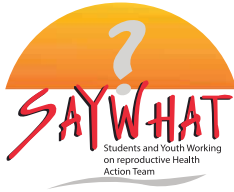


**A SADC REGIONAL**  
PERSPECTIVE BY YOUNG  
PEOPLE ON COVID-19





## First Edition/ A SADC regional perspective by young people on COVID-19

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Finally, we extend our heartfelt thanks to the SAYWHAT team and the program coordinators, Mr Rodney Sibanda and Ms. Vita Hwenjere. Your dedication to championing evidence-based advocacy is an inspiration.



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**SARSYC Insights: A background**  
**Rodney Sibanda, Vita Hwenjere and Jimmy Wilford**  
**SAYWHAT**

The regional research mentorship program was designed after a stark realization that there is a need to bring together young budding researchers in Southern Africa to interrogate issues that concern them, at a regional level as well as in their respective countries. In the build up towards the 4th edition of the Southern Africa Regional Students and Youth Conference (SARSYC) held in Malawi in 2022, SAYWHAT invited young people to submit abstracts for presentation at the conference. SARSYC aims to address the challenges faced by young people in the region and recognizes the importance of collaboration and interconnectedness among healthcare systems, education systems, policymakers, and young people to effectively address their interrelated needs.

The conference acknowledges the importance of addressing inequalities and promoting equitable access to public health and education, ensuring that young people are not left behind in the face of emerging issues. It also recognizes the need for innovative solutions, harnessing emerging public health issues, technologies, and artificial intelligence.

This booklet presents a collection of research studies that explore various critical issues affecting Southern African communities, particularly in the context of the COVID-19 pandemic. The authors provide valuable insights into the impacts and potential solutions for these challenges, drawing connections between different fields and



highlighting the importance of targeted interventions. Drawn from tertiary institutions in Zambia, Malawi, and Zimbabwe, the selected five young researchers delivered their presentations during the research indaba held at the conference and subsequently underwent a 6-months mentorship program in the aftermath of the conference under the tutelage of Professor Tsvere from Chinhoyi University of Technology (CUT), Zimbabwe.

Zondwayo Duma from the University of Zambia examines the effects of COVID-19 on private school education in Lusaka. His research identifies both the benefits, such as enhanced creativity and personal growth, and the drawbacks, including mental health challenges and inadequate crisis management measures. The study's findings emphasize the need for investment in human capital and infrastructure to better prepare for future crises.

Building on the theme of education, Nozinhle Ncube investigates the impact of the COVID-19 pandemic on the sexual and reproductive health and rights (SRHR) of student teachers in Bulawayo. Ncube's study reveals that the shift to online platforms for SRHR services has been problematic, with concerns over confidentiality and an increase in gender-based violence. The research calls for government intervention to ensure affordable online access and suggests the introduction of reusable sanitary wear.

Extending the discussion to public health, Aubrey Chidziwisano evaluates the role of social media in preventing drug and substance abuse in Mchinji District. His study demonstrates that well-designed social media campaigns can effectively reduce substance abuse by

challenging false perceptions and influencing personal beliefs. This highlights the potential of digital platforms in public health interventions.

Lisbon Tafara Tsvarayi's research focuses on the challenges faced by female students living with HIV/AIDS in a Zimbabwean university. The study highlights issues such as poor knowledge of safe sex practices, stigma, peer pressure, and the complexities surrounding discordant couples. Tsvarayi suggests potential interventions to support these students' well-being, drawing attention to the need for comprehensive support systems in educational institutions.

Lastly, Tanatswa Mukwacha explores the impact of non-inclusive public spaces on persons with disabilities in Zimbabwe. His research finds that both physical barriers and unwelcoming attitudes contribute to the exclusion of persons with disabilities, exacerbating poverty and inequality. Mukwacha advocates for disability-inclusive public spaces and services to improve access to basic rights and achieve development goals.

These studies collectively underscore the diverse and interconnected challenges faced by Southern African communities. The authors highlight the importance of comprehensive and context-specific strategies to foster resilience and sustainable development in the region.

# 1

Impact of COVID-19 on Private School Education in Lusaka,  
Zambia

**Zondwayo Duma<sup>1</sup>**

The University of Zambia

## **Abstract**

Most research on the impact of the coronavirus disease 2019 (COVID-19) While much research has explored the broad effects of the COVID-19 pandemic on education, there remains a gap in understanding its specific impact on private school education. This study employed a mixed-methods approach to assess both the repercussions of the COVID-19 pandemic on private schools in Lusaka and their preparedness for future crises. The findings suggest that COVID-19 has yielded both positive and negative effects on Thornhill Private School, with increased personal growth time proving beneficial for creativity and performance, albeit overshadowed by mental health challenges affecting student well-being and academic performance. Moreover, the study highlights a lack of stringent crisis management measures within the school. Consequently, recommendations include investing in human capital and

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infrastructure essential for effectively navigating future crises.

**Keywords:** COVID-19, Private School, Education, Crisis, Preparedness

## **Introduction**

Zambia's long history of health-related hazards serves as a reminder of the various challenges affecting public health in the country (CDC, 2024). The extent and impact of the outbreaks indicate how extreme the effects of a crisis can be on the rest of the economy. However, it also indicates that measures to address the health challenges are more curative as opposed to prevention and control (CDC, 2024; *Centers for Disease Control and Prevention*, 2024). The outbreak of the COVID-19 pandemic and the subsequent implementation of its mitigation measures emerged as a threat to the growth of the various sectors of economies around the world. Since 2020, several studies have been conducted on the impacts of Covid-19 on the African economy (Sigala, 2020). Key to their findings is that COVID-19, has been changing life as we have known it over the years (Kantamneni, 2020). However, the dynamics of the effects of the pandemic are constantly changing.

