

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES



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**A STUDY ON THE IMPACT OF THE COVID-19 PANDEMIC TOWARDS THE
PROVISION OF SEXUAL REPRODUCTIVE HEALTH SERVICES TO
ADOLESCENTS AND YOUNG PEOPLE: A CASE STUDY OF UZUMBA MARAMBA
PFUNGWE DISTRICT.**

*A dissertation submitted to the Department of Social Work, Bindura University of Science
Education in partial fulfilment of the requirements for Bachelor of Science Honours Degree
in Social Work.*

APPROVAL FORM

I certify that I supervised **Lenon Wesley Mhandu** in carrying out this research titled: **A study on the impact of the Covid-19 pandemic towards the provision of sexual reproductive health services to adolescents and young people. A case study of Uzumba Maramba Pfungwe District** in partial fulfillment of the requirements of the Bachelor of Science, Honors degree in Social Work and recommend that it proceeds for examination.

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Chairman of the Department Board of Examiners

The departmental board of examiners is satisfied that this dissertation meets the examination requirements and therefore, I recommend to Bindura University to accept this research project by **Lenon Wesley Mhandu** titled: **A study on the impact of the Covid-19 pandemic towards the provision of sexual reproductive health services to adolescents and young people. A case study of Uzumba Maramba Pfungwe District** in partial fulfillment of the Bachelor of Science, Honors degree in Social Work.

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2. I have followed the research ethics required in conducting Social Work research.

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ACKNOWLEDGEMENTS

First and foremost, my utmost gratitude goes to the Almighty God for granting me a privilege and opportunity to go to university and allowing me to conduct this research. It is with great desire that I extend my heartfelt appreciation to my family and everyone who made the writing of this dissertation possible. Special thanks go to my supervisor, Mrs Chigondo for her unwavering support and guidance throughout the research. I appreciate the participation of the Ministry of Youth Arts Sports And Recreation, Zimbabwe Community Health Intervention Research Project- behavioural change, National Aids Council and supporting actors in Uzumba Maramba Pfungwe district.

DEDICATION

This research is dedicated to all the adolescents that were affected by Covid-19 pandemic.

ABSTRACT

With the measures to prevent the spread of the corona virus continue to be tightened, this pose a danger to the adolescence and the whole community at large, the researcher sought to understand the impact of the Covid-19 pandemic towards the provision of SRH services to adolescents and young people: a case of Uzumba Maramba Pfungwe district. The researcher used a case study method research method in the study. A sample of 50 respondents was selected using purposive and random sampling techniques from the Brotha2 Brotha program and Sista2Sista program from 250 adolescents and young people and purposive sampling was used to select seven key informants who work with adolescents and young people. The research instruments used by the researcher were questionnaires and interviews due to their convenience and time-saving nature. From the findings, it is evident that in Uzumba Maramba Pfungwe, teenage pregnancy rate increased, school dropouts increased, STI rates and GBV cases also increased during the Covid-19 era and trying times was worsened by lockdown restrictions which trapped adolescents to social ills, financial problems, alcohol and drugs, infidelity and culture, among others. Integration approach was also a useful tool so as to reduce the expenses and the few available resources. Communities need to be continuously sensitized and the available legal structures should be reinforced to ensure that they are effective and people will have confidence in them. There is also a need to ensure that the social work profession takes an active role in the Ministry responsible for providing through offering psycho social support.

LIST OF ACRONYMS

AIDS: Acquired immune Deficiency Syndrome

AGW: Adolescences Girls and Woman

CSE: Comprehensive Sexual Education

DAC: District AIDS Coordinator

DIA: Democracy in Africa

GBV: Gender-Based Violence

HIV: Human Immune-Deficiency Virus

Mo H/CC: Ministry of Health and Child Care

Mo PSE: Ministry of Primary Secondary Education

MWAGD: Ministry of Women Affairs, Gender and Economic Development

NAC: National Aids Council

NGO: Non-Governmental Organisation

STI: Sexually Transmitted Infections

SRHR: Sexual Reproductive Health Rights

UNFPA: United Nations Population Fund

UNICEF: United Nations Children’s Fund

UMP: Uzumba Marmba Pfungwe

WHO: World Health Organization

ZICHIRE-bc: Zimbabwe Community Health Intervention Research Project- behavioral change

ZIMSTAT: Zimbabwe National Statistics Agency

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Chapter 1

1.0 Introduction

This chapter establishes a research project on the impact of the COVID-19 pandemic on the provision of sexual reproductive health (SRH) services to adolescents. This chapter introduces background information, problem statements, and learning objectives. The research objectives, research questions and relevance of the study will also be explored prior to the chapter summary.

1.1 Background of the Study

On 31 December 2019, the World Health Organization (WHO) was informed of several cases of pneumonia of unknown cause, the first of which was reported on 9 December in Wuhan, Hubei Province, China. Severe Acute Respiratory Syndrome Type 2 Corona Virus (SARS-CoV-2) was identified as a causative virus by Chinese authorities on 7 January, with evidence of human-to-human transmission until 20 January. On 30 January 2020, the outbreak was declared an International Public Health Emergency (PHEIC) and a pandemic of 11 March 2020, (Who, 2020).

As of 16 March 2020, the total number of cases outside China has exceeded the total number of cases in China. As of 16 March 2020, 167,511 cases of corona virus disease (COVID-19) have been confirmed in 148 countries. Europe becomes the epicenter of the pandemic (WHO, 2020). The number of confirmed cases also increased drastically in many countries, including the United States, Iran, Italy, many countries including the United States, Iran, Italy, and there are currently cases on all continents, including Africa. As of 29 August 2020, Zimbabwe has recorded 6,406 recovery cases and 196 deaths, an exponential increase since mid-March 2020 (ZIMSTAT, 2020). On 1 April 2020, the Zimbabwean government imposed

a nationwide lockdown restricting movement. These restrictions on movement pose serious problems for many people, including adolescents, who wish to seek reproductive sexual health services. Since schools are also closed, this poses a huge problem because adolescents now has more free time and schools are also used to educate boys and girls about sexual reproductive health services. In addition, emerging evidence suggests a dramatic increase in gender-based violence (GBV), particularly against women and girls (Wenham, Smith and Morgan, 2020). With the COVID-19 pandemic combined with economic and social tensions and measures to limit access and movement, violence against women and girls is increasing globally. Overcrowded families, substance abuse, limited access to services, and reduced peer support are exacerbating these conditions (CARE International, 2020).

Anderton (2020) argues that the real impact of COVID-19 on adolescents and young adults, especially adolescents and young adults, is scarce. However, observations have shown that most adolescents do not have access to sexual and reproductive health services, including family planning, due to mobility restrictions. School nature is a protective environment during adolescence, with school closures and prolonged stay at home. Many girls may have experienced sexual violence; including child marriages perpetrated against them (UNITED Nations Population Fund, 2020). Without comprehensive data on how the virus affects the learning and health of young people, it is difficult to make informed decisions about mitigating these effects and creating lessons learned for future applications in similar situations. This highlights the need to further shed light on the impact of COVID-19 on adolescents and adolescents' sexual and reproductive health and rights, and to identify address mechanisms established in schools.

U.M.P district is one of the nine districts in Mashonaland East Province, bordering with Mutoko, Murewa, Mudzi, Shamva and Rushinga. The major HIV and AIDS related socio-economic activities are gold panning, mining, horticulture and sex work. The major hotspots

are Mashambanhaka, Mutawatawa, Nhakiwa, Karimbika, Kafura, Dindi, and Katiyo. The total number of wards is seventeen, and there are twenty-one health facilities, a total of ninety-two educational facilities are in this district and lastly the population is about one hundred and nineteen thousand, five hundred and thirty-nine (119 539). The area is associated with poor cultural beliefs that affect the women particularly young women. Although there are a number of schools in the district, the district is associated with poor education due to the fact that the people in that area do not prioritise education as they mainly earn a living through gold panning and horticultural farming. In the province, UMP district is considered a hot spot for STIs, HIV and AIDs, school drop outs and also teenage pregnant. From the statistical records, the district expect around four thousand seven hundred and eighty-two (4 782) pregnancies each year. The area is also associated with political violence and that's why many Non Governmental Organisations do not want to operate in that area and that pose for serious problems.

