

**BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK**



**utilization of sexual and reproductive health services by young people. a case
of zengeza**

BY

B200651B

**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL
WORK IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR
THE SOCIAL WORK BSC HONORS DEGREE.**

Declaration

I, Tendai Mukonde, a student pursuing the Bachelor of Social Work Honours Degree, fully aware that plagiarism constitutes a grave academic offense and that falsifying information violates the ethical standards of Social Work research, solemnly declare that this work is entirely my own. I affirm that it has not been previously submitted for any degree or at any institution, and I take full responsibility for its contents.

Student name.....signature.....

Date

ABSTRACT

This study explored the factors that influence the utilization of sexual and reproductive health services among young individuals in Zengeza district, Chitungwiza, with the goal of addressing the alarming rates of sexually transmitted infections, HIV, and unsafe abortions among this demographic. The Health Belief Model served as the theoretical framework for examining the perceptions and obstacles that young people face in accessing these services. A qualitative research approach was employed, involving key informant interviews and focus group discussions, with participants selected through purposive sampling. The findings revealed a range of barriers to service uptake, including limited knowledge, lack of support, misconceptions, substance abuse, and poverty. The study recommends implementing strategies to empower young people and their families economically, as well as building the capacity of teachers, parents, community members, and healthcare providers to address these challenges and improve the uptake of sexual and reproductive health services.

Dedication

I lovingly dedicate this work to my family, whose unwavering support and encouragement accompanied me every step of the way, from the beginning to the end. Additionally, I humbly dedicate this project to the Almighty God, whose guidance and blessings have been a constant source of strength and inspiration throughout my journey.

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CHAPTER 1

1.1 Introduction

This chapter introduces the background of the study. It also presents the statement of the problem, significance of the study, aim of the study, study objectives and the research questions.

1.2 Background of the study

In numerous African countries, including Zimbabwe, the sexual and reproductive health (SRH) needs of young people are frequently overlooked and underaddressed, despite their evident need and urgency. Africa is home to a substantial youth population, with approximately 226 million individuals aged 15-24, accounting for 19% of the global youth population. SRH plays a significant role in the global burden of sexual ill-health, and sub-Saharan Africa's youth face various challenges, including limited access to youth-friendly services, resulting in risky sexual behavior, high STI and HIV prevalence, early pregnancy, and vulnerability to delivery complications. Surveys have shown that a significant proportion of young people lack comprehensive knowledge of HIV and fail to use condoms, with only a small percentage aware of their HIV status. This poses a significant challenge to achieving good reproductive health and wellbeing for all. Furthermore, adolescent girls under 19 who become pregnant face increased risks of stillbirths, neonatal deaths, preterm birth, low birth weight, and asphyxia, perpetuating the cycle of poverty.

Research has shown that young people between 15 and 24 years old are disproportionately affected by sexually transmitted infections (Dziva Chikwari et al., 2022). The 1994 International Conference on Population and Development (ICPD) was a pivotal moment in recognizing the unique sexual and reproductive health challenges faced by this age group. This conference marked

a shift towards developing comprehensive and multi-faceted programs to address the sexual and reproductive health needs of adolescents and young adults. The ICPD program acknowledged the historical neglect of adolescent and youth reproductive health and called on governments to address the significant gaps in information and services available to this demographic.

The Ministry of Health and Child Care (MOHCC) has launched a National Adolescent Sexual and Reproductive Health Strategy to enhance the well-being of young people in Zimbabwe. This initiative seeks to promote healthy sexual and reproductive practices, increase access to youth-friendly services, and foster collaboration among stakeholders. Despite intensified efforts to engage youth in sexual and reproductive health (SRH) matters, participation remains low in Zimbabwe, necessitating intensified efforts to achieve the UNAIDS 95-95-95 goal by 2030. Stakeholders have emphasized the urgent need for youth-friendly sexual health interventions that ensure privacy and a welcoming environment. Zimbabwe grapples with numerous challenges, including teenage pregnancies, sexually transmitted infections (STIs) including HIV, unsafe abortions, and limited access to SRH information and services. As a result, adolescent sexual and reproductive health (ASRH) is a top priority for the MOHCC. This research will investigate the current utilization of sexual and reproductive health services among youth, aiming to identify areas for improvement.

1.3 Aim of the study

To examine how young people, utilize sexual and reproductive health services in Zengeza.

1.4 Statement of the problem

In Zengeza, many young people face challenges in accessing sexual and reproductive health services. These include, stigma, lack of knowledge, and limited resources. This can lead to poor health outcomes and adverse consequences such as unplanned pregnancies, unsafe abortion and

transmission of sexually transmitted infections. This study aims to explore the experiences and perspectives of young people in accessing sexual and reproductive health services in Zengeza, and to identify the barriers and enablers to accessing these services.

The use of sexual and reproductive health services by youth in Zimbabwe is an important area of study due to the high prevalence rate of HIV/AIDS, and teenage pregnancy in the country and STIs. Previous studies have shown that there is a gap in the knowledge and use of sexual and reproductive health services. This is due to a number of factors, including social stigma, lack of knowledge about services, and a lack of access to services. It is important to understand the factors that influence youth's use of sexual and reproductive health services in order to develop effective interventions to improve the health and population.

1.5 Objectives

1.5.1 To determine the extent of utilization of sexual and reproductive health services

1.5.2 To identify sexual and reproductive health services that are being provided....

1.5.3 To explore barriers to utilization sexual and reproductive health services by young people

1.5.4 To develop strategies to increase the uptake of sexual and reproductive health services.

1.6 Research questions

1.6.1 Determination of the extent of the utilization of sexual and reproductive health service

1.6.2 Examining the barriers to the utilization of sexual and reproductive health services?

1.6.3 Explore the interventions to improve the utilization of sexual and reproductive health services by youths?

1.7 Assumptions

The researcher assumed that the project's findings would be applicable to other populations, given the participants' candor and precision in responding to interview questions. It was also assumed that participants had a basic understanding of the research question, which would enable them to provide relevant and meaningful responses. Consequently, the research design was deemed suitable for achieving the desired outcomes and generating reliable results.

1.8 Significance of the study

The significance of studying the utilization of sexual and reproductive health service by youth in Zimbabwe is twofold. First, it can provide insights into the barriers that prevent youth from accessing these services, which can be used to inform policies and programmatic interventions. Second, understanding the factors that influence the use of these services can help to ensure that interventions are tailored to the specific needs of young people.

1.9 Key definitions

A comprehensive state of well-being that includes physical, mental, and social factors associated to sexuality and reproduction is known as sexual and reproductive health (SRH) (WHO, 2010). It includes the ability to have satisfying and safe sex, the freedom to choose whether or not to become pregnant, and the independence to make decisions about sexuality and reproduction. Access to other services that improve sexual and reproductive health, such as family planning, safe abortion, and HIV prevention and treatment, is also included in sexual and reproductive health (SRH). In order to achieve gender equality and sustainable development, SRH is a fundamental human right.

The degree of population engagement with existing services is referred to as the usage of sexual and reproductive health care (WHO, 2010). This covers antenatal care, HIV testing, and family planning services. Coverage, indicating the percentage of people who are accessing and using these services, and quality, which shows how well-functioning and responsive these services are to

people's needs, are two ways to gauge service consumption. To increase the use of sexual and reproductive health services, it is necessary to comprehend the obstacles to obtaining and making use of them.

According to WHO (2018), youth is a stage of life between childhood and adulthood and these are ages from 10-24 years.

