

Reproductive health challenges of students, lecturers, administration and college communities in the agricultural training institutions in Zimbabwe

A Participatory Research Report



Students and Youths Working on Reproductive Health Action Team (SAYWHAT)



**with the
Regional network for equity in health in
East and Southern Africa (EQUINET)**



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Through institutions in the region, EQUINET has been involved since 2000 in a range of capacity building activities, from formal modular training in Masters courses, specific skills courses, student grants and mentoring. The capacity building activities in EQUINET are integrated within the existing areas of work of the network or build cross cutting skills demanded across themes by institutions in the network. This report has been produced within the capacity building programme on participatory research and action and is disseminated in this context. It is not a formal EQUINET discussion or policy paper.

Executive summary

In Zimbabwe, there are four categories of state owned tertiary institutions: universities, teachers colleges, polytechnic colleges and agricultural colleges. All institutions are either in urban or semi-urban areas, except for agricultural colleges, which are mostly located in farming communities due to the nature of their studies and are governed by the Ministry of Lands and Agriculture instead of the traditional Ministry of Tertiary and Higher Education. Such discrepancies have led to the 'isolation' of the students attending these institutions especially in matters concerning the students' health. In particular there has been inadequate effort to address the reproductive health challenges of the students in these institutions despite their sexually active and high risk age group, including for risk of HIV infection .

Students and Youths Working on Reproductive Health Action Team (SAYWHAT) a civil society organization in Zimbabwe, used the Participatory Reflective and Action (PRA) methodology as the starting point to involve the agricultural colleges in addressing reproductive health challenges. This followed the training in Participatory Reflective and Action (PRA) methods for people centred health systems done by Training and Research Support Centre (TARSC) and Ifakara Health Research Development Centre through the Regional network for Equity in Health in east and southern Africa (EQUINET), in which SAYWHAT participated. The research was done in four colleges and was attended by the students, community members and the college administration.

The researchers with the skills gained during the training by EQUINET used the following tools:

- **Human sculpture:** to sensitise the community about the research and the enable them to play an active role.
- **Institutional mapping, stakeholder mapping and community mapping:** to understand the community and the social determinants of their health.
- **Ranking and scoring, problem tree and spider diagram:** to illustrate and prioritise the reproductive health challenges and identify their root causes.
- **Group discussions:** to reflect on the findings in smaller groups.
- **Institutional work plan:** to define a plan of action to address the identified reproductive health challenges.

The research used the above PRA tools to establish the following:

- the key issues and health challenges that students, lecturers and workers face in relation to their reproductive health;
- the strategies already in existence in the college community to meet these challenges and how effective they are;
- the programmes and organisations already in existence at the colleges to meet these challenges and how effective they are; and
- the information or support still needed; what role can SAYWHAT play in filling these gaps?

The PRA approach was selected in order to:

- Actively involve the students, community and college staff from the four agricultural colleges: Gwebi, Chibhero, Mazowe and Kushinga Phikelela Agricultural College.

- Strengthen the capacities of SAYWHAT and students to provide, organise, analyse and use challenges identified to evidence in support of equity oriented health policy and strengthened health systems responses to AIDS.
- Strengthen the capacity of SAYWHAT to monitor and evaluate the equitable distribution of resources in the student community in the bid to address the reproductive health challenges.
- Document the Reproductive Health Challenges faced by the agricultural students and formulate programmes that address such challenges.

During the research, the students and the community identified the following as major challenges to reproductive health:

- lack of reproductive health information
- absence of trained peer educators and counsellors
- absence of professional counsellors in the colleges
- absence of health workers, social workers in the communities
- absence of condom advocacy
- lack of entertainment
- shortage of drugs in the college clinics
- negative attitudes by the colleges nurses and their lack of confidentiality.

The research highlighted concern in the colleges with the lack of organisations working with the students on reproductive health. The discussions raised a number of recommendations based on the understanding of students' needs as a starting point: Reproductive health and behaviour change programmes need to address the major problems in social welfare at the colleges. Reproductive health programmes should involve the whole college community as an active player at every stage, strengthening the ownership and relevance of any programme, and minimizing risks of dependency. Equally students and the administrators should thus be active players in planning and implementing the programmes and in the decision-making processes on them.

The SAYWHAT team propose after the insights gained from the process to:

- Replicate the research in the three remaining colleges.
- Intensify information dissemination on reproductive health in the colleges.
- Dialogue with authorities to include reproductive health education in the college curriculum.
- Carry out capacity building in the colleges to strengthen students skills in PRA
- Enhance condom advocacy and information to dispel misconceptions regarding the safety and quality of condoms.
- Greatly involve the college nurses including to promote student friendly college clinics to enhance student use of the clinics.

1. Introduction

This report analysis and summarises findings of the reproductive health challenges in the agricultural training institutions in Zimbabwe. In Zimbabwe, there are four categories of state owned tertiary institutions. There are universities, teachers colleges, polytechnic colleges and agricultural colleges. All other institutions are either in urban or semi-urban areas except for agricultural colleges. The latter are mostly located in farming community due to the nature of their studies. Besides the location, the operational policies are governed by the Ministry of Lands and Agriculture instead of the traditional Ministry of Tertiary and Higher Education. This situation has led to the 'isolation' of the students attending these institutions especially in matters concerning their health. We noted that little was being done to address their reproductive health challenges, despite their sexually active age group and risk of HIV infection.

This work aimed to explore how the college community, students and the administration could be more active in identifying and addressing the reproductive health challenges facing the students. This report also presents guidelines on how the current reproductive health challenges could be addressed through a participatory approach. In particular, the work, through meetings held in four different colleges, aims to explore the involvement of the community and other stakeholders in the effort to address the reproductive health challenges.

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- Strengthen the capacity of SAYWHAT to monitor and evaluate the equitable distribution of resources in the student community in the bid to address the reproductive health challenges.
- Document the Reproductive Health Challenges faced by the agricultural students and formulate programmes that address such challenges.

The research field team was made up of Jimmy Wilford (SAYWHAT Coordinator), Pelagia Mutunzi (Secretary General) and Chiedza Mupambwa a student at Midlands State University (MSU). The team received advisory guidance from Faith Chikomo during the period we were working on the researches. Jimmy Wilford compiled the report. Peer review support was obtained from Barbara Kaim, Dr Rene Loewenson, Fortunata Machingura (TARSC), Linda Mashingaidze (CWGH) and Dr TJ Ngulube (CHESSORE).

