



YOUTH FRIENDLY



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IT IS TIME TO BE YOUTH FRIENDLY

By *Fadzayi Maposah*

There is something about being in the Adolescent Sexual and Reproductive Health (ASRH) programming. As the young people say these days, 'ine ka-that!' the ka-that is what motivates the staff members who are mainly youthful in years and character, except me! I am past being youthful in years and now it is mainly about being youthful at heart and in the mind, regarding the content I have about adolescents and young people. I have come to the realization that the majority of the adolescents actually want to enjoy their youthful years but the majority face challenges accessing information and services that they may require.

To fully appreciate the ASRH Department, one needs to be close to the department or even work with the department. Without

close contact with the department, one may look from the sidelines and think that there is one grey haired woman who seems to be leading the young people to just have fun when they should be working. Agreed, fun is had in the department, but work is done. I have been working with young people for close to twenty (20) years, working with them in different aspects, even my family included.

Adolescents and young people can quickly get bored so one always has to have something that keeps them engaged. I have realized that you cannot have a community dialogue with adolescents and young people and use one method of information dissemination for three hours. You will lose them. One has to think of activities that can be employed and at the same time allow the adolescents and young people to learn and engage. There must be sessions where the adolescents and young people are allowed to share

what they know and how they think issues should be solved.

Adolescents and young people can be so unpredictable to such an extent that, what adults think they know about them could have changed a long time ago. They are like our computer applications, always updating! If you do not pay attention to detail, you may sadly lose the updates. Being youth friendly is a concept that enables service providers to be able to interact with adolescents and young people at a level that is related closely to friendship. When someone is a friend, they are trusted and one is at ease with them and is able to share even information regarding what they are facing. Friends are in the inner circle, they are a crucial support system and should be able to understand that at times, all a friend needs is a listening ear.

Zimbabwe National Family Planning Council runs a training programme that assists individuals to be youth

friendly and trainings are done at Provincial and National Level.

Before one attends the training, one can have a negative attitude towards adolescents and young people. Some people even go to the extent of labelling these adolescents and young people, which blocks interaction. Once trained, it is like having the proverbial scales lifted from the eyes such that one can be able to sing, say or even shout, 'I can see clearly now! Have you been trained to be youth friendly? If yes, spread the message about ZNFPC having great trainers who will get the work done. If not, what are you waiting for, register to train and start the journey to be youth friendly!'

Visit our website at www.znfpc.org.zw and ask to register. You can also visit our social media handles Facebook, Instagram and X, formerly Twitter on Zimbabwe National Family Planning Council to view our Training Calendar.

PEER EDUCATORS: KEY PLAYERS IN SEXUAL REPRODUCTIVE HEALTH

By *Fadzayi Maposah*

I looked at the peer educators from the country's Provinces, very relaxed as the man at the helm of the Zimbabwe National Family Planning Council, the Chief Executive Officer, Mr Farai Machinga gave his remarks at the recently held Peer Educator Movement meeting held at the organization's Head Office in Southerton, Harare. I asked myself whether the provincial representatives knew how immense it was to have the CEO speak to them, given the amount of work in his office. When I saw how attentive the peer educators were, I told myself that even they knew how huge the moment with the CEO was.

Noting that maybe the peer educators had suddenly become intimidated by the Chief Executive Officer making time for the meeting, the CEO asked for each Provincial Representative to introduce themselves, their Province and the youth centre that they were working at. As the Provincial representatives introduced themselves, the CEO would give a note about the youth centre showing that he was not out of touch regarding the youth programme that the organization runs. The Provincial representatives were warmed by the head of the organization who knew where they came from and even the challenges that they faced as he even asked how the weather was just to show that he was familiar with where they volunteered their services.

In his remarks which were highly interactive, the CEO acknowledged the PEs as key lieutenants, foot soldiers in sexual and reproductive health who are producing results. The CEO said the PEs are among those who contributed to the reduction of adolescent pregnancies and they need to continue with the same spirit. Mr Machinga said that PEs need to be exposed to platforms that are able to showcase what they are doing and the organization will support this initiative with PEs expected to be at Provincial ASRH Forum meetings and the National Family Planning Forum.