1.10 Chapter Summary

The chapter focused on the historical background of SRH for young people at international, regional and in Zimbabwe. It then explains the aim, questions and justification of the study.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

A theoretical framework regarding young people's use of sexual and reproductive health services is going to be presented in this chapter. It will also include a review of the literature on the many studies that have been conducted on the SRH services that were provided to young people, as well as information on the factors that have influenced service utilization and the intervention techniques that have been used to boost SRH service uptake. As a result, the theoretical foundation for the use of sexual and reproductive health services will be elaborated in this chapter.

2.1 THEORETICAL FRAMEWORK AND LITERATURE REVIEW

The study used the Health Belief Model to examine the current utilization of sexual and reproductive health services by youth.

2.2 Health Belief Model

A theoretical framework on young people's usage of sexual and reproductive health services will be provided in this part. A review of the literature from a number of studies on the services provided to young people, the variables influencing service use, and the tactics used to improve access to sexual and reproductive health services will also be included. Thus, the purpose of this chapter is to provide out a theoretical framework related to the use of sexual and reproductive health services.

This research utilized the Health Belief Model to investigate the current utilization of sexual and reproductive health services among young individuals. According to this model, various factors shape an individual's health-related actions, including their perception of the severity of a health issue, the benefits of taking action, potential obstacles, their susceptibility to health problems, and their confidence in their ability to take control of their health. These factors significantly influence individuals' choices regarding their health.

When it comes to young people accessing sexual and reproductive health services, the Health Belief Model sheds light on how their beliefs and attitudes toward sexual health shape their decisions to seek and use these services. For instance, young individuals who believe they are vulnerable to the negative consequences of unprotected sex are more likely to take advantage of reproductive health services. Similarly, those who recognize the value of sexual health services for their overall well-being are more likely to access them. The model also highlights obstacles such as social stigma, limited knowledge, and concerns about privacy that discourage young people from using sexual and reproductive health services. By understanding these factors, researchers can design effective interventions to boost service utilization and improve overall health outcomes for young people.

The Health Belief Model has been extensively used to understand and predict various health-related behaviors among young people, including the use of contraceptives among young women. This model proposes that personal beliefs and perceptions, such as the perceived gravity of unintended pregnancy, the benefits of taking action, and the obstacles that stand in the way, play a crucial role in shaping decisions about contraceptive use. Furthermore, external factors like limited access to healthcare services and negative attitudes from healthcare providers can also hinder young people from seeking and utilizing these services. By applying this model, individuals

can evaluate the potential benefits and make informed choices when confronted with health risks. For instance, a young woman may be more likely to use contraceptives if she recognizes the value of open communication with her parents about her reproductive health, while challenges like limited access to services may deter her from doing so.

Health Belief Model provides a useful structure for understanding the factors that influence an individual's decision to access available health services. However, despite its effectiveness in examining personal factors that impact reproductive health service use, the model overlooks the wider societal, political, and cultural context (Abraham & Sheeran, 2015). Consequently, the model may not fully explain why some young people choose not to use sexual and reproductive health services. Previous research has mainly concentrated on the obstacles and enablers of seeking care, which are addressed by the modifying factors of the Health Belief Model. Nevertheless, the ecological systems theory can offer a more thorough understanding by exploring how various levels of the social environment impact young people's utilization of sexual and reproductive health services.

2.3 An Overview of SRHs given to young people

2.3.1 Comprehensive sexuality education

Young people's overall well-being relies on access to thorough and accurate information about sexual and reproductive health (SRH), enabling them to make informed decisions and protect their health. To effectively support young individuals, SRH services must provide a range of crucial elements, including access to care, contraception, STI prevention, consent education, and gender equality promotion. These services prioritize addressing the unique needs and rights of young

people regarding their sexual and reproductive health, creating a supportive environment for their physical, emotional, and social growth.

Comprehensive SRH education is essential for young people, covering vital topics like puberty, contraception, STIs, pregnancy prevention, consent, gender equality, and healthy relationships (World Health Organization, 2018). This education empowers them with the knowledge and skills necessary for making informed decisions about their sexual and reproductive health. Various international studies, including the Global Early Adolescent Study, have highlighted the importance of providing young people with accurate and age-appropriate information about SRH (WHO, 2018). These findings emphasize the need for educational programs that go beyond biological basics and address critical aspects like sexual rights, consent, and respectful relationships, promoting a comprehensive understanding of SRH.

2.3.2 Access to SRH Services

The sexual and reproductive health (SRH) of young people is heavily dependent on access to comprehensive SRH services, including a range of contraceptives and STI prevention measures. According to the United Nations Population Fund (UNFPA), easy access to various contraceptives, such as condoms, oral contraceptives, and long-acting reversible contraceptives, is crucial (festin, 2020). Furthermore, access to STI testing, treatment, and counseling services is essential for preventing and managing infections among young individuals. Research studies, such as the Zimbabwean Demographic and Health Survey, provide valuable insights into contraceptive prevalence and access to SRH services in the country. As highlighted by Ninsiima, Chiumia, & Ndejjo (2021), SRH education should encompass information on accessing youth-friendly sexual health services, family planning resources, contraceptives, HIV testing, and counseling services,

empowering young people to navigate healthcare systems, access services, and understand what to expect during healthcare visits.

2.3.3 Contraception and STI Prevention

Young individuals require reliable information on contraception, STI prevention, and safe sexual practices to safeguard themselves against unintended pregnancies and sexually transmitted infections (Apter, 2018). Comprehensive sexual and reproductive health (SRH) education enables them to understand the significance of protection and regular healthcare. Research in Sub-Saharan Africa and Zimbabwe has explored the integration of STI detection and management with family planning and antenatal care, assessing the effectiveness of this approach in reducing STI and HIV rates among young people (Kangudie et al., 2019). A project focused on raising awareness about family planning and STI prevention reported a notable increase in the use of modern family planning methods following the awareness campaign (Muchabaiwa & Mbonigaba, 2019). Therefore, access to contraception and STI prevention services is crucial for young individuals to make informed decisions about their sexual and reproductive health.

2.4 Consent and Rights

In the context of sexual and reproductive health (SRH) services for young people, consent and rights are essential principles. International agreements like the Convention on the Rights of the Child stress the importance of informed consent, confidentiality, and privacy (O'Brien & Newport, 2023). However, young individuals face obstacles in accessing SRH services due to legal restrictions, societal attitudes toward adolescent sexuality, and gender norms. Empowering young people to make informed decisions about their sexual and reproductive health is vital for promoting

their well-being and rights. SRH education focuses on consent, bodily autonomy, and respect in relationships, teaching young people about their rights, boundaries, and mutual agreement in sexual activities, which helps prevent sexual violence, coercion, and abuse. Nevertheless, legal barriers like the age of consent and minimum age of marriage should not restrict access to SRH information, education, and services (Petroni et al., 2019). Studies have shown that providing adolescents with accurate information about sex, consent, and relationships reduces unintended pregnancy, abuse, and gender-based violence. Access to health services, particularly SRH services, is crucial, but legal and policy guidelines in Zimbabwe limit access for individuals under 16, creating barriers for young people in need (Muzadzi, 2013). Advocacy efforts and training programs aim to empower young people to understand their rights and advocate for improved access to SRH services. The issue of consent is complex, involving ethical and legal considerations, and requires informed, freely given, specific, and current consent.