The education sector was not spared by the outbreak of the COVID-19 pandemic. Most discussions on the impact of COVID-19 on education are focused on the impact of the pandemic on the national and global scales (Pokhrel and Chhetri, 2021; Tadesse and Muluye, 2020; Tarkar, 2020). The

impacts of the pandemic have been focused on the impact of the pandemic on the sector, on teaching methodology and preparedness of the schools for future crises.

The main impact of the COVID-19 pandemic is infecting people, compromising their health and in some cases leading to death. By 21<sup>st</sup> January 2024, 774,395,593 people had been infected by the pandemic and 7,023,271 deaths were recorded(*World Health Organisation, 2024*). Notably, countries with larger populations had larger infection rates. For instance, the United States of America (USA) recorded 103.4 million, China had 99.3 million cases and India had 45 million cases as of January 2024(*World Health Organisation, 2024*). However, the USA had the highest death rate at 1.2 million with Brazil and India coming in second and third at 702,100 and 533,400 respectively(*World Health Organisation, 2024*). The differences in the mortality rates reflect the differences in the efficacy of health policies to contain the pandemic. Further, it indicated that a considerable share of the population did very little to mitigate the spread of the pandemic by not wearing face masks or social distancing(Reimer 2021).

The outbreak of the COVID-19 pandemic led to the implementation of various mitigation measures such as the closure of schools(Tadesse & Mulunge, 2020). These measures presented both opportunities and challenges to education(Khawaja & Quresh, 2022). The sector was specifically affected by a lack of access to the technology necessary for the continuation of the classes, a lack of preparedness of the teachers for the crisis and very minimal

teacher-student engagements(Khawaja & Quresh, 2022). However, private schools are highly dependent on school enrolment, hence, they were more constrained financially by the pandemic(UNESCO, 2020). Further, social distancing measures limited the ability of businesses to operate, reducing household income and demand(Reimer 2021).

The reduction in household incomes not only threatened healthy meals but also the ability of the students to pay for school. Furthermore, a household survey in seventeen countries in Latin America and the Caribbean demonstrates that COVID-19 impacted households differently. Notably, low-income households were the most affected by the significant and unequal job losses as a result of the pandemic(Bottan et al., 2020). The survey in seventeen countries revealed that 45% of the respondents had at least one member of the family lost a job, while 58% of the respondents had their businesses closed(Bottan et al., 2020). However, lower-income households with 71% and 61% of the respondents reporting that a household member lost a job and had their business close down respectively(Bottan et al., 2020).

The outbreak of the pandemic facilitated a paradigm shift towards continued education through the provision of online classes(Murtgatrtd, 2020). Online classes are different from traditional face-to-face classes due to minimal physical interactions between the teacher and the learner. However, the challenges associated with online learning are accessibility, affordability, flexibility, learning pedagogy, lifelong learning and education

policy(Murtgatrted, 2020). The need for online learning requires teachers to integrate technology to deliver curriculum to the students and assess learners(Saleh al Darayseh, 2020). Further, the switch to online learning affected the importance of relationship building and understanding students for individualised instruction.

The scale of pandemics related to infectious diseases has increased over time and is projected to increase in future e(Jones et al., 2008). There is over 2% probability of another pandemic occurring every year(Marani et al., 2021). It remains unclear the source of the next pandemic, most infectious diseases have been transmitted from animals to humans and they evolve to be transmitted between humans(Vora et al., 2022). Various Governments have continued to prepare for crises in the post-COVID-19 era. Among the major measures are having point-of-care testing or near-patient testing mechanisms, and expansion of point-of-need testing such as increasing the number of staff and space among others, and maintaining the capacity to address health hazards(Rakeman-Cagno et al., 2023).

Education is critical for human well-being and can improve knowledge and skills, which is critical for productivity and career advancement(Patel, 2022). As such the sector has to be protected and possibly insulated from extensive harm. Some researchers have paid attention to the impacts of the coronavirus pandemic on general education(Hapompwe et al., 2020), however, little is known about the impacts of the pandemic on private school education. Further, the impacts

of the pandemic have mainly been attributed to the performance of the schools (Hapompwe et al., 2020) and little about the preparedness of the schools in crisis management. Hence, despite having rich information on the impact of the pandemic, it does not sufficiently guide policy development. Therefore, it is very important to provide an understanding of the impacts of the COVID-19 pandemic on the education sector. This study aims to investigate the impacts of COVID-19 on private schools in Lusaka. More specifically, the paper sought to assess the impact of the COVID-19 pandemic on teaching methodology and to establish preparedness of the preparedness of Thornhill Boarding and Day School for future crises.

### **Methodology**

This study employed a mixed-method approach of triangulating data sources as a means for seeking convergence across qualitative and quantitative methods. Interviews and questionnaires were used in the study. The questionnaire was used because of its ability to numerically determine the impact of the pandemic on Thornhill School, while the interviews provided detailed information on the subject. Further, the study employed snowball sampling, relying on interactions with pupils at Thornhill Boarding and Day School who recommended others. The snowball sampling technique was used because schools in Lusaka were closed indefinitely during the study period. A sample size of 60 respondents including pupils, teachers and the school and administration was determined using Slovin's



formula. Kobo Tool Collect was used for data collection and was analysed using pivot tables in Excel Microsoft software, while qualitative data was analysed thematically. On the other hand, the interviews were transcribed and then the transcripts were read several times to identify some codes to help the researcher to code emerging themes or categories.

## **Findings and Discussion**

The findings of the study revealed that 90% of the respondents of the study were students, while 10% were teachers at Thornhill Boarding and Day School.

