The Civil Society Voice In Education

Research on Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behaviour Change among Students in Zimbabwe's Tertiary Colleges

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Acronyms

AIDS Acquired Immune Deficiency Syndrome

ART Antiretroviral Therapy

CSE Comprehensive Sexuality Education

ECOZI Education Coalition for Zimbabwe

FGDs Focus Group Discussion

FSN Female Students Network

HETIs Higher and Tertiary Education Institutions

HTS HIV Testing Services

IDIs In-depth interviews

KAP Knowledge Attitudes and Practices

KII Key Informant Interviews

LEA Legal Environment Assessment

NACZ National AIDS Council of Zimbabwe

NGOs Non-Governmental Organisation

ODK Open Data Kit

PSI Population Services International

PSZ Population Services Zimbabwe

SADC Southern African Development Community

SAYWHAT Students and Youths Working on Reproductive Health Action Team

SGBV Sexual and Gender Based Violence

SRHR Sexual Reproductive Health and Rights

STIs Sexuality Transmitted Infections

TB tuberculosis

UNAIDS Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNESCO United Nations Education Scientific and Cultural Organisation

VMMC Voluntary Medical Male Circumcision

VTCs Vocational Training Centres

YHS Youth-friendly Health Services

YPNSRHHA Young People Network on Sexual Reproduction Health HIV and Aids

ZNFPC Zimbabwe National Family Planning Council

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1.0. Introduction

This document outlines the results of the study on **Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behaviour Change Among Students in Zimbabwe's Tertiary Colleges.** The study was conducted in May and June of 2022 in Teacher Training Colleges and Polytechnic Institutions in Harare, Manicaland, Midlands, Masvingo and Matabeleland provinces of Zimbabwe. It targeted students, faculty, college nurses, deans and principals as respondents. The study sought to:

- To assess the extent to which knowledge in SRHR and CSE is visible / seen being translated into behaviour change.
- To identify mechanisms to assess / measure behaviour changes amongst students after receiving knowledge on SRHR.
- To identify strategies that can be used to disseminate SRHR knowledge to facilitate behaviour change in tertiary institutions and college students.

1.1. Deliverables

The key deliverables for this assignment were as follows:

- Inception report upon signing of the contract which should attract an initial payment of 50% of the total consultant fee agreed upon. This had a detailed methodology and proposed work plan and approved by the management team before task commencement.
- First Draft Report: was presented to Education Coalition of Zimbabwe half day on 2 July 2020
- A final Report incorporating comments from the validation workshop.

2.0. DESK REVIEW OF RELATED LITERATURE

The researchers reviewed document and literature on Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behaviour Change Among Students in Zimbabwe's Tertiary Colleges. Documents reviewed include policies and guidelines, (national and institutional), reports on published research, service delivery in institutions as well as relevant documents from NGO such as UNESCO, Female Support Network, National Aids Council and SAYWHAT.

Zimbabwe Tertiary institutions comprise of polytechnics, teachers' colleges and Industrial training colleges however, vocational training centres (VTCs), agricultural colleges, among others are part of the ecosystem. The category comprises over 70 000 young and sexually active groups who enrol for the purpose of skills, knowledge and competencies acquisition for economic development. Various researches have been conducted to establish the main drivers of students' sexual behaviour in an effort to document and come up with probable and portable solution to mitigate against sexual related challenges. Education Coalition for Zimbabwe (ECOZI) equally instituted **Research on Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behaviour Change among Students in Zimbabwe's Tertiary Colleges** with clear a goal of wanting to complement these efforts. Therefore, this research study rode on previously published research study conducted in tertiary institutions to have a helicopter's view on findings already in the public domain.

2.1 LITERATURE REVIEW

Tertiary education is the new icon of economic growth and poverty reduction. Tertiary education ecosystems play critical roles in:

(i) Training a qualified and adaptable labour force that includes scientists, professionals, technical specialists, teachers, and highly qualified leaders in the public and private sectors.
(ii) generating new knowledge through basic and applied research; and
(iii) Accessing existing international technologies and adapting them for local use.

Tertiary education is vital to a sustainable structural economic transformation and long-run productivity growth, especially in countries with weak institutional capacity and limited human capital. The goals of tertiary education are threatened if the issues related to **Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behaviour Change among Students in Zimbabwe's Tertiary Colleges** are not adequately addressed. Main propositions have been advanced on how to tackle the scourge of sexual challenges in tertiary institutions with limited specific timeline, limited resources, limited infrastructure, and limited mentorship and in some instances limited qualified staff to spearhead the project.

Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behaviour Change among Students in Zimbabwe's Tertiary Colleges is an area which did not accord the attention it deserves due to curricula overload and the concentration towards the acquisition of a qualifications whilst neglecting the social aspects of life. Tertiary institutions generally have no specific programmes earmarked for **Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) as all staff have** specific job descriptions thereby relegating sexual related issues to the periphery of the whole teaching and learning processes.

UNESCO (2021) published findings of a study which established that Zimbabwe's Comprehensive Sexuality Education (CSE) and provision of Youth-friendly Health Services (YHS) in higher and Tertiary education Institutions (HETIs) was being guided by National Adolescent and Youth Sexual Reproductive Health Strategy II: 2016-2020 and the 2016 National Guidelines on Provision of Clinical Sexual Reproductive Services. The document further asserts that HTEIs have institutional sexual harassment and HIV/AIDS policies which are popularised to students. They also noted that campus-based clinics are approved and regulated by the Health Professions Authority of Zimbabwe in line with available infrastructure, staff competence, commodities, equipment, and supplies. The provisions of services were being spearhead by state registered nurses who administer in accordance with guidelines and protocols such as, Sexuality Transmitted Infections (STIs) guidelines, family planning guidelines, Voluntary Medical Male Circumcision (VMMC) guidelines, HIV Testing Services (HTS), antennal care protocols and guidelines, protocols on management of obstetric complications on , guidelines on management of sexual and gender based violence (SGBV) and post abortion care guidelines.