2.3.5 Gender Equality

Sexual and reproductive health (SRH) education for young people seeks to advance gender equality and challenge harmful gender stereotypes (Sawade, 2014). By empowering young women and girls to take control of their bodies, relationships, and futures, SRH education addresses issues like discrimination, gender-based violence, and harmful gender norms (Harper & Marcus, 2018). This approach involves questioning traditional gender roles, reducing gender-based violence, and enabling young individuals to make informed decisions about their own bodies and lives. The International Conference on Population and Development (ICPD) Programme of Action, adopted by numerous countries including Zimbabwe, acknowledges the crucial role of gender equality in achieving reproductive health and rights for all individuals.

2.3.6 Health Promotion

Sexual and reproductive health (SRH) education encompasses promoting healthy habits, lifestyle choices, and mental wellness among young individuals (World Health Organization, 2021). It stresses the significance of physical, mental, and emotional well-being, as well as self-care practices, to foster overall health and resilience. The approach involves training peer educators and sensitizing community members to the importance of SRH services for young people, regardless of their marital status. Key strategies include offering youth-friendly services in vocational training schools and workplaces, ensuring a reliable supply of contraceptives, and strengthening referral networks among healthcare providers and young individuals. By providing comprehensive SRH education, young people can navigate various aspects of their sexual and reproductive health, relationships, and personal growth, including healthcare access, relationship dynamics, contraception, self-care, gender equality, and community support.

In summary, comprehensive sexual and reproductive health (SRH) services for young people require a multifaceted approach that encompasses accurate information, access to services, contraception and STI prevention, consent rights, gender equality, and health promotion. Research from international, regional, and Zimbabwean studies underscores the significance of these components and emphasizes the need for sustained efforts to provide comprehensive and youth-friendly SRH services, ultimately increasing service utilization among young individuals.

2.4 Factors influencing Utilization of Sexual and Reproductive Health services by youth

2.4.1 Societal stigma

Societal stigma surrounding sexuality poses a significant hurdle for young individuals seeking essential sexual and reproductive health services. This stigma manifests in various forms, including negative attitudes towards sexually active individuals, inadequate sexual education

programs, and judgmental behavior towards those accessing reproductive health services. Research has shown that this stigma creates a substantial barrier for youth in accessing crucial services like contraception and STI testing. A 2018 study in the *Journal of Adolescent Health* found that fear of judgment or discrimination from healthcare providers and peers prevented many young people from seeking necessary care. Similarly, a 2016 study in the *Journal of Sex Research* revealed that societal stigma led to feelings of shame and embarrassment among youth when seeking sexual and reproductive health services, resulting in delayed or avoided care. This stigma perpetuates a culture of secrecy and shame surrounding sexual health matters, discouraging young individuals from seeking necessary services.

2.4.2 Lack of privacy and confidentiality

Privacy and confidentiality concerns can substantially influence young individuals' willingness to access sexual and reproductive health services. When doubts arise about the security of personal information, they may become reluctant to seek care, leading to delayed or forgone treatment. Research by Dehlendorf et al. (2010) found that young people seeking these services often experience anxiety about their data being shared with others, which can discourage them from seeking necessary help.

The absence of privacy and confidentiality in healthcare settings creates a significant barrier to accessing sexual and reproductive health services, particularly for adolescent girls in Sub-Saharan Africa (Kågesten et al., 2015). When young individuals feel secure in the knowledge that their privacy is protected, they are more likely to engage in open communication, ask questions, seek information, and participate in discussions about their sexual health. Maintaining privacy and confidentiality is crucial to empowering young individuals to access essential sexual and reproductive health services.

Ensuring that sexual and reproductive health services are delivered in a confidential and private manner is crucial in encouraging youth to seek care without fear. This is essential for building trusting relationships between young individuals and healthcare providers.

2.4.3 Gender dynamics

The dynamics of gender and power significantly influence young individuals' access to sexual and reproductive health services, leading to disparities and obstacles in accessing vital information, services, and resources. According to Dejong et al.'s research (2019), gender norms and power imbalances within relationships impact decision-making when seeking these services, often limiting women's autonomy due to men's dominant role in decision-making. This results in challenges accessing essential services like contraception and STI testing. Moreover, traditional gender roles and expectations shape young people's perceptions of sexual health services, affecting their willingness to seek help. Furthermore, power imbalances in relationships contribute to higher rates of sexual violence and coercion, discouraging victims from seeking sexual and reproductive health services due to fear of further harm. Therefore, it is crucial to develop gender-responsive policies and programs that address the unique needs and challenges faced by young people.

2.4.4 Culture

The utilization of sexual and reproductive health services among young people is significantly influenced by cultural factors. Cultural norms, values, and practices shape attitudes toward sexual health and access to services. Research demonstrates that cultural background plays a crucial role in shaping decision-making and behaviors related to sexual health among youth. For instance, a study revealed how cultural beliefs and norms impact young people's willingness to seek sexual and reproductive health services. Cultural stigma and taboos surrounding sexual health issues can

discourage young individuals from seeking essential services or information. In many cultures, discussions about sexual health are considered off-limits, leading to avoidance of critical services like contraception and STI testing. Moreover, cultural beliefs about premarital sex and contraception use can create significant obstacles for young people in accessing reproductive health services, as observed in a study in Zimbabwe. To provide inclusive and accessible sexual and reproductive health services for youth, it is essential to be culturally aware and sensitive to these barriers.

Therefore, culture can be a barrier to the uptake of SRH services by young people because it not allows young people to engage in sexual activities before marriage thus young people find it difficult to access information and SRH services in health facilities.

2.5. Interventions in addressing sexual and reproductive health service

2.5.1 Community outreach

Building connections with local communities, organizations, religious leaders, and peer networks is vital to promote awareness of sexual and reproductive health (SRH) services, encourage healthy behaviors, and provide information on available resources, ultimately helping to overcome stigma and obstacles to SRH services. Community-based outreach initiatives are a well-established and effective approach to addressing SRH issues among young people, involving collaborative efforts with youth in their communities to deliver information, education, and access to SRH services.

Community-centered approaches play a vital role in successful interventions, facilitating young people's access to and utilization of sexual and reproductive health (SRH) services. A wealth of research has consistently shown that community outreach initiatives significantly improve SRH outcomes, as evident in a systematic review by Mazuri et al. (2018) and reports from UNICEF

(2016) and the World Health Organization (WHO). Furthermore, regional studies in East Asia and the Pacific and Africa have highlighted the importance of community-based initiatives, including outreach, in delivering culturally appropriate and accessible services. In Zimbabwe, research has emphasized the need for community outreach programs to bridge the gaps in knowledge, access, and utilization of SRH services among young people, and the crucial role of involving young individuals in the design and implementation of these interventions to ensure their effectiveness and relevance.

2.5.2 Youth- friendly services

Tailoring healthcare services to meet the distinct needs of young individuals, including confidentiality, non-judgmental care, accessible locations, and culturally sensitive approaches, can significantly enhance their utilization of sexual and reproductive health (SRH) services. Numerous studies have demonstrated that youth-friendly health services (YFHS) improve young people's understanding and attitudes toward SRH issues, increasing their likelihood of seeking SRH services in both developed and developing countries. Research has consistently shown the effectiveness of YFHS in enhancing SRH outcomes among young people. A comprehensive review of 20 studies by Ninsiima, Chiumia, & Ndejjo (2021) revealed that YFHS were linked to increased knowledge and intention to use SRH services, but highlighted the need for standardized tools and indicators to measure youth-friendly services. Studies in Bangladesh (Ainul et al., 2017) and Kenya (Teasdale et al., 2016) found that young individuals who accessed YFHS exhibited greater knowledge of SRH issues and were more likely to utilize SRH services, with higher satisfaction levels.