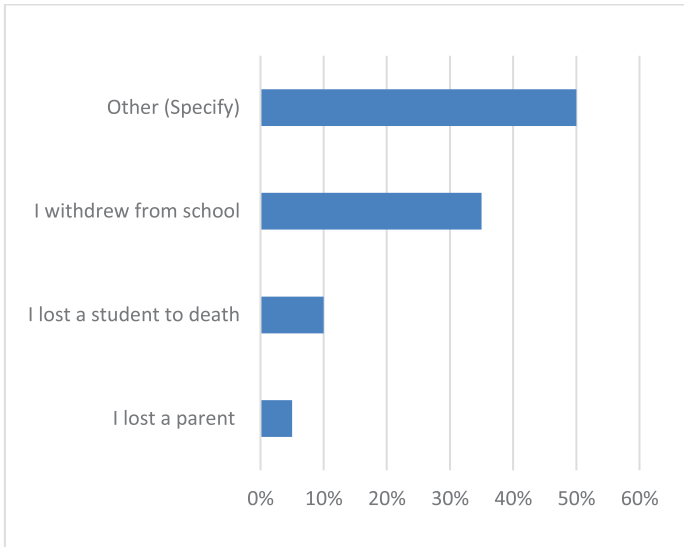
**Table 1: Ratio of Respondents**

Student	90%
Teacher	10%
<b>Total</b>	<b>100%</b>

### **Impact of COVID-19 Mitigation Measures**

The findings of the study in Figure 1, show that 50% of the respondents to the study indicated that they lost a loved one, which affected their mental health, loss of income and loss of interest in schooling. However, due to loss of income, 35% of the respondents reported to have withdrawn from school. This finding is consistent with the findings by Reimer (2021) and UNESCO (2020) who observed that COVID-19 affected the availability of household incomes and it affected the financial stability of the schools considering that they are dependent on the schools for finances. Further, the number of pupils

attending school at Thornhill Boarding and Day School reduced from over 250 before the outbreak of the pandemic to 70 people in January 2024.

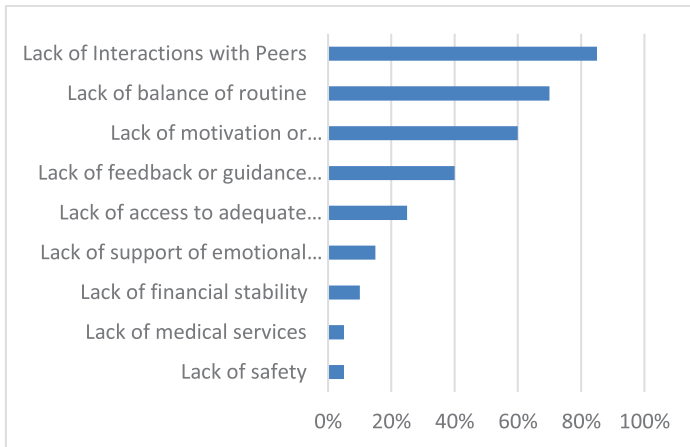


**Figure 1: Effects of COVID-19 on Thornhill School**

Furthermore, the school was faced with more challenges during the pandemic that hindered its operations as shown in Figure 2. According to Figure 2, 85% of the respondents reported to have been affected by the lack of interactions with their peers. The lack of interaction between peers was facilitated by the various COVID-19 mitigation measures such as the closure of schools during the period of the pandemic as indicated by Tadesse & Mulunge (2020). As a result of the failure to have physical classes, Thornhill

School management introduced online classes as a mitigation measure. However, 70% of the respondents indicated that they were faced with challenges with balancing between online learning and other activities. In essence, they were usually distracted by other day-to-day activities or they were discouraged from continuing with the class due to bad internet connectivity.

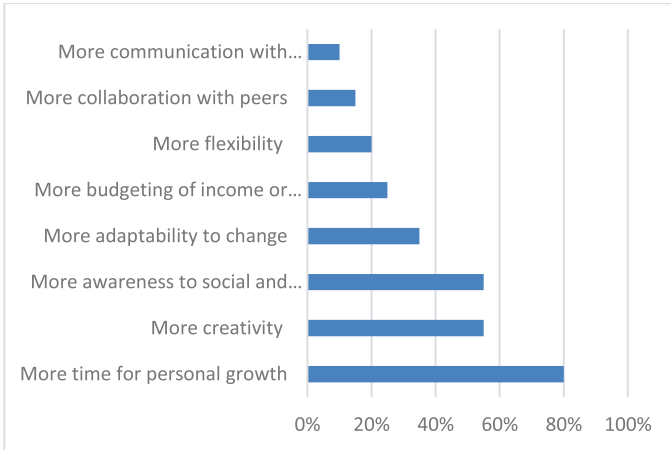
Further, 40% of the respondents reported they faced challenges with getting feedback or guidance from teachers and other staff members. While 25% of the respondents reported they did not get support for their emotional well-being. Henceforth, it hindered concentration even after the school resorted to normal routine in the post-COVID-19 pandemic era. 10% reported challenges with financial stability and finally, 5% of the respondents reported both lack of financial stability and medical services. Peer interactions are critical for enabling the development of students' critical thinking(Hu & Li, 2023).