The Chief Executive Officer who was in the company of the Director Technical Services, Ms Mercy Marimirofa, emphasized the importance



of promotional wear for the PEs and said as individuals who carry the organizational brand they should be supported as some community members would never get to meet the Directorate at the head of the organisation and the only face of the organization that they knew were the PEs attached to a Youth Centre. The CEO noted the importance of training so that PEs would deliver the right information to the communities. He bemoaned the poor state of edutainment equipment at YCs and said that it was an issue for concern adding this was compounded by limited IEC material which ideally should be set in context.

After the remarks, the meeting participants together with the CEO and DTS went for a photo shoot at the entrance to the main building where the two leaders had lots of laughs as they had to showcase youthful poses!

The Zimbabwe National Family Planning Council (ZNFPC) recognizes the vital role that "effective and meaningful youth participation/involvement" plays in improving programmes, information and services targeted at adolescent and young people.

Strengthening community support for adolescent health

By Percival Kushure

Stakeholders in Mashonaland Central Province who are into sexual reproductive health programming and Chief Dotito, who represented the chiefs, met for a 2 day workshop at Mazowe Hotel on the 5th of December 2024. The main goal was to share community sexual reproductive health interventions that they are implementing amid the challenges that confront young people in the province. The challenges in the province include child marriages with a prevalence rate of 49.50% according to the Multiple Indicator Cluster Survey (MICS) 2019; the highest among other provinces in Zimbabwe. Other challenges discussed which should be included in the package for service delivery are teenage pregnancies and mental health issues to mention a few.

The meeting was coordinated by the Ministry of Health and Child Care with support from the United Nations Team in Zimbabwe. The main objective was to discuss strategies to strengthen community support for adolescent health with a particular focus on self-care. Self-care is the practice of taking action to preserve or improve one's own health or an active role in protecting one's own wellbeing and happiness, in

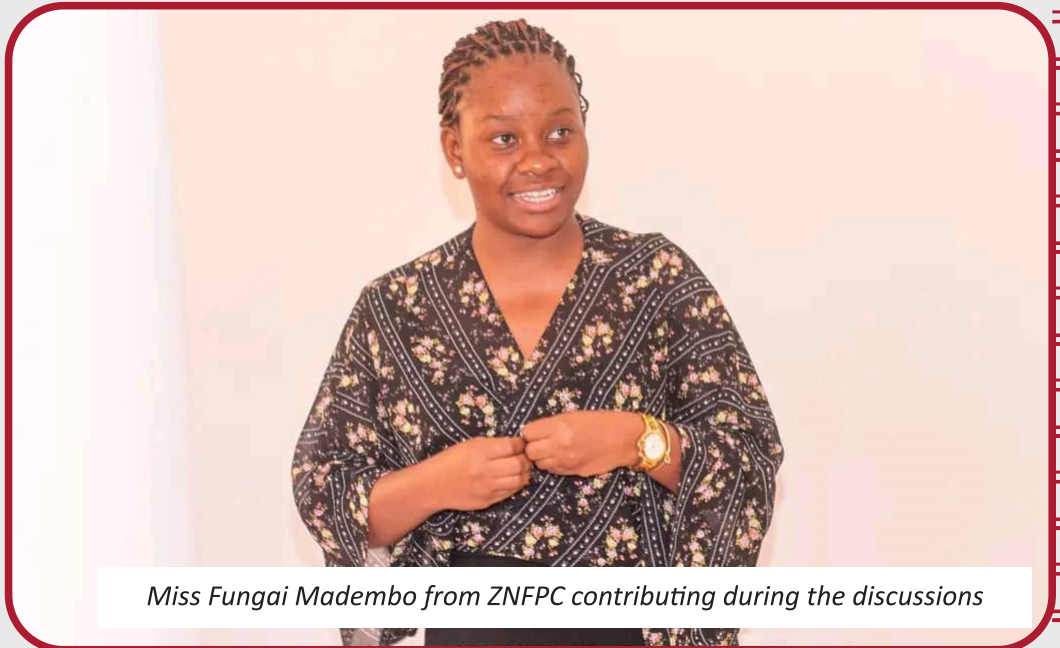
particular during periods of stress. For example young people can do self-awareness (self-regulation), Self-testing (e.g. HIV and pregnancy testing) and Self-Management (self-medication). These 3 areas in the continuum of self-care model were discussed. The responsibility was given to service delivery points in the community to identify the services that can be offered for self-care. Self-care interventions have the potential to increase choice, autonomy, accessibility, acceptability and affordability of sexual reproductive health services for young people.