On World AIDS Day in Victoria Falls, Zimbabwe, in December 2014, hundreds of young people took part in large scale discussions with officials from the National AIDS Council to build up momentum towards the implementation of sexuality education programmes in schools. UNESCO facilitated the proceedings that took place under the message: "Young People Today; Time to Act Now" and "Getting to Zero: Starting with Education". Issues of SRH services were also discussed. This was a good initiative of catching them young on SRH issues.

Zimbabwe National AIDS Council, (August 2018), The Young People Network on Sexual Reproduction Health HIV and Aids (YPNSRHHA) network for youths was created to open avenues for conscientisation and strategize of reducing new HIV infections. The essence was to work on reaching a threshold of the 90%-90%-90% goal by 2020 as well as advocate for youths' access to Sexual Reproductive Health (SRH) services, capacitate youth about HIV/AIDS, STIs infections to peers, dangers of unwanted pregnancies and teenage marriages.

University World News (2021), noted that Zambia and Zimbabwe Twenty tertiary education institutions received a total of US$5 million to implement **comprehensive campus-wide sexual reproductive health,**

rights and sexuality education programmes designed to address the triple threat of gender-based violence, new HIV infections and unplanned pregnancies. The programme will end in December 2024 and dubbed **"Our Rights, Our Lives, Our Future",** being funded by the government of Switzerland and implemented by the UNESCO Regional Office for Southern Africa, the Zambian and Zimbabwean ministries of higher and tertiary education, and other partners within the Southern African Development Community (SADC) region. All the efforts are meant on safeguarding the future of the young population in as far as SRH services are concerned.

Enhanced Life skills education and comprehensive sexuality education in the curricula are the ultimate goals. Other higher and tertiary education institutions across SADC will benefit through knowledge sharing platforms and annual general meetings.

Kenyan-based African Population and Health Research Centre, (2019) reported that Comprehensive Sexuality Education in Sub-Saharan Africa, identified social-cultural norms and values, funding, parental attitudes and inadequate teacher training as the main barriers to effective implementation of comprehensive sexuality education in the region. This concurs with UNESCO (2021) report on Zimbabwe on the same issues.

2.1.1 SAYWHAT Students Centred Programmes

Students and Youths Working on Reproductive Health Action Team (SAYWHAT) is a youth-led, youth-targeted initiative, born out of the desire to create a platform for students in Zimbabwe's tertiary institutions to discuss Sexual and Reproductive Health and Rights (SRHR) issues. SAYWHAT employs a Comprehensive Sexual and Reproductive Health and Rights (SRHR) framework into their work inclusive of HIV as a component of SRHR. This approach has enabled SAYWHAT to address the broader issues affecting young people as opposed to narrowly focusing on HIV. From its inception, SAYWHAT has emphasised on addressing unwanted pregnancies, unsafe abortions and low condom use amongst the youths.

It was noted that SRHR services at tertiary institutions were both inadequate and unfriendly to youth. Institutional/College culture further undermined the realisation of sexual and reproductive health and rights. "The Gold Rush" as an example is were older students view new female students as sexually exploitable for sexual pleasure. SAYWHAT realised that first year students were more vulnerable due to inadequate knowledge and skills about their SRHR since high school education often does not adequately prepare them for college "freedom". Sexual experiment and peer pressure often happen at tertiary institutions with little or no preparation.

According to UNAIDS (2008), Zimbabwe's high HIV prevalence rate was largely driven by behavioural factors including:

• Multiple concurrent partnerships

• Inconsistent condom use

• Intergenerational sex

It is further noted that gender imbalances, stigma and socio-cultural norms with an average prevalence for the 15-24 age group is 5.5% (7.5% females and 3.5% in males). Zimbabwe National Family Planning Council (ZNFPC) identified limited availability of Youth Friendly Health Services (YFHS) at tertiary institutions with 32 of YFHS out of a total of 66 Districts not being located within reach of students at tertiary institutions. It was further observed that no college clinic was offering antiretroviral therapy (ART) including comprehensive treatment and management of sexually transmitted infections (STIs) and also limited availability of female condoms in tertiary institutions. There was also absence of medium to long term contraception, with only male condoms being available in colleges. High stigmatisation existed among young women who may need such services and end up approaching other health facilities to access such contraceptive devices.

2.1.2 Zimbabwe Demographic Stratification

Youth population constitute 60 % of 15 million, 60% being between the ages of 15 to 35. Youths remain obscured in as far as accessing social services that are responsive to their sexual health needs is concerned. Decision making and policy formulation regarding sexual and reproductive health and rights remain limited with decisions being made on behalf of the youths. Youth SRHR Needs Assessment conducted by Community Youth Development Trust in Gowanda, Mzingwane and Matobo September 2021 revealed that youth are generally ignored in policy formulation.

The investigations established that there is lack of youth friendly policies at local level, and ultimately stifles coordinated and comprehensive provision of sexual and reproductive health and rights in the three districts of Matabeleland South. However, the available sexual and reproductive health and rights in local health institutions are informed by the provisions of the National ASRH strategy which is hardly known by other key stakeholders such as local authorities. This is even though every human being has a fundamental right to the enjoyment of the highest attainable standards of health without distinction of any kind.

Attainment and maintenance of sexual and reproductive health, the sexual and reproductive health rights of all persons must be respected, protected and supported by a localized policy framework. Institutionalization and domestication of Youth Friendly SRHR Policies from local to national level should create a holistic implementation plan of SRHR programs that promote youth access and utilization of such services even at rural community level.