1.2 Problem Statement

The COVID-19 pandemic has had a direct negative impact on the provision of sexual reproductive health services to adolescents. Overall, it has been noted that many young people are sexually active and have many unprotected sexual contacts, which put them at high risk of unwanted pregnancies, sexually transmitted infections, gender based violence and unsafe abortions. Since the beginning of the COVID-19 pandemic, there has been an increase in the number of cases of STIs, gender based violence, teenage pregnancies, unsafe abortions and other related problems. To combat the spread of COVID-19, many countries have been forced to impose national lockdowns, which means there were restrictions on movement. Movement restrictions manage to reduce cases of COVID-19, but on the other hand, it poses a risk to healthy sexual reproduction puberty. Due to traffic restrictions, many people did not have access to the critical services they need. For example, the National AIDS

Council and other stakeholder support programmes were disturbed and the Ministry of Health and Child Care activities were also disturbed. According to statistical records, Uzumba Maramba Pfungwe District (UMP), one of the hotspot for school dropouts, pregnant teenage girls and sexually transmitted infections in Marondera Province and that was before the national lockdown, naturally meant that there was a risk of being appeased after the implementation of the national lockdown. It is for this reason that this study sought to assess the impact of COVID-19 on the provision of sexual reproductive health services to adolescents and young people.

1.3 Aim

The main aim of this study is to assess the impact of the Covid-19 pandemic on the supply of adolescent's sexual reproductive health services in Zimbabwe (case study in the UMP area).

1.4 Objectives

- i. To assess the impact of the pandemic COVID-19 on the provision of sexual reproductive health rights to adolescents and young people in UMP district.
- ii. Emphasize the role of schools (education) in the provision of sexual reproductive health services and in the promotion of CSE towards adolescents and young people in UMP District.
- iii. Identify copying strategies that can be implemented to reduce the impact of COVID-19 on sexual reproductive health to adolescents and young people in UMP District.

1.5 Research questions

1. What is the impact of COVID-19 induced school closures on delivery of Comprehensive Sexuality Education or Life Skills?

2. What have been the main sources of Sexual and Reproductive Health information for adolescents and young people during the COVID-19 induced school closures?
3. What are the perspectives and experiences of adolescents and young people during lockdown period?

1.6 Assumptions

- There will be maximum participation from the participants, making the project a success. Participants will be easily accessible.
- The selected sample will be a good representation of the true population.
- The environment of study will be relevant to undertake the study in the given time frame.

1.7 Justification

Due to the impact of the COVID-19 pandemic, the number of teenage pregnancies, STI, unsafe abortions, schools drop outs and GBV cases increased dramatically. According to a study by Stone and Intam (2003), research shows that providing adolescence reproductive health services can have a positive impact on reproductive health. It can be seen that the use of qualitative methods will provide insight into the challenges faced by adolescents in accessing sexual reproductive health services. Therefore, the information in this study can be used to improve reproductive health outcomes among adolescents and young people. The information in this study will contribute to the existing knowledge systems of NGOs and countries and equip policymakers. This will also ensure that adolescents in UMP District and the Zimbabwean at large have better access to reproductive health services.

1.8 Key Definitions

Covid-19– is an infectious disease caused by the SARS-CoV-2 virus, (WHO, 2019).

Sexual Reproductive Health Services – denotes the health of individual’s reproductive system during all life stages, (WHO, 2011)

Adolescence – the period following the onset of puberty during which a young person develops from a child into as adult, (UNFPA Zimbabwe, 2020).

1.9 Conclusion

This chapter outlines background information, statement of the problem, and purpose of the study, research questions, and the definition of key terms about the impact of the COVID-19 pandemic on provision of SRHs to adolescents and young people. The following sections highlight literary criticism of existing literature and theoretical frameworks.

Chapter 2

Literature Review

2.0 Introduction

This chapter focuses on a review of the relevant literature. Explore how previous findings, as well as other researchers, have solved similar problems. According to Leedy and Ormrod (2005), the goal of literary criticism is to help you solve problems. Tuckman (1978) supports the above claim, stating that "a literature review helps to evaluate research work by comparing their research work with those of others." The authors point to the need to understand the rationale and associated characteristics of similar issues, as well as how previous authorities have dealt with them.

2.1 Theoretical framework

2.1.1 Maslow hierarchy of needs

Historically, Abraham Maslow was a prominent psychologist who made significant contributions to the growth and development of human psychology, as evidenced clearly in contemporary societal research into human needs and motivations in the human environment. Maslow theoretically believed that people have five types of needs, and they are activated by level. This means that these demands are awakened in a specific order from lowest to highest in order to satisfy the demand for the lower order before triggering the next order and proceeding.



Fig. 1 Maslow Hierarchy of Needs

2.1.1.1 The five hierarchies of Maslow requirements

The first stage contains physiological needs; psychological needs are basic human needs and are fundamental to the human life of the communities involved in society. Adolescents and young people should have access to sexual reproductive health services, as this is a basic need. Sexual reproductive health services will help you protect your health. Therefore, this shows that SRH services are essential. Sexual and reproductive health rights are essential to the health and well-being of the general population. Over the years, work on sexual and reproductive health rights has focused on increasing access to contraceptives, improving child and maternal health and HIV/AIDS. However, SRHs and many other key issues which are of great importance for adolescents and young people have been overlooked. Neglected areas include access to safe abortion, menstrual health, gender-based violence and Comprehensive Sexual Education (CSE).

The second phase includes safety needs or security needs. Safety or security needs should be linked to the protection and survival of chaotic situations, social chaos, social disturbances

and physical risks in the human environment. Santrock (2001) noted the emphasis on the need for security to ensure the survival of people in situations such as the prevention of war and crime. In fact, chaotic situations, social unrest, social unrest, social and personal dangers are characterized by many uncertainties that threaten the peaceful coexistence of peoples in all communities of society. For example, COVID-19 has caused chaos in a short period of time, threatening the peace of people around the world. Even in times of chaos, SRH services for adolescents and young people should be a priority in order to protect them from unwanted pregnancies, unsafe abortions, sexually transmitted infections, HIV and other related issues.

Stage love and social needs argue that when people in different communities feel safe and secure enough in their environment, the trend is that they feel the need to identify themselves and belong to social organizations such as families, communities, community organizations (CBOs) and other social organizations. This undoubtedly helps them to make a reasonable contribution to the community development of the various communities in society. In this case, adolescents and young adults need to be involved in any issues related to SRH, adolescents and young persons are more sexually active, and education about sexually transmitted diseases is required. Adolescents should also have an open platform so they can speak out about their consensus concerning SRH. This sense of belonging is critical in human development and needs to be experienced during adolescence stage.

The fourth stage contains self-esteem and prestige, and the need for self-esteem and prestige can also be called self-need in the human environment. When people feel safe in societies such as social groups, social groups, co-groups, working groups, colleagues, groups of friends, in the various communities of their society, it is always natural for people to seek respect and prestige in the human environment. Adolescents seeks to gain prestige, and Onah (2015) states that when people meet their social needs, they focus their attention on issues such as reputation, recognition, self-esteem, prestige, status, which give people a

strong sense of confidence to participate in activities that will certainly improve their living conditions in various communities of society. In this case, adolescents and young people seek to gain status if they have the privileges to attain SRH and they will gain confidence in themselves.

The final step is the concept of self-actualization. Ideally, individuals have the opportunity to gain personal growth, a sense of accomplishment, and the opportunity to find personal meaning in life. Teens and young people need to be free to meet their desires because they are sexually active. Onah (2015) sees self-actualization as the need to develop a person's full potential to be the best person he or she can be in society. Self-actualization or self-actualization becomes a reality when people develop a desire to explore all the talents, and potential hidden in them in society. Since sex is a basic necessity when a person reaches a certain stage, adolescents and young people need to meet this need, so the pandemic of covid-19 makes it difficult for adolescents and young people to access SRHRs.