Youth friendly service approaches were outlined through unpacking the global standards on provision of quality adolescent health services popularly known as the, "9 standards" among sexual reproductive health programmers. These standards give parameters to service providers at health facilities either in the public or private sector guidance on how services for young people should be tailor made for them to be acceptable, affordable and utilized.

Young people are often a unique group of people with their own desires and needs which must be fulfilled in order for them to access and utilise services. Adolescent pregnancies require pre and post-natal services which should be



Stakeholders in attendance during the workshop.



Miss Fungai Madembo from ZNFPC contributing during the discussions

tailored to meet the unique needs of young mothers. Key issues that relate to safe motherhood for adolescents were emphasized which include the

need for service providers to embrace a positive attitude. This is key to ensure an effective and safe antenatal journey for the adolescent mothers.

What is mental health?

- Mental health is about the way we think, feel and act.
- It's affects our relationships and our ability to focus and follow our dreams.
- Learning about mental health can help us express how we feel and connect more deeply with our friends. It can also help us cope with life's challenges and ask for help when we need it.



STOP TEENAGE PREGNANCY

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Self-care

Here are some ideas to help you de-stress.

★ Relax

Take some time out. Go for a walk. Listen to music. Lie in the sun. Breathe deeply for 5 seconds, hold it in, then breathe it out for 10 seconds. Repeat 10 times.

★ Exercise

Dance. Run. Move your body to release all that stuck energy and emotion. Get all those good chemicals jumping.

★ Get enough sleep

so you have time to rest and recharge,

★ Cut back on coffee, fizzy drinks and social media.

How do you de-stress?



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ENHANCING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR YOUNG PEOPLE



Access to sexual and reproductive health and rights (SRHR) services is crucial for young people as they navigate their developmental stages. Many adolescents face significant barriers in accessing these services, including stigma, lack of information, and inadequate healthcare infrastructure. Addressing these challenges is essential to ensure that young individuals can make informed choices about their bodies and health. By improving access to comprehensive SRHR services, we can empower young people to take control of their sexual health, ultimately leading to better health outcomes and reduced rates of unintended pregnancies and sexually transmitted infections.

One effective approach to enhancing access is the implementation of youth-friendly services that are tailored to meet the specific needs of adolescents. This includes creating safe and confidential environments where young people feel comfortable seeking advice and support. Training healthcare providers to understand the unique challenges faced by young individuals can foster a more

welcoming atmosphere. Additionally, integrating educational programs into schools and communities can help disseminate vital information about SRHR, enabling young people to make informed decisions. Peer education initiatives can also play a significant role, as young people often feel more comfortable discussing sensitive topics with their peers.

Furthermore, collaboration between governments, non-governmental organizations, and communities is essential to create sustainable solutions for improving access to SRHR services. Policies that prioritize youth engagement and allocate resources for targeted programs can lead to more effective outreach and service delivery. By actively involving young people in the planning and implementation of these initiatives, we can ensure that their voices are heard and their needs are met. Ultimately, enhancing access to SRHR services for young people is not just a matter of health; it is a fundamental aspect of promoting their rights, dignity, and overall well-being.

Traditional leaders a formidable force in ending child marriages

by Percival Kushure.

Traditional leaders have been referred to as the “key holders or gate keepers” in their communities, meaning that they have the power and authority to allow and disallow entry of certain traditions, cultures and behaviors which promote deviant behaviors and practices such as child marriages. In their community settings, traditional leaders possess power or authority; keys as it were due to the capacity or position they hold. They have significant influence in communities. It is however paramount to understand who these traditional leaders are, as well as their power hierarchy in the community. The Traditional leadership Act of Zimbabwe recognizes Chiefs, Headsmen and Village heads as traditional leaders in Zimbabwe and the Chiefs are at the top of the hierarchy followed by Headsmen and then Village heads.

