiswahili. The principal investigator (PI) conducted the in-depth interviews in Kiswahili, a language in which all the participants were competent. A conducive room was secured to provide privacy and free conversation between the PI and the study participants. The interviews were audio-recorded with consent from the participants. Each interview took an average of sixty minutes.

Data Analysis

All recorded interviews were transcribed verbatim. Data was analyzed by using a thematic analysis approach by applying five stages, according to Braun and Clarke, to establish meaningful patterns: familiarization with the data,

generating initial codes, searching for themes among codes, reviewing themes and presenting the results (Braun & Clarke, 2013). Nvivo 12 version computer software was used to aid data analysis process data. The presented findings show the essence of the data with quotes directly from participants to give voice to what has been captured (Braun & Clarke, 2013).

Ethical considerations

Ethical clearance was sought from the Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board with reference number (REC-08-2023-1851). Further permission to conduct the study was sought from Mbeya City Council authorities. Likewise, informed written consent was obtained from all study participants to confirm their willingness to participate in this study after they received an explanation of the objectives of the study. Participants' voluntary participation and their right to withdraw from the study at any time were emphasized. The study participants' privacy and confidentiality were ensured by maintaining anonymity; no names were recorded during the interviews. Consent to record the interviews was sought from the study participants. Furthermore, the recorded interview audios were uploaded to a password-protected computer for transcription.

RESULTS

Socio-demographic Characteristics of the Participants

In this study, a total of 17 AGYW participated in in-depth interviews. Their demographic characteristics are presented in Table 1 below.

Table 1: Socio-demographic Characteristics of the Study Participants (N=17)

Variables	Frequency	Percentage
Age Distribution		
15-19	7	41
20-24	10	59
Marital status		
Single	11	65
Married	6	35
Education level		
Primary school education	6	35
Secondary school	9	53
Drop out school	2	12

Perceptions of HTC among AGYW

Some study participants reported stigma associated with being HIV positive in the community and a lack of knowledge about HCT services, leading to a diminished understanding of its importance. The study participants further narrated that negative attitudes and myths about HTC services were significant barriers to instilling fear and

anxiety among AGYW regarding HTC services. For example, one participant had this to say;

"In society, there are misconceptions about HIV; people point fingers at some people, saying, this person is already infected with HIV. They still believe that having HIV means you can't have children who are HIV-negative. The notion persists that if you acquire HIV, your whole family will be infected. After getting knowledge of HIV, I have realized that you can live with HIV, and as long as you use protection properly, you can live safely without infecting your partner." (Participant 10, 2023).

On the other hand, a few participants reported a lack of awareness and understanding regarding the risks associated with HIV. They further narrated that they perceived no urgent need to access HCT services due to their limited knowledge of HTC services. One participant had this to say:

"I think that many girls don't understand when you talk about HIV testing. I think they do not have enough education on HTC, I think they need more education on HTC services and their importance. They don't understand HTC testing, and the majority of youths do not want to test because they do not know the importance of testing" (Participant 16, 2023).

However, few study participants reported knowing HCT services but declared that they had never tested for HIV. The participants further elaborated that they were afraid to test for HIV in case the results were positive. They lamented that they thought that being HIV-positive meant death. Moreover, they narrated that they shouldn't know their health status and continue living unknowingly. They were of the view that knowing their status that they are HIV positive would cause them to die soon. For instance, one of the participants had this to share;

Moreover, some of AGYW acknowledged a lack of clear understanding of HTC. Furthermore, participants expressed that having accurate information on HIV counselling and testing would help them access these services more extensively. One participant had this to share:

"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, fulfill 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" (Participant 03, 2023).

"I had never been tested for HIV before hearing about HCT services, and I knew I engaged in sexual encounters with other people. So, after learning about the HCT services, I became unsure about my health status. I thought what if I am HIV positive? If I am HIV positive means that I will die soon. It made me very worried when I thought of that! I decided that I should go for an HIV test and be sure of my status. I thought it might be better not to know my HIV status and continue living unknowingly." (Participant 10, 2023).

Fear and Stigma on HCT

The majority of the study participants reported fear and

stigma from the community regarding HCT services keep them away from the service. They further narrated that the fear of being judged and discriminated against if their HIV status were to be known to other people keeps them away from HCT. They continued narrating that is a tough dilemma between facing the truth of knowing their health status and living without knowing their status. Study participants further admitted that they would rather not know their status at all, just to avoid the stigma associated with being known to be HIV positive. One participant had this to share:

"Some youths here hesitate to test for HIV because they fear the possible outcomes of being stigmatized and discriminated against when other people know their status, so youths are afraid to go for HCT. 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." (Participant 04, 2023).