Community Youth Development Trust believe that for the Ministry of Health and Child welfare to achieve aims set out in the National Development Strategy 1, there is need for the ministry to ensure that there is total enjoyment of SRHR by everyone particularly the marginalized youths.

The Legal Environment Assessment (LEA) (2019) focused on HIV, TB and Sexual and Reproductive Health & Rights report on identifying and examining all important legal and human rights issues affecting in particular people living with HIV, people with tuberculosis (TB) and those at higher risk of HIV exposure,

such as– women, **young people**, gay men, lesbians, sex workers, prisoners, persons with disabilities and people who inject drugs.

The literature review brought to the fore key players, efforts and legislation that have been put in place in an effort to address sexual reproductive health related challenges. Policies, capacity building, knowledge, information dissemination and youth inclusivity were noted to be strategic in the implementation of SRH.

3.0 Design and Methodology:

This research pursued a quantitative-qualitative approach planted in the ontology of constructivist and interpretivist philosophy in which reality within this perspective is subjective and influenced by the context of the situation, namely the individual's experience and perceptions, the social settings and the interaction between the individual and the researchers (Schwandt, 1994 in Ponterotto, 2005). Honebe in (1996) describes the constructivism philosophy/paradigm as an approach that asserts that people construct their own understanding and knowledge of the world through experiencing things and reflecting on those experiences. A cross-sectional study design was used as agreed in the inception report. The study fully assessed the extent to which knowledge in SRHR and CSE is visible /seen being translated into behaviour change, identified mechanisms to assess / measure behaviour changes amongst students after receiving knowledge on SRHR, and identified strategies that can be used to disseminate SRHR knowledge and capacitate students to facilitate behaviour change in tertiary colleges and institutions. This design allowed the researchers to generate baseline values for key indicators while at the same time documenting the prevailing situation in the teacher training colleges and polytechnic institutions in terms of students' SRHR knowledge, behaviour, attitudes, and perceptions.

3.1 Methodology

This section provides details of the specific quantitative and qualitative methods that were used for the research study.

3.1.1 Quantitative

Quantitative data was collected from both primary and secondary data sources in 10 selected teachers' colleges and polytechnics through survey using a structured questionnaire**.** The mixed methodology approach was employed for both quantitative and qualitative data collection techniques. The strength of the mixed methods of data collection adopted in this study grounded in the fact that the quantitative and the qualitative survey questionnaires are contrasting measuring instruments, they tend to complement each other's weaknesses. This approach allowed for complementarity and triangulation of data to come up with balanced study findings.

3.1.2 Qualitative

Qualitative methods included key informant interviews (KII), in-depth interviews (IDIs), and focus group discussion (FGDs) while quantitative methods included the survey using a structured questionnaire.

3.1.3 Sampling and Ethics

Proportionate random sampling was employed to sample respondents and gather data from teacher training colleges and polytechnic institutions students (from different disciplines and levels of study), from teacher training colleges, and polytechnic institutions in the country's 10 provinces. The sample size included students with disabilities to make the sample more representative. Physical data collection was conducted in Bulawayo, Harare, Mutare, Masvingo and Gweru while online methods were used in other provinces owing to budgetary constraints. For KIIs and KIIs, purposive sampling was used to get knowledgeable and articulate respondents. The sample was stratified by geographical location, gender, responsibility (teacher training college and polytechnic institutional leadership, staff responsible for students' health and welfare, NGOs working in colleges such as SAYWHAT, Female Students Network, National AIDS Council of Zimbabwe, among others. In the case of FGDs, purposive sampling was used to sample students.

The consultants were guided by the following ethics

i. Participants are anonymous in this study
ii. The participants understood the nature and benefits of participating in the study
iii. Secure informed consent from the participants were sought and agreed upon.
iv. All violation of SRHR rights of participants will be referred to the college leadership for further management

3.2 Data Collection Tools

3.2.1 Survey/structured questionnaire

A structured survey tool was developed by the consultants with closed ended questions and a few open-ended questions to allow for probing. This was administered to students in teacher training colleges and polytechnic institutions in Zimbabwe (all genders, and those living with disabilities) provided information on their knowledge, behaviour, attitudes and practices towards SRHR. This included access to services and information, level of utilisation of services, and barriers to access to SRHR services. The tool also gathered available mechanisms for measuring behaviour changes as well as preferred methods for disseminating SRHR knowledge in college settings.

3.2.2 In-Depth/Key Informant Interviews

A key informant interview guide was developed by the consultants and administered to the principals and staff responsible for students' health and welfare in teacher training colleges and polytechnic institutions as well as NGOs providing SRHR services to students in these institutions. The tool helped to gather expert opinions on students' knowledge, behaviour, attitudes and practices towards SRHR. This included access to services and information, level of utilisation of services, and barriers to access to SRHR services. The tool also gathered information available mechanisms for measuring behaviour changes as well as preferred methods for disseminating SRHR knowledge in college and institution settings.

3.2.3 Focus Group Discussions

A focus group discussion guide was developed and administered to students in the teacher training colleges and polytechnic institutions. Male and female students were interviewed separately while other groups of students with disabilities were held separately. This helped to gather information on students' knowledge, behaviour, attitudes and practices towards SRHR. This included access to services and information, level of utilisation of services, and barriers to access to SRHR services. The tool also gathered available mechanisms for measuring behaviour changes as well as preferred methods for disseminating SRHR knowledge in college settings.

3.2.4 Data collection modalities

A total of six enumerators with education and social science background and 5 years research experience were recruited from the consultants' pool of enumerators. They underwent a 2-day training on research ethics, WHO COVID-19 prevention guidelines, questions interpretation, data management principles, mobile data collection methods-ODK application and audio recording and transcription of data.