A close look at some of the responsibilities and powers that traditional leaders have can help us to acknowledge the fact that indeed traditional leaders can be a formidable force to reckon with in as far as the issue of ending child marriages is concerned and we can work with them to avert child marriages incidences. It is also important to note that the Constitution of Zimbabwe and some Acts of parliament uphold their roles and responsibilities.

The traditional leadership Act of Zimbabwe states separately the roles of each leader in accordance to hierarchy but with similar goals at the end. Some of the notable responsibilities which make traditional leaders able to combat child marriages in their communities are as follows:

1. To promote and uphold cultural values of their communities and, in particular, to promote sound family values. This responsibility ensures that village heads uphold and support activities which promote positive values and tradition which builds communities and respect even the values of young people. Negative values and traditions which promote practices such as child marriages are denigrated.
2. To facilitate development. This responsibility gives traditional leaders the authority to engage and work with development partners in various sectors which include adolescence sexual health programmes which also focus on alleviating child marriages in communities.
3. To resolve disputes amongst people in their communities in accordance with customary law. This responsibility allows traditional leaders to ensure that customs that are consistent with legal requirements are abided to in the community and this includes ensuring that the practices of child marriages which are not consistent with legal requirements are abolished. With this responsibility traditional leaders are equipped enough to sound alarm on child marriage practices in their constituencies.
4. To exercise any other functions conferred or imposed on them by Act of Parliament. This responsibility gives traditional leaders the powers to enforce the country's landmark ruling or judgment to declare 18 years the legal minimum age of marriage, while all forms of child marriage were deemed unconstitutional.

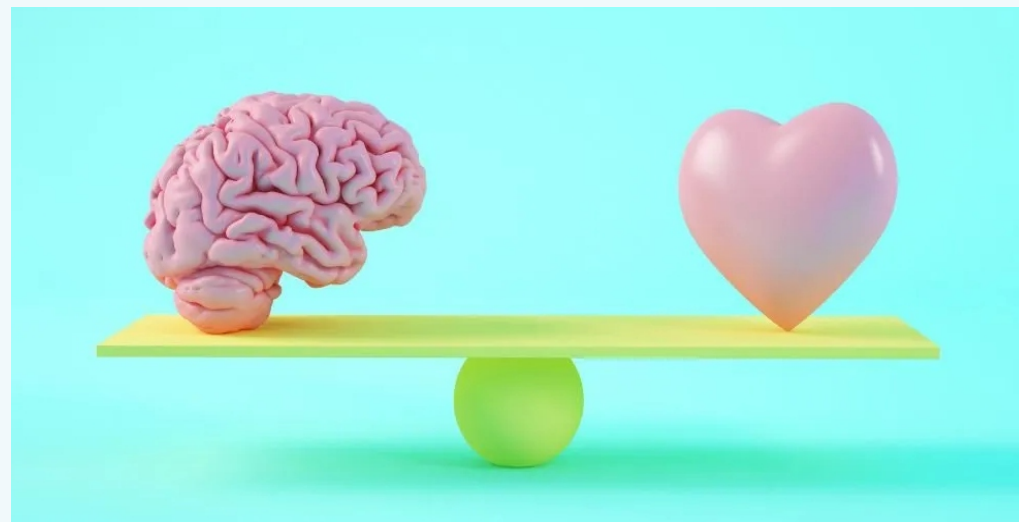
In light of these responsibilities, traditional leaders are a powerful force to reckon with in alleviating child marriages in any situation including humanitarian settings where perpetrators can take advantage of the situation. Therefore traditional leaders are powerful if they use the powers vested in them as gate keepers in the communities.