2. Methods

Sensitisation meetings were held with the SAYWHAT College committees and college authorities to introduce the aims and PRA methods to them. The students and the college authorities participated in the planning of the workshop and in identifying the dates, and arrangements for the meetings. The involvement of the students and the college authorities in the planning built ownership of the programme.

After the sensitisation meetings and having looked at the nature of the targeted colleges, the researchers met and identified the PRA process and tools to support the research objectives.

The tools used included:

- **Human sculpture:** to sensitise the community about the research and the enable them to play an active role.
- **Institutional mapping, stakeholder mapping and community mapping:** to understand the community and the social determinants of their health.
- **Ranking and scoring, problem tree and spider diagram:** to illustrate and prioritise the reproductive health challenges and identify their root causes.
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Social mapping - students at one college drawing the social map of their community

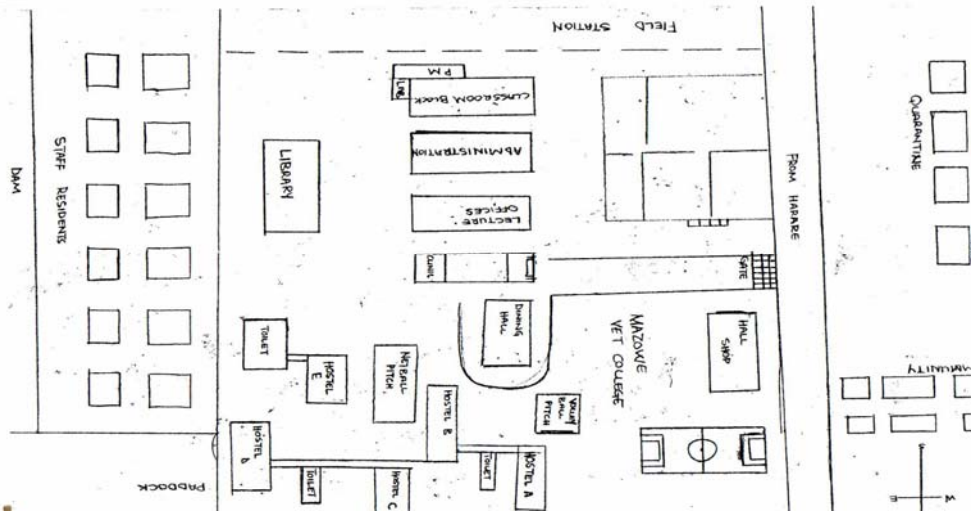
3. The research workshops

3.1. Mazoe Veterinary College

The first research workshop brought together students, lecturers and the college community to identify reproductive health challenges at Mazowe Veterinary College in Mashonaland Central province. The college is located 32 km north of Harare, the capital city of Zimbabwe. The area is rich in arable land and is host to the most fertile soils in Zimbabwe. The college specialises in training animal doctors and the rearing of animals. The college hostels have a carrying capacity of less than 100 students dominated by male hostels. As is the case in many agricultural colleges, there are more male students compared to female students. Farms and gold panners surround the college.

This meeting had representatives from the college's administration (Farm Health Worker, Human Resources and Vice Principal), students, Veterinary field station workers and Zimbabwe Republic Police (ZRP).

Students in groups outlined the features of the college environment in the form of a map (see overleaf).



Mazowie social map

The participants considered the main reproductive health challenges, which the community is facing. Spider diagrams were used to establish the main problems identified by the students and by the lectures and staff. Each explored their own issues as a group:

Figure 1: Issues identified by the students as a group (female and male)

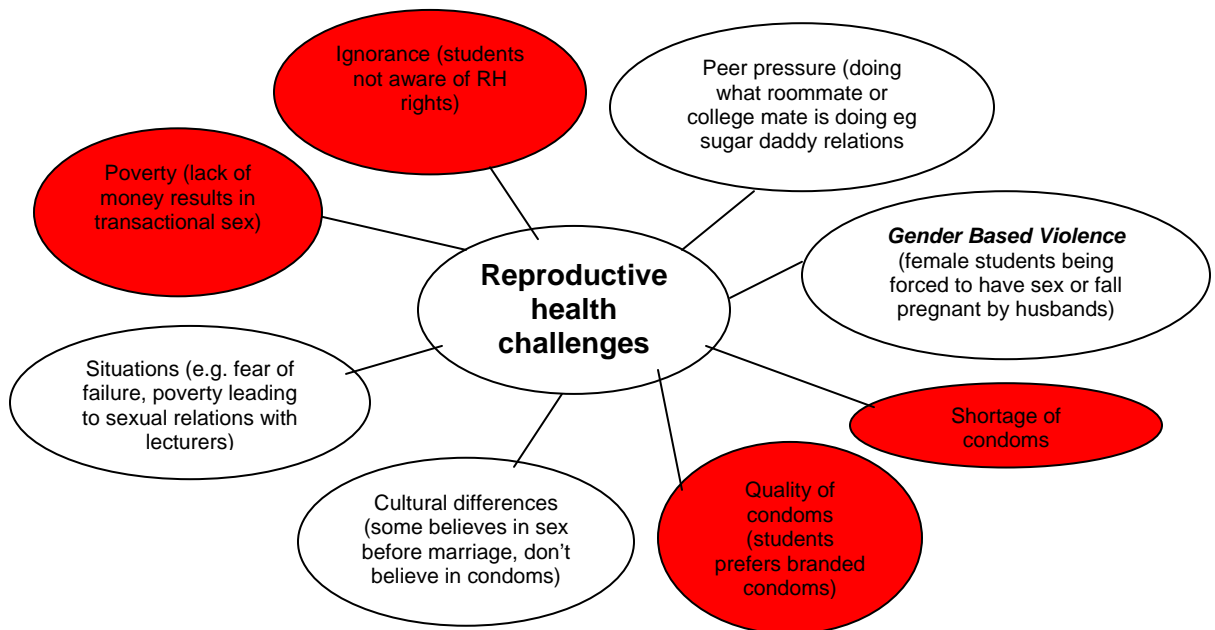
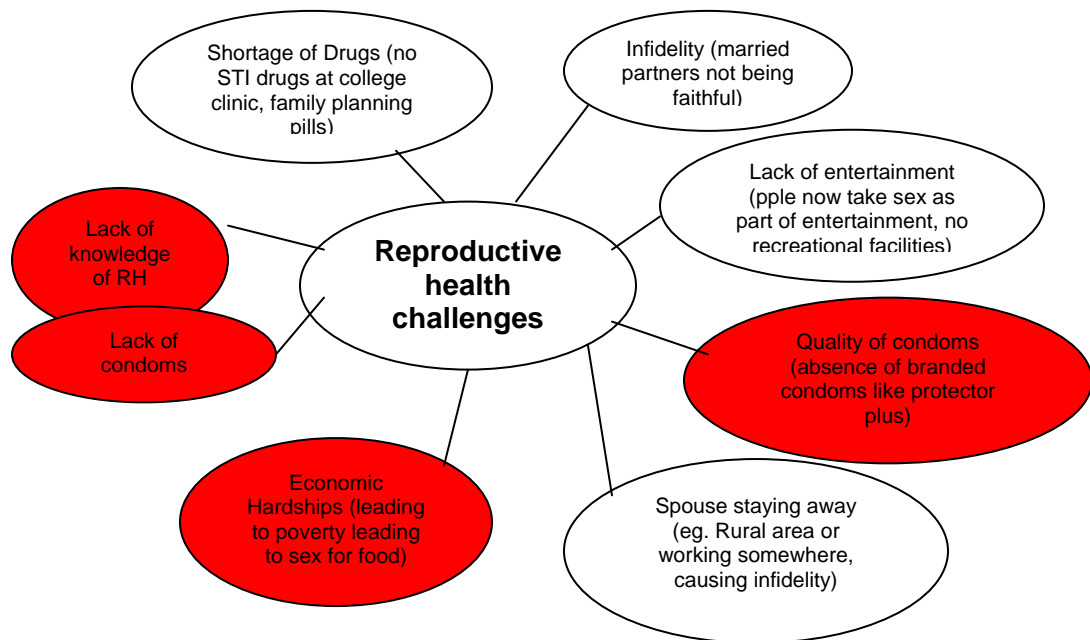