Research in Zimbabwe has also demonstrated that youth-friendly health services (YFHS) enhance access to sexual and reproductive health (SRH) services and improve knowledge of SRH issues

among young individuals. However, promoting YFHS can be difficult in societies where premarital sex is stigmatized, as observed by Kurebwa (2020). These findings indicate that YFHS are an effective strategy to improve the utilization of SRH services by young people, both in Zimbabwe and globally. Nevertheless, further research is necessary to fully comprehend the impact of YFHS on SRH outcomes. Moreover, consistency in tools and indicators for youth-friendly services is crucial to increase the uptake of SRH services among young people.

2.5.3 Comprehensive sexuality education

Offering thorough and inclusive sexuality education in diverse settings, including schools, communities, and healthcare facilities, plays a vital role in equipping young individuals with the knowledge and skills necessary to make informed choices about their sexual health and wellbeing. This education should encompass a range of crucial topics, such as sexual health, reproductive rights, STI prevention, contraception, and consent, empowering young people to take control of their sexual health and avoid unwanted outcomes (Miedema, Le-Mat, & Hague, 2020).

Providing young people with comprehensive sexuality education (CSE) has been consistently shown to be a highly effective approach to promoting their sexual and reproductive health. Research conducted in Zimbabwe and worldwide has demonstrated that CSE significantly improves young individuals' understanding of sexual and reproductive health issues, enables them to make informed decisions about their health, and increases their likelihood of utilizing sexual and reproductive health services. For example, a study in South Africa revealed that young people who received CSE were more likely to possess accurate knowledge of sexual and reproductive health issues, practice consistent condom use, delay sexual initiation, and access sexual and reproductive health services (Harland & Rogow, 2015; Remez, Woog, & Mhloyii, 2014).

Additionally, CSE enhances young people's confidence and decision-making skills related to sexual and reproductive health, empowering them to take control of their well-being.

The results indicate that comprehensive sexuality education (CSE) is a valuable approach to enhancing young people's utilization of sexual and reproductive health (SRH) services, both in Zimbabwe and globally. While CSE has shown promise in improving SRH outcomes, further investigation is necessary to determine its sustained impact on SRH outcomes over an extended period.

2.5.4Capacity building

Empowering individuals and organizations through capacity building is a well-established approach to improving the sexual and reproductive health (SRH) outcomes of young people. This strategy involves equipping healthcare providers and other stakeholders with the necessary skills and knowledge to deliver effective SRH services and information to young individuals (Denno, Hopes, & Chandia-Mouli, 2015). In Malawi, research demonstrated that capacity building for healthcare providers led to improved knowledge, attitudes, and practices regarding adolescent SRH, resulting in increased access to SRH services among young people (Ninsiima, Chiumia, & Ndejjo, 2021). Similarly, in Zimbabwe, a study revealed that capacity building for teachers enhanced their ability to deliver comprehensive sexuality education, leading to better SRH outcomes for young people (Chataria, 2018).

Empowering teachers through capacity building initiatives led to enhanced teaching methodologies, characterized by interactive and participatory approaches, as well as the incorporation of culturally sensitive materials. This resulted in increased engagement and applicability of the material among young people. Teachers' comfort and confidence in addressing

sensitive topics, including sexual and reproductive health, improved, contributing to a reduction in stigma and discrimination. This created a conducive and supportive environment for young individuals to pose questions and seek assistance when needed. However, research by Kurebwa (2020) in Bindura revealed that socio-cultural norms posed a significant barrier, as teachers were hesitant to discuss sensitive issues with students in schools, underscoring the need to address these obstacles.

Thus, providing healthcare providers and community workers with comprehensive training on sexual and reproductive health (SRH) issues, cultural sensitivity, gender equality, and human rights can significantly enhance the quality of care, reduce discriminatory practices, and increase the uptake and effectiveness of SRH services. By equipping healthcare providers and community workers with the necessary knowledge and skills, we can promote a more inclusive and supportive environment, address the unique needs of diverse populations, and ultimately improve SRH outcomes.

2.5.5 Policy advocacy

According to Kesterton and Cabral de Mello (2010), advocating for policy changes is a proven strategy to improve young people's access to sexual and reproductive health (SRH) services. This approach involves pushing for legal and policy reforms to enhance the availability and quality of SRH services for young individuals. Research from around the world has shown that effective policy advocacy can lead to increased funding, improved laws and policies, and greater awareness of SRH issues among policymakers. Regional agreements like the Maputo Protocol have acknowledged the right of adolescents to access youth-friendly SRH services, comprehensive sexuality education, and safe abortion. However, despite widespread ratification of the protocol

by Sub-Saharan African countries, implementation has been slow due to resource constraints and limited awareness among young people (Florani, 2018).

In Zimbabwe, advocacy efforts have led to improved access to comprehensive sexuality education and contraception, but safe abortion remains illegal, resulting in unintended pregnancies and unsafe abortions (Maziviswa, 2021). Moreover, policy advocacy has helped address child marriage, a significant obstacle to young people's access to sexual and reproductive health (SRH) services (Chandra-Mouli et al., 2019). However, there are significant research gaps, including a lack of studies on the specific impact of policy advocacy on young people's access to SRH services, particularly in low- and middle-income countries like Zimbabwe (Botfield, Newman, & Zwi, 2015). Furthermore, data on the cost-effectiveness of policy advocacy interventions is limited, making it difficult to justify investing in this approach, especially in resource-constrained settings.

Despite existing research gaps, promoting policies, laws, and regulations that prioritize sexual and reproductive health (SRH) services, confidentiality, informed consent, and gender equality can foster a supportive environment for young people to access services without fear of legal repercussions. Moreover, adequate financial resources are crucial for effective policy advocacy efforts, enabling activities that drive meaningful change.

2.5.6 Integration of services

Offering comprehensive healthcare by combining sexual and reproductive health (SRH) services with other essential healthcare services, such as maternal health, HIV/AIDS prevention, and gender-based violence support, can significantly improve healthcare accessibility, efficiency, and effectiveness for individuals with multiple health needs. This integrated approach has been extensively researched as a strategy to address barriers to SRH services among young people, both

globally and in specific contexts like Zimbabwe. numerous studies have evaluated the effectiveness of this approach in improving SRH service utilization. For instance, a 2012 World Health Organization (WHO) study analyzed 68 interventions across 42 countries and found that integrating services like contraception, counseling, HIV testing, and peer education led to substantial improvements in access, acceptability, and utilization of SRH services among young people.

A comprehensive review of African regional studies published in *Global Health Action* in 2022 (Akinwale et al., 2022) found that integrating sexual and reproductive health (SRH) services led to increased service uptake among young people. The review, which included studies from various African countries, including Zimbabwe, highlighted the benefits of integrated services in improving access to contraception, HIV testing, and other SRH services for young individuals, ultimately leading to better SRH outcomes. In Zimbabwe, a 2017 study published in *BMC Public Health* (Speizer et al., 2017) evaluated the effectiveness of an integrated SRH intervention targeting young people, which included comprehensive services such as HIV prevention, family planning, and STI screening. The study revealed that the integrated approach significantly improved young people's utilization of SRH services, resulting in enhanced knowledge, increased condom use, and improved access to family planning methods.

In summary, research from international, regional, and Zimbabwe-specific studies consistently shows that integrating sexual and reproductive health (SRH) services is an effective strategy to improve young people's access to and utilization of SRH services. This approach tackles various obstacles, including limited access, lack of awareness, stigma, and discrimination, which often hinder young individuals from seeking SRH services. By offering comprehensive, youth-friendly,

and easily accessible services, integration enhances the uptake and utilization of SRH services, ultimately promoting the overall sexual and reproductive health and well-being of young people.