**Figure 2: Challenges Faced During COVID-19 Pandemic**

Despite the various challenges faced during the pandemic, it presented some opportunities. Understanding that COVID-19 had challenges and opportunities is consistent with views by Khawaja & Quresh (2022), suggesting that COVID-19 presents both opportunities and challenges on the education sector. Findings of the study indicate that 80% of the respondents reported that the pandemic presented more time for them to have more time for personal growth. On the other hand, 50% of the respondents indicated that the pandemic presented an opportunity to be creative with online learning, while another 50% suggested that the pandemic presented an opportunity for stakeholders to be more aware of social and emotional well-being. Further, 35% of the respondents

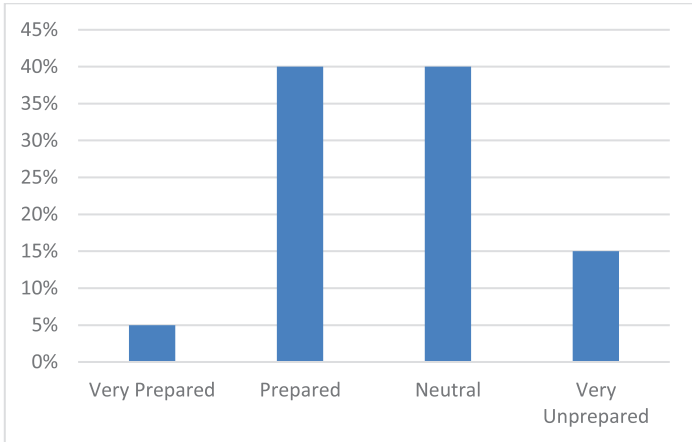
indicated that online learning provides an opportunity to be adaptable to change.



**Figure 3: Opportunities Presented from Online Learning**

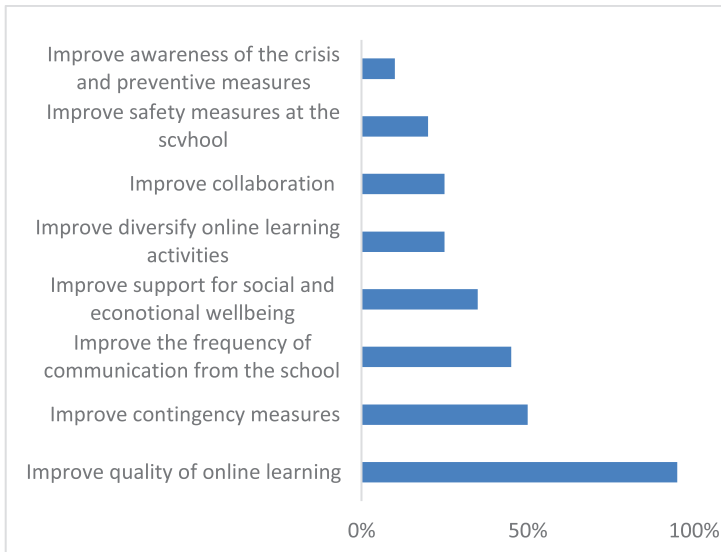
### **Preparedness for Future Crisis**

The study findings agree that Zambia was still at risk of recording other health related hazards that could hinder the operations of the schools. Henceforth, there was need for Thornhill School to be prepared for any future crisis occurrences.



**Figure 4: Preparedness for Future Crisis**

40% of the respondents reported that Thornhill was prepared for the occurrence of a future pandemic. Notably, the school had put in place relevant hygiene measures such as hand sanitiser among others. However, a number of important aspects relevant to a sustainable future management of future crisis. Future, 90% of the respondents suggested that the school needs to improve the quality of online learning as shown in Figure 5. The study further agrees with



**Figure 5: Areas of Improvement for Sustained Crisis Management**

### **Conclusion and Recommendations**

The outbreak of the COVID-19 pandemic had tremendous effects on private school education in Lusaka affecting both the schools and the students. Notably, loss of a loved one critically affected the student’s mental health and interest in school, while some students had to withdraw from school due to loss of income. On the other hand, the school operations were affected by the reduced incomes as a result of students withdrawing from the school. Further, the mitigation measures requiring students to have online

classes denied the students the much-needed peer learning experience and face-to-face experience with the teacher which is necessary for the teacher to read any form of non-verbal communication among others. The closure of the schools provided an opportunity for the students to develop themselves beyond physical classes. Despite the challenges presented, the school has not done much in preparation for future crises. Sufficient efforts have been undertaken to encourage hygiene, but no measures aimed at building the capacity of the teachers to provide effective online classes have been undertaken.

Based on the findings of the study, there is an urge to train the teachers on various online teaching technologies. Consistent with that, schools should procure technology necessary for online learning. Furthermore, they, together with parents, should encourage interactions of the students on the online platform improves the mental wellbeing of learners.



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## 2

Effects of COVID-19 on Sexual and Reproductive Health and Rights of Student Teachers in one Teachers' College in Bulawayo, Zimbabwe.

**Ncube Nozinhle<sup>2</sup>**

Hillside Teachers College

### **Abstract**

This paper reports on a study that explored challenges faced by young people on Sexual and Reproductive Health and Rights (SRHR) in higher education in Zimbabwe during the COVID-19 era. Higher and tertiary education campuses were continuously closing in adherence to one of the COVID-19 protocols of social distancing to prevent transmission. For effective student engagement, online platforms were utilized while it had some disadvantages for many students. The qualitative case study obtained data from 26 participants through questionnaires and seven key informants. The study revealed that most of the health centres were no longer offering SRHR as more concentration was now on COVID-19. The results also revealed that online counselling was introduced but most students were not comfortable with it as they felt that it

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was not confidential and feared for gender-based violence which was now rampant during the COVID-19 era. For female students, the study revealed that it was difficult to access cheaper sanitary wear as it was sold in foreign currency. The study recommended cheaper online access through the government's intervention and introducing reusable sanitary wear as better options.