2.1.2 Right Based Approach

Individual rights are becoming increasingly prominent as a universal set of norms and norms that are increasingly influencing the programming of the United Nations and other intergovernmental organizations. A rights-based approach promotes three main principles and these are accountability of right holders, participation of right holders, and fairness or non-discrimination. Researchers can fully understand the complexities involved in SRH issues in adolescents and young people. The COVID-19 pandemic has changed all efforts made to protect and promote reproductive health and rights in adolescents and young people. Many young people are placed in a vulnerable situation because they are no longer provided with services. The outbreak and global spread of corona virus disease (COVID19) is an unprecedented crisis. Measures to prevent, contain and reverse the epidemic have led to

action-restrictive measures. In many cases, institutions that gather people in gathering environments, such as schools and churches, are discouraged from functioning properly and are sometimes forced to close. School closures have severely disrupted learning (Jones 2020). The mobility of girls has been restricted due to regulations for girls who expected behavior before COVID 19, but has worsened due to blockages. These locks reduce autonomy to leave home for no reason to be effective for others who are important. This is one of the reasons why COVID19 affects SRHR outcomes in adolescents and young people (Sully 2020).

Sexual and reproductive health is important to all of us at every stage of life. However, too many people are denied the right to sexual and reproductive health. The vast majority are poor women, men and youth from developing countries. Millions of women and men do not have access to contraceptives and information and sexual and reproductive health services they need to choose family size and improve their chances of life and their children. Millions of people are infected with HIV and sexually transmitted infections that could have been prevented or treated. Every minute, a woman dies from complications of pregnancy or childbirth. About 80 million women globally have unintended or unwanted pregnancies each year. For many, their only option is to have an abortion and that will lead to unsafe conditions. Women in particular, need more choice and control over their sexual and reproductive lives, so it can be noted that the COVID-19 pandemic has led to the suppression of SRHR to adolescents and young adulthood.

2.2 Conceptual Framework

2.2.1 SRHR and Covid-19

The COVID-19 pandemic presents a range of challenges that harm adolescents and young people as well as sexual and reproductive health. The focus on the COVID-19 response has lowered the priority of providing SRHR services in Zimbabwe, whilst border closures have

increased the risk stock-outs of key SRHR products, exacerbated by factory closures in Asia (Anna, 2020). The socio-economic impact of the pandemic has made SRHR services increasingly unaffordable, and traffic restrictions have made it difficult to access services with caution. Adolescents and young people especially young women in rural areas also face additional barriers to accessing services. The other area of concern is GBV, as people spend much time at home with their families, violence rates increased drastically.

2.3 The nature of the Covid-19 pandemic leads to induced movement restriction.

The Novel Coronavirus Disease 2019 (COVID-19), which began in Wuhan in December 2019, shows that it is able to spread rapidly across international borders, depending on the movement of people. In a short period of time, COVID-19 spread to Spain, Italy, the United States and Europe, as well as almost all over the world and globally people suffered devastating consequences. Egypt reported its first African case on 15 February 2020 (Aluga, 2020). Since the outbreak of the COVID-19 pandemic, communities and countries have been affected in many ways. Hundreds of thousands of people worldwide were infected. Although there have been several cases of spontaneous recovery, thousands of people died from this highly contagious disease.

For these reasons, the Director-General of the World Health Organization declared COVID-19 a global pandemic on 11 March 2020 (Fraser, 2020). Since then, the virus spread to other African countries, including Kenya, Cameroon, the Democratic Republic of the Congo, Nigeria, Tanzania, South Africa, Zimbabwe and many others causing varying degrees of death and huge socio-economic unrest. To name just a few, as of 19 August 2020, 30,636 cases have been registered in Kenya; There are 9,721 confirmed cases in the Democratic Republic of the Congo, 18,469 in Cameroon and more than 592,000 confirmed cases of COVID-19 in South Africa. Because COVID-19 is extremely contagious and no successful

treatment has been found, different governments and authorities took various steps to curb the spread of the disease. These containment measures include travel restrictions (lockdowns), social distancing, hand washing, curfews, quarantines and eating healthy foods, (Committee, 2005). These measures are not without adverse effects. Women, adolescents and children are affected by cultural prejudices, patriarchal norms already and a history of slavery, which has the greatest impact on these measures, particularly in Africa.

Containment measures against COVID-19, such as the quarantine and social distancing campaign, are believed to have hit victims of anxiety, mental illness and depression. Those quarantined reported public stigma and social exclusion after the experiment. This experience presents survival challenges for families in situations where the quarantined person is a breadwinner or parent, parenthood has become a challenge, and children are extremely vulnerable to abuse without a primary caregiver (Oram, Trevillion, Khalifeh, Feder, & Howard, 2014; Peterman et al., 2020). In addition, quarantine may increase the risk of daily exposure of women and children to potential abuse, which in turn may increase the risk of violence against women or children (VAW/C) (Okeke-Ihejirika et al., 2018; Oram et al., 2014; Peterman et al., 2020). Reports indicate incidents of sexual exploitation of security agencies and community members responsible for quarantine applications (Fraser, 2020).

2.4 Impact of Covid-19 on adolescents and young adults.

The overall impact of COVID-19 in 2020 and 2021 has led to long-term school closures across the globe, ranging from a few months to almost a year. UNESCO estimates that as of April 2020, 191 countries have implemented some form of national school closure, affecting more than 90% of adolescents and young adults globally. While there is still little research on the educational consequences of school closures, recent observations show how vulnerable adolescents and young adults, such as those from marginalized communities, are severely

negatively affected by school closures, further exacerbating inequalities in the education system and society as a whole.

2.4.1 Schools closure

Schools have been closed to fight the spread of the corona virus, but schools function like protective centres to many adolescents and young adults. In many cases, institutions that congregate in gatherings such as schools and churches were discouraged from functioning properly and are sometimes forced to close. School closures have severely disrupted learning (Jones 2020). Education authorities responded to this challenge by introducing distance learning based on technologies such as radio, television, computers and mobile phones. These, in turn, depend on know-how, signal availability, power, and Wi-Fi. Due to pressure from their parents, many teens were not homeschooled, requiring them to do chores and care giving. Many teens, especially in rural areas, can't learn online over radio, television, or the internet because they do not have the equipment, electricity, or money to pay for their phones or the internet. In communities with better overall accessibility, there is often a large digital gender gap, where girls are automatically put at risk because of conservative gender standards, which automatically put girls at risk. On the other hand, the use of internet has put many adolescents and young people at risk to harm social media platforms that can ruin their future.

2.4.2 Gender-based violence

Kenya's Landis (2020) analysed the impact of the corona virus pandemic on gender-based violence against women. In this study, Landis (2020) highlighted unique factors related to COVID-19 that make it particularly worry some. Given physical distancing and movement restrictions imposed around the world to contain the pandemic, women are at increased risk of violence by family members, intimate partners or others living in their homes. In all

emergency-affected configurations, the majority of sex-based cases of the virus were carried out by known individuals rather than strangers (UNOCHA, 2020). Studies have shown that the risk of domestic violence in times of crisis is often exacerbated by factors such as emotional stress, financial stress, and changes in roles and responsibilities between family members. In the context of COVID-19, all of these factors are likely to increase given widespread unemployment, economic tensions, disruptions to normal routines, and ongoing pressures associated with real or potential diseases that cause affected regions of the globe. When combined with congestion and other movement restrictions, families in the context of COVID-19 can become potential pressure cookers of gender-based violence as drivers of violence increase, while survivors and people at risk are more constrained than ever in their ability to seek safety or other forms of necessary support.

Before the pandemic, GBV was a pressing issue in Zimbabwe. According to a 2019 survey by the Zimbabwe National Statistics Agency (ZIMSTAT, 2019) 39.4% of women aged 15-49 had experienced violence since age 15 and 11.6% had experienced sexual violence in their lifetime. 33.7% of women aged 20-24 years were first married or in a union before they were 18 years old (ibid). Evidence presented in this report shows that COVID-19 is revealing these pre-existing high levels of violence and threatens to exacerbate this situation.

COVID-19 response measures have had immediate and long-term implications for women and girls in Zimbabwe. School closures have disrupted girls' education and increased the risk of child marriage and early pregnancy. Steps taken to contain the spread of COVID-19, including quarantines, social distancing, movement restrictions and other stay-at-home measures have increased the risks of domestic violence due to forced coexistence and curtailed access to support services for survivors. During the lockdown, a range of GBV service providers and actors in Zimbabwe, including women's rights organizations, have identified increased reports of GBV, with one organization seeing an average increase of over

60% in calls related to GBV from the start of lockdown until 7th October 2020 compared to the pre-lockdown period (OCHA, 2020a).

