BINDURA UNIVERSITY OF SCIENCE EDUCATION

DEPARTMENT OF SOCIAL WORK

An analysis of the knowledge and attitude of adolescence towards sexual and reproductive health. A Case study of Murehwa Centre.

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

APPROVAL FORM

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DEDICATION

I dedicate this research to my parents and my brothers, because of their wavering support through tough times. I am what I am today because of them. I would also like to dedicate this research project to my relatives, especially my aunt Miss Muzavazi for also supporting me and believing in me. I appreciate you all.

ABSTRACT

The research project was aimed at analysing the knowledge and attitude of adolescents towards sexual reproductive health in Murehwa centre. Adolescents are facing limited access to services and sexual and reproductive health information. They are many different factors that play a crucial role in determining adolescents' access to adolescents sexual and reproductive health knowledge and these include socio-cultural, gender inequality and poverty. Qualitative research methodology was used in this study. The study also used informant interviews and focus group discussions in collecting research data. The research project was able to find out that adolescents in Murehwa centre were knowledgeable about adolescents sexual and reproductive health issues and problems like teenage pregnancy, Sexually Transmitted Infections (STIs), HIV and AIDS and early marriages. Non-existent communication on asrh issues between parents and adolescents is also another adolescent sexual and reproductive health problem except on menstruation, where female adolescents indicated that they get information on menstruation from their mothers. Adolescents in Murehwa indicated that they have limited access to adolescents' sexual and reproductive health services. They indicated many reasons for having limited access to adolescents' sexual and reproductive health services such as poor quality services, social stigma, negative attitude from other health practitioners and lack of information.

LIST OF ABBREVIATIONS AND ACRONYMS

GBV	Gender Based Violence
ASRH	Adolescents Sexual and Reproductive Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
HIV	Human Immunodeficiency Virus
MoH	Ministry of Health
NGO	Non-Governmental Organizations
STIs	Sexual Transmitted Infections
UN	United Nations
WHO	World Health Organization

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1.0 CHAPTER ONE: GENERAL INTRODUCTION TO THE STUDY

1.1 Introduction

This chapter introduces the research study on knowledge and attitude of adolescents towards sexual reproductive health. Adolescents in Zimbabwe face limited access to health information and services. The well-being of adolescent Zimbabweans depends on access to sexual reproductive health services. The chapter starts with background of the study, followed by statement of the problem, aim of the study, research questions, objectives and justification of the study and a brief summary to conclude the chapter.

1.2 Background of the study

Before independence, the indigenous people believed in indigenous medicine when it came to their health. Elders had the role of educating the children on sexual and reproductive health. They were the know it all, they gave information. However, with the coming of new diseases, their knowledge was not enough in bringing awareness to people. A very few people had the technical know-how on the subject matter. Zimbabwe gaining independence in 1980 came with rapid development in all sectors of the nation. More clinics were built and more trained nurses and doctors were ushered in, who provided medical needs especially in the rural areas which had an acute shortage of facilities due to the imbalances of the colonial government. During the 1980s and the 1990s a highly effective health system was in place in Zimbabwe. However, even after independence even the health system or school curriculum did not cater such content. The economic challenges progressively undermined this system and contributed to an eventual rapid deterioration in adolescent health indicators thus putting Zimbabwe off-track in achievement of the Millennium Development Goals (MDGs). Zimbabwe’s health system has been facing challenges on funding for decades and this has led to compromised access of health services especially for the rural dwellers. The economic decline has resulted in unprecedented deterioration of health infrastructure, loss of skilled and experienced health professionals, drug stock outs and poor quality health services (MoHCW, 2011). Provision of adolescent sexual reproductive health services is mainly through Ministry of Health and Child Welfare (MoHCW) under the reproductive unit and other major players being Zimbabwe National Family Planning council (ZNFPC) and National Aids Council (NAC). The Zimbabwe National Adolescent sexual reproductive health strategy 2010-2015 indicates that ASRH is offered

through three models and these are health facility approach (integrated approach), community approach and school based approach.

1.3 Statement of the problem

Limited access to health information and services has become a topical issue in Zimbabwe especially in the rural areas. Young people's reproductive health needs are often neglected by reproductive health services as they are considered to be healthy population (UNFPA, 2011). They are different factors that play an important role in determining adolescents' access to adolescent sexual reproductive health knowledge and these include gender inequality, socio-cultural and economic status and poverty. The result of inaccessible sexual reproductive services have led to challenges for the young sexually active in Zimbabwe and these include unintended pregnancies, unsafe abortion and early marriage or school drop-out, sexually transmitted infections (STIs) including HIV/AIDS (Save the children, 2004).

1.4 Purpose of the study

The study seeks to understand the knowledge and attitude of adolescents towards sexual reproductive health services in Murewa rural centre.

1.5 Objectives of the study

1. To assess adolescents knowledge on sexual reproductive health.
2. To analyze adolescents access to sexual reproductive health services.
3. To explore challenges in accessing adolescent sexual reproductive health services.

1.6 Research questions

1. What is adolescent sexual reproductive health?
2. Where do adolescents access sexual reproductive health services?
3. What are the challenges being faced in accessing sexual reproductive services?

1.7 Significance of the study

Adolescence is a period of transition from childhood to adulthood during which adolescents develop biologically and psychologically and move towards independence. Although people think of adolescents as a healthy group, many die prematurely and unnecessarily through accidents, suicides, violence and pregnancy related complications. Some of the serious conditions of adulthood, that is sexually transmitted infections or HIV, have their roots in

adolescent behaviour. The study is important in addressing a range of barriers adolescents face in accessing sexual reproductive health services, including providers who are unwilling or uncomfortable providing services, fear of being seen or mistreated, and distance to and cost of services. Also, it is important in coming up with initiatives to strengthen the health systems' ability to provide quality community and facility based services to adolescents, including a full range of contraceptive method. The assumed knowledge of the study is that adolescent stage is a transitional stage faced with many challenges. Knowledge is power hence the need for adolescent sexual reproductive health services to be available in rural areas. When there is inaccessibility and needs of adolescents are not addressed, this will deviate the health goal of improving the health of the community. There is evidence that provision of sexual reproductive health services will yield positive reproductive health outcomes (Stone &Ingraham, 2003; Hocklong et al., 2003). Access to adolescent sexual reproductive health means critical problems which come with inaccessibility which includes early marriages, school dropouts, sexually transmitted infections, unintended pregnancies which leads to high mortality rate and unsafe abortions are reduced. Adolescents' sexual reproductive needs have been neglected and yet their crucial and complex stage needs the efforts of parents, community and health service providers.

The study highlights that adolescent stage is a transitional stage faced with many challenges. Knowledge is power hence the need for adolescent sexual reproductive health services to be available in rural areas. When there is inaccessibility and needs of adolescents are not addressed, this will deviate the health goal of improving the health of the community. There is evidence that provision of sexual reproductive health services will yield positive reproductive health outcomes (Stone &Ingraham, 2003; Hocklong et al., 2003). Access to adolescent sexual reproductive health means critical problems which come with inaccessibility which includes early marriages, school dropouts, sexually transmitted infections, unintended pregnancies which leads to high mortality rate and unsafe abortions are reduced. Adolescents' sexual reproductive needs have been neglected and yet their crucial and complex stage needs the efforts of parents, community and health service providers.

1.8 Definition of terms

The study will focus on adolescence, reproductive health and sexual health and these will be used as key words of the study. The World Health Organisation (WHO) defines an adolescent as any person between the ages 10 and 19 (WHO, 2002). Adolescence is a phase of maturation;

it is a transitional period of physical and psychological human development between childhood and adulthood. Biologically, adolescence is marked by the onset of puberty and the termination of physical growth with changes in the sex organs and characteristics including height, weight and muscle mass, as well as time for major changes in brain growth and maturation. Cognitively, adolescence is characterised by improvement in abstract thinking in knowledge and in logical reasoning. Socially, adolescence is a period of preparation for culturally adequate social adult roles such as being a worker. Thus, adolescence is a transitional phase of growth and development between childhood and adulthood.

Reproductive health is a state of complete physical, mental and social wellbeing, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life (Zimbabwe National Health Policy, 2016). Reproductive health is defined in the United Nations Fourth World Conference on women or the so called Beijing Declaration of 1995 as ' a state of complete physical, mental and social wellbeing and … not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Sexual health, according to World Health Organisation (2002), is a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity, sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual right of all persons must be respected, protected and fulfilled.

Good sexual reproductive health means that you have the knowledge, skills, services and ability to make responsible, positive, informed and safe sex choices including choosing not to have sex. Being able to access your sexual reproductive health rights and being responsible, helps to ensure that you attain good sexual reproductive health and can support others to the same.

1.9 Chapter summary

The chapter highlights the challenges that come with adolescents with little to no knowledge base on sexual reproductive health and importance of accessing sexual reproductive health. The significance of addressing sexual reproductive health and rights of adolescents is now

being recognised thus the need for adolescents to access services. It therefore outlines the objectives of this study which will be discussed in the research later.

2. CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter will focus on the literature review relevant to this study of adolescent sexual reproductive health. It will discuss the theoretical framework of the study that is the health belief model, adolescent sexual reproductive health services, challenges in accessing adolescent sexual reproductive health services and solutions to the challenges.