**Key words:** COVID-19, online platforms, sexual and reproductive health and rights, pandemic

### **Introduction**

The World Health Organization (WHO) declared COVID-19 disease a pandemic in 2020 after the serious increase of cases. The outbreak was first identified in December 2019 in Wuhan Province in China (Chedrawi, 2021; Hove & Dube, 2021) (, of which the first death was on the 9<sup>th</sup> of January 2020 and then the pandemic spread quickly across the globe. COVID-19 is incurable and, is easily transmitted from person to person, through large droplets and fomites (contaminated surfaces) (Preiser et al., 2020). COVID-19 infected at least three million people killing more than two hundred thousand of them in the first 4 months of its spread (Yamin, 2020). Consequently, many of the response measures to coronavirus were concentrated on prevention methods. Many countries tried to curb the spread of the disease by adopting stern measures which included lockdown and restricting movements(Dube, 2020; Smith et al., 2020).

While the lockdown measures worked to curb the spread of the virus, they ignited and fueled some challenges. The restrictive measures negatively affected access to essential SRHR services, particularly by young people living in low- and middle-income countries (Meherali et al., 2021). The COVID-19 lockdown impacted the abuse against women, particularly physical and sexual violence (Ndlovu et al., 2022). There is ample evidence that students in higher institutions of learning faced a lot of challenges of SRHR services during the COVID-19 era. Dlamini (2021) highlights that female students were at high risk of gender-based violence at home with many being cutting off from essential services. Additionally, a significant number of the male students were exposed to substance and drug abuse leading to mental health issues. At the time, only essential service providers were allowed to go for work, limiting students access to SRHR services (Smith et al., 2020). In addition, Meherali et al. (2021) further argue that, ‘the potential disruption of the supply and the production of contraceptives also led to teenage pregnancies in higher institutions of learning. In addition, COVID-19 mitigation measures, such as transport restrictions and those that decreased the availability of personal protective equipment (PPE), reduced SRH services provision and use in most countries (Marzouk et al., 2023).

There were quite a number of factors that hindered the services of SHR during the COVID-19 era (Marzouk et al., 2023). Women and youths were refraining from visiting health facilities due to fears about COVID-19 exposure or

due to movement restrictions as a result there were more unintended pregnancies and maternal deaths (Kabra et al., 2023). UNFPA (2020) is of the view that, COVID-19 was already causing disruptions in meeting family planning needs as clinical staff occupied with the COVID-19 response may not have had time to provide services or may have lacked protective equipment to provide services safely. As such UNFPA started calling attention to the needs and vulnerabilities of women and girls amid the global pandemic, and the efforts needed to secure their health and human rights (Pratt & Frost, 2020). In Uganda the Reproductive Health Uganda (RHU) provided the women and youth leaders with platforms to spread messages on SRHR through radio talk shows during the pandemic (Murewanhema et al., 2022). Non-governmental organisations such as the Youth Advocates Zimbabwe (YAZ) were helping improve demand and uptake for integrated COVID-19 prevention, vaccination and sexual and reproductive health services for adolescents and young people, among other activities (Nyathi & Mathwasa, 2022).

Different scholars identified various challenges that were faced by student teachers on SRHR during COVID-19. In South Africa, some women who relied on contraceptives provided by higher education institutions were left without alternatives when these institutions closed (Zulu, 2021). Consequently, many of these women found themselves stranded without contraceptives, leading to a violation of their reproductive health rights. Access to sexual and reproductive health and rights (SRHR) products and

services became challenging due to public health restrictions, negatively impacting the SRHR of young people (Meherali et al., 2023). COVID-19 led to significant increases in maternal deaths, still births and maternal depression in Low- and Middle-Income Countries (LMICs) (Leisher, 2021). This study assessed the strategies that were implemented to reduce the effects of COVID-19 on sexual and reproductive health rights of student teachers in one of the teachers colleges in Bulawayo, Zimbabwe. It explores the challenges of COVID-19 and their effects on the SRHR of student teachers.

### **Methodology**

This study adopted a qualitative method as it is descriptive in nature. The major advantage of a qualitative method is that it enables the researcher to understand the participants' personal experiences and its aim is to gain a comprehensive understanding of social phenomena (Ugwu & Eze Val, 2023). The interpretivist approach guided the study, Ryan (2018) Interpretivism has its origins in the 18<sup>th</sup> century with the philosopher Giambattista Vico, who opposed Descartes, arguing that there is a distinction between the natural and social world and more importantly, that social organization and social experiences form our perceptions of reality and truth. This approach is relevant in this study because Interpretivism is a philosophical approach to research that emphasizes the importance of understanding the subjective and lived experiences of individuals (Junjie & Yingxin, 2022).



Ndaba and Dube (2021) present that, PAR is a research approach that seeks to transform the lives of marginalized people in societies and in line with qualitative study it is positioned within the wider space of the transformative paradigm. Luthuli and Wood (2020) postulate that, PAR involves participants taking ownership of the project as they engage in a cyclical process of learning through action and critical reflection to achieve common development goals. In support, PAR is relevant for this study as Vaughn and Jacquez (2020) are of the view that PAR identifies the rights of those concerned by the research, and empowering people to set their own schemas for research and development, thereby giving them tenure over the process.

### **Findings and Discussion**

First, we present findings on the SRHR challenges and effects faced by student teachers during COVID-19 lockdown.

#### **Difficulties to get access to SRHR services in health centres.**

The first challenge raised by the participants was the difficulty in getting access of SRHR services as Guzu highlighted that:

*It is difficult to get access to SRHR services because there is this lockdown, and in addition to access the clinic or hospital it is difficult getting an SRHR clearance from the police so as to get services from the health centres.*

Tari a Peer Educator added that:

*'It is difficult in getting a clearance from the police in order to get access to SRHR service from the health centres, as a result most of us especially female students have to walk from locations to town seeking health centres for SRHR services, instead we are turned away without getting any help as more concentration is now on Covid-19 and this is now affecting our family planning methods and most students are falling pregnant'*

The findings elaborate that it was difficult for students to access health centres for SRHR services as seconded by Meherali et al (2021) who postulate that, there was limited access to youth-friendly SRHR core services as more concentration was on COVID-19. This also affected female students as lack of family planning methods resulted in them falling pregnant.