2.4.3 Restrictions on Movement

The actual impact of COVID-19 on adolescents and young people (AYP), especially adolescent girls and young women (AGYW) is sparse; however, observations have shown that with movement restrictions, most AYP have not been able to access Sexual and Reproductive Health (SRH) services including family planning. Schools are naturally a protective environment for AGYW, with schools closed and extended home living, many AGYWs may have experienced sexual violence, including child marriages against them. AGYW's lack of access to SRH services and an increase in cases of sexual violence against them during the covid-19 era have made them vulnerable to early and unwanted pregnancies and increased risk of HIV infection and STI. Without comprehensive data on how the virus affects AYP learning and health, it becomes difficult to make informed decisions about how to mitigate these effects and learn lessons for future applications in similar situations. This highlights the need to further shed light on the impact of COVID-19 on adolescents and adolescents' sexual and reproductive health and rights, and to identify address mechanisms established in schools. In addition, the socio-economic consequences of the COVID-19 crisis have exacerbated financial and food insecurity, reduced access to social support networks, and increased vulnerability among adolescents and young people.

Access to sexual and reproductive health services is a challenge for adolescents girls compared to other women of childbearing age. Compared to other women of childbearing age, the need for family planning among adolescents is 43 per cent. COVID19 exacerbates these unequal assumptions of access to SRHs, (Sully 2020). The mobility of girls has been naturally restricted due to cultural expectations COVID 19, but has worsened due to

lockdown. These locks reduce autonomy to leave home for no reason to be effective for others who are important. This is one of the reasons why COVID19 affects SRHs outcomes in adolescents and young people (Sully 2020).

2.4.4 Food insecurity

Unemployment is directly linked first to the embargo and then to economic contraction, leading to increased poverty and food insecurity. Unemployment due to lockdown further impoverishes and food insecurity. Girls appear to be at greater risk than boys, in part because their mobility is more limited, meaning they don't have a chance to get calories outside the home (Guglielmi et al., 2020). In addition, Zimbabwean teens who received food through schools feeding programs before the schools were closed had their access to food cuts. Similarly, girls are more vulnerable than boys to food insecurity because they are subject to more restrictions on movement, which means they have less access to other food sources. In some cases, girls are not a priority when eating at home. It is causing depression and anxiety in adolescents because months of stress increases as the pandemic continue to spread. . This is caused by worry over increasing poverty and food insecurity at household level. Girls are also at higher risk, in part because of biological factors, an estrogen has been linked to depression especially that they are in their peak estrogens-producing years.

2.4.5 Mental health problems

Adolescents' mental health has been negatively impacted by COVID19 due to mental distress and social isolation caused by school closures, increased unemployment, and family tensions caused by measures to curb the pandemic. The situation has deteriorated due to lack of access to mental health support services (Bajracharya 2020). While this increase in stress affects both girls and boys, the former carries a greater weight because COVID19 has isolated it.

Lockdown increase their household chores as more and more people stay at home and create a demand for extra housework (Bajracharya 2020).

2.5 Chapter Summary

This chapter focuses on literature reviews guided by theoretical and conceptual frameworks. The literary review also identifies the nature of the COVID-19 pandemic and the impact of Covid-19 on providing sexual and reproductive health security for adolescents and young adults. Gaps in previous surveys justify this study. The following sections describe the research methodology used in the study.

Chapter: 3

3.0 Introduction

The main focus of this chapter is to provide data on the impact of the corona virus on the provision of sexual reproductive health services to UMP adolescents and young persons. This chapter describes the design of the study and the methodologies involved data collection methods and presentation of analyses, as well as the sampling techniques that lead to the conclusions reported in the next chapter.

3.1 Study Design

According to Balsley (1970), a research project is a deliberately planned arrangement of analytical and data collection conditions designed to combine the relevance of the purpose of the study with the economic process. Wahyuni (2012) defines study design as a framework for data collection and analysis to solve research problems and achieve research goals, providing a sound justification for the selection of data sources, collection methods, and analytical techniques. Therefore, it is an action plan that provides guidance to the researchers in the study. A case study was used to capture the impact of the corona virus pandemic on the supply of SRHs to UMP adolescents and young persons. Casual research is conducted to identify the extent and nature of cause-and-effect relationships. Casual research is conducted to assess the impacts of specific changes on existing norms and various processes which make it the most appropriate design for gathering data on the impact of Covid-19 on the provision of SRHs to adolescents and young people.

3.2 Methodology

The study used a hybrid approach that, according to (Boyatzis, 2005), refers to an emerging research method that advances systematic integration or the mixing of qualitative and

quantitative data in a single study or continuous research protocol. The hybrid approach was chosen because it sought to understand human experience in this study and its associated behaviours, and to give participants a say in their research and to ensure that the findings are based on the participants' experiences. After all, it aims to understand how COVID 19 affects SRH service provision to UMP adolescents and youths.

3.3 Target Population

The study population is the total set of individuals or units from which studies were selected (Bryman, 2008). Cooper et al. (2003) also defined a target population as a well-defined set of individuals or objects known to have similar characteristics. The researcher's target group in this study were adolescents and young people from UMP district and key informants were from ZICHIRE-bc, MOH/CC, NAC and Ministry of Youth Arts Sports and Recreation. The target population includes 150 adolescents in the Brotha2Brotha and Siata2Sista programme being implemented by National Aids Council and ZICHIRE-bc in seven STI, GBV and HIV hot spot areas in the UMP district, thus, Chitsungo, Dindi, Borera, Mashambanhaka, Nhakiwa, Karimbika and Maramba. The research also focused on key informants from ZICHIRE-bc, Ministry of Woman Affairs, Ministry of Health and Child Care, Ministry of Youth and NAC on the provision of SRHs within the district.

3.4 Sampling and sampling techniques

Kwesu, (2002), defines sampling as an exercise where elements are picked from a finite population using an appropriate method such that the sample elements are representative of the population characteristics. Sampling refers to the process used to select a portion of the population for a study that generalizes the whole population (Rubbin and Babbie 2002). The research engaged random and purposive sampling strategies to select respondents for the study. Random sampling was used to select 50 adolescents from 150 who were in the

Sista2Sista and Brotha2Brotha programme. Purposive sampling was also used to select 5 key informants from ZICHIRE-bc, Ministry of Woman Affairs, Ministry of Health and Child Care, Ministry of Youth and NAC, (DAC) who works with adolescents.

Sampling was suitable in this study because, in the study of this nature, it was neither desirable nor feasible to cover the entire population. The sample size hence took into desirability and feasibility consideration for example issues of the manpower, time, transport and financial resources.

3.5 Data Collection Methods and Research Tools

Foddy (1994) described the survey tool as a device used to obtain information from respondents to find possible solutions to research problems. In this study, the research tools used were interviews and questionnaires to collect data. The questionnaire and interview questions are simple in structure and can be easily understood by participants. In the questionnaire, open-ended questions were also used to enable respondents to provide as much information as possible on relevant issues, thus taking advantage of the impact of Covid-19 on the delivery of SRH to adolescents.

3.5.1 Questionnaires

According to Johnson (1977), a questionnaire is a structured list of questions that are given or sent to selected individual samples that record their answers and send them back to the investigator for data analysis. The researchers used questionnaires to get the necessary information from the main informants because they were sometimes busy and inaccessible, so it was easier to use the questionnaire because they reacted quickly in their free time rather than time-consuming interviews. Simple words that are easy to understand have been used to avoid misunderstandings.

The researcher conducted questionnaires with both open and closed questions for key information providers. Open-ended questions require the defendant to formulate her or his answer, while closed-ended questions allow the defendant to choose one answer from multiple options (Codwell and Herbst, 2009). The researcher used open-ended questions to get participants to express and explain their scenarios and experiences. The purpose of closed questions is to generate the specific information needed, such as the gender of the participant (Foddy, 1994).

3.5.2. Interviews

Codwell et al. (2005) point out that interviews are ideal for collecting data on individual perspectives and personal experiences, especially when exploring sensitive topics. In-depth interviews are a method designed to vividly understand participants' views on the topic of study. The participants' interviews were conducted by DAC of NAC in UMP district. The interviews conducted helped address sensitive topics surrounding SRH questions and also allowed investigators to gather first-hand information from specific people, so the researchers believed that studying the impact of Covid-19 on the delivery of SRH services to adolescents was relevant.

