SAYWHAT
Students and Youth Working on reproductive Health Action Team

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Observer

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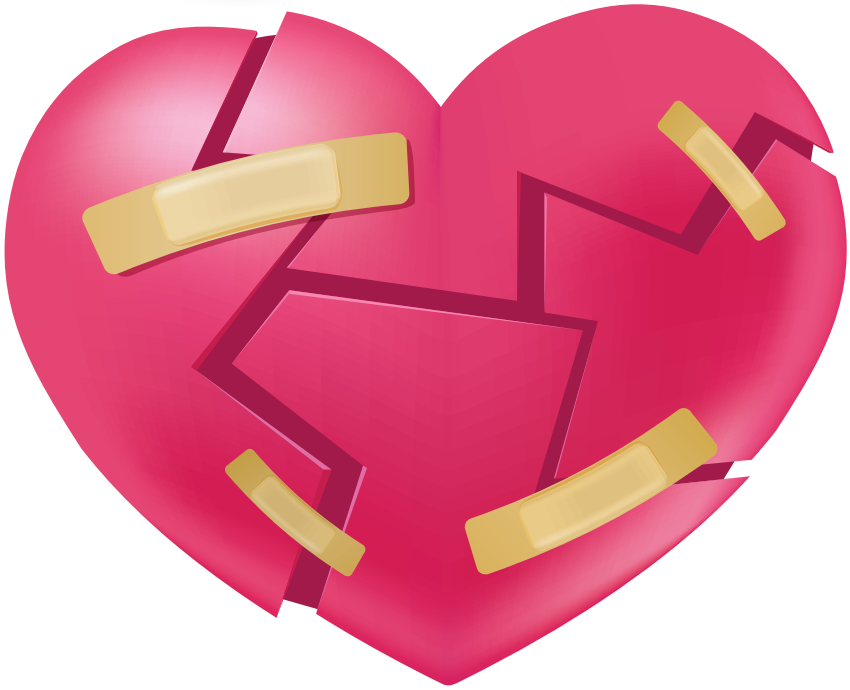

Safe sex advocate in delight heart break

By Langelihle Moyo

The guy had been typing for about 30 minutes and I knew that bad news was brewing especially given the conversation we had earlier in the day. I tried WhatsApp calling him, he did not answer. Eventually the anticipated bombshell dropped right in my face. "I no longer have the same feeling I had when we started this thing. The long and short of it, I think it is best to agree to disagree. You have a life and I have mine too."

I could not finish reading the whole of a text with my mind spinning leaning on the sink staring at the dishes. I dropped my mobile in the sink. I suffered heart break for denying my boyfriend unprotected sex. He felt I was playing him a fool after 18 months dating.

Contents

Dumi and I had been dating since the second week of our first year at university. Out of many proposals from different guys, I had accepted him for his gentleness and well-built stature. We did not take time to get along, and with our same height, the first kiss in the library remains striking.

The Environmental Scientist madly in love with a Quantity Surveyor instantly earned the Romeo and Juliet comparison from friends and colleagues. I was confident that soon after graduation our relationship was going to graduate into marriage. Compliments from colleagues and friends cemented it even more. Weekend dates, lunchtime walks around campus, Netflix and chill evenings, and at times matching pants justified the Romeo and Juliet tag.

As a SAYWHAT trained peer educator my influence at campus grew bigger and bigger. Students knew me as a safe sex advocate but my love story was overwhelming. Hence 'Dumi's girl' was popular.

Fast forward to a couple of weeks, for people who had dated for nearly two years, engaging into sex should have been easy. Aside from university life, I am a staunch Seventh-day Adventist Church (SDA) follower. Engaging into pre-marital sex is a no. I failed the test in high school and vowed not do it for the second time. Apart from reading of its amusement, my first time was never interesting. I did not want to repeat it for two reasons. It was against my church doctrine and it was painful.

Dumi convinced me he was Mr Right after going for a year in our relationship without sex. "It is rare with most of the guys. I guess that is a sign he is not a hit and run man. Luck you," a usual compliment from my friend Clarissa.

As we grew into each other, conversations about having sex started. 'Is there any reason to deny him sex after dating for this long?' My mind was whirling after accepting to an invitation to his room at the campus students' residence. I knew for a fact that his roommate had gone for a weekend and he was alone therefore chances for us having sex were very high.

"Hamba leCondom ntombazana," a condomise campaign jingle rang in my mind. "There are no two ways," I whispered to myself. I passed through pharmacy in town and purchased a feather light box and slip it into my purse before I boarded to campus.