Xolani, an SRC member highlighted that,

*'It is difficult to get family planning services from health centres, HIV testing and treatment, Antenatal Care (ANC) for pregnant students is also a challenge as health centres are now a hot spot zone for COVID-19, as students we are afraid of visiting these health centres. Most of my colleagues are now pregnant because of lack of family planning services, one of my*

*friends was complaining of having an STI because of lack of access to the condoms.*

The issue of failing to gain access to health centers for various services was also highlighted by (Meherali et al., 2021)Meherali et al. (2021), whose research findings underscored that most pregnant women not receiving antenatal care services during the lockdown experienced pregnancy complications, including gestational hypertensive diseases, placenta previa, and vaginal bleeding. These complications were faced by some women who were not attending antenatal care, including our female students.

#### **Counseling sessions difficult to access.**

Rudo, one of the students added:

*It is now difficult to get face to face counselling sessions as this has been banned because of lockdown restrictions. We are facing a lot of challenges at home and can't reach college for counselling sessions which I feel it is very confidential. Online counseling has been introduced but it is not safe for us as female married students because this is causing a lot of gender-based violence (GBV), my husband thinks I am reporting him to who so ever, and has taken my phone, I'm just using a friend's phone now.*

According to Nyathi (2022), there was an upsurge in cases of domestic violence due to prolonged lockdown measures aimed at slowing down the spread of COVID-19, impacting the mental well-being of youths and leading them into drug abuse and risky behaviors. Chirisa, Mavhima, Nyevera, Chigudu, Makochekekanwa, Matai, and Mundau (2021) assert that cases of domestic violence, child abuse, neglect, and socio-economic turmoil resulting from compromised social safety nets have been widely reported.

During WhatsApp discussion, it was revealed that online counselling, which was introduced, was not convenient enough for some students as they failed to acquire smart phones for those sessions, while those who had the gadgets at times did not have credit to allow them to access the counselling sessions. According to Nyathi (2022), there was an upsurge in cases of domestic violence due to prolonged lockdown measures aimed at slowing down the spread of COVID-19, impacting the mental wellbeing of youths and leading them into drug abuse and risky behaviours. Chirisa et al. (2021) assert that cases of domestic violence, child abuse and neglect, and the socio-economic turmoil resulting from compromised social safety nets have been widely reported.

Thandi another Peer Educator also indicated that:

*The introduced online counselling personally, I feel it is not confidential as my husband is always monitoring my phone and I cannot put a password as I was once beaten because of*

*putting a password, he said I'm now having boyfriends.*

In addition to concerns about confidentiality, another issue raised was the introduction of online counselling by the college, which appeared beneficial for some students who needed counseling. According to Mavhunga et al. (2023) the impact of the coronavirus pandemic has significantly affected people's mental health globally, including in Zimbabwe. However, some Zimbabweans experiencing heightened stress have found support at the Friendship Bench, one of the country's largest counseling services. Furthermore, in some cases, our students were also provided with online counseling services through referral to the Friendship Bench.

#### **Lack of sanitary wear.**

Mary a concerned SRC member highlighted that:

*'It is difficult to buy sanitary wear from the supermarkets and from the black market because most of the students' parents are no longer working and they don't have money to buy sanitary wear, worse enough in black market where it is sold in forex. We have been given re-usable sanitary wear by a certain NGO, but the challenge we are now facing is shortage of water. There is water rationing and re-usable sanitary wear needs a lot of water for hygienic purposes.*

The challenges of sanitary wear availability during COVID-19 were more pronounced amongst college students. For many the difficulties were associated to lack of finances as bread winners were unemployed. However, some NGOs like Hope for a Child in Christ (HOCIC) were assisting adolescent girls and young women district who were disadvantaged by COVID-19 in both Bulawayo urban and Matobo district (HOCIC, 2021).

The determination of what constituted 'essential services' was made by councils, police, and government authorities (Young-Xu et al., 2022). While antiretroviral therapy (ART) was unequivocally deemed essential, authorities did not consider the provision of menstruation pads, analgesia for period pain, condoms, and contraceptives as essential services.

### **Defaulting drugs, depression and effects.**

Results findings for the second question, Mlondo, one of the male students indicated that:

*'The challenge that we are now facing as male students is that most of us have defaulted our drugs and as a result this has led in some of us suffering from mental health. Some of our male students face into drug and alcohol abuse a lot of depression which has also led them into risky behaviours.'*

This is supported by Nyathi and Mathwasa (2022)), whose findings indicate that many young people struggled to cope with seeing their parents struggle to make ends meet during the prolonged school breaks and lockdown, leading increased substance abuse and sexual activities. In addition, Nyathi also highlights a rise in cases of physical and sexual abuse in homes, which affected the mental wellbeing of young people, in this case college students were also involved. Additionally, Alzyood et al. (2020) Alzyood, Jackson, Aveyard, and Brooke (2020) argue that caregivers of family members with depression face significant challenges, including role changes, stigma, reduced social networks, and lack of support, which further exacerbate the situation.