3.6 Data Presentation and Analysis Procedures

The researcher compared and compared the information obtained through interviews and questionnaires to arrive at a comprehensive summary involving charts. Therefore, use descriptive charts and summaries to present the data.

3.7 Ethical Issues

The researcher considered the ethical aspects of informing people of the survey before data collection began, which was done by holding meetings with village officials to obtain

permission to obtain information from the site. Disclosure is also critical because respondents need to know (before participating) that the information needed on the sensitive issue of gender-based violence must be provided in some cases. Brownlow and O'Del (2002) argue that anonymity and confidentiality should be maintained at the highest possible level throughout the study. The researcher did not ask any respondents to say their names, which gave respondents the freedom to work with investigators. Therefore, the investigator guaranteed anonymity. The researcher also assured that there is voluntary participation, that people can opt out of participation at any time, and that they are not obligated to participate. The investigator asks questions in a way that does not cause embarrassment or inconvenience to participants participating in the survey. The researcher treated the obtained data completely confidentially.

3.8 Feasibility

The study was feasible as it was conducted in Uzumba Maramba Pfungwe the area in which the researcher did her work-related learning. This made the researcher conversant with the district and had a good working relationship with most of the people who were involved in the study. This also made it easier for the researcher to obtain authority to conduct the study from the community gatekeepers.

3.9 Limitations

Communication barriers were one of the challenges encountered during the survey, as some participants did not speak English. To address this, the study used the local language (Shona) for effective communication between the researcher and participants. The COVID-19 pandemic has limited travel, and most interviews are conducted remotely. Some people were reluctant to participate in remote interviews for fear that the author will make a conversation

or record. Employees from different stakeholders work from home and therefore did not have the necessary permission to participate in the study.

3.10 Chapter Summary

This chapter attempts to describe the methods used during the investigation. It defines methods and procedures for data collection, aggregation and sampling, as well as procedures for presenting and analyzing data. The next chapter analyzes how the data is presented, interpreted, analyzed, and discussed.

Chapter 4

Data Presentation and Analysis

4.1 Introduction

This chapter describes the data obtained in the study area. Information collected and compiled was searched by key information providers and adolescents and young people. The purpose of this study was to assess the impact of Covid-19 on the provision of sexual and reproductive health to adolescents and young people. The purpose of this study was to identify the challenges teens face when trying to acquire SRHs, as well as strategies implemented to alleviate the challenges of the Covid-19 era. The first part of this chapter presents the findings based on the demographic profiles of the respondents used.

4.2 Demographics

50 interviews were conducted in the Uzumba Maramba pfungwe district, and 50 adolescents and young people and 5 key informants participated in the survey. This chapter focuses on data presentation and analysis. Bar, pie, and line charts are used for presentation and analysis of results. The data were presented and analysed as described in questionnaires and interviews.

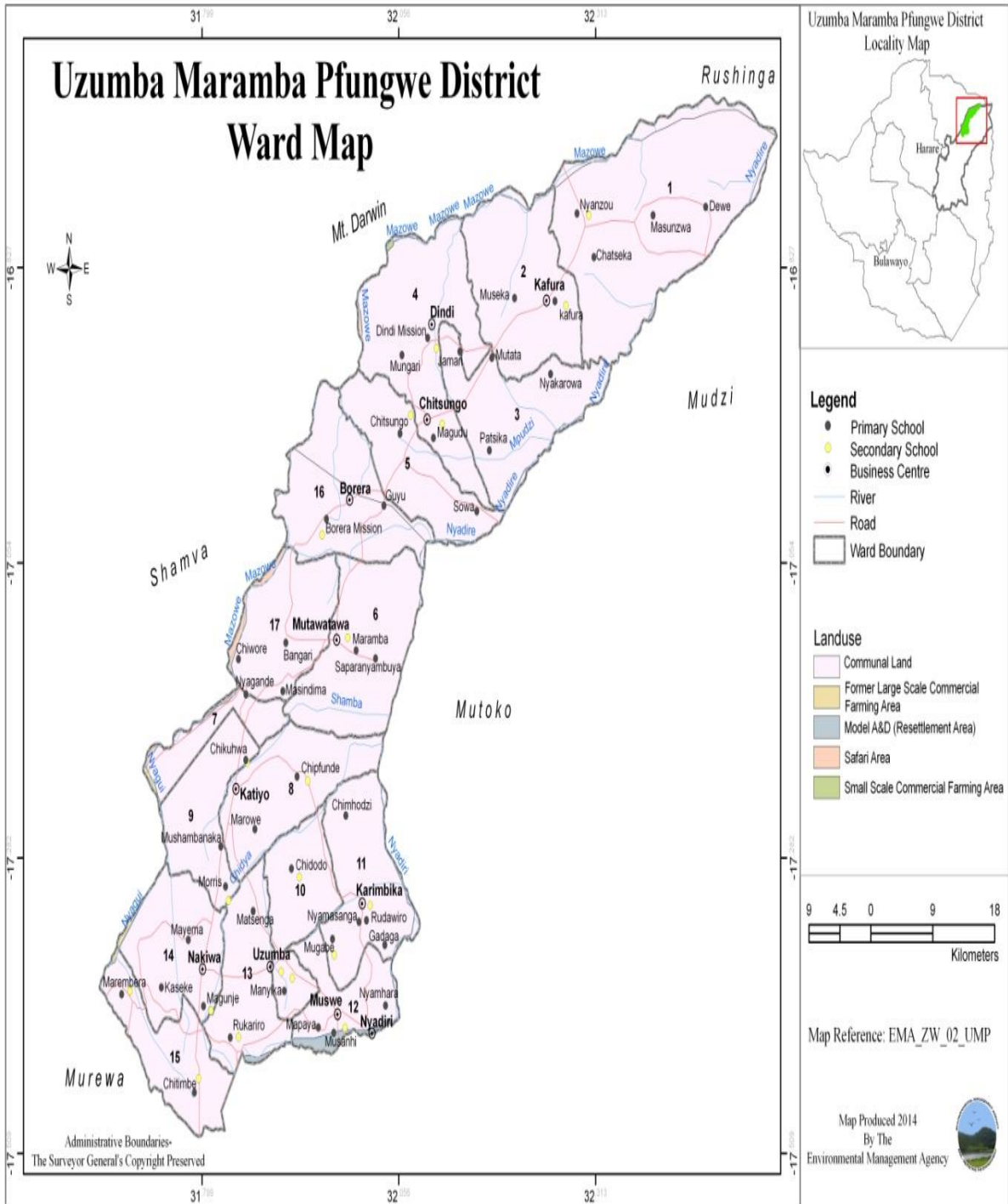


Table 1: Demographics

tool	sex	frequency	%	age group	frequency	%
Semi-structured depth interviews	in-female	25	100 %	12-14	5	20
				15-18	8	32

				19-21	7	28
				22-25	5	20
	man	25	0 %	12-14	5	20
				15-18	7	28
				19-21	7	28
				22-25	6	24
	total	50			50	100%
Interview with the main informant	female	2	40%	12-14	0	0
				15-18	1	20
				19-21	1	20
				22-25	0	0
	man	3	60 %	12-14	0	0
				15-18	2	40
				19-21	0	0
				22-25	1	20
	total	3	100%		5	100%

Table 4.1 Population

Above, the age of the respondents was divided into four categories, with the majority of respondents aged between 15 and 18 and 17 to 17 (30%). Below are respondents aged between 19 and 21 (20 years old) (28%). Respondents aged 22 to 25 were 11 years old (22%). The last category, 12-14, is 10, or 20%.

Table 2: Marital Status, Level of Education, Religious and Labour Status

variable		frequency	percentage
marital status	Single	15	30%
	married	21	42%
	divorce	5	10%
	Separated	8	16%
	widow	1	2%
	Total	50	100%
Educational level	Primary	10	20%
	secondary	37	74%
	tertiary	3	6%
	Total	50	100%
religion	Christian	35	70%
	Traditional African Religions	10	20%
	No.	5	10%
	Total	50	100%
Employment status	employee	5	10%
	unemployed	18	36%
	Self-employed	27	54%
	Total	50	100%

As you can see from Chart 2 above, the majority of respondents are married to nearly half of the respondents (42%). Singles and widowers together accounted for 36% of the total 50-person sample. In most cases, these 3 groups are affected by almost similar situations.