2.1 Theoretical framework

The Health Belief Model (HBM) will guide the research. The Health belief model's basic idea is that personal beliefs or perceptions about a disease, as well as the strategies available to reduce its occurrence, drive health behavior (Hochbaum, 1958). Individual attitudes about health and health prerequisites, according to this paradigm, play a role in determining one's health-related activities. Personal perceptions are influenced by a variety of interpersonal factors that influence health behavior. The model's primary constructs are four perceptions. Perceived seriousness, susceptibility, benefits and barriers are the four categories. Individually or in combination, any of these perceptions can be utilized to explain health behavior (Hochbaum, 1958). The term "perceived seriousness" refers to a person's perception of the seriousness or severity of a condition. While a person's sense of seriousness is frequently based on medical information or knowledge, it can also be influenced by assumptions about the difficulties that an illness would cause or the effects it will have on his or her life in general (McCormick-brown, 1999).

One of the more strong beliefs that motivate people to adopt healthy behaviors is their perceived susceptibility or personal risk. The greater the perceived risk, the more likely people are to engage in risk-reducing actions. It stands to reason that if people believe they are at risk for an illness, they will be more motivated to take steps to avoid it. Regrettably, the contrary is also true. When people believe they are not at danger or have a low risk of vulnerability, they are more likely to engage in hazardous activities. Perceived benefits refer to a person's assessment of the value or utility of a new habit in lowering the risk of disease. When people believe that changing their habits will reduce their risk of having a disease, they are more likely to do so (Graham, 2002).

Perceived barriers to change, refers to an individual's assessment of the challenges that prevent him or her from adopting a new behavior. The most important factor in determining behavior

change is perceived barriers (Janz & Becker, 1984). In order to adopt a new behavior, a person must believe that the benefits of the new conduct outweigh the risks of staying with the old one. This allows for the removal of barriers and the adoption of the new behavior (Centre of Disease Control and Prevention, 2004). Cues to action and self-efficacy, according to the Health Belief Model, influence behavior. Events, persons, or circumstances that cause people to change their behavior are known as cues to action. A family member's illness, media stories, mass media campaigns, other people's counsel, or product health warning labels are all examples (Ali, 2002; Graham, 2002). The belief in one's own ability to accomplish something is known as self-efficacy (Bandura, 1977). People usually do not strive to do something new until they assume they can do it.

2.2 Sexual and reproductive health

Sexual health, according to WHO (2006), is a condition of physical, emotional, mental, and social well-being related to sexuality. Sexual health necessitates a positive and respectful attitude toward sexuality and sexual relationships, as well as the opportunity for an enjoyable and safe sexual experience devoid of compulsion, prejudice, and violence. In all aspects relating to the reproductive system and its activities and processes, the International Conference on Population and Development (1994) denied reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Adolescents have the right to be informed and to have access to health-care services that are safe, effective, inexpensive and acceptable means of family planning. Sex education, also known as sexuality education, is the process of learning about sexual identity, sex, relationships and intimacy while also establishing attitudes and beliefs about these topics (Kirby, 2001). Sex education helps young people and adolescents develop abilities in making informed decisions and engaging in sexual conduct, making them more capable of acting on those decisions. Adolescents are exposed to a variety of sex and sexuality attitudes and ideas. School-based sexuality education emphasizes the hazards and disadvantages of early sexual activity. Multiple risk behaviors can be influenced by highly successful sex education and HIV/AIDS prevention programs, which can have a favorable health impact (Kirby, 2005). In order for adolescents to make healthy decisions about their actions, ASRH service providers should give comprehensive sex education

Evidence from around the world shows that these ASRH programs help adolescents avoid or delay sex, reduce the frequency of unsafe sex and the number of sexual partners, increase

contraception use to prevent unwanted pregnancies and STIs, and as a result, delay the first bith to ensure a safer pregnancy and delivery (Nanatte, 2009). The World Health Organization's Framework of Action on Sexual Health, published in 2014, noted a link between education and sexual health. Ensuring that adolescents and young people are appropriately informed to make healthy sexual decisions is one of the most effective methods to enhance sexual health in the long run. All young people should have access to accurate, evidence-based sexual health information and counseling. Discrimination, gender bias and stigma should not be present. This type of teaching can be delivered in schools, workplaces, communities, and by health care practitioners and religious leaders (WHO, 2014). The most crucial precondition for girls and women to achieve reproduction health is a social and economic context in which they can assert their claims to reproductive health and ownership over the settings in which they live, according to growing (Hartman, 1987). In most African countries women and girls face difficulties in pursuing their own health needs, particularly where social and household resources are limited (Schwartz, 2000).

In Zimbabwe, social changes have an impact on adolescent sexual behavior and relationships. Rapid urbanization, isolated existence with less emphasis on family institutions, early puberty, and increased access to the influence of mass media are among these changes. New health concerns have arisen as a result of unprotected sex, while traditional problems such as underage marriage, pregnancy and childbirth continue to exist in Zimbabwe (WHO, 2014). Also, Fatusi and Hindin (2010) note that approaching maturity and accompanying expectations create a unique time in a person's life and hence argue that adolescence should not be treated in the same way as other periods of a person's life. Programming targeting a particular aspect of adolescent health, such as reproductive health ought to be holistic and consider this period of transition and the place it sits within a life course (Fatusi and Hindin, 2010, Sawyer et al. 2012).

2.3 Legislation on ASRH in Zimbabwe

Zimbabwe has formulated laws and policies related to adolescents sexual and reproductive health and these include Ministry of Primary and Secondary Education School Health Policy, the Constitution of Zimbabwe and the Sexual Offences Act.

2.3.1 Ministry of Primary and Secondary Education School Health Policy

The policy seeks to promote good health and well-being of learners. The objective of the health policy is to ensure that children are empowered by being taught sexual reproductive health at an early age so that knowledge can translate into behavior. Schools need to provide new skills

to try to prevent infections, offer counseling and a sensitive environment to those who have already been infected. However, the challenge is that schools promote abstinence among pupils, subsequently assuming no access to adolescents sexual and reproductive health services, yet these adolescents are engaging in sexual activity. In addition, school based interventions regularly leave out school youths who occupy a widespread percentage of the adolescent population.

2.3.2 The Constitution of Zimbabwe Amendment, 2013

The Constitution of Zimbabwe (2013) ensures the right to health, including reproductive health to all citizens. It incorporates a Declaration of rights that seeks to defend the fundamental right of the individual but not specifically of adolescents. Section 78(1) units 18 years as the minimum age of marriage in Zimbabwe while section 26 on marriage provides that no marriage need to be entered into besides the free and full consent of the intending spouses. This means that forced marriages and child marriages are prohibited under the Constitution and children ought to no longer be pledged into marriage.

2.3.3 The Sexual Offenses Act (2001)

In accordance to the Sexual Offenses Act, sexual intercourse with a female who is younger than 16 is a crime of statutory rape. It is a crime for anyone over 16years of age to have sexual intercourse with a young person, that is all people beneath the age of 16years. The law in this regard has been made to protect girls due to the fact that at that age even if they consent, they are not old enough to absolutely understand what it will mean in their lives if they have a sexual relationship. On the other hand, there is need for harmonization of this law with the Constitution of Zimbabwe which units 18years as the minimal age of marriage.

2.4.0 Adolescent Sexual Reproductive Health Services

Adolescents face a number of challenges in accessing sexual reproductive health services. Adolescents sexual reproductive needs are diverse thus may require information on different sexual reproductive health services. Services must respect an adolescent privacy, confidentiality and obtain informed consent. Adolescents require sexual reproductive health services and access to information on safe sex education; condoms and contraception, menstruation, STI and HIV testing and treatment, safe abortion, gender based violence, counseling and pregnancy and services.

2.4.1 Safe sex education

Sex education is vital in preparing the youth for adulthood (Nganda, 2007). Sex education helps adolescents attain skills, information and ability to make healthy decisions about sex and sexuality. It adolescents to alternate specific behaviors related to preventing pregnancy and STDs such as reducing the frequency of sex, reducing the number of sexual partners, delaying sex until they are older and using condoms and contraception when they do have sex. The only true form of safe sex is abstinence. Adolescents need to understand that all sorts of contact carry some risk of contracting an STI. The only safe sex is abstinence but with certain safe behaviors and precautions, adolescents can reduce risks of getting STIs. Before they can become sexually active, adolescents need to be taught about safer sex. By closing this information, we can break down obstacles to teen sexual development and increase STI, pregnancy and partner violence screening rates (Breuner & Mattson, 2016). It is vital that adolescents minimize the number of their sexual companions if they decide to engage in sexual intercourse. It helps to reduce disease causing infections. Health practitioners recommend the use of condoms to assist prevent transmission of STIs, along with HIV as well as pregnancy. Adolescents need to be aware of the implications that come with having unsafe sex so that they can make informed decisions, thus the importance of sex education to adolescents.

2.4.2 Condoms and Contraception

Rates of sexual activity, pregnancies and births among adolescents continue to rise in Zimbabwe. Many adolescents remain at risk for unintended pregnancy and sexually transmitted infections (STIs). Adolescent pregnancy prevention is only done with the use of effective contraceptive methods (Todd & Black, 2020). It is the public health and community priority to prevent sexually transmitted infections (STIs), unintended pregnancy and HIV among adolescents. When visiting a health practitioner and discussing birth control, it is essential to assist adolescents make the decision as to what type of birth control is best for them. Adolescents can consent to health care related to birth control and sexual health. They are two main categories of contraceptives which are physical barriers and hormonal contraceptives. Adolescents should also have access to cheap condoms, even though they are encouraged to abstain from sex. Condoms are a type of a physical barrier. According to UNFPA (2017), condoms are one of the easiest and cheapest sexual reproductive health services available to adolescents that help in preventing reproductive health risks. Condoms capture semen that is ejaculated. The best way to protect adolescents from sexually transmitted infections (STIs) is by use of a condom. Although condoms should be more accessible to adolescents, there is still

resistance to making condoms more accessible to adolescents. Adolescents should use condoms whenever they decide to have sex and it should be done correctly. Health practitioners recommend the use of latex condoms, which are thought to be the most effective in preventing STIs. Adolescents should be taught on the correct use of a condom (Whitaker & Gilliam, 2014). It is important to check expiry dates on condoms and have a reservoir tip to catch ejaculated semen. Even though condoms are not 100% perfect, they are the best way to protect adolescents from STIs, HIV and pregnancy. However, adolescents' need to remember to use a condom is a disadvantage because they may break or tear thereby posing risks of contracting STIs.