### **Strategies that can be implemented to reduce these challenges.**

Results and findings for the last question, which is ‘what strategies can be implemented to reduce these challenges?’ were also presented. The first strategy raised by one of the participants Nhlonipho, indicated that:

*I think there is need for our college clinic to remain open for those students who can afford to come and get assisted on SRHR services as well as counselling services as long as we will adhere to COVID-19 rules and regulations.*

Xolani, one of the students said,

*I suggest that let us have a toll-free number in order to get access to SRHR services as well as counselling services as we are struggling to get bundles.*

Rumbi, one of the Peer Educators asserts that:

*I recommend that, the NGOs and the college who normally provide condoms for students, should also provide sanitary wear for female students especially the needy students who do not have any money to buy sanitary as re-usable sanitary wear needs a lot of cleanliness, but we do not have enough water because of water rationing.*

Cushion, another female student indicated that:

*There is need to have counselling sessions done one on one especially on drug and substance abuse and on cases of GBV also attending to mental issues for some of our colleagues. I also suggest that there is need for the college to assist needy students by giving them piece jobs to be able to raise their fees.*

Gift, another male student is of the view that:

*Online SRHR platforms have been introduced by SAYWHAT, ECOZI and NAC but it is difficult for needy students to get access to such fruitful platforms because of lack of smartphones and those with smartphones data was reimbursed*



*after a week where the monies are sent via Mukuru and some of us won't be having that money for bundles. The toll-free number 577 introduced by SAYWHAT is very good and handy, but the needy students can't access that number as they don't have smart phones.*

Nondunduzo, another Peer Educator said the following:

*I suggest that every student and every staff member get vaccinated so that we might, one day go back to normal face to face sessions so that everyone is included especially to those who do not have any gadgets.*

The suggestions put forward by the participants are in line with what Nyathi (2022) highlighted that, 'some of the objectives of Youth Advocates Zimbabwe (YAZ) are to help improve demand and uptake for integrated COVID-19 prevention, vaccination and sexual and reproductive health services for adolescents and young people, among other activities. According to Young et al (2022:110) one of the goals of CHIEDZA a community based integrated SRHR intervention for youth being trialed in Zimbabwe, is that 'being able to have time with quality, non-judgmental healthcare providers is a core pillar of the CHIEDZA intervention.' Young et al (2022) further posit that, 'however, the changed opening hours due to government restrictions that all business must close at 1530hours and restrictions in the number of clients at the intervention site at any one time to maintain physical distancing

requirements effectively reduced the time providers could spend with each client. Murewanhema, Musuka, Gwanzura, Makurumidze, Chitungo, Chimene, Tungwarara, Dzinamarira and Madziyire (2022) argue that, to combat the incidence of SGBV in Uganda during the pandemic, Reproductive Health Uganda (RHU) provided the women and youth leaders with platforms to spread messages on SRHR through radio talk shows. The above are the strategies used to overcome the challenges faced by student teachers on SRHR services at a teacher training college in Zimbabwe during COVID-19.

## **Conclusion**

Student teachers experienced complex challenges related to sexual and reproductive health and rights (SRHR) and access to services during the COVID-19 pandemic. The period saw an increase in drug and substance abuse among young people due to parental unemployment. The study recommends that when faced with similar challenges in future the College should be flexible to open the clinic for students at designated times. It also recommends that strategies that include sensitization campaigns on drug abuse through radio and television talk shows, increased availability of confidential SRHR services, introduction of reusable sanitary wear for female students, and the adoption of affordable online platforms for learning. In conclusion, addressing these issues requires support from the government and stakeholders to improve access to SRHR services and create a supportive environment for student teachers.

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# 3

## The Effectiveness of Social Media in Prevention of Drug and Substance Abuse in Mchinji District, Malawi **Aubrey Chidziwisano<sup>3</sup>**

University of Malawi

### **Abstract**

Social media campaigns are a powerful means for disseminating health promotion messages. There is a growing number of organizations who are turning to social media in their quest to contribute towards preventing and reducing drug and substance abuse. Despite its reliability, social media linkages may promote substance use activities among individuals. Essentially, social media is a boundary platform that can lead to either positive or negative outcomes. This study was assessed the implementation and effectiveness of social media campaigns in drug and substance prevention in Mchinji district rural communities. Results show that carefully planned social media campaigns can reduce substance and drug abuse by countering false perceptions that drug use is normative and influencing personal beliefs that motivate drug use.

**Key Words:** Social media, drug and substance abuse, social media campaigns

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## Introduction

Drug and substance abuse continues to be a major problem, globally. Alcohol and substance have been a long-standing public health challenge in Africa (Mupara et al., 2022). It is estimated that in 2021, 1 in 17 individuals aged 15 to 64 worldwide had used drugs in the past year, with the estimated number of drug users rising from 240 million in 2011 to 296 million in 2021, marking a 23% increase, partly attributed to population growth (UNODC, 2023). The drug and substance scourge has also hit Malawi, particularly in Mchinji district where the most abused drugs are cannabis, mandrax, cocaine, valium, petrol, alcohol and tobacco (Kidman et al., 2019; Mafuta, 2015, p. 42).

The WHO (2014) defines a drug as a chemical substance that affect the central nervous system, such as tobacco, alcohol, cannabis, cocaine and heroin. Mohasoa (2010) further states that these drugs can be delivered into the body system in many forms (orally, inhaled, injected and or rectally) in order to get the perceived beneficial effects. The detrimental use of alcohol and other substances has been reported to cause devastating consequences on individuals, families, and societies (Medina-Mora, 2005). People who indulge in drug and substance abuse run a risk of jeopardizing their lives. According to World Health Organization latest published report in 2020, shows that drug use death reached 47 or 0.05% of the total death in Malawi. Most of the youth that are involved in drug and substance abuse are led to a life of crime, with Police records revealing that 90% of the criminal arrested in Malawi are between the age of 17 and 30 years of



age(Maseko, 2023; UKEssays., 2018). Drug and substance abuse among the youth is also associated with deviant behaviours, unprotected sexual intercourse, interpersonal violence, destruction of property and perform poorly in the studies(Matemba, 2021).