Only 3 (6 percent) of the 50 participants reached the level of higher education, while 74 percent only reached the level of secondary school.

Most respondents 70 percent of their studies were Christian. 20% of respondents are members of ATR. The watershed remains subordinate to and dependent on traditional ways of worship.

As the table shows, only 6 per cent of frustrations reached a high level in education, resulting in only 5 people being employed in the formal sector. As shown in the table above, 18 out of 50 people are unemployed, and most of the respondents are independent. The lockdown in response to the corona pandemic poses a threat to the livelihoods of many families. However, these high unemployment rates can also be in this community.

Findings

4.3 Impact of Covid-19 on the provision of SRH services to adolescents.

Introduction

The World Health Organization (WHO) recommends that adolescents (aged 10-19 years), who make up 16% of the global population, should have equitable, access to health services. However, adolescents around the world continue to face barriers to accessing much-needed services due to social, cultural, religious and political factors. The emergence of the Covid-19 pandemic is a serious setback in delivering SRHs to adolescents and young people. Health systems are often designed to meet the needs of adults, but are often poorly designed to meet the health needs of adolescents, especially those belonging to vulnerable and marginalized groups. Adolescent quality health services should include adolescent's health literacy, community support, appropriate packages, provider skills, facility characteristics, equity and non-discrimination, data quality and adolescent participation criteria. Adolescents, especially

adolescent's girls and key populations, are at high risk of sexually transmitted infections (STIs) and HIV and AIDS. Adolescents have the right to a safe and enjoyable experience and should have access to comprehensive information and services for the prevention, detection and treatment of HIV and STIs, like all other people. These services must meet the needs, and must be confidential, and provide special provisions for vulnerable and high-risk groups.

4.3.1 Trends of SRH service uptake the period before the Covid-19 lockdown (March-May 2019) and during the Covid-19 lockdown period.

During the COVID-19 lockdown in the African region, adolescents did not have access to SRH services and cases of sexual violence against them increase, which may make them vulnerable to early and unwanted pregnancies and increase the risk of HIV infection and STI. Without exhaustive data on how the virus makes learning contracts and adolescent health, mitigating these effects and making informed decisions about learning lessons for future applications in similar situations becomes difficult. This highlights the need to further shed light on the impact of COVID-19 on adolescents and adolescents' sexual and reproductive health and rights, and to identify address mechanisms established in schools.

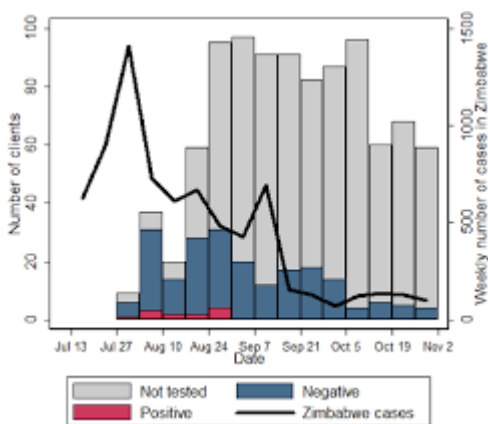


Fig. 3

These are the trends of HIV testing from July 13-19 to November 02-19. It shows that there was a decline

in the service uptake.

4.3.2 The impact of COVID-19 on the provision of SRH services to adolescents and young people.

4.3.2.1 Restrictions on Movement

The real impact of COVID-19 on adolescents and young adults, especially adolescent girls and adolescents, is minimal. However, observations have shown that most adolescents do not have access to sexual and reproductive health (SRH) services, including family planning, due to mobility restrictions. To combat the spread of the corona virus, many governments, including the government of Zimbabwe, have imposed a national blockade with restrictions on movement. The corona virus spreads rapidly in the air, and the best way to deal with it is to impose a national lockdown to monitor the situation. These restrictive exercises make access to sexual and reproductive health services difficult during adolescence. Sexual and reproductive health services are important for adolescents in the experimental phase. During these experimental phases, they should be guided and protected by SRH services.

Often, fear of violence, including street harassment, assault and sexual violence, is an important factor in girls' decision-making. The actions of girls in Zimbabwe are tightly controlled: even the most confident and qualified girls who participated in the study do not feel empowered to move freely in their communities. Parents have enormous control over when, where and with whom girls travel, and girls are often limited in time and space, often leaving school and then confined to doing most of the housework at home. Many girls are still confined to the responsibility of caring for younger siblings, and many parents are absent due to separation and or the need to work away from the community for income. Many are not allowed to leave their homes without permission, fearing their own safety because parents believe they are at risk of street harassment or sexual violence, which is seen as an inevitable retaliation for approaching boys and men who behave badly. Therefore, it is worth noting

that even before the advent of covid-19, the movement of teenagers was restricted. Restrictions on movement have managed to reduce the rapid spread of the Covid-19 pandemic, but on the other hand, it has inhibited the provision of sexual and reproductive health services to adolescents.

4.3.2.2 School closures

The overall impact of COVID-19 in 2020 and 2021 has led to long-term school closures, ranging from a few months to almost a year. School nature is a protective environment during adolescence, school closures and home stays. Many teenage girls may have experienced sexual violence, including child marriages committed against them. When schools reopened in late November or early December, many children, especially girls, were unable to return to school due to child marriage, pregnancy and financial hardship. Say WHAT recognizes that first-year students are more vulnerable due to inadequate knowledge and skills on sexual and reproductive health and rights, as secondary education often does not adequately prepare them for university "freedom". Sexual reproduction often occurs in colleges and universities with little preparation. As a recognized youth advocacy group, Say WHAT can use its position, influence and room of manoeuvre to advocate for broader youth issues, such as sex education in secondary schools, to address some of the challenges. This will ensure fewer students enter, and colleges and universities currently lack the information and skills to support them in protecting themselves from unwanted pregnancies, STI and HIV infection.

Due to COVID-19 and school closures, some activities, such as teacher training and school communities have not been able to implement conversations about health promotion. However, to ensure that students continue to receive life-saving CSE funding, reprogramming to develop life guidance and counselling skills at the primary and secondary

school levels of sexual, HIV and AIDS radio curricula. In collaboration with the Ministry of Primary and Secondary Education (Mo PSE) and UNESCO, 80 copies were produced and transmitted to secondary education. The campaign has done little to help disadvantaged adolescents and young people who did not have access to online platforms.

4.3.2.3 Economic Constraints

In the first period of the pandemic, the business or activities of the parliament were hindered, which also slowed down the process of participation of young people in economic activities. However, moving to online campaigns ensures that most of the planned activities are completed. However, the current economic and business environment remains depressed and fragile, which has also led to a decline in social indicators. The country's health system faces a range of challenges in 2020, including a lack of financial resources, a demoralization of health workers due to poor working conditions, and still failing to lead to regular strikes. This poses a high risk of providing quality health services to the population, especially women, children and other vulnerable groups. This has been further exacerbated by the COVID-19 pandemic, which has disrupted the delivery of and access to essential SRH services, including maternal health.

This is despite the fact that Zimbabwe has made significant progress over the past decade on a number of key health indicators, including significant achievements in maternal health and a decline in HIV prevalence and incidence. However, the number of women who continue to die during childbirth remains unacceptably high. Teenage pregnancy is also a major health and social problem. Compared to urban areas (10%), 22% of adolescent women have the highest fertility rate in rural areas (27%). Adolescents and young women, especially in poor or rural areas and some peri-urban areas, continue to face a number of challenges, including unwanted sexual contact, unwanted pregnancies, unsafe abortions, child marriage, gender-

based violence and sexually transmitted infections, including HIV. The COVID-19 pandemic and the consequences of lockouts such as school closures have exacerbated this situation. The ASRH Program's 2020 Reasonable Program focuses on acquiring a positive SRHR muscle group for adolescents and young adults. The program did not produce favourable results because the Covid-19 pandemic depleted the budget.