Dumisani's room was tidy with a makeshift romantic arrangement befitting a village bred young man. He was not elegant but lovable and understanding. The Bluetooth speaker, placed in the corner, was playing Dolly Parton's "Jolene" at a very low volume. Besides being an old school music, I enjoyed the moment cuddling on a single bed. My hunch told me the next hour was defining.

Before I knew it, he was all over me. At first I thought I had lost it. I gathered myself and stopped him from making further advances. "I can't do this Dumi," I exclaimed.

After a while, Dumi pulled out his mobile and played a phone call recording to which I had agreed to have sex with him. For him I was slowly becoming a girl who does not abide by her word. Realising that I had run out of excuses, "we can do it provided we use a condom." I whispered. He declined questioning my loyalty. Our conversation did not last long before he offered to accompany me out.

A couple of weeks after the failed first attempt, inadvertently, we found our names on the list of students who had been selected for a leadership training workshop in Victoria Falls. It was a short trip. Sharing a seat and regular kisses for a 430km journey gave our neighbours in the bus a difficult time. This was a golden opportunity for both of us to make it memorable. We were booked at a fancy hotel whose fashionable rooms are tempting. Two hours after settling in, a WhatsApp message dropped, "What is your room number?" I replied: "Let me take a bath first." I thought of going two steps ahead of him.
In an hours' time, the two lovebirds were rolling on a white-sheet wrapped double-bed. Mid-way, I paused and asked him if he had carried a condom. "No. What for?" he replied. The more he showed no interest in safe sex the more I started losing his trust. I wondered what his intention could be. "Look Dumi, I am not ready to hold a baby," I chose the pregnancy excuse although my major fear was a Sexual Transmitted Infection (STI). He replied: "I will pull out, don't worry." It was risk. I reasoned with him much to his anger and he left my room.

The two-day workshop ended with no bliss. To avoid attention from colleagues and friends, I asked him if we could share a seat with him on our way back to Bulawayo. He obliged but he was now a different man. His frustration was written all over his face.

A week after the Victoria Falls farce, Dumi and I had a dull conversation an indicative of a fading relationship. "Hey. We need to talk", he texted on WhatsApp. I immediately dialled him and he did not answer his call. I made two more attempts which were both declined.
"I no longer have the same feeling I had when we started this thing. The long and short of it, I think it is best to agree to disagree. You have a life and I have mine too.

"I invested in you all this time. The way you are treating me is not fair and I feel that we are not meant for each other. Why would I need a condom to have sex with my only partner? Does it make sense? I have had enough Pamela."

E-learning:

A pie in the sky for rural learners

By Dyson Tinotenda Murwira

"I do not have a laptop or a smart mobile phone to access the internet. It's not a priority for my guardian, my old grandmother," said Richard Mawisire (not real name). Mawisire is a 17 year old boy from Mazvihwa village in Zvishavane who is among rural folks who have been negatively impacted by the outbreak of Covid-19 and the successive Covid-19 induced lock downs that triggered the closure of schools.

The outbreak of Covid-19 late 2019 brought a new world order that many had not anticipated. By and large over six (6) million people have died from Covid-19 as of March 2022 with Zimbabwe having lost over 5000 lives from the virus.

Zimbabwe recorded its first Covid-19 case in March 2020 and proclamation after proclamation created a new normal that affected sport, education, business, development work among other issues. The young people's educational dreams were shattered by the pandemic.

Zimbabwe's introduction of successive Covid-19 induced lock downs to contain the spread of Covid-19 has had a bearing on the education sector especially in rural areas. The introduction of online education in response to the closure of physical classes widened the divide between rural and urban learners.

Mawisire's story is a microcosm of the challenges rural learners face in Zimbabwe in the context of online education.

In a recent interview, Mawisire bares all.
"When Covid-19 news broke out. I did not expect schools to close. At first the community thought the virus was for the urban dwellers since crowding is common in the cities and towns. It turned out the virus is no respecter of persons.

"So, I understand how we got to the closing of schools stage and the beginning of online education. E-learning remains a pie in the sky for us the rural learners. The first problem is the non-availability of infrastructure that promote internet access. So even if I am to get a gift of a smart phone from a Good Samaritan, internet access is still an issue.

"As a peasant family, our priorities are not smart phones or laptops let alone regular data subscriptions. It is food on the table and other basics like cooking fat. There is a lot that need to be done for us to tap into the digital goodies like online educational services," Mawisire said.
"At my school, there are only five (5) computers stationed at the administration building. These are used by teachers mostly. We make turns to the administration block when doing practical computer lessons," he retorted.