The research assistants and enumerators were divided into 2 teams (each team with 5 members) with a team leader and each team covered 5 provinces. Quantitative data was collected using ODK. Thus, enumerators conducted either physical or telephonic interviews and captured responses on ODK. For qualitative data (FGDs and KIIs) respondents were interviewed physically or telephonically or via Skype or zoom (where applicable) and responses were audio recorded and later transcribed into written text in preparation for analysis.

3.3 Data analysis and Reporting

Qualitative data from KIIs, FGDs and IDIs were analysed using N-Vivo application (QSR International version 9.0). The content analysis approach was used to generate major and sub-themes around the objectives of the study. Survey data was analysed using SPSS ver. 20. The analysis was mainly descriptive statistics, chi-squares, and correlations (where possible). The quantitative analysis results were triangulated with qualitative analysis findings to draw conclusions.

Table 1: Summary of Respondents

Institution	**Survey**	**FGD**	**KII**
Mary Mount Teachers College	30	1	1
Harare Polytechnic	30	1	1
Belvedere Teachers college	28	1	1
Mutare Poly Technic	30	1	1
Masvingo Poly	25	1	1
Masvingo Teachers College	20	1	2
Kwekwe Polytechnic	26	1	2
Gweru Polytechnic College	25	1	2
Bulawayo Polytechnic College	30	1	2
United College of Education -Bulawayo	25	1	2
Total	**269**	**8**	**13**

4.0 Survey Results

Table 2: Socio-demographics

Variable	Percentage
Gender	
Females	59%
Males	40%
Preferred not to disclose	1%
Marital status	
Married	22%
Single	77%
Divorced	1%
Widowed	0%
Religion	
African traditional	1%
Buddhism	1%
Christianity	97%
Islam	1%
Level of education	
National Diploma	21%
Higher National Diploma	75%
Bachelors' Degree	2%
Master's degree	2%
PhD	1%
Category of respondent	
Student	96%
Supervisor	1%
Junior Lecturer	1%
Senior Lecturer	1%
Principal	1%

4.1 Employment status

The bulk of the respondents 96% are students who are not employed, and only 4% were employed as supervisors, junior lecturers, senior lecturers and principals for teacher training colleges and polytechnic

institutions. Thus, the students rely mainly on income from their families. Those employed as supervisors, lecturers and principals they have been in those positions for at least three years.

4.2 Extent to which SRHR and CSE is visible/ seen being translated into behaviour change.

Knowledge about Sexual Reproductive Health and Rights

Eighty percent of respondents could not fully define SRHR or to give an appropriate example of an SRH right. The few respondents who gave relevant answers mentioned the "right to having safe sex" and the "right to choose a sex partner." Some of the common responses are quoted below:

Table 3: The common responses for SRHR

Question	Common responses
What do you understand by the term SRHR?	*"Abortion and HIV and right to education"*
	"Abstinence and use of condoms"
	"Age of consent allowed for one to have sex"
	"It's about cancer campaigns and abortion rights"
Give an example of SRH Right?	*"It's about communication before sexual activity"*
	"It's about being free from violence and discrimination"
	"Having sexual intercourse after the of 16 years"
	"It's about getting free family planning methods"
	"Right to having safe sex"

Thus, there is serious lack of knowledge about SRHR rights among students in the surveyed institutions.

SRHR and Comprehensive Sexuality Education in Colleges

Less than half (45%) of the respondents reported that their institutions provide SRHR and comprehensive sexuality education in their curriculum. However, information from key informants such as Principals and deans of students show that the institutions do not really have SRHR and comprehensive sexuality education in their curricula, but they rely on support from NGOs such as Female Students Network, SAY WHAT, PSI, PSZ, and the National AIDS Council. These institutions provide SRHR and comprehensive sexuality education to students and faculty in colleges. A total of 41% reported that their institutions do not offer SRHR and comprehensive sexuality education training in their curricula while 4% were unsure whether SRHR and comprehensive sexuality education are part of the curriculum for their institutions. All the respondents (100%, n=110) from institutions reported that they do not have a curriculum that provide SRHR, and comprehensive sexuality education, they felt that SRHR, and comprehensive sexuality education must be included in the colleges curricula and ensure the content is examinable under a compulsory course.

4.3 Provision of SRHR Information by Colleges

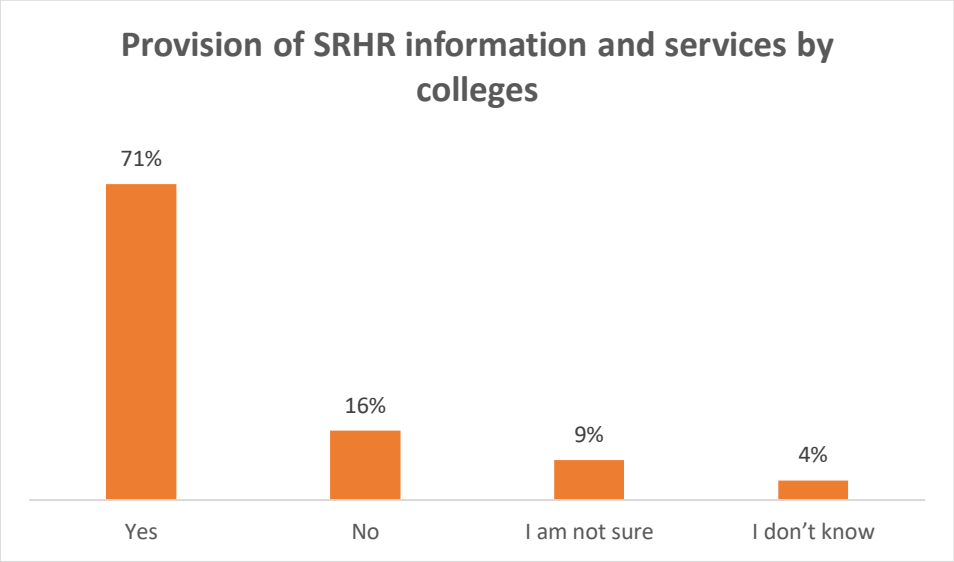


Figure 1 : Provision of SRHR information and services by colleges

Most students (71%) reported that their colleges provide SRHR services and information through the college clinic. However, 16% reported that their colleges do not provide SRHR services and information, 9% were unsure while 4% did not know whether their colleges are providing SRHR services and information. The departments or units from which SRHR services and information are accessed in these colleges are shown below:

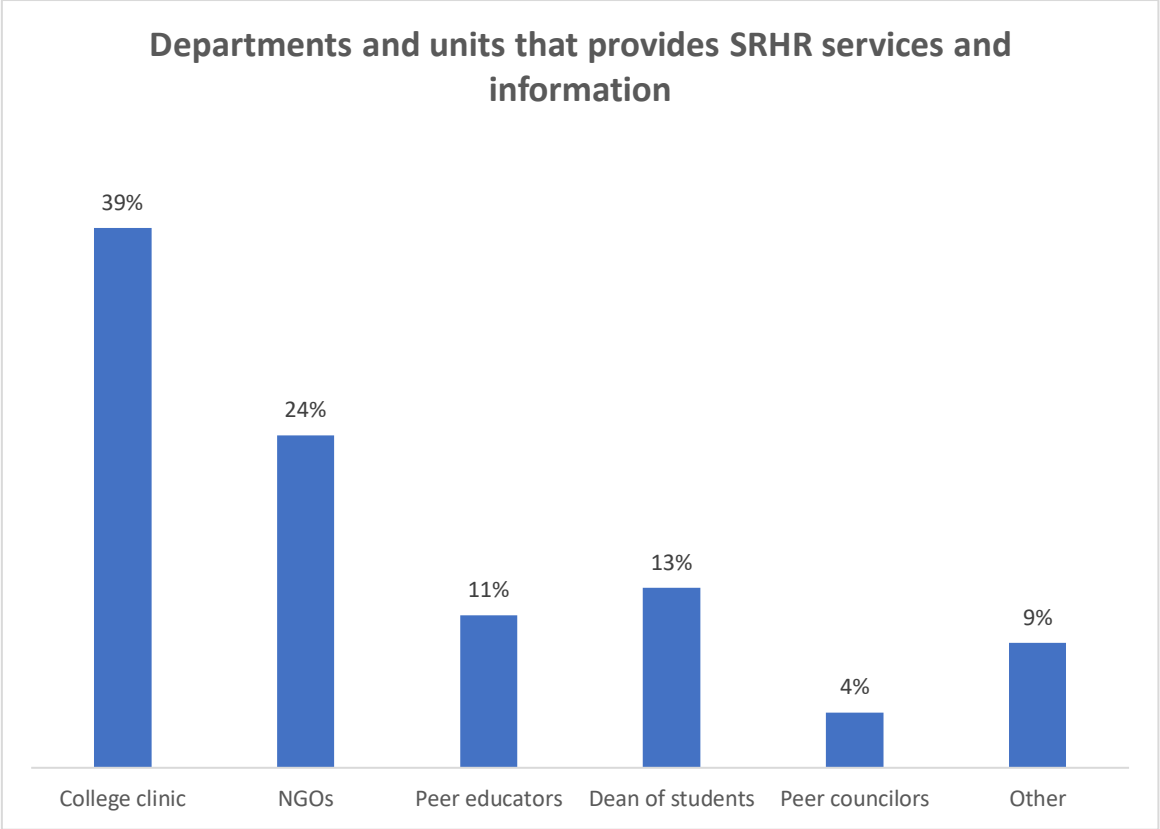


Figure 2: Departments and units that provides SRHR services and information

Major sources of SRHR information in the surveyed colleges were college clinics, NGOs, Deans of students and Peer educators and peer counselors. Other sources of information cited by respondents include lecturers, tutors, personal doctors and health facilities outside the college premises. A total of 23% of the respondents reported that they received more SRH services from both the college clinic and health facilities outside the college.