Figure 2: Issues identified by the Administration and staff as a group



The spider diagrams in Figure 1 highlight challenges that were identified by both students and staff (shaded in red), not surprisingly as they share the same environment in the college. There was consensus that they all lack information on reproductive health; they lack access to condoms and are concerned with the quality of condoms available. There are economic challenges facing both groups.

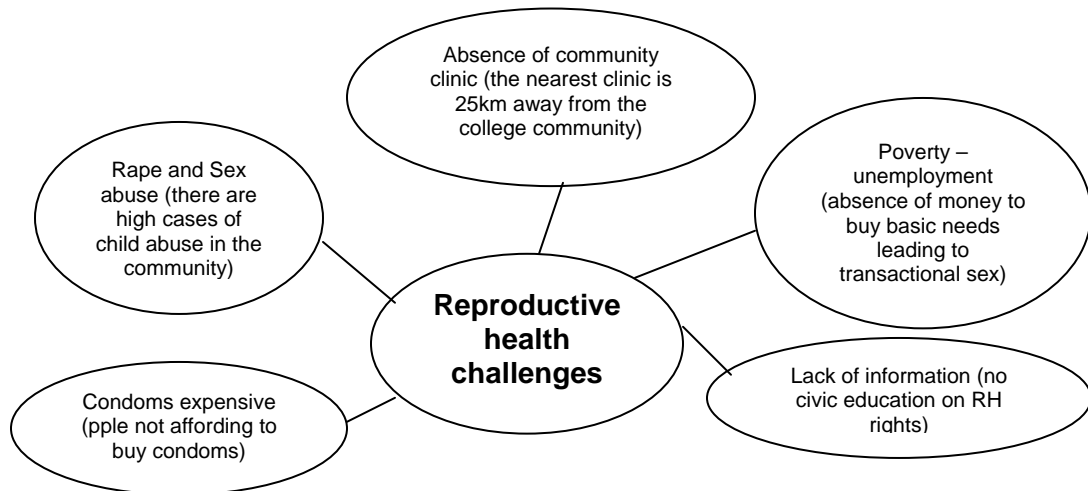
There are, however, differences between them. The administrators and staff were often married but not staying with their partners, whom, they see over weekends if financially possible. They were worried about marital infidelity and the Sexually transmitted infections that may arise. For the students there was greater concern over peer and authority pressure and fear of failure leading to compromised sexual situations and of gender violence.

The community group raised similar challenges to those raised by the other two groups (See figure 3). They were concerned about information, access to reproductive health services and poverty. They noted issues of rape and sex abuse, perhaps as they also included officers from the Zimbabwe Republic Police from the community police station to whom rape cases are reported. The students and the administration might not hear about the incidents but the community will be aware of such offences when they are committed. During discussions it came out that most of the victims of rape are youths and for sexual abuse the victims are adults.



A student giving feedback to other participants after group discussions

Figure 3: Community group



The participants in groups prioritized the reproductive health challenges.

Table 1: Ranking of reproductive health challenges by group

Students		Community		Administration	
Reproductive health challenges	Rank	Reproductive health challenges	Rank	Reproductive health challenges	Rank
Culture	1	Rape, sexual abuse	1	Infidelity	1
Gender based violence	2	Poverty	2	Shortage of / poor quality condoms	2
Poverty	3	No information of reproductive health	3	Shortage of drugs	3
Ignorance	4	Shortage of drugs at Clinic	4	Separation of spouses	4
Situation	5	Condoms expensive	5	Economic hardships	5
Shortage of / poor quality condoms	6			Lack of social amenities	6
Peer pressure	7			Limited reproductive health information	7

For the students coming from diverse parts of the country, cultural issues and gender based violence are the priorities. Students said there are some who don't believe in the use of condoms for cultural reasons and some who believe in sex before marriage, compromising the reproductive health of other students, or leading some students to dominate others. Due to the small number of students at the college (less than 100), peer pressure is not regarded as that dominant. Poverty was rated lower perhaps because students at this college are on salary as civil servants who are taken from different Agricultural Extension Services offices to further their skills. They are usually at college for no more than six months.

The community identified rape and sexual abuse and poverty as their major challenges. The police officers reported that perpetrators of rape and child abuse were sometimes members of the public under the influence of alcohol. In the area there are gold panners who when they earn income may spend it on drinking beer. The perpetrators are both youths and adults. The police have tried to hold awareness campaigns on rape and sexual abuse and perpetrators are being dealt with heavily. The issue of poverty and lack of information on reproductive health was also identified a major challenge. The community said that awareness might discourage 'transactional sex' as the dangers would be known.

The administrators rated infidelity and condom distribution highly, given their separation from their spouses noted earlier. The scarcity of condoms and medicines at the college was noted, as was the absence of social amenities for recreation. The administrators felt ignored by reproductive health information outreach which they felt targeted students and yet they too needed it.