Mawisire's cousin, Sithembiso, who resides in the same community and attends the same rural school in Zvishavane, added that before bringing Covid-19 into context, rural education places the girl child at a bigger disadvantage compared to her male counterpart.

"School business ends at school. After school I have my daily domestic chores that I have to do. On my way back home from school, I have to look for firewood. When I get home I have to walk a total of six 6 kilometre distance to fetch water."

Besides, even if I get time on rare occasions, a candle light cannot sustain my study, lest I risk working in the dark days to come." One Mberengwa High School teacher confirmed the dilemma the rural learners face before, during and post Covid-19 era. "Our poor Learners do not own ICT gadgets which can connect them to the internet. Those with the gadgets do not have money for data. Those with the data are affected by poor connectivity in most rural areas.

"Those who can afford to enjoy both data and connectivity have the problem of using the ICT gadgets irresponsibly," he said. The e-learning in the wake of Covid-19 has thus created a digital divide where the urban rural learners enjoy the internet based educational services while the rural learners are deprived the same right to education.

'Crystal meth'

a scourge of youths in Harare.

By Natasha Mwandiyambira

It is on a Saturday afternoon in the high density and one of the oldest suburbs in Harare, Highfields, and a popular ghetto where a motley crew of youngsters mill around a dilapidated building surrounding a brown bottle of broncleer.

The crew is taking turns one after another inhaling the toxic crystal meth substance christened "Mutoriro" in the local Shona language.

The ringleader, Bernard Kamoto (23), affectionately called Beto, is demonstrating to young folks who appear to be new comers to the league. He is holding a curved fluorescent pipe with some whitish chemical drawn from disused energy saver bulbs that are sold at US$1.

Crystal meth among a cocktail of drugs is condemning young people and the youth to a lifetime addiction and health challenges in the long run, health experts have warned.

Drug and substance abuse among young people gained the limelight around 2015 and became rampant in the past two years due to Covid-19 induced successive lock downs.

A number of unemployed young people and the youths found their daily informal activities shattered by the lock downs. To escape from the unemployment hardships they resorted to drug and substance abuse at a rate which forced the government to step up.

In September 2021 the government instituted the Inter-ministerial task force in a bid to arrest the drug and substance scourge popular in Harare and as a result more than 200 drug lords were nabbed by the police.

Known scientifically as methamphetamine, crystal meth is a highly addictive stimulant used for its powerful euphoric effects.
As he exhales a cloud of the toxic smoke, Beto's friends burst with laughter staring at the leader's drooling face.
"You should be careful not to ingest the smoke because it causes stomach ache," Beto explains.

Although the drug has been used in Zimbabwe for some years, its use has grown in the townships as the economic crisis grips the country.

Zimbabwe has nearly 90% unemployment rate with young people claiming the larger percentage of it. Hence, they resort to drug and substance abuse to escape from socio-economic pressures.

"This drug will just make you feel good and energetic we can spend the whole night talking and enjoying ourselves. We live in a world of our own and can even forget about our daily troubles," Beto said.

"My sleeping patterns have been disturbed though. Sometime last year, I remember I failed to sleep for a week and thereafter I slept for two consecutive days without waking up. I was then advised to take it at a lower rate.

"At one point my mother thought I had died," added Beto.
During the Covid-19 induced prolonged school holidays, Beto adds that teenagers and school going children were joining the drug and substance abuse queue.

"These days, you even find school girls taking the substance. Most of them are coming here to smoke this thing," Beto added.

A gram of crystal meth costs US$12 — a steep cost for most users in the townships and equivalent to a week's rent on a room in suburbs like Epworth and Hopley in Harare South.

One supplier explains that crystal meth is smuggled into the country through Zimbabwe's porous borders particularly from South Africa.

"If I had money, I would buy it every day," said Aunt Popo one of the female addicts.

Aunt Gambler the drug lord says the drug and substance material has formed a lucrative market in Harare and other urban centers in Zimbabwe.

Aunt Gambler makes US$100 a day from her sales, which have grown since the start of the advent of Covid-19 induced lockdown in Zimbabwe beginning March 2020.

She is also into marijuana business as well as prescription drugs that are commonly misused such as codeine, the cough syrup Bron Cleer, which contains codeine, and pills that are usually prescribed to combat mental illness.

Regardless of the prohibitive costs, many addicts find a way to fund their insatiable appetite by selling their possessions, while others are driven to steal.

Tunechi (20) (not real name), also confessed that he was thrown out of school last year after squandering school fees. His addiction has led to frosty relations with his guardians.

"I am so devastated about this drug which has caused my nephew to drop out school and made him a thief. The government should intervene and arrest these drug loads," said gogo Mamo as affectionately known in Epworth, an informal settlement south east of Harare.