Some participants affirmed that fear of being labelled as prostitutes and ostracized keeps AGYW away from accessing HCT services. They further confirmed that they need more support and understanding from their community to overcome these barriers. For instance, one study participant had this to say:

"Some AGYW are afraid to know their HIV status because they fear to go for HCT because if they are seen accessing these services some people will think that they are prostitutes or have many sexual partners while is not the case. Besides, if AGYW are found HIV positive, people will start discriminating them." (Participant 14, 2023).

Some study participants expressed that social judgment in their communities on HCT discourages AGYW from getting the services. They further recounted that HIV testing was considered taboo and shameful to one's dignity thus hindering them from accessing the services. Negative attitudes and discriminatory practices linked to accessing HTC heightened concerns about potentially being labelled negatively 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 informed someone else and the results were positive then people would talk, and rumours would spread in the community about my health status. I was afraid of how people would perceive me when they know my health status". (Participant 15, 2023).

Perceptions on HCT services

Some study participants revealed a range of perceptions among AGYW regarding HCT services. The study participants reported a prevalence of negative perceptions of HTC in their society. Additionally, AGYW expressed reluctance to access HTC due to being associated with being HIV-positive.

"When someone talks about HIV counseling 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 counseling and testing when, as a girl, you should be respectable?' But that's how society perceives it." (Participant 02, 2023).

However, some study participants reported the influence of perceptions on the decision-making process regarding being HIV positive 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 that you are HIV positive." (Participant 05 - 2023).

Social Support

Participants were asked about social support from the people and community regarding HCT. Most of them revealed that they do not receive support from the surrounding community. They further narrated that they do not only receive support from their parents and family members, even their close relatives and friends when they express an interest or a desire to seek HIV counseling and testing services. They need support like emotional reassurance, clear information, peer encouragement, community acceptance, counselling services, and ongoing guidance for HIV HCT. The study participants continued narrating that lack of support makes it difficult for them to access the services freely. 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 do not think even my family would have supported me in any way or encouraged me to go for HIV counselling and testing because of the stigma." (Participant 07, 2023).

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 disease within the community, and many people are not willing to talk about it. One participant had this to say;

"Do not 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." (Participant 08, 2023).

The study participants further narrated 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 comment adversely about you, they can remark 'This girl has gone astray; she isn't raised with decent values, and now she is viewed as promiscuous, problematic, and unlikeable.'" (Participant 01, 2023).

Peer Influence on HCT

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 had this to say:

"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" (Participant 03, 2023).

Contrary to what most participants said about the factors hindering them from seeking HCT 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 is older than them. One participant had this to say:

"Since the peer educators are of similar age with me, I was open to telling the older healthcare provider my entire story concerning my lifestyle and sexual encounters, since they seemed to understand and counselled me accordingly". (Participant 08, 2023).

Experiences of AGYW in HCT

HIV Testing Experiences

Some participants 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 HIV testing and adopting safe sexual practices, motivating the individual to prioritize their health by getting tested regularly and practising safer sex behaviour. One study participant had this to share:

"The HCT services were comprehensive. They explained the HCT process to me step by step, ensuring that 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" (Participant 10, 2023).

Some participants also revealed that they find it difficult to communicate their reproductive health problems with service providers who are 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 lives, being more of a parent. 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 years old when I visited a certain health facility

and met one health provider with my 27-year-old partner; I felt uncomfortable when the provider made comments about my age, implying that I should be a 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". (Participant 07, 2023).

Experiences with HCT Services

The study participants explained their experiences with HIV counseling services, highlighting the challenges they face in discussing reproductive health and sexual behaviours due to concerns about confidentiality. They affirmed that fear of stigma and discrimination often deters AGYW from seeking services. They emphasized the need for greater awareness and education to combat stigma, promote supportive environments, and improve access to confidential services at the health facilities. She had this to narrate: *"I felt a sense of fear and reluctance in disclosing my secrets to healthcare providers, I have heard that some of them don't keep clients information secret, for me the thought of revealing my person secret to the healthcare providers caused me to fear potential consequences like being judged and labelled after my secret is exposed to other people"* (Participant 13, 2023).