Having identified the priority reproductive health challenges, the meeting identified the existing organisations or programmes that could address the challenges. The exercise established that not many institutions were active at the college, with only three institutions identified. These were Ministry of Health and Child Welfare (MoHCW), Zimbabwe Republic Police (ZRP) and Students and Youths Working on Reproductive Health Action Team (SAYWHAT).

The MoHCW is responsible for supplying the local clinic with drugs and personnel but limited resources has made this less effective. The ZRP carries out public awareness campaigns in the community towards public holidays or after some incidences like rape. SAYWHAT carry out focus group discussions on reproductive health problems being faced by students. SAYWHAT was felt to have been consistent in its programmes but it was noted that students stay at the college for less more than four months making it difficult to reach all and that SAYWHAT information dissemination has not reached out to the community.

Way forward

The participants in groups discussed what information or support might be needed and the role that SAYWHAT and other stakeholders can play in filling the existing gaps. They suggested that:

- There should be increased civic education on reproductive health rights to the students and the community, supported by reading materials like posters and pamphlets from other organisations and materials tailored for the students so that they can associate with the information being communicated. – (MoHCW and SAYWHAT).
- Awareness campaigns on rape and sexual abuse be increased and penalties for perpetrators enforced– (ZRP).
- Students and local community be trained as peer educators to enhance communication skills in relationships, to promote knowledge of HIV status and to address the reproductive health challenges – (SAYWHAT).
- Such platforms where students, the community and the administrators meet to discuss the challenges being faced by the Mazowe community be continued– (SAYWHAT).
- Statistics on reproductive health in the community and visual tools like pictures of reproductive health illness be provided to enhance awareness– MoHCW and SAYWHAT.

It was suggested that resources be sourced to finance the implementation of the proposed goals and other stakeholders be brought in to assist in addressing these reproductive health challenges (SAYWHAT). It was also suggested that Public Services International (PSI) MoHCW and SAYWHAT establish free voluntary counselling and testing centers in the Mazowe community.

3.2. Kushinga Phikelela Agricultural College

Kushinga Phikelela Agricultural College is located 90 km from Harare along the highway that links Harare and the eastern part of the country. The college is 2.5 km from the eastern highway high in Mashonaland East Province. The college offers training in National Certificate and National Diploma in Agriculture and has the capacity to accommodate almost 500 students at one time. Students and members of staff from the sister college, Kushinga Phikelela Polytechnic College also attended the research meeting. The agricultural colleges have enough accommodation for the students that they enroll but the Polytechnic does not have enough accommodation for the students that they enroll. The agricultural college's enrollment is determined by the number of accommodation but at the Polytechnic the enrolment is determined other factors hence their students required to seek accommodation somewhere.

The participants considered the main reproductive health challenges, which the community is facing. As with Mazowe college spider diagrams were used to establish the main problems named by the students, lectures and the community. (See Figures 4-7 below).

The student groups were made up of students from different specialisations. Students from the sister college, Kushinga Phikelela Polytechnic have a problem of accommodation leading to students seeking accommodation in the compound and Marondera (nearby town). The accommodation is expensive and students cannot afford it, increasing pressure for 'sugar daddies' or sexual partnerships to cater for the expense. Both groups raised the limited entertainment in the community that leads to some sexual relations. The only entertainment available at the college is the bar that only sells beer to those students who drink and afford.

Figure 4: Issues raised by the Students' group – farming

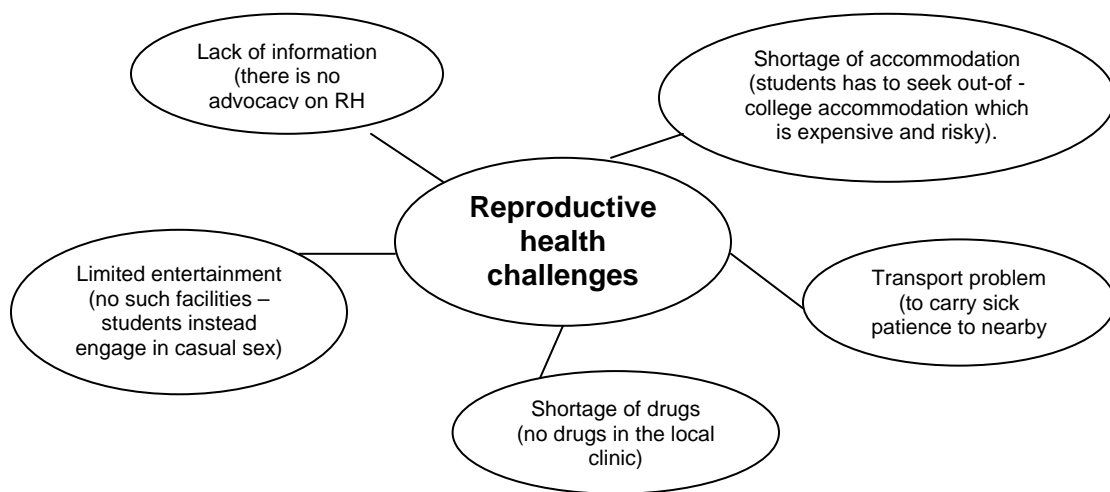
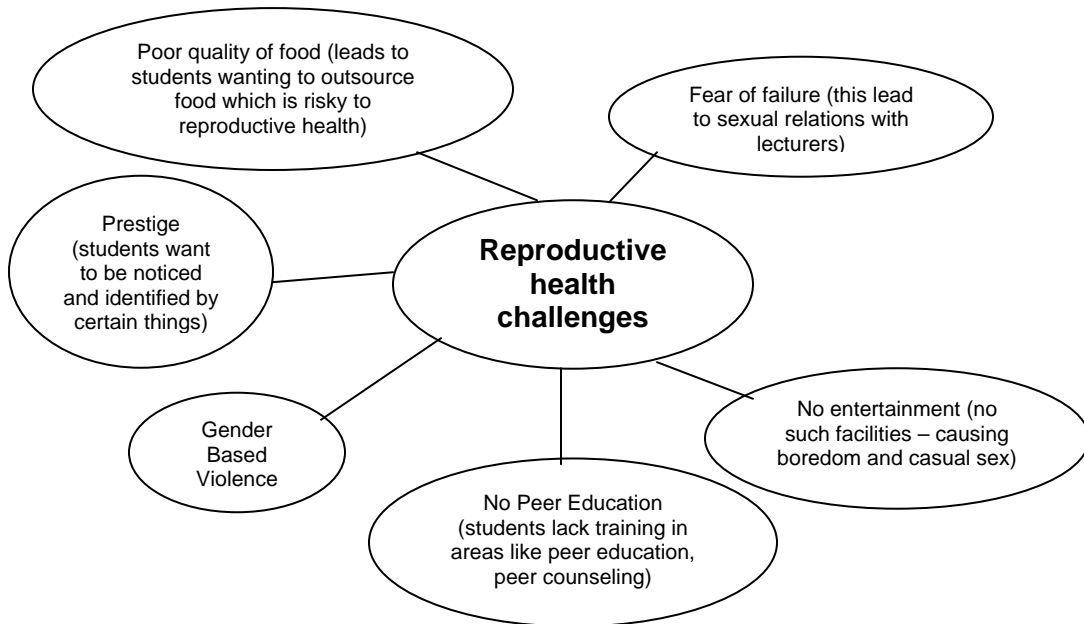