"Sometimes I find myself getting agitated and angry — I do not like the way I feel but it is the drug. I find myself saying things I regret. I am just a free-spirited person when I am intoxicated," Tunechi said.
With many young people battling drug addiction, the health system has been found wanting.

Zimbabwe's hospitals cannot treat addicts and the few rehabilitation centres are expensive.
Peace Maramba, an expert in mental health, says the lack of public rehabilitation centres has worsened drug-induced mental health issues in the country.

"In Zimbabwe, we do not have rehabilitation centres in government institutions. It is unfortunate that mental health has been neglected for long, but I am glad that through funds from the World Health Organization there is hope that we can help more people," Maramba said.

He says accessing any mental health services is prohibitively expensive for young people from the townships, and blamed the use of illicit substances on peer pressure and Zimbabwe's unrelenting economic problems.
Doctors have naturally become worried by the exponential increase in incidents of drug-related diseases.

"The cases are on a massive increase, with youths between 20 and 35-years-old being the most affected. They are turning to drugs because they have nothing to do," said Zimbabwe Medical Association (ZiMA) secretary-general Dr Sacrifice Chirisa.

"In the past, we had recreational parks and sports centres that kept them busy, but most of the places have since been turned into residential or business stands."
The police, however, maintain that the increased cases are as a result of the intensified deployment of law enforcement agents.

"The statistics of drug abuse remain a dark figure until they are detected. The intensified deployment of CID Drugs and Narcotics members in every corner of the country has seen an increase in the detection of concealed drugs," said Zimbabwe Republic Police (ZRP) national spokesperson Assistant Commissioner Paul Nyathi.

"Increased enforcement is the key factor that has attributed to the surge in drug abuse statistics. Special measures like intensified training of all CID Drugs and Narcotics members, use of sniffer dogs, inter-agency cooperation have been put in place to help detect drug use cases throughout the country."
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Stop TB Press Statement

WORLD TB DAY
24 MARCH

Students and Youth Working on reproductive Health Action Team (SAYWHAT) joins the world in commemorating World TB Day. This year's edition is celebrated under the theme: Invest to End TB. Save lives. This theme conveys the urgent need to invest time and resources towards scaling up the fight against TB. This also calls for more time to raise awareness on TB to save young people's lives.

International health agencies report that TB claims over 4000 lives each day worldwide with nearly 30 000 people falling sick. In 2020, an estimated 1,5 million people died from TB. Thus, TB remains one of the oldest and deadliest infectious killers globally at least according to the Pan American Health Organisation.

Zimbabwe is not spared from TB deaths too. World Health Organisation (WHO) estimates that over 4000 African lives are lost to TB every year. These statistics are very disturbing.

For years, TB had been perceived as a disease that attacks adults and people with old age. However, recent studies have shown that young people are equally affected by TB. WHO in Zimbabwe (2020) acknowledges that TB is also common among children and young people. It is therefore high time development partners adopt a comprehensive response to incorporate young people in the fight against TB. SAYWHAT has also observed that the majority of higher learning institutions do not have TB screening services for students and therefore appeals to the government of Zimbabwe and development agencies to commit resources to higher learning institutions' health facilities to fight TB.

TB screening services must be made available at higher learning institutions so that students enjoy their right to access quality health care. The availability of TB screening services at higher learning institutions will help in diagnosing the disease and the initiation of appropriate treatment which gives the patient high chances of beating TB.

Some of our young people who enroll at universities and colleges come from remote rural areas where they may not have TB screening services. Hence, there is need to make TB screening services available at campuses.

Vision 2030 is attainable with a healthy generation of young people and this should start with the provision of TB screening services at colleges. Healthy people are key to the development of any country.

As a signatory to the 2001 Abuja declaration, Zimbabwe needs to live up to its pledge by committing at least 15 percent of the national budget each year towards the health sector. This will help the health sector to source the equipment needed for TB screening services.
Local clinics need to be equipped with medical equipment required to screen TB and other diseases like cancer for our young people who are not necessarily at universities or colleges.

SAYWHAT understands the correlation between TB and HIV and implores the government of Zimbabwe and development partners to urgently come together and make available TB screening services.

The advent of Covid-19 has had a bearing on people's access to TB services with statistics showing that about 5,8 million people accessed TB care services in 2020 compared to 7 million people who accessed the same services in 2019.

Successive lockdowns effected to curb the spread of Covid-19 affected young people's access to health services, situations that lead to delays in TB diagnosis and treatment. SAYWHAT is therefore calling for an urgent collective effort from all concerned development partners and the government of Zimbabwe to save the lives of our young people from TB.