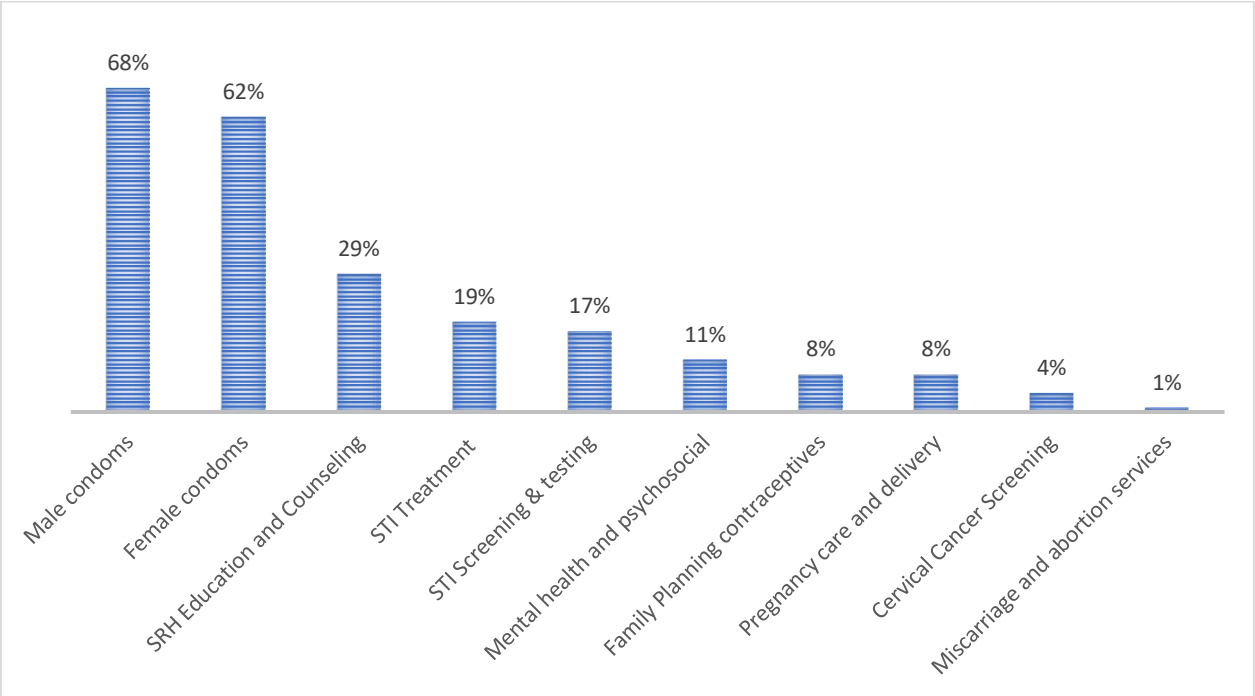


Figure 3: Students Access to SRHR Services

The most accessible service at clinics, peer educators and counselors in institutions are male and female condoms. These were reported by two thirds of respondents. SRH Education and counseling were reported by only a third of the participants while STI treatment and STI screening were reported by 19% and 17% respectively. Services that are not easily accessible from the college departments and units that provide SRHR services include contraceptive pills, pregnancy and delivery services, cervical cancer screening, and miscarriage and abortion services. Key informant interviews with nurses in manning these clinics show that the colleges (administration) do not prioritize the clinics when it comes to resources allocation. One nurse at a college in Gweru said, **"As *a clinic we are not prioritized by the college administration in terms of resources allocation that's why we mainly give condoms because that is what we can afford to give ton the students.*"**

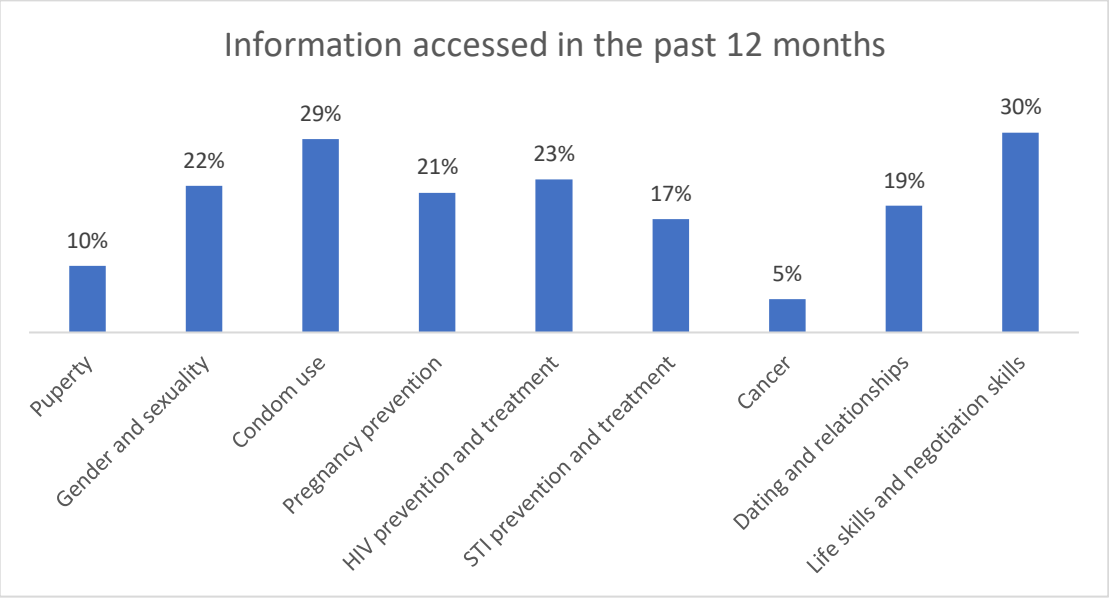
To further ascertain utilization of services by students, the research analyzed the common services accessed by students in the past 12 months. The students reported that they accessed the following services in the past 12 months:

Table 4: Services Accessed in the Past 12 Months

Services accessed in the past 12 months	Percentage
STI treatment	6%
HIV Testing	17%
Cervical cancer screening	3%
STI Screening and testing	2%
Family planning and contraception	8%
Female condoms	12%
Male condoms	22%
Pregnancy care	2%
SRHR Education and counselling	14%
Mental health or psychosocial support	3%

Male condoms and HIV self-testing kits are the main services accessed by students from the college clinics and peer educators and counselors. Other services (pregnancy care, cervical cancer screening) were accessed by very few respondents as shown on the table above.

In terms of access to SRHR and Comprehensive sexuality education information how that most respondents accessed information:



Common SRHR needs for students

Figure 4: Information accessed in the past 12 months

Life skills and negotiation skills, condom use, HIV prevention and treatment are the main topics for Information Accessed by the students from the college clinics and peer educators. Information about Cancer and puberty were accessed by very few students across colleges.