Figure 5: Issues raised by the Students group – animal husbandry



The administrators and participants from the community identified other challenges, different from those raised by students. This is possibly because of the age difference. The community and the administrators were concerned with the absence of trained health workers who they say are integral to the establishment of good health systems. They were also concerned with the shortage of drugs, which they said delays the treatment of STIs. The administrators were worried about multiple sexual partners amongst students because there are less female students as compared to male students. The community was concerned about the lack of education workshops to disseminate information about reproductive health.

Figure 6: Issues raised by the administration group

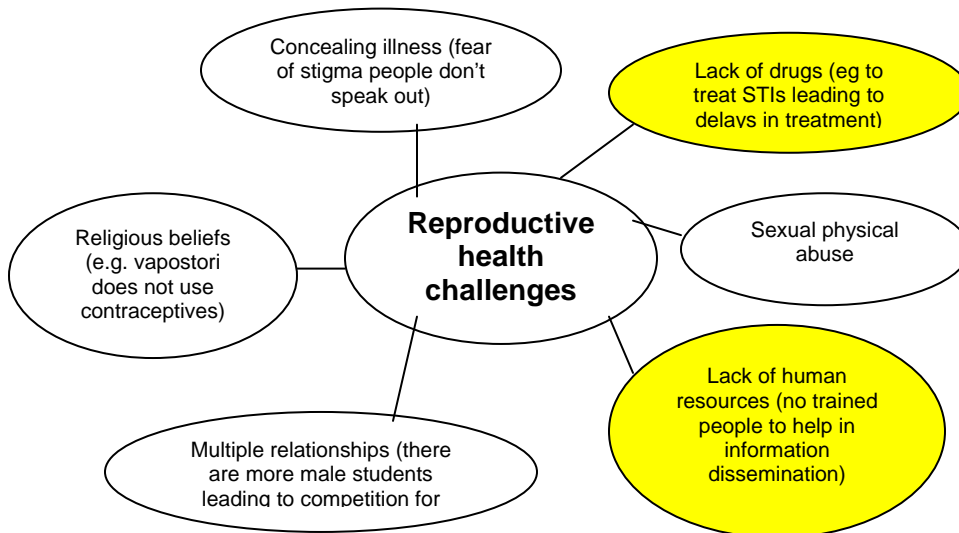
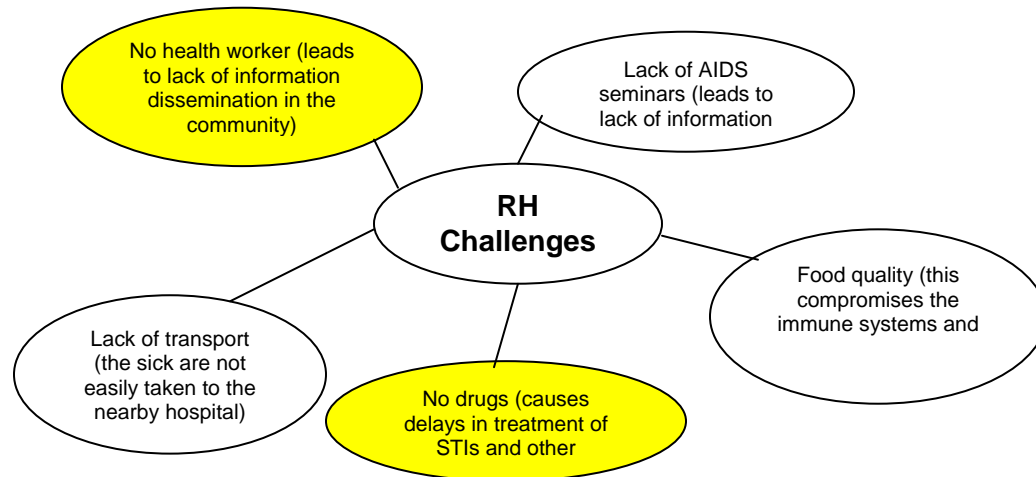


Figure 7: Issues raised by the community group



The participants in groups reflected on how they perceived the reproductive health challenges and which they considered most important (See Table 2).

Table 2: Ranking of reproductive health challenges in the different groups

Students (Farmers)		Students (Animal Husbandry)	
Reproductive health challenges	Rank	Reproductive health challenges	Rank
Lack of communication	1	Lack of peer educators	1
Shortage of drugs	2	Shortage of drugs	2
Lack of health personnel	3	Availability of family planning drugs	3
Lack of accommodation	4	Gender based violence	4
Shortage of transport	5	Risks from lectures	5
Limited entertainment	6	Lack of entertainment	6
No Freedom to socialise	7		7
Administration		Community	
Reproductive health challenges	Rank	Reproductive health challenges	Rank
Multi sexual relations	1	Absence of health worker	1
Religious beliefs	2	Lack of AIDS workshops	2
Concealing illness	3	Shortage of transport	3
Lack of Human resources	4	No drugs	4
Sexual and physical abuse	5	Lack of food poverty	5
Lack of drugs	6		
Shortage of transport	7		

Social factors were prioritized by two groups, ie Lack of communication by the students, religious beliefs by the administration. Health service factors were prioritized by most: particularly lack of drugs and health staff. The absence of a health worker for the

Kushinga Phikelela community was felt to weaken the coordination of promotion activities on health issues. The community believes that if the health worker is engaged for the community, the health challenges being faced will be solved through organizing workshops and sourcing of drugs.

For the student groups, the absence of trained peer educators and lack of proper communication in relationships were major challenges. Students felt that if they are trained in peer education, the problems of communication in relationships can be solved. When there is communication, students will be able to discuss and solve other challenges through other means than engaging in transactional sex. Peer education will also equip students with skills to deal with situations when lecturers demand sexual favours threatening to fail the students.