INVEST TO END TB.
SAVE LIVES.

#WorldTBDay #EndTB
#InvestToEndTB

Stop TB Partnership

hosted by UNOPS

SAYWHAT

BORN WITH DISABILITY AND THE DIFFICULTIES TO ACCESS EDUCATIONAL SERVICES

By Paidashe Mandivengerei

In 2012, Maria Hoko who had just solemnised her union with her high school sweetheart gave birth to a baby boy, the new addition brought joy to her family.

Her joy was however short lived when a few days after birth she noticed her son Emmanuel's inability to move parts of his body. When he was half a year old and his agemates were starting to sit on their own, he could not maintain the same balance.

When he was two years old Maria (29) and Bright (32), both peasant farmers, finally saved up enough funds to afford x-rays and consultations with medical specialists and he was diagnosed with severe cerebral palsy.

Cerebral palsy is a disorder that affects one's ability to move and maintain balance and posture caused by abnormal brain development that affects the ability to control muscles. The condition is characterised by difficulty with balance and posture with cases ranging from mild to severe. With cerebral palsy Emmanuel's speech is badly impeded and has scoliosis (where a spine curves to one side of the body).

After battling to raise funds for Emmanuel's medical treatments (surgery, braces, physical and speech therapy) and commuting regularly from their home in rural Bindura about 90km north east of Harare to the capital for doctor's consultations and seeking interventions from faith leaders his parents resorted to taking care of him at home. The disorder requires him to use special equipment to walk, which he has never owned due to financial constraints and relies on his mother who is his primary caregiver to carry him.

Emmanuel is now nine years old and it still saddens his mother, Maria, that he cannot lead a "normal life" like his two younger siblings and age-mates. Due to his condition his parents did not enroll him in school because there is no one to keep an eye on him.

In Matepatepa, Bindura where the Hoko family lives there are only two primary schools close to their home, Dombowera and Chumberi Primary Schools are 2km and 3.5 km from the family's homestead. Both schools have no facilities to cater for children with disabilities.

"Other children in our village walk 4km a day to and from the nearest school and this was going to be a problem considering Emmanuel would need someone to carry him there as he has no wheelchair. The school does not cater for the needs of special children like Emmanuel, who would feed him there, take him to the toilet and give him 100% of their attention so we just decided it was best to keep him home. We wish he could also go to school but there is nothing we can do about it," his teary mother explains.

Emmanuel has difficulty speaking and his physical development is stunted but his family has adapted to his needs and fairly understands his slurred speech. The family which relies solely on their harvest yields for income lacks the social security they badly need. Unlike most families they have high living costs and few earning opportunities.

His wheelchair is now worn out and his mother who spends all her time tending to his needs has to carry him around and feed him. He also wears diapers as he cannot control his bowel movement, the costs are out of the family's reach and they have had to improvise and use washable cloth nappies.

Emmanuel's story mirrors that of many other children with disabilities in rural Zimbabwe who have found themselves excluded from the education sector. Disability Amalgamation Community Trust director, Henry Chivhanga argued that while government has the inclusion policy, schools cannot effectively implement it.

"The challenges faced by learners with disabilities in rural areas is mainly stigma they are not readily accepted by their communities especially in the schools which makes them feel like they are not wanted. The issue of distance is very critical in that this some need transporting them to school and this is hard considering the bad state of the roads.
“Although government has the inclusion policy schools are not equipped to implement the policy effectively whereas efforts have been made regarding ramps there are still huge gaps to be addressed; lack of teaching and learning material in different formats to cater for the disability need, exclusion in sporting activities, schools are not adequately funded despite enrolling learners with disabilities".

Ministry of Primary and Secondary Education Director Of Communications and Advocacy, Taungana Ndoro said the government has made attempts to provide facilities for learners with disabilities and is currently working on putting them in place in the schools which do not have them.

"We are a very inclusive Ministry of Primary and Secondary Education and we have policies in place to ensure that there is inclusion within all our schools. Inclusivity does not mean distance only, it also means how a learner is treated within our schools, if a learner is disabled they are treated the same as others, those on wheelchairs have romps to get to their classes, those who are hard of hearing are provided with hearing aids, the visually impaired are given braille to read. There are very isolated cases where a school lacks these facilities and we are aware of these schools and we are getting there."

UNESCO Regional Director for Southern Africa, Prof. Hubert Gijzen in the 2020 Global Education Monitoring Report said Zimbabwe was 'committed to inclusive education in its broad sense'.