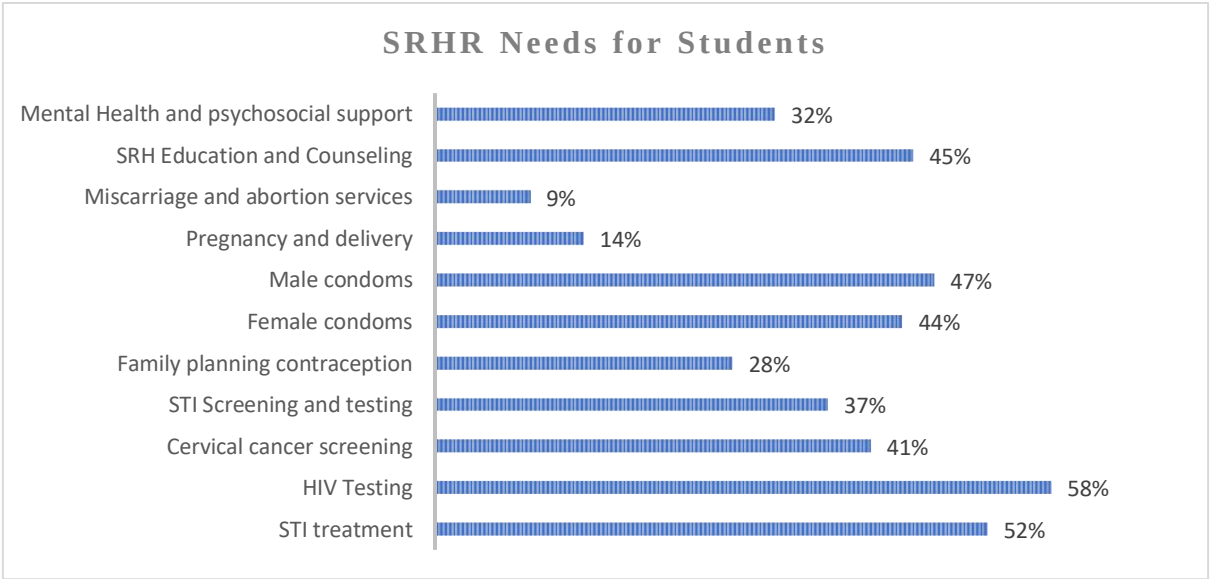


Figure 5: SRHR Needs for Students

The students reported that their major SRH needs include HIV Testing, STI screening and treatment, male and female condoms as well as SRH Education and counseling. The students desire their colleges to consistenlty and adequately provide these services. Services that were highlighted by few students miscarraige and abortion services, pregnacy and delivery. The students, during FGDs, reported that they are not interested in having pregnancy whilst at college because pregnancy and delivery affects learning and prolongs the time in which a student spends to complete a diploma or cerrtificate.

4.5 Barriers To Accessing SRHR Services And Information

Nearly half (44%, n=125) of the students reported that there are barriers to accessing SRHR services and information. The major barriers cited by the students are unavailability of services and lack of privacy and confidentiality at college clinics. These barriers were also raised during FGDs across provinces and institutions. One FGD member from Bulawayo said, "**Our *challenge as students is that most of the nurses in our clinics lack confidentiality and the space in the clinic is also limited so you can't go there for counseling. We fear that nurses and lecturers talk so if we open up, they will tell people about our personal health issues. Our clinics are also poorly resourced, they lack adequate services, we only have condoms, and HIV self-testing kits and nothing else. They lack all the other SRH services that should be in clinics according to the government health policy. We only hear about sexuality education when NGOs and NAC come during the orientation week at the beginning of the year. After that no one comes to educate us so if you miss it during orientation that's it. Most students miss this session during orientation week because they will be busy, and some will not appreciate the importance of such sessions because they won't be sexually active. However, along the way here at college they become sexually active but lacking prevention and treatment information.*"** Other barriers such as lack of friendly staff, cost of services, and poor-quality services were also mentioned by fewer respondents during the survey and focus group discussions.

4.6 Familiarity with institutional policies that promotes students access to SRHR and CSE services

A third of the students (68%) are unfamiliar with any college or institutional policy that protect and promote their rights to accessing SRHR and comprehensive sexuality education information and services. Key informants concurred that the colleges do not have such policy provisions and accepted this as a gap that need to be addressed by the proposed ECOZI project. The few who responded, particularly lecturers reported that the code of conduct for lecturers stipulates that they should not sexually abuse the students. However, the students, during FGDs, felt a more explicit policy that promote and protect students SRHR rights and facilitate access to comprehensive sexuality information and services is key for the entrenchment of SRHR rights for students in institutions.

4.7 Knowledge about personal HIV status and level of risk to HIV and STIs.

Eighty percent (80%) of students reported that they know their HIV status while 58% of the students indicated that they are sexually active. In addition, 54% of the students know the HIV status for their sexual partners. However, only 28% of the sexually active students consistently use condoms during sexual intercourse. One key informant, a college nurse in Mutare said, "***The demand for HIV self-testing kits is high in most colleges because students want to test themselves for HIV before they indulge in unprotected sex. Most of them, the moment, they test negative for HIV, they ignore condom use with their partners. They are not concerned about window period or self-testing errors. There is need to continuously educate them about sexuality education*.**"

Some of the reasons cited by students for inconsistent use of condoms include the following:

- ***"I have faith in my partner"***
- ***"We tested ourselves using self-testing kits for HIV"***
- ***"We are trustworthy and have one partner"***
- ***"I am married"***
- ***"We usually don't plan to have sex; it usually happens unexpectedly and accidentally"***

Fifty-two (52%) of the respondents reported that they have one sexual partner while 6% reported that they have 2 or more sexual partners while 28% reported that they are currently not in any relationship. However, 14% chose not to respond to this question.

4.8 Mechanisms to assess or measure behavior change amongst students after receiving knowledge on SRHR

All students across colleges reported that the institutions themselves are doing nothing to assess behavior change among students after they receive knowledge on SRHR. However, NGOs and NAC often conducts behavior surveillance surveys and knowledge attitudes and practices (KAP) surveys in colleges to assess risk behavior and behavior change. Behavior surveillance and KAP surveys were reported by 9% and11% of the surveyed students, respectively. Key informants (nurses, principals and deans) also concurred with these views. One Principal said, **"*As an institution we do nothing to measure behavior change among students*."** The behavior surveillance and KAP surveys were rated as effective by only 25% of the respondents while 7% rated them as ineffective. Other respondents 68% indicated that they could not rate these measures since they are unfamiliar with them.