They are also hormonal contraceptives. Oral contraceptives are a safe method to avoid unwanted pregnancies. The overall risks of taking oral contraceptives are much less than the risks of pregnancy, thus effective counseling regarding contraceptive options and provision of resources to increase access. However, it does not prevent HIV or sexually transmitted diseases (STDs), daily adherence is difficult for some adolescents and it has estrogen related side effects like nausea and headaches. Health practitioners also recommend the emergency contraception. Emergency contraception prevents pregnancy after unprotected sex or used when contraceptives measures have failed but does not prevent HIV. Adolescents engaging in sex must always use condoms to protect against HIV and STIs even when using another birth control method.

2.4.3 Pregnancy and services

Adolescents often have little information on prevention of pregnancy or use of contraceptive (Chowdhury & Chakraborty, 2017), leading to unwanted pregnancies. Pregnant girls have to go for monthly check-ups at the hospital. Monthly check-ups help to ascertain if the mother and child are healthy and if they are any risks to the mother and the child. There is growing awareness that early child bearing has multiple consequences in terms of maternal health, child health and over all well-being of the society (Khan et al., 2019). This is important especially to adolescent expectant mothers as they are at high health risks. The expectant mother has to go through an HIV test on these check-ups to prevent transmission from mother to child. If the expectant mother is HIV-positive they are prescribed to medication to prevent transmission from mother to child.

2.4.4 Abortion

Sexual intercourse without contraception, an improperly used or broken condom, improperly applied regular contraception or sexual assaults can lead to unwanted pregnancies (Langer et

al., 2020). Most adolescent pregnancies are caused by inadequate information about sexual and reproductive health rights, inaccessible sexual and reproductive health services and they are also given pressure to marry early from peers. The major contributor to child and maternal mortality is adolescent pregnancies. In Zimbabwe abortions are prohibited leading adolescents to unsafe abortions hence putting their lives at risk. It is important for health practitioners to highlight the risks associated with unsafe abortions. Abortion in Zimbabwe is allowed to preserve the physical health of the woman or in cases of rape, incest or fatal impairment (Madziyire et al., 2019). Access even under these circumstances is difficult and rare (Madziyire et al., 2019). Unsafe abortions may lead to death or one may not be able to conceive again. Since abortions are illegal in Zimbabwe, one is at risk of legal persecution, it is therefore important for adolescents to take heed on laws governing sexual and reproductive health. Health practitioners should therefore emphasize on the importance of using contraception to prevent unplanned pregnancies that pose risks to adolescent children.

2.4.5 Menstruation

Menstruation is the monthly shedding of the lining of a woman's uterus. Menstruation usually starts at the age of 12 years but at the age of 8 some can begin menstruating or begin as late 16 years of age. It is an important aspect of the complex process of growing up and further it calls for special attention because of the problems associated with it (Khan et al., 2019). Education on menstruation usually starts at home when mothers teach their children on the way to go about their period however, it is also important that health practitioners or the community at large educate girls on how to handle both normal and abnormal periods so that they can seek help if they extreme abnormal periods. It also helps to reduce any type of anxiety on what to expect on normal and abnormal days.

As adolescent girls move into adulthood there is need to identify abnormal periods to help identify and manage potential health concerns. During this phase of growth, the girls first experience menstruation and related problems which is marked by feeling of anxiety and eagerness to know about this natural phenomena (Khan et al., 2019). Adolescent girls should be educated on what type of menstrual products exists that includes pads, tampons and menstrual cups; and how to use them appropriately. Active participation by adolescent girls on their reproductive healthcare is guaranteed if they are empowered with education about menstruation and this allows them to build confidence. It is important that girls be able to manage menstruation to avoid disruption or embarrassment when they are at school.

2.4.6 STI and HIV testing and treatment

The first step in obtaining HIV preventive and treatment services is HIV testing (Koris et al., 2021). If adolescents are engaging in sex intercourse it is important that they regularly go for STI and HIV test to check if they are free from STIs. HIV transmission can be reduced if there is regular testing of STIs and treatment. This actually decreases a person's ability to transmit HIV because there is reduced viral load. Health providers can assist adolescents in reviewing a variety of risk reduction strategies for STI prevention (Whitaker & Gilliam, 2014). Adolescents have the ability to access a range of HIV prevention options if they constantly carry out HIV tests. This allows adolescents to keep themselves free from HIV or HIV negative. The job of health practitioners is to provide prevention options that entail adolescents using safe sex methods or practicing safe sex.

Investing in additional, innovative HIV testing strategies (HIVST), where individuals take their own test and interpret the result, may both increase testing coverage and decrease inequities in access (Rotsaert et al., 2022). HIV testing is also important in that once someone is diagnosed as living with HIV, they can start treatment earlier and it can be life-saving in that one is guaranteed a long life span. The early detection of HIV and proper treatment and care allows an adolescent to live a healthy life. It also prevents HIV transmission. When a person is on HIV treatment, the viral load can be reduced to undetectable levels such that they are unable to pass the virus to someone else. Adolescents, by deciding to know their HIV status, they are empowered to make choices about their right to health.

2.4.7 Counseling

Counseling is a private dialog with a specially trained person aimed at assisting an individual help themselves. Adolescents should go through a pre-test and post-test counseling before getting an HIV test. Pre-test counseling is done before carrying out an HIV test which is done face to face. Carrying out the pre-test allows one to make a well-informed decision on whether to continue with the test or not. It is also important in making sure adolescents are knowledgeable on the impact it has in their lives. Pre-test counseling gives a glimpse of what to expect in the post-test counseling. Upon receiving the results, the post-counseling is done. It is important that one gets good counseling as it assists in one looking after themselves in terms of living a healthy life style and protecting others from infection. It was also vital in that if results were to come out positive, one would be able to cope well and accept it. A sense of continuity for the client is established if one counselor carries out the pre and post-test

counseling. The counselor will also have a better idea of how to approach the post-test counseling because of what he or she experienced in the pre-test counseling.

2.5 Adolescent Sexual Reproductive Health Rights

Adolescence is a stage where there are bodily changes but it also comes with a lot of new vulnerabilities to human rights abuses in the areas of marriage, childbearing and sexuality (UNFPA, 2014). Everyone has the right to good health including adolescents' right to sexual and reproductive health but adolescents have not been able to exercise these rights because there are being denied this right. The main problem is that their sexual and reproductive health needs and rights remain unmet. Adolescents face many challenges in trying to access sexual and reproductive health services which include barriers and discrimination showing that there are the least well served group by health providers (UNHR, 2020). The main barrier in adolescents trying to access sexual and reproductive services is age. There are age restrictions when accessing these services. Other major causes for inaccessibility of sexual and reproductive health services are social norms and stigma. These mainly affect adolescent girls who want to seek information about their sexuality and their sexual and reproductive health.

Adolescents should be able to make their own informed and free choices without any hindrances. They also have the right to have control over their sexual and reproductive health and lives, free from coercion, violence, discrimination and abuse. According to Poku (2021), sexual rights are human rights and include the rights of all persons, free of discrimination, coercion and violence to achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services; seek, receive and impart information related to sexuality; receive comprehensive, evidence-based sexuality education; decide whether to be sexually active or not and engage in consensual sexual relations. Reproductive rights rest on the recognition of human right to attain the highest standard of reproductive health, the right to make decisions concerning reproduction free of discrimination, coercion and violence and the right to privacy, confidentiality, respect and informed consent (Poku, 2021).

Adolescents are able to make informed, healthy and respectful choices about their sexuality and relationships if health providers educate and impart knowledge on the importance of exercising their rights. Adolescents lack information of legal and policy provisions that can protect their SRHR (Landa & Fushai, 2018).Information on SRHR should be accessible in both formal and non-formal educational settings. Parental and community members should be involved in adolescents sexual and reproductive health issues so that they are aware of SRHR

of their children so that they allow them to exercise these rights and make their informed decisions. Parents should embrace adolescents learning about their bodies, sexuality and relationships. It also empowers adolescents to know and exercise their rights, including the right to delay marriage thereby preventing child marriages and the right to refuse unwanted sexual advances (UNFPA, 2014). Parents should also be fully supported as they educate and allow their children to explore and form life-long healthy attitudes and practices, free from coercion, violence and discrimination. Comprehensive sexuality education includes being rights-based, accessible, non-discriminatory and inclusive. Healthcare centers and services should be adolescent friendly and gender-responsive.

Sexual reproductive health services should be available and accessible to the most vulnerable and excluded adolescents. Privacy and confidentiality should be respected when providing services. Judicial and parental consent should not be required when providing services. Supporting adolescents' sexual and reproductive health ensures rights of adolescents sexual reproductive health. It means providing access to services to prevent, diagnose and treat HIV and Sexually Transmitted Infections (STIs); comprehensive sexuality education and counseling on family planning. The government, civil society and NGOs should actively promote and protect the sexual and reproductive health rights of adolescents (UNFPA, 2014).