New Partner:

Greetings from GEAR Alliance

Girls Education Advocacy in the Region (GEAR) Alliance is a consortium of four organizations which include SAYWHAT as a lead applicant, the Girls Activist Youth Organization (GAYO) from Malawi, the National Action for Quality Education in Zambia (NAQEZ) from Zambia and the Farming Community Educational Trust (FACET) from Zimbabwe.
The three countries share historical, political and socio-economic backgrounds. This makes lack of education among the young people in rural communities common.

The limited access to primary and secondary education for girls and young women in rural and farming communities of Malawi, Zambia and Zimbabwe requires a collaborative and strategic advocacy to influence policy changes in the three respective countries. The trio shares glaring inadequacies around domestic funding of education systems, curriculum and infrastructural facilities for education in rural and farming communities.

The new project aim to support in-country CSOs collaborations so that they are able to demand from respective governments' accountability on the right to education. The alliance is privy to the international educational frameworks the three countries have committed to. Understanding the dynamic nature of the sexual reproductive health rights discourse informs the redefinition of any organization's scope and strategies without abandoning the historical foundations.

The consortium is founded on the principle of regional solidarity in the implementation of interventions, projects and programs that complement each other and harness the greater collective of a Southern Africa with empowered young people through access to rights such as education, health, clean environments, employment and recreation.

In essence the consortium sustains its efforts by creating an enabling transnational policy environment for Southern Africa which allows for the engagement and inclusion of young people in the planning, processes, products and services for young people of Southern Africa.

The story of lead applicant SAYWHAT

Zimbabwe Students And Youth Working on reproductive Health Action Team (SAYWHAT) is a membership-based public health social movement organization (PHSMO), founded in 2003 with the express ambition to contribute towards the existence of a generation of healthy young people in Zimbabwe and the SADC Region.

SAYWHAT offers non-clinical health services through the provision of health information to young people so that they make informed health choices. Initially, SAYWHAT's target was students at higher learning institutions before widening its net to incorporate young people in communities due to evolvement and the keen interests to deliver an inclusive and comprehensive sexuality education.

Over the years, through its strategic sexual and reproductive health programming work, SAYWHAT has observed that to attain a Generation of Healthy Young People, education is key.

The organization has worked with various partners to carry out health and well-being interventions with students and young people in general for purposes of capacitating the same to become responsive to their health and well-being needs.

At the advent of COVID 19 in March 2020, SAYWHAT adopted innovative ways of sustaining its grip on promoting healthy choices among the young people through the construction of a studio to promote virtual programming. This was partly out of the realization that unattended or poorly attended sexual and reproductive health issues, comparatively as a result of COVID 19's restrictive nature, gave rise to mental health, drug and substance abuse amongst the young people.

So, the establishment of a studio has given the young people a platform to hold to account public office bearers. Through Power Talks and Legal Talk show productions, young people are engaging with parliamentarians, lawyers and government officials asking the critical questions to the authorities and policy makers.

The studio of choice as affectionately known, has made it possible for SAYWHAT to reach out to its stakeholders outside Zimbabwe through virtual productions. This is one of the innovations that has enabled SAYWHAT to stay afloat in as far as engaging with stakeholders is concerned. The Studio of Choice, apart from churning out productions online, is also

a school for young people to discover and develop their talents outside classroom environments. The young people and the youths are capacitated regularly so that they are able to make significant contributions towards solving some health and education related challenges.

In addition to the studio, in 2020 SAYWHAT also established a Call Centre where young people from all backgrounds are seeking immediate help on sexual and reproductive health, gender-based violence and mental health. In turn, young people get immediate counselling services and referrals in cases where a clinical solution is required.

The organization also works closely with law enforcement agents to apprehend those who would have violated young people's sexual and reproductive health rights.

On the regional front, SAYWHAT continues to make inroads through its engagement platform, the Southern African Regional Students and Youths Consortium (SARSYC). The Southern African Regional Students and Youth Consortium (SARSYC) represents a multiple sectorial space for academics, researchers, young activists, state and non-state actors who thrive to secure and deliver young people's socioeconomic rights in the Southern African Region.

SAYWHAT has hosted three Editions of the Southern African Regional Students And Youth Conference in 2015, 2017 and 2019 in Zimbabwe, South Africa and Zambia respectively. The 4th Edition of the Conference will be held in Malawi in August 2022.

Next steps

SAYWHAT has experienced momentum in improving young people's access to information and sexual reproductive health services and this new project will build on that and remain committed to the communities and the needs of students and young people.

The consortium will above anything attract attention to legislations that ensure universal access to sexual and reproductive healthcare, including emergency contraception and access to safe abortion services in humanitarian crises.