4.3.2.4 Close important agencies or stakeholders.

To reduce overcrowding in the country, some institutions were closed for a while. In the early days of the covid-19 pandemic, only workers who provided basic services were allowed to work. Some of the closed institutions are not necessary for the Covid-19 area, but are essential for the SRH services sector. The emergence of the COVID-19 pandemic has shifted the entire focus and the entire workforce. Some nurses who were supposed to provide STD services for adolescents switched to covid-19 prevention. This means that the SRH department has been dragged out for a while. Not only was the workforce shifted, but finances were also shifted to prevent covid-19. This undermines efforts to provide SRH services to adolescents, as there is no budget in the area of covid-19 prevention. In addition, some stakeholders working with government agencies were also upset, and some were forced to shut down for a period of time. Some of the agencies forced to close include Zichire-BC, the Msasa Project and PSI. Some agencies were not closed, but staff was cut to circumvent covid-19 precautions. This means that the effectiveness of these institutions is reduced. Therefore, it is worth noting the impact of covid-19 on the provision of SRH services to adolescents.

However, these conclusions are not at odds with Anderton (2020), which assumes that the Zimbabwean government has deployed troops and police to enforce the provisions of citizen movements between March and the end of June 2020, Zimbabwe documented 24 attacks on

civilians by Zimbabwe's State Forces (Anderton, 2020). According to the Organization for Democracy in Africa (DIA), the deployment of national forces is particularly concentrated in low-income areas characterized by overcrowded and dense living conditions, where physical distancing is a challenge. Several reports said law enforcement officials began to commit violence against women allegedly accused of "violating" work stoppage restrictions. Police have been accused of smashing street vendors' stalls and goods. These actions disproportionately affect women, who make up the majority of Zimbabwe's most informal marketers (Shumba, Nyamaruze, Nyambuya and Meyer-Weitz, 2020). Chitando, 2020).

4.3.3 Solutions being implemented to mitigate the negative impact of COVID-19 on SRH services in adolescence.

Based on the current situation and past experience, it can be noted that the corona virus will plague the world for some time. Given this factor, the world should only consider covid-19, but governments must work to protect other societal needs, and SRH services are one of them.

4.3.3.1 Use of online platforms

Since the corona virus can spread quickly and personally, interactions can be very useful for using online platforms. The interactive platform is created through the use of broadcasts, where students, guardians, and teachers can communicate. Radio courses provide opportunities to reach more marginalized children who do not have access to online education or other online outreach activities. Using the online option leaves the most marginalized groups behind providing mobile data to young people is the solution to this challenge. If done on Facebook or WhatsApp, online interventions would be more successful, as young people often buy social networking packages rather than regular internet packages, which make it difficult to access websites or apps.

However, radio courses have their limitations because not all homes have radio. Through other stakeholders in the education group, complementary printed learning materials were developed for those who do not have radio broadcasts. In some communities, children are able to attend attention classes through existing community radios. Not all adolescents have access to internet platforms, especially in rural areas, (UMP).

4.3.3.2 Adopt an integrated approach.

Literary integration means composition. Integrated practice demonstrates a force-based approach that uses a variety of methods and techniques to solve a particular problem or different aspects of a problem. During COVID-19 pandemic era and the UNFPA platform, services and information dissemination must be maintained to disseminate comprehensive information on family planning and awareness-raising and prevention¹⁹. The provision of personal protective equipment is a key UNFPA measure to ensure that those seeking family planning services continue to have safe access to them. Existing cooperation with the United Nations World Food Programme has been extended to include the distribution of male and female condoms and family planning information, education and information materials at more than 1,500 food distribution points in communities in 60 districts of the country. More than 3 million male condoms and 100,000 female condoms were distributed to community members entering food distribution points. In other areas of support, UNFPA provided technical and financial support to the National Family Planning Commission and the Ministry of Health and Childcare to produce a video on sign language family planning methods for people with hearing impairments for distribution in 2021. The integration approach has proven to be a good way to mitigate the impact of the covid-19 pandemic on the delivery of SRH services to adolescents and young people.

4.4 Conclusion

According to the purpose and purpose of the study, the conclusions of the study were introduced, discussed and analyzed. The aim was to investigate the impact of covid-19 on the provision of SRH services to adolescence. The goal was to identify the challenges posed by the covid-19 pandemic to the delivery of SRH services and to highlight coping strategies that can be applied to mitigate the impact of COVID-19 on the delivery of SRH services to adolescents. These conclusions were taken into account based on literature reviews and information from major informants. The next chapter presents the summary, conclusions and recommendations of the study.

Chapter 5

Summary Findings, Conclusion and Recommendations

5.1 Introduction

This chapter will give a detailed summary of the research findings with specific reference to the research objectives and this is supported by data that was presented and analyzed in the previous chapter. In this chapter, the researcher will also give concluding remarks and recommendations that may help to mitigate the impact of the covid-19 towards the provision of SRH services to adolescents and young people.

5.2 Summary Findings

The goal of the research was to look into the impact of the covid-19 pandemic towards the provision of SRH services to adolescents and young people. The study used a case study design, the study area being UMP district in Mashonaland East province. The study came to highlight the role played by schools (education), towards the provision of Sexual Reproductive Health Services and on the delivery of CSE to adolescents and young people. The study also identified the coping strategies that can be put in place so as to reduce the effects of COVID-19 on the provision of Sexual Reproductive Health services to adolescents and young people during the COVID-19 lockdown. It was able to obtain key insights into the social and economic challenges faced by adolescents and young people during the COVID-19 lockdown and the corresponding strategies both the adolescents and organisations have adopted in response to the challenges they faced during the COVID-19 lockdown. The study also sought to understand the interventions which were put in place to assist adolescents during the lockdown period. The findings of the research to a relative degree satisfied the main research questions. The chapter seeks to conclude the research and will provide a

summative account of the research, as well as concluding remarks. The chapter shall also prescribe recommendations.

- The first objective of the study was to assess the impact of the COVID-19 pandemic on the provision of the Sexual Reproductive Health Rights to adolescents and young people during the COVID-19 lockdown. The study findings revealed that adolescences and young people faced a lot of problems in trying to access SRHs during the covid-19 pandemic era. The lockdown that was proposed by the World Health Organization and it came with movement restrictions that affected the whole world. Those who were able to move were limited by the social distance that was also proposed so as to reduce the rapid spread of the corona virus. The covid-19 pandemic also affected the economic life of adolescents, Zimbabwe has been facing economic challenges for the past two decades resulting in only 23% of people formally employed and the majority of the population has depended on informal employment. It is estimated that 38.5% of the country live in extreme poverty below \$1.90 a day and rural communities are the most affected. The country has been recovering from the cyclone Idai, which affected the eastern provinces, and a severe drought, putting half of the entire population at risk of starvation. The COVID-19 pandemic resulted in the country adopting lockdown measures to curb the spread of the disease; however, this has had an unintended negative impact on the economy, exposing vulnerable young people to abuse and exploitation.
- The second objective of the study was to highlight the role played by schools (education), towards the provision of Sexual Reproductive Health Services and on the delivery of CSE to adolescents. Comprehensive Sexuality Education (CSE) that was being provided in schools contributes to behaviour change and prevention of HIV, STIs and unintended pregnancies. It has been shown to be effective in reducing risky

behaviour and delaying sexual debut. The school health clubs are overall considered highly appropriate and needed by the school teachers and the adolescents who participate in them. Some school teachers do not find some of the content in the health clubs' curriculum to be appropriate (contraception). Sensitisation of and collaborating with teachers on the curriculum could improve acceptability and penetration of the school health clubs. With the schools being closed, many adolescents and young people were exposed to unhealthy environments that created problems to them. Teenage pregnant, GBV cases, STI cases and drug abuse cases increased drastically during the period when schools were closed.

- The third objective of the study was to identify the coping strategies that can be put in place so as to reduce the effects of COVID-19 on the provision of Sexual Reproductive Health to adolescents. Because of movement restrictions, organisations switched to online services. These services were not effective enough due to limited recourses in rural areas.