2.6 Gender Based Violence

Gender based violence is violence directed at a person based on sex or gender identity. It is mostly perpetuated by men on women and girls. However, men also face violence. Gender based violence is perpetuated in various forms that is; physical violence, sexual violence, psychological violence, economic violence and harmful traditional practices. Physical violence is any intentional act causing injury on another person by way of bodily contact and examples include beating, kicking or boxing someone. Sexual violence is forcing, intimidating someone to engage in any sexual act against his or her consent or without his or her understanding because of his or her age, disability, or the influence of alcohol and drugs. Examples of sexual violence include defilement that is having sex with a minor, sexual harassment and rape.

Gender based violence has effects and these include unwanted pregnancies, sexually transmitted infections (STIs), family disputes, dropping out of school, injuries and death. The majority of teenagers have the chance to experiment with intimacy and sexuality in a safe environment but some also encounter coercion, abuse and violence. Unwanted encounters might involve incest, dating violence, assaults by strangers and interfamilial sexual abuse

(Breuner & Mattson, 2016). Abuse in adolescent relationships has a severe impact on adolescent girls' sexual health and encourages their risky behavior. Adolescent relationship abuse (ARA) may be associated with more inequitable gender attitudes among girls.

2.7.0 Challenges in accessing Sexual Reproductive Health Services

Adolescents face a lot of challenges in accessing sexual reproductive health services and this is because of poor communication between parents and adolescents, health services are not adolescent friendly and stigma.

2.7.1 Poor communication between parents and adolescents

Adolescents face challenges in accessing sexual reproductive health services in that there is poor communication between parents and adolescents on sexuality issues. Cultural norms are a major cause of poor communication as it is taboo to talk about sex with parents, which stands as a barrier for not accessing sexual reproductive health services among adolescents. Social norms condemn premarital sex, especially for girls and there are large gender-based differences in sexual conduct and in the ability to negotiate sexual activity and contraceptive use (Chowdhury & Chakraborty, 2017). Adolescents are embarrassed to talk about sex because they are afraid to get in trouble with their parents. Adolescents should be independent to make their own decisions on ASRH issues but parents feel it should be done when they are in marriage. Parents find it difficult to address the sensitive matters around puberty, sexuality and reproduction (WHO, 2018). Adolescents trust their peers more to talk about sexuality issues than with their parents. Many girls end up experimenting because they are not knowledgeable on ASRH issues which may result in unwanted pregnancies. All this points to the fact that parents are not comfortable to talk to their children on sexual and reproductive health issue.

2.7.2Health services are not adolescent friendly

Despite adolescents citing health centers as sources of sexual reproductive health information and services such as condoms, other contraception and abortion, they claim that reproductive health services are not adolescent friendly. Abortions are illegal in Zimbabwe (Madziyire et al., 2019), thus adolescents resolve unsafe abortions.

2.7.3 Stigma

Adolescents face stigma from health personnel, when they visit health facilities, as they are denied access to sexual reproductive health services. Health personnel are usually judgmental

when adolescents visit clinics or hospitals and often ridicule adolescents when they ask for contraceptives or have similar discouraging remarks on adolescent expectant mothers. Adolescents have resolved to not going to hospitals when they are pregnant or have sex related health problems like STIs because they are turned away as minors. Contraceptives are also perceived to be suitable for adults, especially parents and those who are married.

2.8.0 Solutions

2.8.1 Good communication between parents and adolescents

Culture plays a key role in teaching sexuality education (Mugweni et al., 2013) however; there is need for mutually respectful communication between parents and adolescents on sexual and reproductive health issues. It is even more vital during puberty stage when they are experiencing physiological changes. Parents should prepare girls and boys for puberty so as to deliver interventions that assist in informing adolescents about sexual and reproductive health (WHO, 2018). Effective communication between a parent and a child is built when a child is still young. There is need for parents and the community to support an enabling environment for adolescents to realize their sexual reproductive health rights. Communities should provide an environment that is adolescent friendly where parents and communities support adolescents and provide necessary guidance about their sexual and reproductive health needs and rights.

2.8.2 Strengthening the health system

There is need to strengthen the health system for better and quality services. Health personnel should be qualified and constantly trained on the importance of health to all as stipulated in the laws and policies of the country. It is important for health personnel to recognize the rights of adolescents to sexual reproductive health services. Sexual reproductive health services should be available to all and not limited to age. The sexual reproductive health services should also be adolescent friendly. There is need for integration of adolescent friendly services, as these skills will change health providers’ attitude towards adolescents when seeking health services. Adolescent friendly services are provided to young people to meet their need in an environment that attracts their rights in utilizing the services. Services should meet the needs of adolescents at all times.

2.8.3 Improving sexual reproductive health information dissemination

Improving on sexual reproductive health information dissemination among adolescents might also improve adolescents' access and utilization of sexual reproductive health services.

2.9 Chapter summary

The chapter discussed the theoretical framework and adolescent sexual reproductive health services in-depth that is contraceptives, condoms, counselling and STI testing and treatment. The chapter also discussed the challenges being faced by adolescents in accessing sexual reproductive health services.

3.0 CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter will focus on the methodological approach to be used in the research. the approach that is going to be used in this research is the qualitative method. The qualitative research methodology will allow in-depth insight into a problem to be gathered as well as generate new ideas for the research. the research seeks to provide justification to understand concepts of sexual reproductive health and adolescents opinions on accessibility of sexual reproductive services, thus the use of qualitative research methodology. This chapter will discuss research design, target population, sampling procedure, research techniques, data analysis methods, feasibility of the study, validity and reliability, limitations and delimitations of the study.

3.2 Research design

A research design is the procedures for collecting, analyzing, interpreting and reporting data in research studies (Creswelk & Plano Clark, 2007 p.58). It is the overarching strategy for gathering conceptual research questions and doing relevant and feasible empirical research. In other words, the study design determines how the required data will be collected and analyzed, as well as how all this will be used to answer the research question (Grey, 2014). The study's major goal, as stated above is to examine adolesents' knowledge and attitudes about sexual reproductive health. It aims to achieve this by using qualitative research to provide arguments. As the study attempts to assess the knowledge and attitudes of adolescents on sexual and reproductive health, the research strategy to be utilized is a case study. A case study is a in-depth inquiry into a single person, a social unit, or a tiny section of the community in order to obtain a better understanding of it (Mutanana, 2015).

3.3 Target population

Kothari (2004) defines target population as all terms of subject in any field of inquiry. Target population also refers to the whole group of individuals that have the same characteristics and are of interest to the research. In this research statistical population was examined in adolescents at Murehwa centre. Murehwa centre has many adolescents and the researcher had to pick some of these adolescents to obtain information. The researcher also involved secondary research that is consulting other institutions that would have researched and collected data on the same study. The researcher made use of the local health institution which gives most of the sexual reproductive health services to adolescents. Other participants involved are community members who also play a significant role in providing sexual reproductive services to adolescents.

3.4 Sample size

Sampling is a method of selecting individuals or a subset of the population in order to make statistical inferences and estimate population characteristics. Kumar et al (2003), rather than a census of the entire population, researchers are often limited to a specific sample and/or subgroup of the overall population relevant to the study question. A research population, according to Dirwai (2003), is a large group of people or items that is the focus of a scientific investigation. Examining every individual in the population is not only time consuming and expensive, but it is also unfeasible, hence a sampling technique should be used. (Bless & Hughson Smith, 1995) suggest that the process of selection of a component from population is

called random when each element or component of the population has the equal opportunity or probability of being selected for the sample. 32 participants will be sampled that include 2 health care workers which are the key informants, 10 community members and 20 adolescents.

3.5 Sampling techniques

Different sampling techniques are widely used by researchers in social research so that they do not need to research the entire population to collect data. In this study, stratified random sampling and simple random sampling will be used. According to Cooper and Schinder (2000), a stratified random sample is a population sample that requires the population to be divided into smaller groups, called 'strata'. Simple random sampling, each member of the population has an equal chance of being selected.

3.6 Research instruments

A research instrument is a tool used to collect, measure and analyze data related to one's research interests. The research tools will be selected in line with research design so as to collect relevant, valid and reliable data. The research instruments to be employed in this study are interviews and focus group discussion.

- In-depth interview

Interview involves a process where a researcher solicits information from respondents through verbal interaction. A researcher would have previously prepared a schedule list of structured questions pertinent to the study before meeting respondents for their opinions on a subject matter. According to Dikko (2016), the interview does not follow any predetermined pattern of questions or themes. It also involves interviewing the public who have got the understanding of the theme, as a result great value are being supplemented to the search. In-depth interviews enable the respondent to express themselves at length and offer the researcher the opportunity to read body language. Great flexibility is needed to motivate respondents to reveal reliable and more information.

In the study, the researcher selected the respondents with relevant knowledge pertaining to adolescent sexual reproductive health thereby basing on the key informant interviews. The key informants included two nurses. This gave the researcher an opportunity to explore the subject in-depth and the major aim of these discussions was for the researcher to determine how key informants contribute to the access of sexual reproductive health services among adolescents in Mrehwa district.