EDUCATIONOUTLOUD
advocacy & social accountability

GPE Transforming Education

SAYWHAT reached
49 538 young people


Students Dialogue Harare Institute of Technology

Mugota Dialogue Mutare Teachers College

Spotlight initiative field monitoring at Mutare Teachers College.


Condom education Mucheke bus Terminus in Masvingo


Web for Life Dialogue MSU Zvishavane

Bindura Health Fair Picture Story

Scenes at Bindura University of Science Edication (BUSE) Career and Guidance Fair


Nutty O graced the BUSE Career and Guidance Fair, between his performances he said, "If you can`t abstain, CONDOMIZE."

Gweru MSU Health Fair Picture Story

MSU Health Fair: Condom education goes a long way in ensuring that young people practice safe sex.

Mai Ts Diaries, a guest artist at the MSU Health Fair shared: "In all you do, make your health a priority, use condoms when having sex. Get tested with your partner and refrain from doing eye HIV tests."

Information dissemination is key when having Health Fairs, smart choices start from having the right information. MSU Health Fair

Access to SRH services is key for both men and women.

How do you beat depression? : Speak Out

Makhosi Ndebele

The advent of social media and its modification year after year, solidly confirms that human beings are social creatures. The unappeasable appetite for companionship and connection 24/7 regrettably has a bearing on our mental health.

Psychologists and health experts often reiterate that being socially connected and talking with others is therapeutic as it eases stress, anxiety, depression and prevent loneliness. In the same vein, disconnected individuals lack social connections which may contribute to stress which impact on mental and emotional health.

Apart from social media, unemployment, poorly managed relationships both at family levels and those that involve partners, are all potential drivers of mental illness among young people. Sources of mental sickness vary from one person to person and from one area to another due to various reasons.

Failure to tame mental strain may lead to suicidal thoughts and eventually one may takes his her own life. The World Health Organisation (WHO) and the Global Burden of Diseases study estimate that almost 800 000 people die from suicide every year globally.

Many studies, including one by Bertolote and Fleischmann, "Suicide and psychiatric diagnosis: a worldwide perspective" (2002), note that 98 percent of those who died by suicide had a diagnosable mental disorder. This is suffice to conclude that 98 percent of mood disorders that graduate into suicidal cases are preventable.

The rate at which young people including students at higher learning institutions are losing lives to suicide is a signal that mental health awareness campaigns need to be heightened.

From the media's perspective and on account of friends and colleagues of suicide victims, infidelity has been the leading factor.
Some also take their own lives to escape from economic hardships and to run away from hard to meet responsibilities.

The last quarter of 2021 saw a number of students taking their lives because of misunderstanding with their partners and this has heightened mental health awareness campaigns.

One young Crispen Moyo, a civil engineering graduate from a local Polytechnic, who resides in Bulawayo-Makhokhoba suburbs recounted depression memoirs and how he overcame suicidal thoughts.

"Depression is real," Moyo recounted.
"As young people we seem to be investing a lot of emotions and resources in our relationships. This becomes a source of depression and in the event of a break up, this can potentially kill you.

"I dated my girlfriend for three years. For me she is the one I had hoped to settle with. I had introduced her to my family and her family too had accepted me as their son in-law. All the formalities had been set and was now scheduled to pay lobola.

"Hell broke loose two weeks before the lobola date. Her aunt told me Elizabeth was expecting and that she had confessed that the pregnancy was not mine. I could not face my family and siblings. For someone they have always looked up to, I had failed them.

"The only option for me was to die.
"What disturbed me the most was that the news of Elizabeth's pregnancy was everywhere in the community. She had been seeing another man in the neighborhood for some time. She was cheating on me.

"I restricted myself to my room for a week and at one point I went for two days without eating. I was taking water only. I had been reading depression stories in the press with little appreciation of the pain victims go through.

"Counselling people who will be battling depression is not easy. My relatives had to look for counselling services from a specialist and it took time for me to heal," Moyo said.
The World Health Organization (WHO) Comprehensive Health Action Plan (2013-2030), has four (4) major objectives which need to be met to save young people from depression.

WHO highly recommends (1)the strengthening of effective leadership and governance for mental health, (2) a comprehensive, integrated and responsive mental health and, (3) social care services in community based settings, (4) implement strategies for promotion and prevention in mental health and to strengthen information systems, evidence and research for mental health

Depression can be cured in many ways. One of the ways is to speak out to close peers for help. Young people need to utilise "The Friendship Bench", where people gather and openly discuss about the problems they encounter in life.

"Sometimes you will realise that what you were regarding as a problem is not an issue. What is heart break against someone who would have suffered sexual abuse at the hands of his or her closest relatives?" Moyo recounted.