Hence as development partners, government ministries and parastatals fight to end child marriages, they need to fully recognize their power in averting certain traditions and cultures that promote child marriages in the communities. Zimbabwe National Family Planning Council in full cognizance of the roles, responsibilities and powers that the traditional leaders have, appreciates their role and continues to work with them in the provinces in a bid to end child marriages. This is done through community mobilizations and dialogues where pertinent issues, such as harmful cultural practices, that include child marriages, are discussed.

Choices: The Heart's Dilemma

By Nombulelo Malaba

In a vibrant community filled with youthful energy, a group of teenagers in Dhibhiya resettlement area in Zvishavane District navigated the complex waters of adolescence. As they transitioned into puberty, their lives began to change in ways they never anticipated. The allure of relationships and intimacy became a central theme in their daily lives, leading many down a path fraught with challenges. As the teens explored their feelings, many found themselves drawn into early romantic relationships. The excitement of first crushes and clandestine meetings often overshadowed the realities of their choices. However, what started as innocent exploration quickly spiraled into unintended consequences. Engaging in sexual activities came with risks that many were ill-prepared to handle. Before long, the consequences of these early relationships began to emerge. Some faced unwanted



pregnancies, forcing them to confront the realities of parenthood far too soon.

The weight of new responsibilities, many had to drop out of school, diminishing their chances for a brighter future. Others grappled with the threat of sexually transmitted diseases; their health compromised by decisions made in moments of passion. As the struggles of their peers became apparent, the community started to take notice. The harsh realities faced by those who had rushed into

relationships served as a wake-up call. It became clear that there was a pressing need for education on the importance of abstinence and the value of waiting until they were emotionally and financially prepared for the challenges of adult life. In response, the youth came together to support one another, fostering an environment of open dialogue. They shared their experiences, learning from one another's mistakes and emphasizing the importance of making informed choices.

Recognizing the power of peer influence, they encouraged each other to build relationships with their age mates, promoting healthy connections that prioritized mutual respect and understanding. A renewed sense of purpose, the young people in the community began to shift their focus. They embraced their youth, determined to prioritize education and personal growth over premature intimacy. By learning from the experiences of others and making conscious decisions about their relationships, they began to break the cycle of early marriages, unwanted pregnancies and school dropouts. This collective journey became a testament to resilience and the power of informed choices. As they paved the way for a brighter future, the youths learned that relationships can be beautiful, they must also come with responsibility and awareness. By doing so, they created a supportive community that fostered growth, understanding and the promise for a better tomorrow.

The Importance of Sexual and Reproductive Health for People with Disabilities

Individuals with disabilities have the same sexual and reproductive health needs as those without disabilities. However, they often face significant barriers in accessing information and services. Zimbabwe National Family Planning Council has adopted a disability inclusion and disability friendly service provision strategy to increase access to sexual reproductive health services by people with disabilities in Bulawayo and Mat North provinces. On the 7th of December 2024, ZNFPC and National Council for People with Disabilities commemorated the International Day of Disabilities through a health expo held in Bulawayo at Freedom House.

Driving this at National level, the ZNFPC's disability inclusion agenda was very clear with the participation of persons with disabilities during the World Contraception Day (WCD) Commemoration held in Gweru, at Mkoba Teachers College on 26/09/24. In his remarks, the Honourable Deputy Minister of Health and Child Care, Hon Kwidini commended the recognition of persons with disabilities by the ZNFPC leadership in their FP/SRH programming.

Individuals with disabilities may be at a higher risk for sexual abuse and exploitation, making access to SRH information and services crucial for their protection. Lack of access can lead to unmet health needs, resulting in higher rates of sexually transmitted infections (STIs), unintended pregnancies, and reproductive health complications. People with disabilities may experience social isolation, which can exacerbate feelings of loneliness and neglect regarding their sexual health.

Many health facilities are not physically accessible to individuals with mobility impairments. This includes: Inaccessible entrances and exits, lack of appropriate medical equipment and insufficient accommodations for individuals with sensory disabilities. Access to accurate and comprehensive SRH information is often limited for people with disabilities due to: lack of materials in accessible formats (e.g., braille, large print, audio), insufficient training for healthcare providers on disability awareness and sensitivity and stereotypes and stigma surrounding the sexuality of individuals with disabilities. Cultural attitudes and misconceptions can lead to discrimination against people with disabilities, affecting their willingness to seek SRH services. These barriers include: negative perceptions of the sexual agency of



individuals with disabilities, lack of representation of people with disabilities in sexual health education programs.