2.5.7 Partnerships and collaborations

Partnering with government agencies, non-governmental organizations (NGOs), international donors, and local stakeholders can significantly enhance the impact and durability of sexual and reproductive health (SRH) initiatives aimed at overcoming obstacles to SRH services (Khanal et al., 2021). According to research by Agu et al. (2022), although key stakeholders express support for SRH programs for young people, government institutions are frequently absent from the decision-making process. As a result, it is essential to engage relevant stakeholders more proactively to guarantee greater ownership and long-term sustainability of SRH initiatives for young people, ensuring that these critical programs continue to thrive and benefit future generations.

2.5.8 Chapter summary

Many studies showed that there are several services that given to young people. These include, STI and contraception, access to service, gender equality, health promotion, comprehensive education among others. These services can be influenced by several factors such as gender dynamics cultural norms, lack of confidentiality in health facilities among others. The strategies include collaborations and participation, policy advocacy integration of services, capacity building, comprehensive sexuality education and community outreach.

CHAPTER 3 : RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the methodological approach employed in this study, including the research design, geographical setting, target demographic, data collection techniques, and ethical protocols implemented to ensure the integrity and validity of the research findings.

3.1 Research Design

This research utilized a qualitative methodology, which involves immersing oneself in real-world contexts to uncover nuanced perspectives and gain a deeper understanding of phenomena (Yin, 2014). This approach prioritizes exploring the experiences and perceptions of young people regarding their utilization of sexual and reproductive health services (Mahajan, 2020). By actively

engaging with the research setting, researchers can gather detailed and context-rich data (Maxwell, 2021). This methodology is particularly suited for examining complex social issues, such as the obstacles and effective strategies for young people's access to sexual and reproductive health services. Qualitative research involves intentionally collecting and analyzing data to identify patterns, explain phenomena, and interpret findings (Grodal et al., 2021). Unlike more rigid approaches, qualitative research allows for adaptability and the emergence of new theories and concepts.

Qualitative research seeks to examine and interpret non-quantitative data, such as textual, visual, or auditory information, to gain a deeper understanding of individuals' beliefs, attitudes, and experiences. This approach excels at uncovering intricate details and sparking new research ideas. While qualitative research is often linked to inductive methods, which rely on empirical data, this study employed a qualitative methodology to explore young people's utilization of sexual and reproductive health services. The study profited from the subjective insights and diverse perspectives of youth regarding access to these services. As Rahman (2020) notes, the adaptability of qualitative research makes it an ideal fit for addressing a range of research questions and providing rich contextual information on a topic.

3.2 Study setting

This research was conducted in Zengeza District, Chitungwiza, Zimbabwe, which is often associated with qualitative research approaches. Guided by this theoretical framework, the study adopted a qualitative methodology. The key participants were selected from Zengeza Clinic, a hub where young individuals access sexual and reproductive health (SRH) services, providing valuable insights into their experiences and perspectives.

3.3 Target Population

This study concentrated on adolescents and young adults between 15 and 24 years old living in Zengeza, Chitungwiza. According to Enosh and Ben-Ari (2010), the target population is the specific group the researcher seeks to gather data from and make informed conclusions about. To gather rich and diverse perspectives, this research engaged with a range of key informants, including village health workers, clinic sisters-in-charge, nurses, and representatives from community-based organizations focused on sexual and reproductive health issues, providing valuable insights into the experiences and needs of this age group.

3.4 Sampling Procedure

This research utilized convenience sampling to recruit a diverse group of ten young individuals (five female and five male) for a focus group discussion. As Sharma (2017) explains, sampling involves strategically selecting a subset of individuals from a target population to serve as data sources, aligning with the research goals. Furthermore, the researcher employed purposive sampling to identify six key informants from the Ministry of Health and Child Care, DREAMS, village health workers, sisters-in-charge, and nurses, who possessed expertise and could offer valuable insights. According to Rai and Thapa (2015), purposive sampling involves deliberately selecting respondents based on their knowledge and ability to provide rich information, targeting individuals with the desired expertise.

3.5 Data Collection Methods

3.5.1 Focus group discussion

A focused discussion was held with a carefully chosen group of ten young individuals, utilizing a research methodology specifically designed to gather data from a cohesive and homogeneous group. As Gilbert (2012) explains, focus groups typically involve six to ten participants engaging in a guided conversation on a pre-defined topic, led by a skilled moderator or facilitator. According to Silverman (2011), this approach enables researchers to thoroughly explore participants' perspectives and experiences related to a specific subject. This methodology was selected because it offers an effective way to gather concentrated and in-depth insights from experts in a particular field, allowing for a comprehensive examination of their knowledge and experiences.

3.5.2 Key informant interviews

Interviews are a vital data collection tool, offering a distinct benefit in gathering detailed and multifaceted information. Unlike rigid questionnaires, interviews enable participants to express their thoughts and experiences in a more flexible and elaborate way, yielding valuable insights into intricate issues like time management. As Saunders, Lewis, and Thornhill (2019) point out, interviews excel at collecting in-depth data and exploring sensitive subjects, making them the perfect approach when personalized information is needed, probing is required, and a high response rate is crucial.

3.6 Data collection instruments

This study employed two primary research tools to gather data: a comprehensive interview guide for key informants and a discussion guide for focus groups. These instruments were carefully designed to collect valuable insights and information from participants.

3.7Data Analysis

This research will utilize thematic analysis to scrutinize the qualitative data obtained from key informants and focus group discussions. The qualitative data will be presented in the form of verbatim quotes and vivid descriptions of the setting to facilitate in-depth interpretation and provide contextual insights. Following a thorough review to ensure comprehensive coverage of all research questions, the collected data was refined and prepared for analysis. The interview transcripts and detailed field notes were then subjected to a systematic thematic analysis (Guest, Macqueen, & Namey, 2012), involving precise transcription and translation into English when necessary, to uncover recurring patterns and themes.

3.8Ethical Considerations

This research adhered to the fundamental principles of ethical research, including voluntary participation, confidentiality, anonymity, informed consent, consideration of potential harm, and transparent communication of results. Additionally, the researcher took utmost care to avoid academic misconduct, such as falsifying data or results, or deliberately drawing biased conclusions to support preconceived notions. Instead, the research was conducted with integrity, honesty, and objectivity, ensuring the highest standards of ethical research practice.

3.8.1Confidentiality and anonymity

As emphasized by Kaiser (2009), maintaining confidentiality is a vital obligation for individuals or organizations to safeguard the information entrusted to them. Adhering to this ethical principle is essential, as it builds trust between participants and researchers. To guarantee confidentiality, the researcher implemented measures such as using fictional names instead of actual names (Mack et al., 2005) and assuring participants that their identities would remain anonymous during focus group discussions and interviews. This approach is consistent with established ethical guidelines

and research protocols, which highlight the importance of using pseudonyms to protect the identities of research participants and preserve their privacy.

3.8.2 Consent

As noted by Rose et al. (2013), informed consent requires obtaining explicit and voluntary agreement from participants to participate in a study. Participants retain the right to determine their level of involvement and can withdraw their participation at any time. Prior to engaging participants in the study, the researcher obtained either written or verbal consent from each individual. In cases involving minors, consent was sought from parents, legal guardians, or caregivers. Furthermore, consent was obtained for audio recordings. To address potential emotional reactions, the researcher implemented support protocols, including referrals as needed, to assist participants who may have experienced emotional distress during the data collection process (Mack et al., 2005). Informed consent ensures that participants are fully informed about the use of their data, who will have access to it, and who to contact for further information or concerns.