"Killing self is neither a solution nor the best option to deal with a heart break."

Students from higher learning institutions and young people in communities should reach out to SAYWHAT Call Centre by dialing 577, a toll free to get assistance at any time of the day.

up coming event

The cost of tabooing Sex Conversations

by Thandiwe Garusa

Sexual and reproductive health conversations remain a red zone at family level in majority of Zimbabwean communities, a culture that continuously deprive adolescents and young people information that can help them make informed health choices.

Many studies confirm that young people from all corners of Zimbabwe are dealing with complex and multiple sexual and reproductive health issues that derive from unprotected pre-marital sexual practices.

While interventions have been made through awareness campaigns, there is need to interrogate the significant role of parents and guardians in addressing adolescents and the youth's sexual and reproductive health challenges.

The majority of families in Africa and Zimbabwe in particular remain conservative when it comes to openly discuss sexual and reproductive health with their children, a culture that discourages young people to open up.

Traditionally, the Zimbabwean culture used to assign aunts and uncles to educate young boys and girls as they grew into puberty before the practice was exposed to modern practices such as formal schooling, migration and access to television, internet, social media, radio and print media.

A 2018 study: "Exploring discourses of sexual and reproductive health taboos/silences among youth in Zimbabwe," by Nigel Mxolisi Landa and Kundai Fushai, confirms that parents and guardians have a critical role to play in mitigating SRH challenges young people face.

"Talking about taboo subjects is not comfortable for many people, especially when the sociological layer of age is added to the issue. The youth who constitute by far the largest demographic group in the world are not surprisingly affected the most by Sexual Reproductive Health (SRH) issues," notes the study.

It is a taboo to talk about sex or divulging a pre-marital affair. The dangers these cultural norms are pausing to the health of the young people is incredible.

"I don't have the courage to tell my parents about my sexual affairs. It is not something easy to talk with your biological parents," Martin Mashanda, a high school student from Seke-Madamombe community, confirms in a recent interview. "You would have invited beatings and reprisals.

"Sometime last year I got an infection after sleeping with my girlfriend without protection.
"I was saved by a friend's uncle in the community who gave me traditional herbs although the taste was not good. I had to endure because I wanted to heal. I could not risk going to the clinic because I did not want to attract the attention of my parents."

Sexual and reproductive health discourse need to start at home at a family level where parents and guardians invest time to engage with their children on the once perceived as taboo subject.

Dealing with cultural excesses begins with the parents and guardians opening up to their children to encourage them to openly talk about their sexual and reproductive health problems.

One 17 year-old Agnes Chidambani who is into commercial sex in Epworth operating at the popular "booster" area said she started sex business after her guardian kicked her out of home because she was caught engaging in sex with her boyfriend.
"It has been a year now after I started selling sex. I was chased away from home (not divulged) because I was caught sleeping with my boyfriend several times. My uncle said I was a bad influence to my cousins.

"I tried to persuade my boyfriend to stay with me but his parents refused saying he was too young to have a wife.
"My parents died years ago. I was staying with my uncle, a brother to my mother. So my boyfriend was the only option. There was a time where I went to aunt here in Harare. She told me to work as a housemaid but I felt the money she was giving me was too little. So I left."
Agnes said she has suffered sexual abuse several times while in sexual business.

"Sex business has many risks. Sometimes clients refuse to pay you the agreed fee and in the worst case scenario they can steal your money. Some are in the habit of demanding unprotected sex offering huge amounts like US$50 for a sexual session. So, sometimes it's +so tempting and you just agree because you need to money."

"I thinking of changing the area where I am operating and go a better place with better offers."

The involvement of parents or guardians in the provision of SRH information therefore becomes fundamental to help young people manage their reproductive health issues.
When family spaces are not open up for sexual and reproductive health it kills young people's confidence to report sexual abuse and harassment. Sexual harassment and abuse are a violation of young people's reproductive rights. Unreported sexual abuse and harassment have ripple effects on young people's mental health and well-being.

Furthermore, when family spaces are closed to discuss sexual related matters children may look up to alternative sources of information which may not be factual. The alternative sources of information may include peers and the internet where information is sometimes half given or exaggerated. This makes it difficult for young people to make informed health choices. Failure to make informed health choices, has dire consequences and the cost will be on the family's shoulders.

Shutting door on young people to discuss sexual and reproductive health related challenges opens the door to teenage pregnancies, child marriages, sexual abuse and exploitation. The media is often reporting the back door abortions which continue to claim the lives of the young people. Some young girls also end up dropping out of school and start engaging in drugs and prostitution which all destroy their personal development.

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