To improve access to SRH services, healthcare facilities must: conduct accessibility audits to identify and address physical barriers, ensure that medical equipment is suitable for individuals with various disabilities. Educational programs should be developed to ensure that SRH information is available in multiple formats, catering to different disabilities. Healthcare providers receive training on the specific needs and rights of individuals with disabilities. Raising awareness about the sexual and reproductive health rights of people with disabilities is essential. This can be achieved through campaigns that challenge stereotypes and promote positive representations of individuals with disabilities.

In conclusion, disability inclusion in sexual and reproductive health is not just a matter of equity; it is a fundamental human right. By addressing the barriers that prevent individuals with disabilities from accessing vital information and services, we can create a more inclusive society that respects and upholds the dignity of all individuals. It is imperative for policymakers, healthcare providers, and communities to work together to ensure that everyone, regardless of ability, has access to the sexual and reproductive health services they need and deserve.



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Murowa Youths rule the roost at Mutambi Bethany Tournament

By Leighton Dzinoreva-Youth Facilitator

Sports that promote inclusion and empowerment, particularly on the football and netball pitches are being used all over Africa, with Zimbabwe not being an exception to inform and engage youths in HIV and Sexual Reproductive Health (SRH) rights information and services. These games have been known to be crowd pullers for ages. Most organisations also find it easier to mobilise resources needed for such games to take place. Another advantage of netball and soccer is that even amateurs can also participate, as these are traditional games with minimal requirements. Sport all over the world brings people together thereby making it a very useful tool to use when there is need to target a large number of people all at once.

This rings true for the ball games which were held at Mutambi in October 2024, which were not only just fun and games but the day was also packed with prevention and behaviour change programmes as well. The attendees were taught on a number of issues that affect them as young people. Sexual Gender Based Violence (SGBV), substance and drug abuse, HIV Testing Services (HTS) were some of the exciting topics that were learnt. As the games and the lessons progressed, the youths were singing educational songs and listening to other popular edutainment music as well. The Murowa boys



The Murowa Youth Centre affiliated Boys team, popularly known as "Humwe", donning their newly won jerseys and a floating trophy at Mutambi tournament. The jerseys and trophies are being kept at the youth centre.



The girls' soccer team from Murowa as well won a trophy and jerseys. The Pamumvuri team boasts of 5 peer educators from the youth centre.

soccer and girls netball teams which are popularly known as the "Humwe" and "Pamumvuri" respectively shone at these games as both teams came out victorious in their disciplines.

They received trophies, new soccer and netball balls as well as new uniforms for their efforts.

The teams and their coaches and other youths affiliated with Murowa youth centre gave all the credit of their victory to the revamping of the youth centre, especially the provision of balls for edutainment as they have been able to set up proper teams and can practice constantly, thanks to the availability of balls at the youth centre. Songs of praises were sung in appreciation of the ZNFPC Midlands Province for what they had done to the youth centre. One of the long serving peer educators, Simbarashe Ndhlela said, "The youths now find practice more interesting and meaningful, as they would learn more skills from watching international games on the newly installed DSTv". He added that the DSTv is not only teaching these young people sport, but they are also learning a lot of other important things by watching educational channels. He also went on to say that the revamping of the youth centre saw a considerable increase in the number of youths who now come to the youth centre, as there are a lot of things to do besides the television. The youth centre was also equipped with new curricula books as well as other IEC materials.

THE EVOLUTION OF RELATIONSHIPS: 2000 TO PRESENT

By Chibasha Primrose

The 21st century has witnessed significant changes in the way people form, maintain, and navigate relationships. With the rise of technology, shifting societal norms, and increased connectivity, relationships have become more complex, diverse, and dynamic. In this article, we'll explore the evolution of relationships from the year 2000 to the present day. In the early 2000s, traditional relationships were the norm. Couples met through social events, mutual friends, or family gatherings.