Also, some study participants reported that some health centers 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 I went for HCT at the health facility was quite difficult as I went to a nearby health facility when I noticed the sign indicating the HCT room and saw the queue, I had to wait for quite a long time for me to get the service when waiting for the HCT service everyone passing by knew the reason for my visit there and that made me feel uneasy." (Participant 06, 2023).

Social-Cultural Influences on AGYW Perceptions of HCT

Religious and Beliefs

The study participants reported that there are also negative perceptions and misconceptions about HCT services. They continue recounting that the misconceptions and perceptions of HCT discourage AGYW from accessing counselling HCT services due to fear of societal judgment and discrimination. One participant had this to share:

"There is a misconception and perceptions regarding HCT. People here perceive that undergoing testing implies that you practice unsafe sexual practices. People perceive HCT services differently in comparison to someone undergoing other medical check-ups. When you go for HCT, you may be labelled as an individual with no morals." (Participant 02,

2023).

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 said:

"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 HIV testing." (Participant 17, 2023).

Gender Norms and Inequality

Some study participants explained how females face societal and traditional barriers, including fear of being judged, discrimination, cultural taboos, and limited healthcare facilities that limit their engagement with HIV testing services. The study participants continued reporting on how cultural norms affect them in their efforts to access HCT services. They affirmed that gender norms like stigma and shame, gender issues, fear of violence, economic dependence, and lack of confidentiality make it difficult for girls to make their own decisions about their health like going for HCT services. For example, one participant said;

"As a young woman, I encountered a challenge when I wanted to go for HCT 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. My mother told me that I was not supposed to access HCT because I was young and single" (Participant 06, 2023).

Another participant had this to share regarding decision-making regarding using HCT services. She said:

"Even though I am married, I cannot go to the hospital for HCT services without my husband's approval, and he is the one who covers the transportation expenses for me to get there, otherwise I have to go there secretly." (Participant 04, 2023).

Moreover, some participants also mentioned social consequences, driven by societal expectations, acted as barriers to seeking HCT services. It was also revealed that gender norms also impacted healthcare provider-patient interactions, affecting the comfort level during HCT. It was also reported that the vulnerability of young women to HIV was linked to societal pressures to conform to traditional roles. She said;

"Some AGYW are afraid to know their status because they fear the consequences of that. They fear that if they are found to be HIV positive, people will start avoiding and discriminating them. It is much better not to go for HIV test and continue with your life" (Participant 14, 2023).

Healthcare experiences on HCT services

Most of the study participants reported that the health

facilities set up do not guarantee them a comfortable space for their age category as they seek HCT from the health facilities. The study participants explained that they don't feel comfortable being seen with people from their neighborhoods when accessing the services because they fear being judged and labelled. One participant said;

"When you visit a hospital or health facility for HTC, our group of adolescent girls and young women do not receive friendly services, resulting in prolonged waiting in queue consequently you might be seen by others and will spread rumours that they have seen you accessing HCT services, hence you will be labelled and given bad names." However, if I go with that leader at the health facility (peer educator), it becomes easier for me to be served quickly." (Participant 03, 2023).

Accessibility of HCT Services and Infrastructure

A few participants reported the accessibility and challenges AGYW faces in accessing HCT services. Some 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, there are peer educators who go door-to-door providing education to AGYW on HCT which makes it easy to access the services" (Participant 13, 2023). However, few participants reported 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 in open areas, making it easy for everyone around the facility to see each other. They continue reporting that because of that, many girls fear being seen by acquaintances, or relatives especially those who might stigmatize 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." (Participant 15, 2023).

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. For instance, one participant shared their 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." (Participant 01, 2023).

DISCUSSION

This study explored the experiences and perceptions of

AGYW regarding the utilization of HCT services in Mbeya City Council.

This study revealed that AGYW faces 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. The study findings are similar to one done in Uganda, revealing 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 (Kitara et al., 2012). Misconceptions like HIV infection being a death sentence or spreading to family members discourage individuals from seeking HIV testing. The study underscores the need for comprehensive education on HIV prevention through HIV testing strategies.

Some study participants in this study reported fear and stigma as significant obstacles to AGYW accessing HIV counselling and testing services. These challenges arise from a combination of fear and societal stigma, misconceptions about transmission and living with HIV persist today. Furthermore, 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 (Kitara et al., 2012; Yeap et al., 2010). 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. Some studies conducted in South Africa and Kenya indicated that AGYW fear judgment (Strauss & Rhodes, 2015, Nyblade et al., 2019). 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 (Logie et al., 2019).