3.8.3 Voluntary participation

Participants were thoroughly briefed that their participation was completely voluntary, and they had the freedom to refuse to answer any questions that made them uneasy or opt out of the study at any stage. The researcher clearly stated that there were no benefits or compensation for participating in the study. To empower participants to make informed choices, the researcher provided concise and detailed information about the study's objectives, ensuring openness and participant autonomy throughout the entire process.

3.9 Limitations of the study

This research may face several constraints. One challenge is that it may not fully encapsulate the complex and nuanced experiences of the participants. Another limitation is that the small sample size may restrict the broader applicability of the findings. Furthermore, the data collection methods employed may unintentionally introduce biases, influencing the study's outcomes. Additionally, the study's focus on young individuals living in Zengeza may limit its ability to represent the experiences of other young people living in different areas of Chitungwiza, potentially resulting in a localized and restricted perspective.

3.10Chapter summary

This chapter provides an overview of the research methodology employed in the study, which is a qualitative approach. The participants were recruited from Zengeza, a suburb in Chitungwiza. The data collection techniques utilized in the study include focus group discussions and in-depth key informant interviews. Additionally, the researcher adhered to ethical guidelines and principles throughout the study to ensure the protection of participants' rights and privacy.

CHAPTER 4

DATA PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents and analyzes the data gathered through key informant interviews and focus group discussions, aligning with the study's objectives and research questions. The findings are organized and interpreted in relation to the study's goals, providing insights into the utilization of sexual and reproductive health services. By framing the results around the study's objectives and questions, this chapter offers a clear and focused presentation of the data, shedding light on the research topic.

4.2 Demographic data

This study engaged a total of fourteen participants. Within this group, four individuals served as key informants, including one male key informant. The remaining ten participants comprised a focus group discussion, consisting of five male and five female young individuals. Their ages spanned from 15 to 24 years, providing a diverse range of perspectives within this age group.

4.3 Table 1 **Themes generated**

Main theme	Sub theme
Factors influence the utilization of SRH	Stigma and discrimination
	Lack of support systems
	Myths and misconceptions
	Culture and religion
	Affordability of services
	Drug and substance abuse

	Limited knowledge
Proposed solutions	Economic empowerment
	Comprehensive sexuality education
	Collaboration and partnerships

4.4 Factors that influence the utilization of SRHs by young people

4.4.1 Limited knowledge

Insufficient comprehension of Sexual and Reproductive Health (SRH) issues can impede open dialogue with healthcare providers, family, peers, and trusted adults, leading to significant information gaps. Young individuals may feel uneasy seeking guidance, asking questions, or disclosing their sexual health concerns, resulting in knowledge deficiencies. As Manguro et al. (2021) emphasize, without adequate understanding of safe practices, contraception options, and STI prevention, young people may engage in risky behaviors, increasing their vulnerability to unintended pregnancies, STIs, and other adverse outcomes. Limited knowledge significantly influences decision-making regarding sexual health choices and practices, as evident in the responses shared by young people during a focus group discussion.

One participant in a group discussion said: *yes, am aware of services but I don't know how to access them.* “

Another one said:”

To be honest, I'm not really sure what sexual and reproductive health means, so if I said I was familiar with the services available, that would be untrue."

This finding reinforces the idea that inadequate understanding of Sexual and Reproductive Health (SRH) and available services can hinder the use of SRH services, as young individuals lack the necessary information to make informed choices about their sexual health.

4.4.2 Stigma and discrimination

The negative social connotations surrounding sexual health issues can instill feelings of guilt, apprehension, and self-consciousness in young individuals, deterring them from accessing crucial Sexual and Reproductive Health (SRH) services. This widespread social stigma poses a significant obstacle, hindering their ability to receive necessary care. The societal norms and beliefs surrounding sexuality have a profound influence on young people's willingness to utilize SRH services. This stigma can take various forms, including societal disapproval of sexually active individuals, inadequate and ineffective comprehensive sexuality education programs, and judgmental attitudes towards those seeking reproductive health services, thereby compounding the problem.

One key informant said: *“youth find it difficult to services as they are afraid that people will recognize them, one of the days when I was monitoring the activities done at the clinic I saw a young boy wearing a face mask whilst he was waiting for HV tests”*.

The presence of stigma and discrimination can lead to a scarcity of supportive networks for young individuals grappling with sexual health issues. The absence of comprehension, compassion, and acceptance from peers, family members, and healthcare providers can impede young people's access to essential Sexual and Reproductive Health (SRH) services, thereby denying them the care and support they need.

One response from a focus group discussion said: *as youth it is difficult to inform anyone from home accompany us to the health facility to seek SRH services because they don't allow us to seek such services as they consider us too young for that, it is an offense to them so we rather go alone.*

Another participant went on to say: *young people who still depend on their parents find it difficult to ask company from anyone when trying to seek services and they sometimes delay to get help thus the risk of getting unwanted pregnancies, STIs and other diseases*

The other participant said: *“the treatment at the health facility is not good at all because there is no privacy, for example when I was there for HIV tests other staff members would budge in during the services they would not knock”*

Another respondent from the focus group discussion: *one day as I was seeking services at the health facility I was insulted by a nurse why was I seeking services and that nurse said I was too young for that.”.*

The stigma and discrimination surrounding Sexual and Reproductive Health (SRH) issues, including contraception and HIV/AIDS, pose significant obstacles for young individuals seeking SRH services. This aligns with the findings of Kurebwa (2020), who emphasizes the importance of youth-friendly SRH services in promoting increased access and utilization of these services among young people.

4.4.3 Culture and religion

Socio-cultural and religious influences can significantly impede young individuals' access to essential Sexual and Reproductive Health (SRH) services. As Dube (2019) notes, traditional cultural norms emphasizing pre-marital virginity and purity can dissuade young people from seeking SRH services, resulting in a lack of awareness about available services and a reluctance

to access them due to fear of community or family judgment. Moreover, Mudzimu's (2021) research in Zimbabwe revealed that certain religious beliefs, particularly conservative Christian interpretations, can foster negative attitudes towards contraception, abortion, and sexual education, further limiting young people's healthcare options. These religious restrictions on services like abortion and contraception can ultimately hinder the uptake of SRH services among young individuals.

One participant said: *sexual and reproductive health services are only for married people and thus youth who are not yet married find it difficult to seek such services as they will be judged*

One key informant said: *some youth think that such services are for married people and not for singles*

Magure's (2017) research explored how cultural and religious influences shape young people's perceptions of sexual autonomy and rights in Zimbabwe. He argued that the convergence of patriarchal cultural values and conservative religious beliefs constrains young individuals' agency over their sexual and reproductive choices. This limitation, coupled with societal silence and stigma surrounding Sexual and Reproductive Health (SRH) matters, obstructs young people's access to essential SRH services. This finding resonates with the theoretical framework, which recognizes these perceived obstacles as significant barriers to the uptake of SRH services.

4.4.4 Myths and misconceptions

In Zimbabwe, myths and misconceptions surrounding Sexual and Reproductive Health (SRH) services create a substantial barrier for young people seeking care. These misconceptions frequently arise from cultural and social norms, inadequate education, and limited access to accurate information. Research by Chimbindi et al. (2020) highlighted that many young

Zimbabweans lack a comprehensive understanding of SRH topics, leading to reliance on misinformation within their social circles. This perpetuates harmful beliefs and practices, exacerbating the challenges in accessing SRH services.