Courtship involved face-to-face interactions, phone calls, and handwritten letters. The rise of online dating was still in its infancy, with platforms like (link unavailable) and eHarmony gaining popularity. As social media platforms like Myspace (2003) and Facebook (2004) emerged, people began to connect with others online. Online dating became more mainstream, with sites like OkCupid (2004) and Plenty of Fish (2003) offering new ways to meet potential partners.

The launch of Tinder in 2012

revolutionized the dating landscape. Swipe-based dating apps became incredibly popular, making it easier to connect with potential partners. However, this era also saw the rise of "ghosting," where people would suddenly stop responding to messages or interactions. In recent years, there has been a growing emphasis on authenticity, diversity, and inclusivity in relationships.

The effects are partners are prioritizing mental health and well-being in their relationships. More people are exploring non-traditional relationship structures, such as

polyamory and open relationships. The past two decades have seen significant changes in the way people form and navigate relationships. From the rise of online dating to the growing emphasis on authenticity and diversity, relationships have become more complex and dynamic. As we move forward, it's essential to prioritize communication, consent, and mutual respect in our relationships, while embracing the diversity and individuality that makes each relationship unique.

WHEN THE WORD MAIGURU IS USED TO VIOLATE INNOCENT WOMEN

By *Fadzayi Maposah*

Being on the streets of some parts of Zimbabwe can be close to traumatic. There is a risk of being robbed of whatever one has and has had to sacrifice much to accumulate. I have heard people scream 'thief' and the responses have basically been varied. I guess it depends who has been robbed and who is around when this happens. It should just be the same for everyone.

I am afraid of being at the bus termini within Harare. Forgive me and please be kind to me as you read this. The bus termini are always crowded. There are times I used to think that the large crowds were indicative of peak hours but I have since learnt that time is of no effect when it comes to congestion at the bus termini. As someone who stays in the East, I frequent Fourth Street Bus Terminus, more than the other termini. Besides being afraid of being mugged, I am afraid of coming face to face with some not

so pleasant behaviors of my fellow countrymen.

There are behaviors that are unbecoming of Zimbabweans but that have not been curtailed. One can be harassed for the way that they are physically built. What I have realized is that there is no one physical built that can be said to be favorable to some commuter omnibus crews. There are distasteful comments that they make and always seem to get away with. When speaking out against the behavior, one must be prepared to be a lone ranger left to the mercy of the commuter omnibus crew and even the passengers. When one is big bodied, the commuter omnibus conductor in most instances, will appear as if they are letting you off gently. This is what the conductor could say when one attempts to board the minibus. 'Chimbomirai Maiguru kukwira. Imi Makati wandei, apa pamuri kuda kugara hamutombokwani. Ko imi muri kuzvibikira muchizvidyira muchiguta. Plus imi malandlord munoda pakasununguka. Haa

mukoma wangu ari kugona kukuchengetai mhani, hamuna kumbobva kumusha kwenyu makadai'

Loosely translated this means, 'wait my sister in law. You are a bit bulky and where you want to sit, you will not fit. You are one of those who are cooking well, eating well and ensuring that you eat till you are satisfied. Also being a landlord, you need ample space. My brother is really taking good care of you, when you came from your family, you were not like this'.

While he rambles on and on, he may ask one slim woman to get down so that she creates space for the big bodied one and then she gets to sit in a more restricted space. In the process, the conductor can say to the slim one, 'Ko Maiguru , apa munokwanaka nhai? Imi muri slender, slender chaiyo. Kuzongoti maita wig mumusoro, otherwise tikakupfekedzai kasuit, zvinotoita. Pamwe munofanirwa kuti wedzerei sadza ramurikudya otherwise vekumusha kwenyu vachati tiri

kukunetsai kani.' My sister in law, you will fit here, you are slim, yes very slim. It is only that you have a wig otherwise if we dress you in a men's suit, it will look good on you. Maybe you should continue eating more otherwise your family will think that we are bothering you which is why you have remained slim'

In less than ten minutes, the conductor can leave not only the two women that he is asking to switch positions, but others on board scarred by his careless talk. It may be wise to remain quiet so as not to expose yourself to worse comments should they gang up against you.