5 Focus group discussion

It refers to a process whereby researchers obtain data from a large group of people at the same time. Dikko (2016) asserts that group discussions consists of a number of individuals usually 6-12 people who are invited to argue their interpretations on a certain topic. Wide ranging information is gathered from focus group discussion unlike participants who are interviewed on one on one basis. Also, detailed data is provided from a number of individuals. In this study, 10 adolescents out of school and 10 still in school would be involved in the focus group discussions. Focus group discussions are usually wide ranging and give confidence to subjects that they articulate their views at length. The focus group discussions were conducted in the respondents' language of preference and the researcher transcribed the data.

3.7 Data presentation and analysis procedures

Information analysis is the procedure of simplifying data so that it becomes comprehensive to the study. Information will be evaluated taking into account themes created in the objectives as means of putting in place a common thread which runs right through the entire project presentation. The perceptions and responses lifted up by the respondents will be attended to in the way they relate to the study topic. Thematic analysis will be used in the research. A thematic analysis is a way of categorizing data from qualitative research. It is a type of research that seeks to study a population's views, qualities or behavior in a natural setting in order to give answers to a research question. The researcher will use text presentation which is a method of conveying information as it is used to explain results and trends, and provide contextual information.

3.8 Ethical issues

According to Walsh (2001) research ethics are defined as standards of behavior and practical procedures that researchers are expected to follow. In this research, the researcher was ethical in her conduct by gaining informed consent from the participants. Gaining informed consent is very essential when doing the research. Participants should not be coerced to take part in the research. The researcher will also request clearance and permission from the relevant authorities. The researcher will confirm that no harm would come to any individual participants after participating in the research. The researcher will inform the participants about the objective of the study so as to totally apprehend the intention of the study and make intended and informed decisions whether to participate or not. The researcher will explain that the research is only meant for academic purposes. The researcher will clarify to the participants

that they are autonomous from participating as well as that they are liberated to stop at any phase from taking part in the research if they wish to.

3.9 Feasibility

Feasibility is important in whether or not one has access to the people they want to study. Also, even if the researcher gains approval to conduct a research, it is important to know if the population will let you in. The length of time that a researcher is given to complete their work may depend on a number of factors and will certainly shape what sort of research they are able to conduct. The researcher has access to the people they want and the target population is likely to accommodate the researcher. However, the length of time that a researcher is given to complete their work may be little.

3.10 Limitations and delimitations

Limitations of the study is that scope and depth of discussions is compromised in many levels compared to the works of experienced scholars, since the researcher does not have many years of experience of conducting researches and producing academic papers of such a large size individually. In unstructured interviews a lot of information is gathered but data is difficult therefore the investigator has to use of all data analysis methods so as to make the findings valid.

3.11 Chapter summary

This chapter focused on the qualitative method which is the approach to this research. it further discussed the research design, target population, sampling procedure, research techniques, data analysis methods, feasibility of the study, validity and reliability, limitations and delimitations of the study.

4.0 CHAPTER FOUR: RESULTS AND DISCUSSIONS OF THE RESEARCH FINDINGS

4.1 Introduction

This chapter provides a synthesis of responses obtained through interviews. Findings have been presented in a narrative form. In order to make findings clearer, extensive use of statistical tables were made. The chapter is based on responses that were obtained from 32 participants

that were interviewed. The respondents involved service providers, adolescents out of school as well as adolescents still going to school.

4.2 Research results

4.2.1 Demographic data of respondents

The table below summarizes the results of the study on the respondents who participated during interviews and focus group discussions.

Participants	Number of people
Adolescents going to school	10
Adolescents not going to school	10
Community members	10
Key informants	2
Total	32

Table 1. Demographic data of respondents

The respondents who participated in the research were 10 adolescents still going to school, 10 adolescents not going to school, 10 community members and 2 key informants from Murehwa hospital who are nurses. The researcher managed to gather qualitative data in her findings.

4.3.0 Adolescents' knowledge on sexual and reproductive health

The respondents who participated in the research finding showed that they had knowledge of sexual reproductive health. The adolescents who participated showed that they do know what sexual reproductive health is. They explained adolescents' sexual reproductive health in terms of sexual activities and sexual health problems, using terms such as STIs, HIV and AIDS, contraceptives, sexual intercourse as well as menstruation which is also part of adolescents' sexual reproductive health.

4.3.1 Adolescents still going to school

With regards to their major source of information, the adolescents mentioned that most of the information about adolescents sexual reproductive health they were taught at school on the

sexual reproductive topic. They mentioned learning all family planning methods but most of them seemed to remember and have a lot of knowledge on condoms, depo Provera and pills. The reason being that some adolescents are already sexually active. One male adolescent indicated that, *"I know condoms and pills because they are most common among adolescents. I have actually bought them before.*" Another male respondent went on to mention, *"Its because most of adolescents at school are now sexually active."* Female respondents also indicated that they are familiar with methods of planning which include condoms, pills and depo provera. One female respondent said, *"I am not familiar with other methods of family planning but am really familiar with condoms, pills and depo provera."* Other female respondents mentioned knowing these because they have seen other girls use family planning pills. It has revealed that premarital sex is quite common among adolescents.

Adolescents also indicated that they receive sexual reproductive health information from Guidance and Counselling lessons and social clubs from their schools. The information is mostly on sex education, the importance of saying no to sex and on the importance of prevention of HIV and STIs. One male respondent said,

"We discuss sexual reproductive health issues in our Guidance and Counselling classes mainly sex education were we are discouraged from indulging in premarital sex. We are also taught prevention methods of pregnancy, STIs and HIV."

They also mentioned discussing such issues in their school social clubs and raising awareness on other adolescents' on the importance of adolescent sexual reproductive health. One female respondent also mentioned discussing such issues with their peers. She said,

"*Since these issues are topical nowadays, we also discuss with our peers at school and also back home on social network platforms especially on Whatsapp."*

Health practitioners and different governmental organisations also visit schools to educate and raise awareness on adolescents' sexual reproductive health issues. One female respondent also said,

"*Nurses and doctors from Murehwa clinic and hospital have also visited our school and taught us adolescent sexual reproductive health. They mainly taught us sex education and discouraged us from indulging in premarital sex."*

NAC have also visited several schools in Murehwa. Adolescents mentioned that they focused on teaching adolescents on methods of preventing STIs and HIV. One male respondent said,

"*Representatives from NAC taught us on safe sex methods and ways of treating STIs and HIV treatment.*" Some adolescents on the focus group from different schools mentioned never having health practitioners visiting their schools.

Adolescents' girls also mentioned menstruation as part of adolescent sexual reproductive health. They mentioned they have received information on menstruation from their teachers as well as Guidance and Counselling lessons. Menstruation as a health issue on women, it has been made an exception in most schools so that adolescent girls have full information on menstruation and the sanitary wear used. One female respondent said, "*Menstruation is a crucial issue among women so we openly talk about at school and with peers*."

4.3.2 Adolescents not going to school

These respondents who participated showed their knowledge of adolescents' sexual reproductive health. They explained in terms of sexual activities and sexual health problems. Respondents mentioned that they know condoms, the most common family planning method. One male respondent said, "*I know condoms only because that is what is commonly used by men. I am not familiar with other family planning methods.*" Other adolescents mentioned knowing condoms only because they are the only family planning method they are familiar with and have access to. Female respondents indicated knowing condoms and pills. One female respondent said, "*I only know condoms and pills because that is what I usually use.*" Some mentioned knowing depo provera but were not aware of how to use them. Some of the family planning methods they did not know which best suit them, how to use them and the effects of using such methods. Other respondents were not aware of other family planning methods. One female respondent said, *"I am not familiar with other family planning methods and have never came across them because they are mostly used by married people."*

Adolescent girls also mentioned knowing about menstruation. Most indicated gaining knowledge on menstruation from their parents. One female respondent said,

"*Menstruation is also part of adolescents' sexual reproductive health. My mother taught me about proper hygiene and sanitation when it comes to menstruation. Menstruation needs proper sanitary wear and proper hygiene."*

Male respondents also indicated being aware of menstruation. One male respondent said, "*I usually buy my sister's sanitary wear. That is how I know about menstruation*." Some

adolescents also mentioned it being their responsibility to make sure their siblings have proper sanitary wear.

Respondents also mentioned knowing prevention methods of STIs and HIV. They indicated the use of condoms as the only way of preventing STIs and HIV. One male adolescent mentioned that, "*I know condoms can prevent one from getting STIs and HIV. I am not sure of other methods that prevent STIs and HIV.*"

4.3.3 Discussion of the findings

The research indicates that adolescents going to school have information on adolescents' sexual reproductive health. To engage in healthy sexual conduct as adults, adolescents need accurate and thorough sexual education (Pavelová et al., 2021). With the help of teachers, Guidance and Counselling lessons and school social clubs, adolescents are aware of different sexual reproductive health issues. Schools have paved way to access of information on sexual reproductive health, raising awareness on safe sex and preventative methods of unplanned pregnancies and HIV. Health practitioners and other government agencies are also playing a key role in providing information to adolescents on sexual reproductive health.

Adolescents not going to school also have an idea of what sexual reproductive health is. They know it in terms of sexual intercourse and diseases related to it. The research also shows that adolescents are indulging in premarital sex. Most admitted that at their age they are already indulging and are using safer methods to prevent STIs and HIV. However, information on adolescents' sexual reproductive health is limited to safe methods of preventing STIs and HIV. Information given is little and does not address the health implications on some of the family planning methods used. It also showed that adolescents lacked adequate information on sexual reproductive health. They lack information on issues of pregnancy, methods of family planning, counselling and sexual reproductive health rights. Since Zimbabwe is a multicultural society, teacher does not necessarily know the cultural beliefs and values of the community from which they every child comes and how and what is taught might be seen as offensive to a particular culture (Gudyanga et al., 2019).