The meetings explored which organizations or institutions are working on addressing the identified challenges. In the discussions, eight stakeholders were identified. Many of the stakeholders working in health in general indirectly contribute to addressing the reproductive health. The following were identified:

- **Ministry of Health and Child Welfare** –responsible for the provision of drugs and provision of human resources in the local clinic.
- **District Aids Action Committee** –responsible for the provision of resources and materials on HIV and AIDS.
- **SAYWHAT** – responsible for providing education on reproductive health issues for students.
- **Zimbabwe National Water Authority (ZINWA)** - responsible for the provision of clean safe water in the community
- **Zimbabwe Republic Police (ZRP)** – maintain law and order, protect the public from perpetrators of rape and sexual abuse.
- **Churches** - offer spiritual support through prayers; guidance to church members, assist in upholding of moral values and offer counseling.
- **Ministry of Agriculture, department of Agriculture education** –train extension workers and provides sporting activities in the agricultural communities.
- **Farm Community Trust Zimbabwe** –implement outreach programmes in the farming areas on reproductive health challenges and rights.

Way forward

The meeting discussed what could be done to solve the reproductive health challenges being faced by the community, and suggested:

- The establishment of a health center committee made up of representatives of different sections of the community, including students, college administration staff, community and other stakeholders. Such a committee will enable the community to participate in addressing their reproductive health challenges.
- Continuation of meetings where the community, college administration and the students come together to discuss community problems.
- Capacity building of members of the community and the students with skills such as peer education and peer counseling.
- Involvement of other organizations working on health to assist in provision of resources to address the challenges identified.

- Incorporating reproductive health education in the college curriculum through lessons once per week or inviting speakers for different health challenges for mass lectures once per fortnight.

3.3. Chibero Agricultural College

Chibero Agricultural College is in Mashonaland West Province, 65 km North West of Harare. This was one of the first colleges to offer a Diploma in Agricultural studies in the late 1970's. The college accommodates more than 400 male and female students with a bias towards male students. The college has specific accommodation constructed for female students. The college is located 25 km off the highway that links Harare and the second largest city (Bulawayo). The road network to the college is very poor, and transport is a problem for students to travel from and to college. A Boarding school, villages and farms surround the area. Communication is through landlines and cell phones have specific areas around which the network signal is available.

The participants considered the main reproductive health challenges, which the community is facing. As with Mazowe college spider diagrams were used to establish the main problems named by the students, lectures and the community. (See Figures 8-10 below).

The problems raised by the female students related to poverty, the risk they face from men with authority and the high male: female ratio and the absence of adequate reproductive health services. For the male students, the problems related to poverty and social pressures to prove themselves, including sexually, intensified by alcohol abuse and absence of reproductive health services.