One participant from a focus group discussion noted that: *many youths think that sexual health is mainly for girls as we see much girls are the ones seek services. I once met some boys claiming that they were not in need of services as they were not girl*

Additionally, misconceptions about the potential side effects of contraceptives, such as weight gain, infertility, and other health concerns, may discourage young individuals from utilizing Sexual and Reproductive Health (SRH) services (Palermo and Makunike, 2019). These misconceptions can lead to a barrier in accessing necessary SRH services, thereby exacerbating the issue and perpetuating the underuse of contraception among young people.

“Some contraceptives have a negative effect when one need to have children in later life if one utilizes them before having a kid. They cause infertility so because of that young people end up not using the contraceptives”

4.4.5Lack of support system

Young people's access to Sexual and Reproductive Health (SRH) services is significantly impeded by the absence of a comprehensive healthcare system. Inadequate healthcare infrastructure and resources restrict the availability of youth-friendly SRH services, limiting their use. Moreover, an unsupportive environment can further discourage young individuals from seeking SRH services. Research by Frias et al. (2016) identified the lack of supportive relationships as a major obstacle for adolescents in Zimbabwe, leading to reduced access to SRH services due to fear of judgment,

stigma, and lack of information. This highlights the crucial role of a supportive environment in promoting young people's access to SRH services.

The other one said: *I think the community should be educated so that they will understand youth and educating them about sexual and reproductive health, its importance, where and how to access services*

Then other one said: *Parents also should be taught about importance of SRHs to youth so that they can be supportive and they should also accept that youth may sometimes engage in sexual activities at an early age*

The collective responses highlight the crucial role of support systems in fostering the sexual and reproductive well-being of young people. By providing a supportive environment, young individuals can gain a deeper understanding of Sexual and Reproductive Health (SRH) issues, leading to increased uptake and utilization of SRH services.

4.4.6 Affordability of SRH services

The affordability of Sexual and Reproductive Health (SRH) services significantly influences young people's ability to access them. As noted by Njelesani, Janet (2013), in Zimbabwe, the prohibitively high costs of SRH services, including contraceptives, STI testing, and abortion services, pose a substantial financial obstacle for young individuals, particularly those from disadvantaged socioeconomic backgrounds. This financial constraint limits their access to and utilization of SRH services, a challenge also faced by young people in Zengeza. Similarly, Sibanda and Notion (2021) argue that the considerable costs associated with SRH services, including consultation fees, transportation expenses, and medication costs, hinder many young people from seeking and utilizing these essential services

Responded from focus group discussion: *I think financial are most needed for awareness campaigns and for empowering youth with skills*

The other participant said: *Sometimes when one needs to access these services he or she has to pay consultation fee and money to buy prescribed medication for STI treatment. HIV testing is only services done for free*

Other participant: *I think such services should be free and affordable to youth*

Other participant, *“issue if high user fees at health facility maybe a barrier to the access of these services*

The cost of Sexual and Reproductive Health (SRH) services is a critical factor in determining young people's access to and utilization of these services. Exorbitant costs, including both direct and indirect expenses, create a significant financial hurdle for young individuals, especially those from disadvantaged socioeconomic backgrounds, thereby limiting their ability to access and utilize SRH services. To enhance the utilization of SRH services and promote the sexual and reproductive well-being of young people, it is essential to address the issue of affordability and make these services more financially accessible.

4.4.7 Drug and substance abuse

A study by Matimba in Harare, Zimbabwe, examined the relationship between substance abuse and risky sexual behaviors among young individuals. The results showed that drug and substance abuse substantially increases the likelihood of engaging in unsafe sexual practices, thereby increasing the risk of sexually transmitted infections (STIs) and unintended pregnancies. This is consistent with the findings of the Youth Investment Case (2015), which suggests that high youth unemployment and idleness contribute to the rise in drug and alcohol abuse among young people,

leading to increased engagement in unsafe sexual practices and exposure to STIs, HIV, and unwanted pregnancies. Moreover, substance abuse can lead to mental health issues like depression and anxiety, which can impede access to Sexual and Reproductive Health (SRH) services. Furthermore, substance abuse can result in social isolation, shame, and stigma, potentially hindering access to SRH services due to increased vulnerability to STIs and diminished concern for reproductive health.

One participant said, *“Nowadays, youth are engaging in drug and substance abuse and that can be a barrier as they end up doing unprotected sex”*.

The other participant said, *“I think Nowadays drug abuse is a barrier because some youth engage in substance and drug abuse and in a process, they engage in sexual activities without protection”*

4.5 Proposed solutions

4.5.1 Comprehensive sexuality education

Comprehensive sexuality education has the potential to substantially increase young people's utilization of Sexual and Reproductive Health (SRH) services in Zimbabwe. By providing young individuals with accurate and age-appropriate information, this education can address harmful misconceptions and empower them to access vital services such as contraception, HIV testing, and gender-based violence support. Research by Ncube and Moyo (2020) has shown that incorporating comprehensive sexuality education into school curricula leads to a reduction in teenage pregnancies and enhances young people's ability to respond to sexual abuse and harassment. The participants' responses highlight the significance of sexuality education in enabling young people to make informed choices about their SRH and well-being

One key informant said,” *comprehensive sexual health education in schools and online using WhatsApp and other social media platforms and this should also cover issues such as birth control, STI and they should be non-judgmental*”

Another participant said,” *Schools should educate children on what is sexual and reproductive health, services being offered, where and how to access them through guide and counselling sessions.*

The participants highlighted the importance of peer-led education in providing sexuality education to young individuals. Using social media platforms for comprehensive sexuality education is particularly effective, as young people are significantly influenced by online content. By harnessing the power of social media, it's possible to increase the uptake of Sexual and Reproductive Health (SRH) services among young people. Furthermore, young children often influence each other's behaviors and attitudes, making peer educators vital in delivering sexuality education through social media (Mupamba & Mavhu, 2019). This perspective is supported by the following response.

Response from key informant,’ *Peer educators should be wide spread as youth are freely open up to their peers rather than us village health workers, they see us as parents so it is difficult for them to open up.*’

Awareness campaigns are essential for delivering comprehensive sexuality education, according to participants. Research by Gomez (2018) highlights the significance of awareness campaigns in Zimbabwe, which enhance the provision of comprehensive sexuality education, leading to increased uptake and utilization of Sexual and Reproductive Health (SRH) services among young

people. By reducing stigma and fostering a supportive environment, awareness campaigns encourage young people to openly discuss SRH issues. Additionally, they facilitate open communication between young people, parents, and healthcare providers, as evident in the response below, which underscores the vital role of awareness campaigns in sexuality education.

Other key informant, ” *continuous community outreaches and awareness campaigns in schools starting from primary schools so as to educate young people about sexual and reproductive health and the services offered to them and where and how to access them. Children are now engaging in sexual activities at early age so community outreaches and awareness campaigns help to disseminate information to many people at once.* ”

Another responds that supports the important of awareness campaigns

Financial resources are needed so as to conduct continuous awareness campaigns on Sexual and reproductive health in schools, market places and conducting door to door distributing fliers

4.5.2 Collaborations and partnership

Participant responses emphasized the importance of collaborative efforts between the government and organizations. Strong partnerships between the government and stakeholders can advocate for policies that provide young people with free access to Sexual and Reproductive Health (SRH) services, resulting in the establishment of youth-friendly health facilities and outreach services that are more accessible and tailored to the needs of young people. According to research by Khanal, Khatri, Pryor, and Yahnet (2021), forming alliances with government agencies, NGOs, and local stakeholders is crucial for coordinating efforts, sharing resources, and leveraging expertise, ultimately maximizing the impact.