4.4.0 Adolescents' access to sexual reproductive health services

Most respondents had limited knowledge about adolescents' sexual reproductive health services in their community. They are aware of services being available at hospitals and clinics but they never really go to hospitals to access these services. One female adolescent said,

"I know adolescents' sexual reproductive health services are available in hospitals and clinics but I have never visited the hospital to access family planning pills. I always buy my family planning pills.' Another male adolescent also said, "*I have never been to a hospital or clinic to access services, especially condoms. I just buy mine at the nearest shops, where I get them easily."*

The first key informant indicated adolescents never coming to the hospital or clinics to access services such as contraceptives. The key informant said,

"*Adolescents' sexual reproductive health services are always available. We do give family planning pills for free as well as condoms but adolescents never visit the hospitals to access them. Other family planning methods are also available even though they are not free but we never receive adolescents who are interested in any of these services."*

Adolescents also mentioned accessing sexual reproductive health services from school. Adolescents who go to school mentioned being given dignity kits which include pads and soap. One female respondent said,

"*Social clubs at school distribute pads and soap to adolescent girls at school. They distribute to everyone because some girls cannot afford pads as they are not free and accessible in clinics or hospitals*."

Most female respondents also mentioned buying their own pads. Some indicated that they are months when cannot afford, so they resort to using cloths which has some health implications if proper hygiene and sanitation is not exercised. A female respondent said, "*I buy pads every month but some months when I do not have money, I resort to using cloths. They are not easy to use but I have no choice*." Community members mentioned providing pads to their adolescent children. One community member said, "*Pads have never been free or accessible in hospitals or clinics, so I buy pads for my daughter."* Other community members mentioned not being able to provide their children with pads. A community member said,

"*Ini hangu handikwanise kutengera mwana wangu mapads mwedzi wega wega. Anongoshandisawo machira, pandinenge ndakwanisa kumutengera mwedzi iwoyo, ndipo pandinotenga./I am not able to buy pads for my child every month. She uses cloths, when am able to buy pads a specific month that is when I buy her."*

Adolescents also mentioned not having access to sexual reproductive health services because of the judgemental attitude from health practitioners when they visit health facilities. Health

practitioners refuse to provide adolescents with family planning pills or condoms when adolescents visit hospitals in search of them. On female adolescent said,

"*I once went to the hospital to ask for family planning pills. The nurse called other nurses and scolded me for wanting family planning pills and having sex at such an age. I left without any pills and never went back to the hospital to seek for family planning pills*."

Community members justified health practitioners judgemental behaviour on adolescents who seek family planning pills or condoms at clinics. One community member said,

"*Manurse haatofanire kupa vana macondom kana mapills zvachose. Kutosupporter vana kuti vaite zvepabonde. Bonde nderevanhu vakuru, kwete vana vadiki./ Nurses should never give adolescents condoms or pills at all. Giving them means they are supporting adolescents indulgence in sexual intercourse. Sexual intercourse is for grown-ups not children."*

All the male adolescents indicated never going to clinics to seek contraceptives and the reason being they have heard adolescents are stigmatized for seeking contraceptive pills or condoms.

Education of family planning methods and counselling is also inaccessible to adolescents. Adolescents use family planning methods based on what they have had from their peers. Adolescents in school mentioned being taught family planning methods but not taught on how to use them. One female adolescent said,

"*We have been taught about family planning methods at school but have not been taught in full detail on how they are used, so we end up using them based on what we were told by our peers*."

They do not know where to fully access education on family planning methods as well as counselling which is as crucial as other adolescents' sexual reproductive health services. Counselling is important in different sexual reproductive health issues. Community members mentioned adolescents not knowing where to access counselling sessions. One community member said,

"*Health practitioners also offer counselling but adolescents are not aware that they do. They only know health practitioners attending to medical issues*."

STI and HIV services are also inaccessible to adolescents because they lack knowledge on where to access them. Adolescents fear stigma that comes with disclosure of their medical conditions thus may not access STI treatments which have serious implications on their health. One male adolescent mentioned that,

"As adolescents we fear stigma from society and peers if we disclose that we have an STI. The issue of confidentiality is still a challenge as health personnel go about spreading information about your health condition to everyone so adolescents end up looking for other means like natural herbs to treat themselves."

The same is also true for HIV, once one reveals their status they are bound to face stigma upon revealing their status.

4.4.1 Discussion of findings

Adolescents access sexual reproductive health services from school. Adolescents' sexual reproductive health is taught as part of the school curriculum. Teachers educate adolescents on what sexual reproductive health is and the services provided. Adolescents' health and wellness for young adults can be enhanced through formal sexuality education in schools that includes lessons on making healthy decisions and STI/HIV prevention (Breuner & Mattson, 2016). Adolescents also mentioned being taught through Guidance and Counselling at school on such a topic but leave a lot of information on other sexual reproductive services like family planning methods, STI and HIV prevention and treatment and adolescents' sexual reproductive health rights. Adolescents are only taught on abstaining from sex limiting information on sexual reproductive health.

Adolescents have little to no knowledge of where to access services. They are aware that clinics and hospitals can offer a number of services but due to stigma and other factors associated with these services they do not visit clinics for these services. Family planning pills are only provided to married people as well as condoms. Counselling is also inaccessible to adolescents and they are not aware areas to access it. As fundamental as it is, counselling is sexual reproductive health service that adolescents have no knowledge about.

4.5.0 Challenges in accessing adolescents' sexual and reproductive health

Adolescents indicated that they face many challenges in accessing adolescents' sexual reproductive health services and these include communication gaps with parents and guardians, stigma associated with adolescents' sexual reproductive health services, lack of adolescent friendly centres, lack of confidentiality, shortage of drugs at clinics or hospitals, lack of money and gender based violence.

4.5.1 Communication gaps with parents and guardians

Most of the adolescents indicated that the major challenge they have in trying to access adolescents' sexual reproductive services is failure to discuss adolescents' sexual reproductive issues with their parents or guardians. The main reason it is impossible for adolescents to discuss these issues is because of cultural norms which suppresses adolescents' health rights. One female adolescent said that,

"*It is taboo to talk about sexual intercourse as a child with your parents as it is believed it is only meant for married people. Talking about it or asking about it may make it seem as if you are already indulging in pre-marital sex and definitely it will get you in trouble."*

Another female adolescent also mentioned that, *"I cannot openly talk about menstruation with my father. I find embarrassing to talk such issues with him.*"

Adolescents mentioned openly discussing such issues among themselves but not with their parents. One male adolescent said,

"We openly talk about sexual reproductive issues amongst ourselves as peers but never with our parents. Our parents are not open to discuss such issues with us."

One community member mentioned never talking about sexual reproductive issues with their adolescent children. The community member said, "*I have never discussed sexual reproductive issues with my adolescent children. I believe they already learn that at school so they are aware of such issues."* Another community member mentioned that they discuss such issues with adolescents but their main focus is discouraging sex. The community member said,

"*We discuss sexual reproductive issues with adolescents but our main goal is to discourage sex. We do talk about menstruation to educate girls on how they can properly take care of themselves and exercise good hygiene when they are on their period. There is certain information we do not tell in detail like contraception. Telling them about family planning methods means we are already encouraging them to indulge in premarital sex."*

Another community member indicated that they are aware that adolescents are already sexually active but they do not talk about. They only speak against premarital sex. One community member said,

"*As parents we are already aware that adolescents are indulging in premarital sex but we only discuss the negative outcomes of engaging in sexual activities and discourage it. We cannot openly discuss it."*

The key informants indicated that felt it was their duty to educate adolescents on sexual reproductive health but pointed out that adolescents do not open up when it comes to sex issues with older people. The first key informant mentioned that,

"*We always have discussions with adolescents on sexual reproductive health when they visit the hospitals and clinics but the issue of sex is not an easy topic. Adolescents are uncomfortable talking about sex with adults. They admit talking about among their peers but find it difficult to talk about it openly with adults*."

Another community member who is a teacher also mentioned that they discuss such issues at school and adolescents openly talk about them since parents or guardians are not involved. The teacher said that,

"*In Guidance and Counselling lessons adolescents openly talk about sex especially boys. They always point out that it is hard having such discussions with parents considering the cultural norms surrounded with the topic of sex among adolescents and the fact that they might think that they might think that they are already engaging in sexual activities."*

4.5.2 Stigma related to ASRH issues

Adolescents mentioned that there is stigma associated with access to sexual reproductive health. They face stigma from health personnel, they are denied access to sexual reproductive health services when they visit health facilities. The adolescents who visit hospitals to seek services are usually told that they are too young to need any sexual reproductive services. One female adolescent mentioned that,

"I went to the clinic to seek family planning pills but the nurse told me they do not give adolescents family planning pills."

A male respondent also said, "*I only asked the nurses if condoms were given for free but they made it clear adolescents did not need any condoms as adolescents are still young to properly use them."*

Other adolescents mentioned health personnel are very judgemental when they seek sexual reproductive health services. A male respondent mentioned that,

"*I had an STI and I went to the hospital to seek help but the nurses did not treat me well. They judged me for having premarital sex and almost denied me treatment*."

Another female adolescent also said,

" I went to the clinic to collect family planning pills for my married sister but I was quickly judged for wanting pills at such a young age."

The nurses judgemental attitude has led to many not seeking adolescent sexual reproductive health services.