The findings from the study, along with related research in South Africa and Zambia, shed light on how peer dynamics, societal expectations, and broader cultural norms regarding HIV testing shape perceptions among AGYW. 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 study 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 HCT. These findings relate 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 (Adeagbo et al., 2022). 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 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 (Hensen et al., 2023).

Moreover, the research uncovers broader societal implications of this negative perspective. The fear of labeling 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 (Holmes et al., 2020; Duby et al., 2022).

The current study findings shed light on the emotional and psychological aspects of HCT experiences that significantly shaped AGYWs' decisions. Positive HIV testing results' experiences, characterised 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. The modalities of testing contrast these emotional dimensions as in Lesotho and Kenya the experience of AGYW is different through the self-testing strategy that minimises the inconvenience of the negative experiences encountered at the health facilities of the stigma following visiting the known spots for HIV testing and counselling (Sonny & Musekiwa, 2022; Inwani et al., 2021).

The present study's findings show the complete hurdles experienced by AGYW in receiving HCT services, ranging from societal stigma to emotional and psychological impediments, thereby falling behind attempts to decrease the spread of HIV infection in Tanzania. 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 HCT are related to the stigma as healthcare providers act as parents and the fear of breaching confidentiality (Nyblade et al., 2022). Addressing these challenges requires a comprehensive approach, including community education to dispel myths, establishing confidential and supportive testing environments, and

initiatives to change societal perceptions. Understanding and addressing these barriers will enable HIV prevention programs to be adjusted to provide a more inclusive and welcoming environment for AGYWs to prioritize their sexual health via 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 study 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 exist not only in Mbeya on AGYW but also in Uganda where social-cultural perspectives around unmarried women and adolescent girls hinder their exploration of sexual and reproductive health, especially HIV testing and prevention (Kawuma et al., 2023). These perceptions reflect deeply ingrained cultural norms and expectations surrounding young women's behaviour, reinforcing the societal stigma attached to HCT 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 (Moyo et al., 2023; Kawuma et al., 2023; Duby et al., 2020). 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. Our study findings are similar to findings from a study from Cameroon which revealed long waiting hours, and inadequate and limited space for HCT services challenges (Ngangue et al., 2017).

The emotional and psychological aspects of testing experiences were identified as crucial factors influencing AGYWs' utilization of HCT services. Positive HIV testing experiences, marked by supportive and empathetic counselling, were found to contribute significantly to increased HCT 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 HCT services (URT, 2019, Duby et al., 2020).

This study also highlighted the nuanced role of confidentiality in HCT 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 emphasizes the need for healthcare providers to ensure a confidential and safe environment during the HCT process (URT, 2019; Duby et al., 2020).

LIMITATIONS OF THE STUDY

In conducting this study, it was essential to acknowledge the limitations inherent in the research findings. First, only a small number of study participants were involved in this study. Therefore, caution is needed when inferring the findings to other communities or populations with different socio-cultural backgrounds. Second, using in-depth interviews as the main data collection method may have introduced bias due to societal norms and discomfort with sensitive topic on HCT. The participants might have felt compelled to provide socially desirable responses, potentially distorting the accuracy and authenticity of the collected data. Furthermore, discussing sensitive topics openly may make participants uncomfortable, limiting the depth and breadth of insights.

However, this was mitigated by explaining the objective of this study to study participants; also, the principal investigator built rapport with study participants before starting to interview them. Despite its limitations, the outcomes of this study offer some light on AGYW's perceptions and experiences with HCT in the Mbeya City Council. The current study's findings call for addressing social barriers to HCT and better educating AGYW on the benefits of using HTC services. Providing HCT youth-friendly services is one method to lower barriers to HTC among AGYW. Furthermore, healthcare providers should continue to educate AGYW about the benefits of HCT while adhering to professional ethics.

CONCLUSION

AGYW faced barriers when accessing HCT services in Mbeya. These barriers include stigma, knowledge, fear, stigma, perceptions, social support, and peer influence influencing their engagement with HCT services. This calls for action by the healthcare workers and other stakeholders to design interventions and include youth-friendly HCT services. Furthermore, when providing HCT to AGYW, healthcare professionals should adhere to their professional ethics, continue educating AGYW, and dispel any misconceptions about HCT services.

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