One of the respondents said, *I think the ministry of health is the one which has the role of making sure that young people are getting SRH services for free therefor they partnering with donors and well-wishers to mobilize adequate resources so that youth will have access to sexual and reproductive health services for free*

4.5.3Economic empowerment

The Youth Investment Case (2015) highlights that poverty among young people, especially in disadvantaged urban areas, is leading to a growing number of adolescent girls and young women engaging in commercial sex work, increasing their susceptibility to risky sexual behaviors. To address these risks, including substance abuse, and enhance the utilization of Sexual and Reproductive Health (SRH) services, it is essential to tackle both youth and family poverty. Economic empowerment is a critical strategy for reducing poverty, a significant obstacle to SRH service uptake among young people. As observed by Kamabrami and Moyo (2018), economic empowerment can lead to delayed marriage and reduced early pregnancy among young people. Furthermore, empowered young individuals are more likely to access technology, increasing their access to SRH information and subsequent utilization of SRH services.

Response, *empowering youth with life skills like what we are doing so that can be self-reliant, sometimes youth engage into risk sexual behaviors because of money, some of them engage in prostitution so that they can earn a living especial young girl from poor families.*

one participant said, *I think poverty is one of the barriers that hinder youths from accessing SRHs*

4.5.4Chapter summary

This chapter sought to fulfill the research objectives established in the first chapter. The study's results identified several factors that influence young people's access to Sexual and Reproductive

Health (SRH) services. These factors, which create barriers to SRH service utilization, encompass the lack of supportive networks, confidentiality concerns, gender dynamics, and cultural and religious influences. Furthermore, the findings presented proposed solutions to the challenges young people encounter when seeking SRH services, as identified by the study participants the

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter seeks to distill the main findings from the preceding chapter, presenting a summary of the study's outcomes. Furthermore, it provides conclusions and recommendations on how to improve the uptake of Sexual and Reproductive Health (SRH) services among young people, offering actionable insights for stakeholders.

5.2 Summary

The study's principal findings emphasize the need to investigate young people's utilization of sexual and reproductive health (SRH) services. Despite the availability of SRH services, including health education, STI and HIV testing, and pregnancy prevention and treatment, many young people remain unaware, leading to underutilization. Multiple factors influence young people's access to SRH services, including limited knowledge, cultural and social barriers, stigma, discrimination, misconceptions, affordability issues, substance abuse, and a lack of support systems. To address these challenges, participants proposed a range of strategies to increase SRH service uptake among young people, including economic empowerment, government and stakeholder partnerships, comprehensive sexuality education in schools, and other initiatives aimed at improving young people's SRH outcomes.

5.3 Conclusion

Young people in Zimbabwe face a complex web of challenges when attempting to access Sexual and Reproductive Health (SRH) services, including financial constraints, cultural and religious beliefs, substance abuse, misconceptions, stigma, discrimination, and limited knowledge. These interrelated obstacles exacerbate the difficulties young people encounter when seeking SRH services. To effectively address these barriers, a comprehensive strategy is necessary, involving government and stakeholder collaborations, economic empowerment initiatives, and inclusive

sexuality education in schools that caters to the diverse needs of young people. Additionally, it is crucial to tackle the underlying causes of these obstacles to ensure unhindered access to SRH services for young people.

5.4 Recommendations

- To improve the utilization of sexual and reproductive health (SRH) services among young people, targeted strategies are essential. One key approach is to promote community awareness about the importance of SRH for young people and the services offered. By increasing community knowledge and understanding, we can address and challenge harmful stigma, discrimination, myths, and misconceptions, creating an environment that supports and encourages young people to access SRH services.
- Collaborative efforts between the government and its stakeholders can significantly enhance the utilization of Sexual and Reproductive Health (SRH) services among young people. By fostering partnerships, stakeholders can contribute to the establishment of youth-friendly SRH services, capacity building, and resource mobilization, including funding. Additionally, government and stakeholders can advocate for policies that support young people's access to SRH services, providing a conducive environment for policy support and implementation.
- Enhancing young people's economic empowerment is a strategic approach to increase their utilization of Sexual and Reproductive Health (SRH) services. Economic independence enables young individuals to cover transportation costs and healthcare expenses, thereby improving access to SRH services. Furthermore, economic empowerment provides young people with the means to access technology, such as mobile phones, which serves as a vital source of SRH information. By reducing poverty levels, economic empowerment mitigates

a significant obstacle to healthcare access and promotes young people's autonomy in making informed decisions about their sexual and reproductive health.

5.5 Study implications for social work practice

The research findings have significant implications for social work practice in Zimbabwe, underscoring the need for social workers to promote accessible and affordable Sexual and Reproductive Health (SRH) services for young people. Social workers can achieve this by collaborating with government agencies and organizations to advocate for policies that support young people's SRH rights and services, ultimately ensuring equitable access to comprehensive SRH care.

Moreover, social workers can actively engage with communities to disseminate information, provide inclusive sexuality education, and challenge harmful cultural and religious misconceptions that impede access to Sexual and Reproductive Health (SRH) services. By doing so, social workers can help create an enabling environment that empowers young people to utilize SRH services and make informed decisions about their sexual and reproductive health.

workers can advance the field by conducting rigorous research studies that explore the complex SRH issues facing young people and evaluate the effectiveness of current policies and programs. By generating new knowledge and insights, they can inform data-driven practices and policy decisions, ultimately enhancing the quality and impact of their interventions and promoting optimal SRH outcomes for young people in Zimbabwe

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APPENDIX A:

Focus group discussion guide

I am Tendai Mukonde, a student at Bindura University of Science Education pursuing a degree in Social Work. I will be facilitating this discussion concerning the utilization of sexual reproductive health services by youth. Your participation will be voluntarily and also you are allowed to withdraw at any time you wish. Information obtained from this discussion will be confidential and private that no names of people will be mentioned when transcribing and translating the findings. Tape recorders will be also used so as to help the facilitator to capture all information.

1. Are you aware of the sexual and reproductive health services and where they are located?
2. What do you think are sexual and reproductive health services?
3. As young persons, how do you access these services (do you go alone without informing anyone or you accompanied by someone else)
4. How are you treated when seeking these services?
5. What are some of the barriers you have encountered to accessing sexual and reproductive health services.
6. In your view what are some measures that can be taken and by who, to diminish the barriers to sexual and reproductive health services.
7. What are your thoughts on the role of schools, parents and communities in promoting sexual and reproductive health
8. How can we make sexual and reproductive health services more appealing and attractive to youth?

APPENDIX B: Key Informant guide

My name is Tendai Mukonde a student at Bindura University of Science Education pursuing an honours degree in Social Work. I am kindly asking you to participate in this interview regarding the utilization of sexual and reproductive health services by youth. Your participation will be voluntary and you are also allowed to withdraw at any time you wish without any consequences, harm or loss. Information obtained from the study will be confidential that is no names will be disclosed. Below are the questions:

1. What sexual and reproductive health services offered to youth by your organisation
2. Are these services being utilized by youth?
3. What are the main barriers to young people accessing sexual and reproductive health services.
4. What could be the possible solutions to the barriers faced by youth in accessing sexual and reproductive services.
5. What are common myths and misconceptions about sexual and reproductive health that you encounter among young people.
6. How can these myths and misconceptions be overcome?
7. What do you think is the role of the community in supporting youth's sexual and reproductive health?
8. What do you think are the most effective ways to educate youth people about sexual and reproductive health?
9. What services or resources do you think are most needed to increase the uptake of sexual and reproductive health services.

APPENDIX C: Approval letter