Figure 8: Issues raised by the Female students group

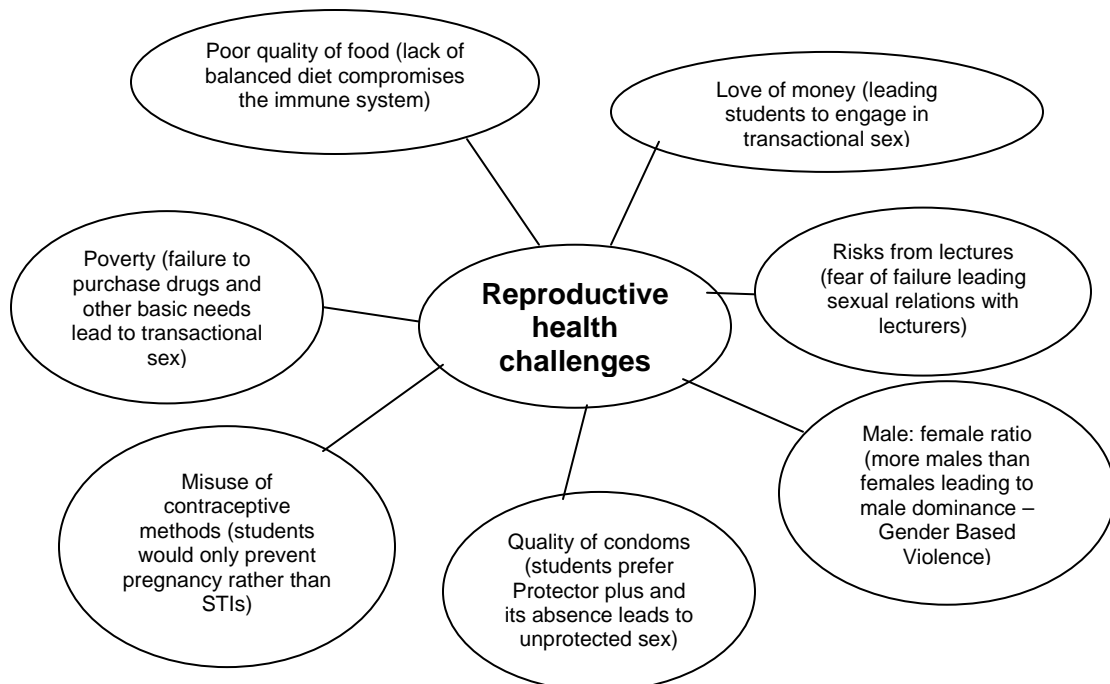


Figure 9: Issues raised by the Male students group

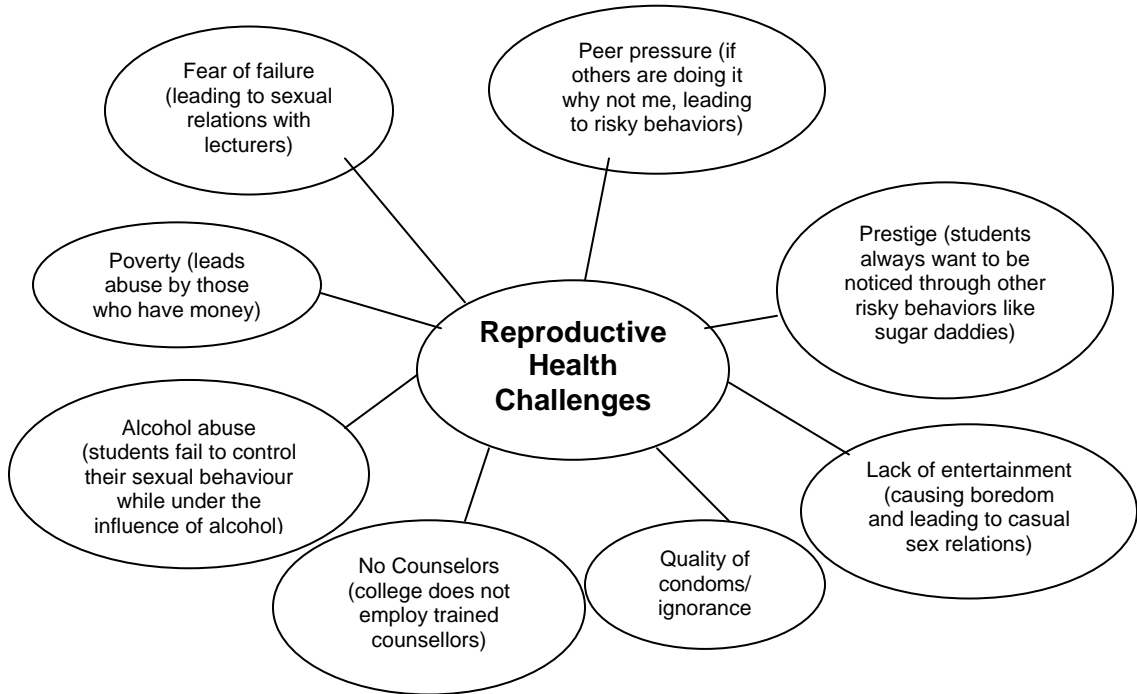
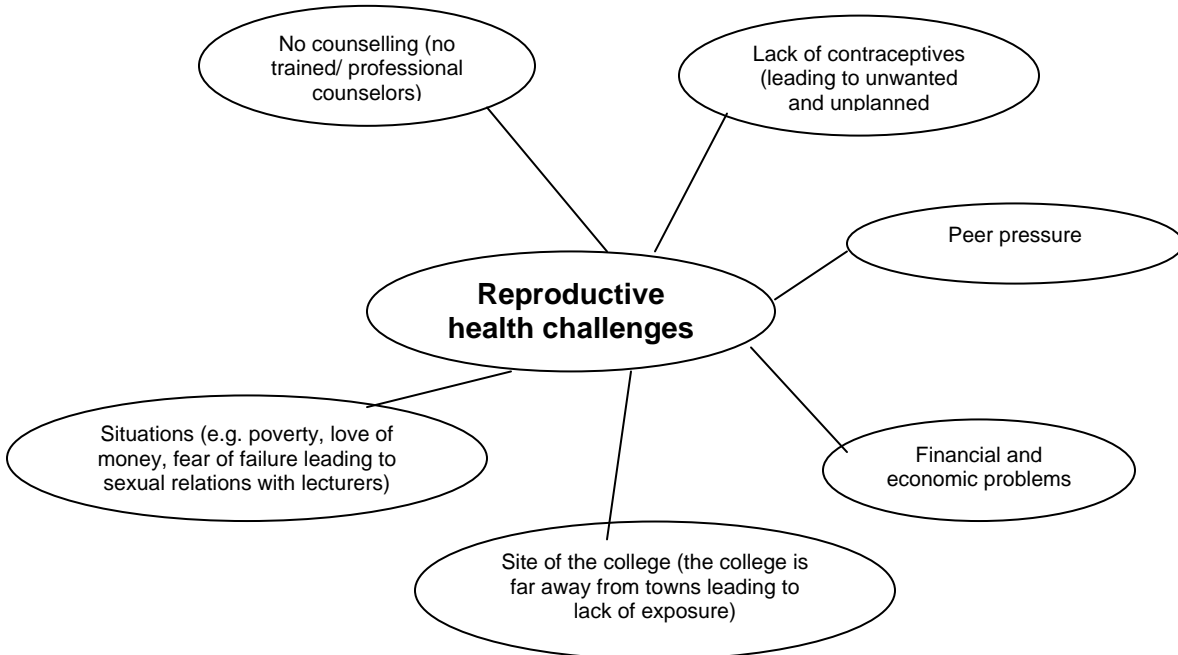


Figure 10: Issues raised by the Administration and community Group



For the administration and community groups, the problems related to the poverty context for the college, its social and economic isolation and the lack of adequate services.

In the three groups the participants ranked the priority challenges. The results of the ranking are shown in Table 3 below. While female students prioritized economic factors (poverty, food) increasing their risk of unsafe reproductive health, for males, administration and community the problems were more social (entertainment, peer pressure). All groups identified the lack of reproductive health services as a priority.

Table 3: Ranking and scoring results by groups

Female students		Male students		Administration and community	
Reproductive health challenges	Rank	Reproductive health challenges	Rank	Reproductive health challenges	Rank
Love of money	1	Lack of entertainment	1	Peer pressure	1
Condom quality	2	Peer pressure (no counseling)	2	Lack of Entertainment	2
Poor quality of food	3	Nymphomaniac vs sexmaniac (Prestige)	3	Lack of contraceptives (condoms)	3
Rules and regulations	4	Fear of failure (academic incompetence)	4	Financial/economic situation	4
Male:female ratio (4:1)	5	Alcohol influence	5	Lack of counseling	5
Misuse of contraceptives	6	Ignorance on the use of condoms	6	Prestige (pompous)	6
Risks from lecturers	7	Financial crisis	7	College geographical location	7

This community were not able in the meeting to identify other organizations that are working towards addressing the reproductive health challenges they face. This could be due to the location of the college, being far away from the capital city and also from the main road. There is a very small clinic that is only meant for students and for other health needs the community has to go elsewhere. SAYWHAT is the only institution noted that is trying to bring on board other institutions to work with students.

Way forward

The participants suggested they could address these reproductive health challenges through.

- **Condom advocacy:** especially promoting the free public sector condom distribution. There has been an outcry by students questioning the safety of free public sector. Participants feared that if little or nothing is done to address these fears, students would continue to shun condoms thereby risking their lives.
- **Health education:** for students and the community.

- **Continuation of the platform:** In past experience people come once and disappear with no follow up activities on identified health problems and challenges. They proposed to continue arranging such meetings to maintain continuity.
- **Counseling:** through trained counselors at the college to offer services to the students. The college does not have a counselor hence the need to train some administration staff in counseling skills.
- **Student training in peer education and counselling:** to assist in the on going dissemination of information rather than wait for facilitators from outside.
- **Guest speakers and videos:** SAYWHAT assistance in bringing to the college guests speakers who can give different presentations. Students wanted people living with HIV to address them and wanted to see .films of the people living positively. The participants felt that there is a lot of stigma around and the involvement of other members of the community helps in dispelling misconceptions and stigma.