How are women and girls to be protected as they use public transport against the violence that is rife at the bus termini, not only in Harare but nationwide? During these 16 days of activism against gender based violence may society come together to think of how these termini can become safe spaces for everyone.

Gender-Based Violence Survivor Finds Strength through SRH Services and Advocacy

By *Tendayi Mwedzi*

In Zimbabwe, gender-based violence (GBV) remains a pervasive issue, with about 1 in 3 women aged 15 to 49 experiencing physical violence and 1 in 4 experiencing sexual violence since the age of 15, according to the Zimbabwe Demographic and Health Survey (ZDHS) 2010 - 2011. Most victims endure this violence at the hands of intimate partners. Gender Based Violence can be classified into five categories namely sexual violence, physical violence, emotional abuse, economic violence and harmful traditional practices. November is a significant month for addressing Gender-Based Violence (GBV) worldwide. The month marks the beginning of the 16 Days of Activism against Gender-Based Violence, which starts on November 25, the International Day for the Elimination of Violence against Women, and ends on December 10.

During a community outreach program organized by the Zimbabwe National Family Planning Council (ZNFPC) on October 26, a heartbreaking story emerged from a young mother Christabel (not her real name) who had endured severe forms of GBV. In a small group discussion session, she courageously opened up about the physical, economic, social, emotional abuse and harmful practices inflicted by her partner.

Christabel shared the details of her ordeal, revealing visible injuries from frequent beatings. She also

described how her partner barred her from participating in economic activities like women's savings clubs and income-generating projects, leaving her financially dependent. This 22-year-old mother of 3, lived in a small village, in rural Zimbabwe. Christabel had married her second husband, when she was just 19 and had quickly become pregnant with their first child. Her first husband had succumbed to the Covid - 19 pandemic.

At first, the new husband seemed like a loving and supportive partner. However, as time went on, she began to experience all forms of gender-based violence (GBV) at his hands. He would often come home drunk and accuse his wife of being unfaithful. He would beat her mercilessly, leaving her with bruises and scars. He would also force her to have sex with him, even when she was ill or tired. Despite encouragement from friends and family to seek help, Christabel chose not to report her abusive partner to the police and responsible authorities. This decision stemmed from her fear

of losing her second marriage, as she had already experienced the breakdown of her first.

Her situation became even direr when a cousin, recently returned from South Africa, informed her that her partner was notorious for defaulting on antiretroviral therapy (ART), engaging in unprotected sexual activities, and failing to disclose his HIV-positive status. This revelation coincided with her own suspicions of having contracted a sexually transmitted infection (STI), as she had been experiencing discomfort and itching.

Though advised to seek sexual and reproductive health (SRH) services for screening and treatment, her access to healthcare was limited due to the remoteness of her community. She put off addressing her health concerns until ZNFPC brought free SRH services, including family planning, STI treatment, and HIV testing, to her area.

Christabel took the courageous step of approaching the service providers for HIV testing. Before the test, she

underwent a pre-counseling session that prepared her emotionally and provided her with crucial information about HIV and SRH. The session empowered her to make informed decisions and face her results with strength.

The test confirmed that she was HIV-positive and had an STI. While the results initially brought a mix of shock, pain, and fear, they also gave her a sense of relief. What stood out to the service providers was her remarkable resilience and positive attitude toward starting ART. With tears streaming down her face, she expressed gratitude for the pre-counseling, which had given her hope and the belief that she could live a healthy, normal life with HIV.

Motivated by her experience, she decided to join ZNFPC's peer education program, where she would receive training to support, educate, and empower others in her community. She committed to advocating for young mothers and women experiencing GBV, ensuring they have access to the information and services she previously lacked.

Her future plans include working to eliminate GBV in her community and encouraging survivors to report perpetrators. Her story is a powerful reminder of the importance of accessible SRH services, community outreach programs, and the life-changing impact of education and support.

Through her newfound strength and determination, she is transforming her pain into purpose, offering hope and empowerment to others facing similar challenges.