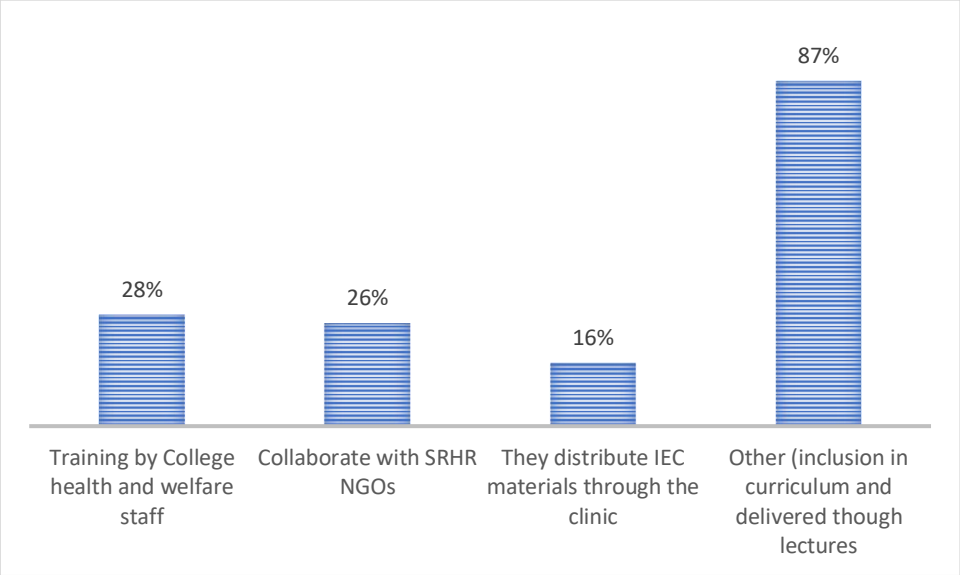


Figure 6: Strategies that can be used to disseminate SRHR knowledge to facilitate behaviour change

4.9 Strategies Proposed by Students

- Students proposed that institutions/colleges can embed SRHR content in college curricula (87%),
- Ensure institutional/college nurses and welfare staff are given an opportunity to regularly train students on SRHR and CSE (28%),
- Strengthen collaborations with SRHR NGOs and
- Distribution of posters and IEC materials on SRHR and CSE to students and faculty.
- The students felt that a combination of these four strategies will improve SRHR information dissemination in institutions/colleges.

4.10 Findings/Results

- There is serious lack of knowledge about SRHR rights among students in the surveyed institutions.
- Major SRH students' needs include HIV Testing, STI screening and treatment, male and female condoms as well as SRH Education and counselling
- Life skills and negotiation skills, condom use, HIV prevention and treatment are main topics for information accessed by students at the institutional/college clinic and peer educators
- All students across colleges reported that institutions are doing nothing to assess behavior change among students after they receive knowledge on SRHR save for NGOs.
- Male condoms and HIV self-testing kits are the main services accessed by students from the college clinics and peer educators and counselors
- There is inconsistency use of condoms among students
- On the generality students professed ignorance on familiarity with institutional policies that promotes students access to SRHR and CSE services
- Unavailability of services, lack of privacy and confidentiality at college clinics were cited as major barriers to accessing SRHR services and information by the students.
- Lack of confidentiality among nurses and lecturers which hampers students from seeking assistance related to SRHR and CSE

5.0 Recommendations and Conclusion

Emanating from the implication of the research study, the researchers makes the following on Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behavior Change among Students in Zimbabwe's Tertiary institutions and colleges

Develop clear policies and philosophies that support Translating Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behavior Change among Students in Zimbabwe's Tertiary institutions and colleges.

Develop and include in the curricula examinable module on Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behavior Change among Students in Zimbabwe's Tertiary institutions and colleges. ***(Module should be based on local cultural setting).***

Employ and deploy qualified personal to cater for psycho-social support and Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) into Behavior Change among Students in Zimbabwe's Tertiary institutions and colleges.

Ensure that budget, psycho-social support and Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) infrastructure are made available in Zimbabwe's Tertiary institutions and colleges.

Capacity building and orientation workshops for staff and students to be done on a regular basis.

Establish SRHR and CSE clubs to spearhead and foster students' needs

Establish and capacitate SRHR and CSE information centers for students within institutions/colleges.

Put mechanism in place to measure, monitor and evaluate Behaviour change

Ministry of Health and Child Care should be visible in training institutions when it comes to SRHR issues.

Develop and upload content on SRHR and CSE on internet to increase accessibility for the benefit of students

Employment of at least **two nurses male and female** to cater for the needs of students, ***(in general it was noted that the nurse to students' ratio is excessively high, more nurses should be recruited)***

Consider best practices to ensure that persons with disabilities are not left behind

Ministry to have any Integration and coordination of SRHR programmes to avoid duplication

Ministry to come up with an Implementation Action Plan (Social Dialogue, Coordination and Policy Coherence, development and standardization of measuring tools to remove fragmentation)

6. Conclusion

This research study has managed to satisfy the research objectives and come up with findings and recommendations. The research study also concurred with other previously conducted studies as revealed through literature review. Zimbabwe Tertiary institutions and colleges need to domesticate, institutionalize, and commoditize (value the importance) Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE). Adequate budget provisions and resources mobilization, policy enactment must be put in place in order to establish and create a resilient and sustainable teaching, learning and training environment which takes cognizance of the needs of the youths/students. Introduction of Sexual Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE) module would witness some of the issues noted in this research study being addressed, mitigated or drastically reduced. ECOZ promised to

fund the policy development which is a commendable approach as this will see the implementation of the research recommendations.

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