4.5.3 Lack of adolescent friendly centres

Another challenge faced by adolescents is lack of adolescent friendly centres where they can meet and discuss about sexual reproductive health issues. A male adolescent mentioned that,

"*I wish they were centres in Murehwa where we can meet with other adolescents and discuss various issues on sexual reproductive health. It is easy to discuss such issues with peers than with parents or teachers.*"

One community member who is a nurse also mentioned that,

"*Adolescents rarely come to the clinic to access services or discuss such issues with us. When we do, we are always discouraging premarital sex."*

4.5.4 Lack of confidentiality

The issue of confidentiality is guaranteed by law but in a small area where most people know each other, adolescents fear their parents or relatives finding out about a visit to a local clinic. Adolescents fear nurses will not maintain confidentiality to their parents or guardians. One female adolescent indicated that,

"I cannot even begin to imagine what will happen if my parents find out that I went to the clinic to look for family planning pills. I will never go to the clinic to seek for services."

Another male adolescent mentioned that,

"*There is no privacy at the clinic or at the hospital. Everyone in Murehwa centre gets treated there. Nurses obviously know you which means they will definitely our parents about us visiting to seek sexual reproductive health services.*"

Adolescents indicated that they prefer sharing information on sexual reproductive health issues to their peers or siblings as they are guaranteed confidentiality. They would rather go seek sexual reproductive health services in a different area than locally.

4.5.5 Shortage of drugs at clinics

Another challenge faced in trying to access adolescents' sexual reproductive health services is insufficient drugs in clinics or hospitals. The key informants indicated that clinics and hospitals have insufficient drugs to provide to adolescents. The first key informant indicated that,

"*One challenge of adolescents in accessing sexual reproductive health services is lack or insufficient drugs. We do not have drugs in our local clinic and hospital especially for STIs. We actually refer adolescents to buy in pharmacies in Murehwa centre so that they can be treated.*"

Insufficiency of drugs in clinics limits access of adolescents' sexual reproductive services in that adolescents stop going to access services as they already know that clinics or hospitals will always refer them to pharmacies for drugs.

4.5.6 Lack of money

Adolescents cannot access sexual reproductive health services because of lack of money. Most adolescents sexual reproductive health services need to access them. Adolescents mentioned that they do not have money to buy some of the services provided. One female adolescent indicated that, "*Some of the services we cannot access them because we cannot afford them. Pads are expensive for me buying them every month."* The key informants indicated that adolescents always seek help when their medical conditions are critical and their reasons for not seeking help earlier are because they cannot afford the services given. The second key informant mentioned that,

"Most adolescents come to seek sexual reproductive health services when their situations have become critical because they mention they cannot afford some of the services. For instance, STI treatment, they claim buying drugs first then getting the treatment is expensive for them."

4.5.7 Gender based violence

Adolescents also mentioned issues of gender based violence associated with access to sexual reproductive health services. They mentioned that the issue of gender based violence is a challenge to most adolescent girls as they are not allowed to access sexual reproductive health services especially those in child marriages. One female adolescent mentioned that,

"*Am married and I had a miscarriage because I was not allowed to access services. I am not allowed to seek sexual reproductive health services without my husband's permission and I have no say in it."*

It is difficult to access sexual reproductive health services especially if they are of certain churches with doctrines that do not allow accessing health services. Other adolescents mentioned being abused if they went behind their families' back to access sexual reproductive services. Another male adolescent who is from Marange church indicated that,

"*My church does not allow us to access sexual reproductive health services or any other medical services. It is against the doctrines of the church as we believe that the holy spirit can heal us but not accessing health services always puts us at risk all the time. At school we have been educated on the importance of accessing sexual reproductive health services and how helpful they are such that we have to go behind our families back to get some of these services but it is always a risk because if they find out we get beaten.*"

4.5.8 Discussion of findings

The findings show that it is impossible for adolescents to discuss sexual reproductive health issues with their parents. There is absence of communication between children and adults (Mangeya, 2018).Cultural norms are a hindrance to good communication between parents or guardians and their children on sexual reproductive health issues. Discussion of sexual reproductive health issues by children is a taboo and only married people should talk about such issues. There is a risk of an increase of STIs infections and unwanted pregnancies if parents do not teach or discuss such issues with adolescents. Ignoring the fact that adolescents are already engaging in sexual activities and not teaching adolescents about family planning methods pose a risk of many unwanted pregnancies. Sexual matters are usually discussed when there is a problem (Nganda, 2007). Sexual reproductive health issues today should be talked about because adolescents are already engaging in sexual activities. Parents should have good communication with adolescents so that they feel free to discuss sexual reproductive health issues with their parents.

The research also showed that adolescents are stigmatised when they seek sexual reproductive health services. Health personnel refuse to provide adolescents with the necessary services because they consider them young to start engaging in sexual activities. Those services are considered to be for married people only, making it a challenge for adolescents to access sexual reproductive health services. Stigma, lack of knowledge and negative social norms can leave girls poorly equipped to make decisions about sex, relationships and family planning at a crucial juncture in their life course, contributing to the cycle of early pregnancy and marriage, and poor educational attainment and population health outcomes (Phillips-Howard et al, 2018).

Adolescents have a right to sexual reproductive services and health personnel are ignorant of these rights. It is important that health personnel are reminded of the importance of adolescents' sexual reproductive health and made aware of adolescents rights to these rights. Adolescents should be able to get condoms and family planning pills for free without being judged.

The findings also show that adolescents do lack adolescent friendly centres and drugs in clinic making it difficult to access services. Murehwa centres lack adolescents' friendly centres where adolescents can freely discuss sexual reproductive health issues as peers. An adolescent friendly centre provides an opportunity for other adolescents who are not knowledgeable about adolescent sexual reproductive health can learn from others. There is need to create such centres so that adolescents can discuss and learn from each other about sexual reproductive health issues and also access services. The deterioration of the economy has also led to poor quality services in health care facilities. The lack of drugs is also a challenge and there is need for government to provide necessary drugs and medications in the health facilities.

Murehwa centre is a small area where most people know each other, even with health personnel. This is rather a bad situation in that confidentiality is not guaranteed. Adolescents fear that nurses may tell their parents or guardians if they seek sexual reproductive health services. Accessing sexual reproductive health services is already a taboo for adolescents. Adolescents have now opted to seek services in other surrounding areas away from people they know. It actually limits adolescents' access to services as well as put them at risk of STIs and other diseases. Adolescents may find contraceptive costly and therefore need the financial assistance from parents which compromises confidentiality (Todd & Black, 2020).Confidentiality should guarantee at all times even when dealing with adolescents. There is need to sensitise health personnel on the importance of keeping information confidential. Confidentiality improves the relationship between adolescents and health personnel thus will continue visiting clinics to access sexual reproductive health services. Providing access to current, accurate sexuality education as well as to confidential pertinent information, services and support for a lifetime is crucial (Breuner & Mattson, 2016).

The issue of poverty is also a challenge in trying to access adolescents sexual reproductive health services. Most adolescents in Murehwa centre come from poverty-stricken families which are a challenge in trying to access some of sexual reproductive health services like pads, treatment of STIs and contraceptives. The cost of contraception services and methods is a potential barrier for adolescents (Todd & Black, 2020). Because most families are financially

challenged, female adolescents have resorted to using cloths during menstruation with is not health and the use of natural herbs to cure STIs which has not been scientifically proven that they treat STIs. Untreated or inappropriately treated, STDs may lead to severe complications (Poku, 2021). There is need to make sexual reproductive health services affordable to everyone so that they can be able to access them. Adolescents should not feel the need to look for other options that are risky or unhealthy just because they cannot afford sexual reproductive health services.

Gender based violence remains an enormous problem in Zimbabwe affaecting many women and girls (UNFPA, 2020). Gender based violence is also a topical issue in Murehwa centre. Many adolescents are already married and are subjected to a lot physical and emotional abuse. Adolescents mentioned not being allowed to access services by their husbands. They have no say over decisions made by the husband. Churches like Johane Marange also do not allow adolescents to seek sexual reproductive services or other medical services. Adolescents being physically punished if any family member were to find out that they accessed sexual reproductive health services. Gender based violence cases are not really dealt with legally as adolescents protect their husbands and families. There is need to sensitize adolescents on the importance of accessing sexual reproductive health services and the implications of not accessing them. Also, they need to be educated on the effects of gender based violence. There should be legal action on abusive husbands or families.

4.5.9 Chapter Summary

The chapter focused on data presentation which was illustrated in tabular form, discussion of findings and analysis of adolescents' sexual reproductive health in Murehwa centre. The data presented showed that adolescents have little knowledge of sexual reproductive health and its services. Adolescent sexual reproductive health services are inaccessible to most adolescents in Murehwa due to the fact that they have little knowledge of where to access them and the other reason being health care facilities refuse to provide some of the services. The study also shows that adolescents have an attitude towards accessing sexual reproductive health services. Adolescents also face many challenges in trying to access sexual reproductive services that is communication gap between parents and adolescents, stigma, lack of money, lack of confidentiality, insufficient drugs and gender based violence. The study shows adolescents in Murehwa have little knowledge reproductive health issues.

5.0 CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter will provide a summary of the research project on knowledge and attitude of adolescents on sexual and reproductive health as presented on above the chapters. A conclusion will also be provided on the research study as well as the recommendations on data presented.

5.2 Summary

The research project focused on adolescents sexual and reproductive health issues in Murehwa centre as well as an analysis on adolescents' knowledge and attitude towards sexual and reproductive health issues. The three main objectives guiding this project were to assess adolescents knowledge on sexual and reproductive health, to analyse adolescents access to sexual and reproductive health services and to explore the challenges in accessing adolescents sexual reproductive health services. The research project presented the main themes of this research articulating the adolescents knowledge on sexual and reproductive health issues as well the challenges they face in trying to access adolescents sexual and reproductive health services.