5.3 Conclusions

Given the findings from the research, one can come out with a conclusion that Covid-19 created a problem to adolescents and young people who want SRHS and also to organisations that provide the services in Zimbabwe, a case study of UMP District. Although the challenges are also stretching to other important sectors of the daily activities, adolescents and young people are exposed to more danger. It can also be noted that girls are the ones that are mostly disadvantaged due the cultural setup of the African community. In order to mitigate the problem, organisations had switched to online services but these were not effective enough due to lack of recourses. Schools plays a pivotal role in protecting the young people and adolescents from social ills, and also schools provide SRHS directly to youth in schools.

5.3 Recommendations

5.3.1 The state government and supporting organisations should strengthen online platforms that provide SRHs and also prioritise the SRHs to that the youths and young people can be served.

5.3.2 More resources must be allocated towards SRHs to adolescents especially those in rural areas that were already at the disadvantage.

5.3.3 The researcher also recommends that the government and N.G.Os should empower communities through sustainable income generating projects or activities that are meant to provide financial and material needs for adolescents and young people.

5.4 Chapter Summary

This chapter summarized the research findings with much attention given to findings of the study. The researcher has also provided recommendations to the adolescents and young people and organisations that are failing to get the service and also failing to deliver the services during the COVID-19 lockdown.

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APPENDIX A



Questionnaire for Women Survivors of GBV

My name is **Lenon Wesley Mhandu**, registration number **B1749200**, a final year student of Bindura University of science education partaking a Social Sciences degree in Social Work. I am undertaking a research entitled: **A study on the impact of COVID-19 pandemic on adolescents and young people's sexual and reproductive health. A case study of Uzumba Maramba Pfungwe District.** Please be assured that this research is purely for academic purposes, the information you are going to give will be treated with strict confidentiality and will be used for this study only and to this end, it will not be published. On behalf of Bindura University, the researcher would like to promise no misuse of information so obtained. Your cooperation is greatly appreciated. For more information, you can contact the following:

Researcher

Lenon Wesley Mhandu

Email: lenonwesleymhandu@gmail.com

Research supervisor

Mrs Chigondo

QUESTIONNAIRE FOR ADOLESCENTS

Questionnaire

The questionnaire is for the purpose of collecting data from young people. It is going to be used for answering the research questions. Information collected through questionnaire is treated as highly confidential and is for academic purpose only.

Section A

Demographic information

Instructions

- Please make use of X to indicate the selected answers.

1. What is your gender?

Male	
Female	

2. What is your age?

12-14	
15-18	
19-21	

3. What is your highest level of education?

Level of Education	Put X where appropriate
Primary	
Secondary	
Tertiary	
None	

4. What is your marital status?

Married	
Divorced	
Separated	
Widowed	
Single	

Section B

6.1. What do you understand by the term sexual reproductive health?

.....

.....

.....

6.2. Did you receive any sexual reproductive health service during the COVID- 19 lockdown period?YES/NO

6.3. If yes, which of the following SRH service did you receive?

Male Condoms	
Female Condoms	
Comprehensive Sexual Education	
Contraceptive Pills	
Voluntary Medical Male Circumcision	
HTS	
STI Management Services	
Other	

If, other specify

Trends of services provided in the period before the COVID-19 lockdown (April- July 2019 and during the COVID-19 lockdown (April-July 2020).

7.1. Compared to the same period before the COVID-19 pandemic, have you noticed a decrease in SRH services in your community?

SRH services have become less	
yes, there is an decrease	
no, it has remained the same.	

7.2. If yes, which of the following forms of SRH services have decreased?

Male Condoms	
Female Condoms	
Comprehensive Sexual Education	
Contraceptive Pills	
Voluntary Medical Male	

Circumcision	
HTS	
STI Management Services	
Other	

Other specify.....

Drivers of change observed in decreased SRH services to adolescence in UMP district during COVID -19 Lockdown.

8.1. What are the measures that have been put in place to mitigate spread of COVID-19 in your area?

Curfew	
Restricted movement	
Others	

8.2. Do you think these measures had influenced a decrease on the provision of SRH services?..... YES/NO

8.3. If yes, how do you think these measures have caused this decrease?

Disruption in sources of income/livelihood	
Increased household chores	
Limited sources of income due to restricted movements	
Increased risk to physical violence in the home	
Increased risk to intimate partner violence	

Limited access to SRH support services	
Increased psychosocial stress	
Loss of job (source of income)	
Increased risk of attack when going to market or walking in isolated areas	
Unable to access services and resources	
Other	

Effect of COVID-19 lockdown on provision of SRH services in UMP district?

9.1. Are you aware of any available SRH services in your community?.....Yes/No

9.2. If yes, which services are available?

Male Condoms	
Female Condoms	
Comprehensive Sexual Education	
VMMC	
HTS	
STI Management Services	
Contraceptive Pills	
Other	

Specify if other.....

9.3. Was everyone in the community able to access the available services for SRH during lockdown period?.....Yes /No

If no, give a reason on how COVID-19 affected your access to SRH services.

Priority is given to men	
No adolescents staff providing services	
Lack of sufficient medicine at health facilities	
Adolescents not permitted to access the services by their families	
Not safe for adolescents to travel to the services sites	
Locations of services are not convenient for adolescents (privacy, distance, etc.)	
Opening hours of service not convenient for adolescents	
No transport means available for accessing health facilities during lockdown?	
Travelling restrictions	
Health services not available 24 hours/day, 7 days/week during lockdown?	
Other	

Specify if other.....

9. Any other comments?

Thank you

APPENDIX 2: INTERVIEW GUIDE



Place of interview:

Date of interview:

Time of interview:

Introduction: Researcher introduces self and gives estimated duration of interview

The researcher introduces the subject of Sexual Reproductive Health Services and purpose of interview

1. What are the forms of sexual reproductive health services for adolescents lacked in UMP district?

PROBE:

- Psychological
- Condoms
- Contraceptive Pills
- HTS
- VMMC
- STI Management

- CSE

2.What are the causes of decreased in SRH service provision for adolescents in UMP district during COVID -19 Lockdown

PROBE:

- increased household chores
- limited sources of income due to restricted movement
- schools closure
- closure of some organizations
- limited access to SRH support services
- increased psychosocial stress
- loss of job (source of income)
- increased risk of attack when going to market or walking in isolated areas
- unable to access services and resources

3. What sexual reproductive health services are you providing to adolescents in UMP district during COVID-19 lockdown period?

PROBE:

- STL Management services
- Condom distribution
- HTS
- VMMC

- Contraceptive Pills

- CSE

4. How has COVID-19 lockdown affected the provision of SRH services in UMP district?

PROBE:

- Health services not available 24 hours/day, 7 days/week during lockdown?
- Lack of transport means available for accessing health facilities during lockdown
- Priority is given to adults
- No adolescents staff providing services
- Lack of sufficient medicine at health facilities
- Adolescents not permitted to access the services by their families
- Not safe for adolescents to travel to the services sites
- Locations of services are not convenient for adolescents (privacy, distance, etc.)
- Opening hours of service not convenient for adolescents

THANK YOU

CONSENT FORM

I _____ grant permission to _____
for taking part in the Sexual Reproductive Health Services research for adolescents. I
understand that I may revoke this authorization at any time by notifying
_____ in writing. The revocation will not affect any actions
taken before the receipt of this written notification. The information will be stored in a secure
location and only authorized staff will have access to them. They will be kept as long as they
are relevant and after that time destroyed or archived.

Name _____

Date of Birth _____


Address _____

Phone _____ Email _____

Signature _____ Date _____

APPENDIX C (Approval Letter)

DEPARTMENT OF SOCIAL WORK



P. Bag 1020
BINDURA, Zimbabwe
Tel: 263-71-7531-6, 7621-4
Fax: 263-71-7534
Social Work Department
socialwork@buse.ac.zw
Cell: 0773814111

BINDURA UNIVERSITY OF SCIENCE EDUCATION

04/04/22

TO WHOM IT MAY CONCERN

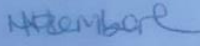
RE : REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR AREA


This serves to introduce the bearer, LENON W. MHANDU (01749200) who is an HBSc SOCIAL WORK student in the Department of SOCIAL WORK, Bindura University of Science Education and is carrying out a research project in your area.

Your usual co-operation and assistance is therefore being sought.


Thank you for the continued support.

Yours faithfully


Dr Zembere
CHAIRPERSON - SOCIAL WORK



APPROVED/NOT APPROVED JOSEPH KATIVHU DATE 06/04/22

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