4. Summary of the research findings

Through the use of PRA tools the research identified a number of issues affecting reproductive health in the colleges:

The students and the community interact a lot. Given the geographical set up of the colleges, male students have sexual relations with girls in the compound. Students come and go but the girls in the community are always there, so at each and every intake they have sexual relations with the students, increasing the risk of reproductive related illnesses. One incident was highlighted for example where a married male student ran away from the college after the village girl fell pregnant. The issue should thus be addressed in a holistic manner, for the students, staff and community.

Within this there were **social and economic issues** raised:

- **Information and skills gaps:** There are a lot information and skills gaps with regard to reproductive health knowledge by the college authorities, students and the community. These include information on :
 - **Quality and availability of condoms:** with resistance to using condoms in all colleges.
 - **Relations with lecturers:** due to lack of information and fear of academic failure. Female students were particularly felt to be at risk of inter-generation sexual relationships.
 - **Lack of training:** Students and the community are not being equipped with skills to address their reproductive health challenges. Peer Education, survival skills are all needed for students and in the community.
- **Poverty:** The socio-economic challenges that Zimbabwe is going through was raised as one of the major challenges to reproductive health. Economic hardships have impacted negatively on the community, leading to difficulty with paying for food, accommodation, medications and basic essentials for studies.
- **Peer pressure:** has impacted negatively on students. Male students influence each other to sleep with different girls for prestige. Female students might be influenced to

have sexual relations for money. Friendships for material gains also force relationships.

- **Gender based conflict:** Different cultural backgrounds and religions raise conflicts in relationships, compounded by the lack of communication skills and assertiveness in relationships. There are more male students in the agricultural colleges compared to females and this also causes tensions and multiple partnering.

There were also issues relating to **institutions and services in the area:**

- **Absence of counsellors:** No colleges had professional counselors to care for the social needs of students. Students indicated that they really need such professionals and their absence has compromised the reproductive health of students. Married female students raised the need to have such professionals at the college. The absence of counselors is compounded by the depleted health system at the colleges (shortage of drugs, lack of information, absence of equipped clinics etc)
- **Lack of entertainment:** The absence of entertainment facilities in the colleges promotes casual sex as a substitute for entertainment, leading to unwanted pregnancies and STIs. Male students were also reported to indulge in drugs because of lack of entertainment.
- **Absence of institutional support:** There are few organizations working with students to address their reproductive health challenges. Students were shunning the local clinics as they feared lack of confidentiality from the nurses and feared seeking medical attention from the college clinic for fear of stigmatisation and lack of confidentiality.

5. Recommendations

In the research process the students, administration and communities themselves identified a number of actions. This signals that any efforts to address the student, college and community needs must start with the community and students themselves and build on their identified problems and roles.

SAYWHAT follow up work on reproductive health and behavior change programmes will be effective only in so far as they address the priority problems raised in these communities and do so by ensuring that the whole college community is an active player at every stage, strengthening their ownership of the programme, keeping its relevance, and minimizing risks of dependency.

Students and the administrators are thus viewed as active players in planning and implementing programmes, making decisions and maintaining records of the programmes. This will also over time address the continuity challenge as students graduate and go for industrial attachment.

The SAYWHAT team propose after the insights gained from the process to:

- Replicate the research in the three remaining colleges.
- Intensify information dissemination on reproductive health in the colleges.

- Dialogue with authorities to include reproductive health education in the college curriculum.
- Carry out capacity building in the colleges to strengthen students skills in PRA
- Enhance condom advocacy and information to dispel misconceptions regarding the safety and quality of condoms.
- Greatly involve the college nurses including to promote student friendly college clinics to enhance student use of the clinics.



Participants in a PRA workshop.

6. Conclusion

The participatory nature of this research brought out considerations and challenges totally unanticipated by the researchers. Similarly at the different colleges, different age and gender groups discovered aspects of each other's concerns that had been unknown until then, and may never have emerged in mixed groups or through less participatory process.

Participants especially students and the community found the participatory process empowering. They welcomed the experience of actively contributing to the research and feeling a distinct sense of ownership for future directions of their programme. This was the first time that the students and the community had been brought together to discuss their health challenges. The participants were empowered as during the discussions they were able to reflect on the challenges and at the same time started to reflect on solving that challenge. This was a change on taking their circumstances for granted or not consciously identifying the way their environments were affecting their lives. This exposed situations, like female students relationships with lecturers, peer pressures on male students, concerns over services and fears of infidelity that had been simply accepted as 'part of college experiences'. This research empowered the groups to take action to control such situations.

The participatory process was also empowering for the researchers. It identified students and community concerns that would not have emerged in a more 'top down' approach. It also posed some searching challenges for future SAYWHAT action. The participatory nature identified institutional (SAYWHAT) difficulties or fears with regard to some aspects of reproductive health as well as flaws in some prior SAYWHAT approaches to programming and implementation. It also raised the importance of continuity in social and institutional leadership if change is to take place in the risk environments identified.

Equity in health implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.

EQUINET implements work in a number of areas identified as central to health equity in the region:

- Public health impacts of macroeconomic and trade policies
- Poverty, deprivation and health equity and household resources for health
- Health rights as a driving force for health equity
- Health financing and integration of deprivation into health resource allocation
- Public-private mix and subsidies in health systems
- Distribution and migration of health personnel
- Equity oriented health systems responses to HIV/AIDS and treatment access
- Governance and participation in health systems
- Monitoring health equity and supporting evidence led policy

EQUINET is governed by a steering committee involving institutions and individuals co-ordinating theme, country or process work in EQUINET:
Rene Loewenson, Rebecca Pointer TARSC; Mwajumah Masaiganah, Peoples Health Movement, Tanzania; Itai Rusike CWGH, Zimbabwe; Godfrey Woelk, University of Zimbabwe; TJ Ngulube, CHESSORE, Zambia; Lucy Gilson, Centre for Health Policy South Africa; Di McIntyre, Vimbai Mutyambizi Health Economics Unit Cape Town, South Africa; Gabriel Mwaluko, Tanzania; MHEN Malawi; A Ntuli, Health Systems Trust, Scholastika Ipinge, University of Namibia, South Africa; Leslie London, UCT, NomaFrench Mbombo, UWC Cape Town, South Africa; SEATINI, Zimbabwe; Ireen Makwiza, REACH Trust Malawi.

For further information on EQUINET please contact the secretariat:
Training and Research Support Centre (TARSC)
47 Van Praagh Ave, Milton Park, Harare, Zimbabwe
Tel + 263 4 705108/708835 Fax + 737220
Email: admin@equinetafrica.org
Website: www.equinetafrica.org