The qualitative method was used to understand the concept of sexual and reproductive health and adolescents opinions on accessibility of sexual and reproductive health services. 32 participated in the research project and data was collected through focus group discussions and in-depth interviews. School going and non-going adolescents, community members and key informants participated in this research project and the student managed to acquire relevant information presented on the above chapters. Text presentation and thematic analysis was used to present the data.

The study showed that adolescents have little knowledge on adolescents' sexual and reproductive health. Adolescents revealed that their major source of information on adolescents sexual and reproductive health was from school, friends or peers and social media. The data presented also shows that the sources do not entirely provide with enough information to adolescents on sexual and reproductive health issues. There are gaps in the information as it only focuses on preventative measures as the main goal is to reduce sexual activities among adolescents.

The adolescents who participated in the research cited that they face challenges in accessing adolescent sexual and reproductive health services. These challenges have prevented them

from accessing adolescents sexual and reproductive health services leading to having inadequate knowledge adolescents sexual and reproductive health issues. The challenges include communication gap between parents and adolescents, stigma, lack of money, lack of confidentiality, insufficient drugs and gender based violence. Adolescents in Murehwa face many challenges such that adolescents now have an attitude on sexual and reproductive health issues. They make little effort in trying to access adolescents sexual and reproductive health services.

5.3 Conclusion

Adolescents have inadequate knowledge on adolescents sexual and reproductive health issues. The inadequacy comes from failure of health institutions in giving full information of adolescents sexual and reproductive health issues and the different services offered. Adolescents in Murehwa centre also face many challenges in trying to access sexual and reproductive health services which include communication gap between parents and adolescents, stigma, lack of money, lack of confidentiality, insufficient drugs and gender based violence. Due to these challenges, adolescents now have a negative attitude on adolescents' sexual and reproductive health services offered in health facilities. They make little effort in accessing adolescents sexual and reproductive health services.

5.4 Recommendations

The student recommends sex education to be done in order to empower adolescents to make right decisions when it comes to their sexuality and sexual and reproductive health issues. Members of the community should not take sex education as something that goes against cultural norms. Sex education does not go against any traditional norms, religious commitments or cultural norms of a community. Sex education rather promotes responsible sexual and reproductive life, sexual abstinence and avoids sexual risk-taking behaviour. It is important that parents start engaging in sexual and reproductive discussions with their children, teaching them about safe sex methods and the importance of sex education.

There is also need for the government to create adolescent friendly environments so that adolescents are free and can have discussions on adolescents sexual and reproductive health issues. Adolescent sexual and reproductive needs would be better served in clinics or health centres that are adolescent friendly. Adolescents are comfortable in such environments and they can freely share their views without worrying about parents' opinions. These adolescent

friendly environments will allow more adolescents to access adolescents sexual and reproductive health services and also their reproductive health needs met.

The adolescent friendly centres should provide key principles of confidentiality, respect for young people and privacy, accessibility, specially service providers, gender-friendliness and the involvement of adolescents in implementing as well as evaluation of adolescent friendly services and programmes. Adequate time for client should be provided in adolescent friendly health services, where facilities should be have convenient hours of operation and peer counsellors are available. The location should not be overcrowded, shorter waiting for services and should be convenient.

5.5 Chapter summary

The chapter presented the conclusion, summary and recommendations of the research study.

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APPENDICES

APPENDIX 1: Interview guide on adolescents

My name is Christabel Mabika. I am a fourth year student pursuing a Bachelor of Science Honours Degree in Social Work at Bindura University of Science Education. I am conducting a research study aimed at analysing adolescents knowledge and attitude towards sexual reproductive health in Murehwa centre. I am kindly requesting for your participation in the research and I will engage you in focus group discussions with other adolescents which will not take much of your time. I am interested in your knowledge on adolescents' sexual and reproductive health issues and the challenges encountered in accessing adolescent sexual and reproductive health services. Bear in mind that your participation is voluntary and confidentiality is guaranteed. Your cooperation will be greatly appreciated.

Section A: Adolescents' knowledge and attitude towards sexual reproductive health

1. How old are you?

2. What is your understanding of sexual reproductive health?

3. What information exists on sexual reproductive health and what are some of the services you know of?

Section B: Adolescents' access to sexual reproductive health services and challenges encountered.

1. Where do you get the information about sexual reproductive health from?

2. Have you ever visited a health facility for sexual reproductive health?

3. What are some of the services boys and girls typically seek from the health care providers?

4. What are some of the challenges that you face in seeking reproductive services?

5. What are some of the things that discourage you from seeking services at the local health facilities?

6. Do boys and girls receive the same treatment when they access services in this community?

7. What are some of the socio-cultural taboos that hinder adolescents from accessing information on sexual reproductive health services?

8. What are your recommendations to strengthen sexual reproductive health services for adolescents?

APPENDIX 2: Interview guide on community members

My name is Christabel Mabika. I am a fourth year student pursuing a Bachelor of Science Honours Degree in Social Work at Bindura University of Science Education. I am conducting a research study aimed at analysing adolescents knowledge and attitude towards sexual reproductive health in Murehwa centre. I am kindly requesting for your participation in the research and I will engage you in an interview which will not take much of your time. I am interested in your knowledge on adolescents' sexual and reproductive health issues and the challenges encountered in accessing these adolescents sexual and reproductive services. Bear in mind that your participation is voluntary and confidentiality is guaranteed. Your cooperation will be greatly appreciated.

1. What is your understanding of sexual reproductive health?

2. In your opinion, from where and how do adolescents get information on sexual reproductive health?

3. When they are in sexual reproductive health need, from whom or where do they reach out for help?

4. What are your views and perceptions about these services and information provided to the adolescents?

5. Are the services available in the health facility for adolescents?

6. Are they any sexual reproductive health services that you feel should not be provided to adolescents?

7. Are they any challenges that make it difficult for boys and girls to access sexual reproductive health services in this community?

APPENDIX 3: Interview guide for key informants

My name is Christabel Mabika. I am a fourth year student pursuing a Bachelor of Science Honours Degree in Social Work at Bindura University of Science Education. I am conducting

a research study aimed at analysing adolescents knowledge and attitude towards sexual reproductive health in Murehwa centre. I am kindly requesting for your participation in the research and I will engage you in an interview which will not take much of your time. I am interested in your knowledge on adolescents' sexual and reproductive health issues and the challenges encountered in accessing these adolescents sexual and reproductive services. Bear in mind that your participation is voluntary and confidentiality is guaranteed. Your cooperation will be greatly appreciated.

1. What is your understanding of sexual reproductive health?

2. What is your understanding of sexual reproductive health services?

3. Are sexual reproductive health services available for adolescents at health institutions?

4. Are adolescents involved in making decisions on their sexual reproductive health needs and services?

5. What are your views on the utilization of sexual reproductive health services among adolescents?

6. Are they any challenges faced by adolescents in accessing services?

7. What are the opportunities and recommendations to improve and strengthen access and use of sexual reproductive health services by adolescents

APPENDIX 4: DATA COLLECTION APPROVAL LETTER

DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 – 7531-6, 7621-4

Fax: 263 – 71 – 7534

socialwork@buse.ac.zw

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date 21/02/22

TO WHOM IT MAY CONCERN

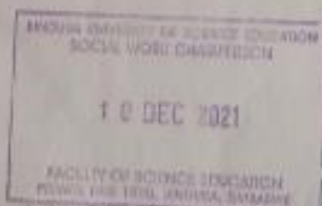
Dear Sir/Madam

REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to advise that CHRISTABEL MARIKA Registration No. B1850723 is a **BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK** student at Bindura University of Science Education who is conducting a research project.

May you please assist the student to access data relevant to the study and where possible conduct interviews as part of the data collection process.

Yours faithfully



PP **Dr. M. Zembere**
A/CHAIRPERSON – DEPARTMENT OF SOCIAL WORK

Telephone: 24207/8, 24571

Telegraphic Address:
"PROVMED, MARONDERA"
Fax: 23967

ZIMBABWE

Reference:

MINISTRY OF HEALTH AND
CHILD CARE
PROVINCIAL MEDICAL DIRECTOR
(MASHONALAND EAST)
P.O.BOX 10
MARONDERA
ZIMBABWE

7th March 2022

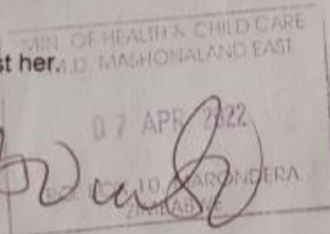
The District Medical Officer
MUREWA DISTRICT

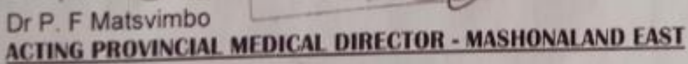
RE: PERMISSION TO CARRY OUT AN INTERVIEW FOR ACADEMIC RESEARCH PURPOSE ON ADOLESCENTS SEXUAL REPRODUCTIVE HEALTH: MUREWA DISTRICT

The above matter refers.

Permission has been granted for Mabika Christabel to carry out the above-mentioned interview for academic research purpose on adolescents sexual reproductive health at Murewa District Hospital.

May you please assist her.





Dr P. F Matsvimbo
ACTING PROVINCIAL MEDICAL DIRECTOR - MASHONALAND EAST

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