Regardless of the untoward behaviours, youth represent a strong force for preventing substance abuse in communities and around the world(UNODC, 2023). Some young people use social media to drive peer-to-peer substance use prevention campaigns (Evans et al., 2020). Social media can be broadly defined as the set of interactive internet applications that facilitate creation, curation, and sharing of user generated content(Davis & Love, 2019). The number of digital activists is growing as the middle-class population grows (Mäkinen & Wangu Kuiru, 2008). In addition, the low cost and low burden of social media as an intervening channel makes it susceptible for use even low-resource settings(Mutai et al., 2020, p. 2). As a result, there has been social media campaigns running against drug and substance abuse in the world, including Malawi. The analysis on social media big data to find out the effectiveness of social media campaign on drug prevention admits that using social media self-disclosing personal stories and testimonies can be effective in preventing drug and substance abuse.

Besides social media, computer- and Web-based treatment approaches are effective in addressing abuse of alcohol, tobacco, and other substances(Hopson et al., 2015). Evaluations of web-based interventions show some promise for substance use prevention, although the effects

appear modest (Buller et al., 2019). However, social media is a boundary platform that can lead to either positive or negative outcomes. Buller et.al (2019) rightly, suggests that many challenges to deploying social media in substance use prevention exist deserving further research. Studies have shown a strong association between the use of social media and increased use of drug and substance abuse amongst the youth(Kaur et al., 2020; Savolainen et al., 2020). Add to that, there is little evidence or research conducted on the effectiveness of social media on drug and substance abuse prevention in Malawi.

This study set out to understand on how social media campaign has been used as a strategy to curb drug and substance abuse among the youth in Malawi, Mchinji district. It also identifies the social media platforms that are being used for drug and substance prevention initiatives in Malawi. Equally important the study assesses how social media is used and its strategic effectiveness in curbing the use of drugs and substance abuse.

## **Methods**

This study was conducted in the Mchinji district, an area facing an increase in the number of drug and substance abuse among young people in 2019 (YONECO, 2020). According to National Statistics Office Housing Population Census, Mchinji district has a total population of 602, 305. 1 in 3 inhabitants are young people aged 10-24. The study followed a mixed methods study and adopted a descriptive cross-sectional design to explore the effectiveness of social media campaigns on drug and substance prevention in the

area. A research design as a plan for a study, providing the overall framework for collecting data which also involves how to for select subjects, research sites, and data collection procedures to answer the research question(s) (Hagui, 2020, p. 254). For Durrheim (2002, p. 29), research design is a strategic framework for action that serves as a bridge between research questions and the execution, or implementation of the research strategy.

Polit and Beck (Polit & Beck, 2008), state that the target population is the entire population in which a researcher is interested and includes all members who are under study that conform to designated set of specifications. In this study, the population consisted of the youth aged 15 to 35 years who were chosen based on their vulnerability to drug and substance abuse and also young people who were more active on social media. I also interviewed a select group of young people from Mchinji district to understand their perception on the use of social media on drug and substance abuse prevention. The youths were selected using simple random sampling technique after meeting the study inclusion criteria. All the adolescents below the age of 15 and above 35 and not from Mchinji district, were excluded from study. In addition, adolescents who were not willing to provide consent were not allowed to participate in this study (the researcher was considering the voluntary participation principle).

I collected the primary data using an interview schedule, and observation. Burns and Grove (2010), defines data collection as the precise systematic gathering of information relevant to research specific objectives. The

main modes of interview schedule administration were through phone calls, google forms and face to face interviews. The social media campaigns about drug and substance abuse prevention were identified through internet searches and the researcher analysed the content. The social media content was analysed using cognitive dissonance theory and self-efficacy theory.

This study dealt with a sensitive topic and bearing in mind that adolescents are always secretive in revealing what they do, I had to adhere to the research ethics. I sought consent from all the eligible study respondents, and I informed them about the aim of the study. All respondents participated voluntarily, thus promoting their right self-determination. The consent to participate was made clear both orally and in writing. Participants were assured of confidentiality and that questionnaires would be kept anonymous with no respondent name only code numbers were used. Burns and Grove (2010), define privacy as the freedom of an individual to determine the time extent and general circumstances under which private information can be shared with or withheld from others.

The study is framed using Bandura's Self-Efficacy theory (Bandura, 1977) to gain insights into how social media campaigns impact youths' beliefs in their ability to resist drug use and their subsequent behavioural choices, contributing to a better understanding of the effectiveness of these prevention initiatives. I use the theory to frame an investigation into explore how social media campaigns influence youths' self-efficacy regarding avoiding drug and substance abuse. The theory also helps with my

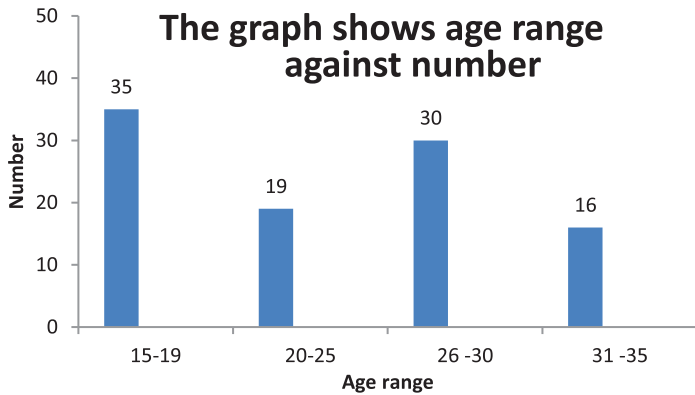
investigation on the efficacy of social media-based peer to peer modelling. Bandura highlights the importance of vicarious experiences, where individuals witness others' successes or failures in similar situations, in shaping self-efficacy beliefs. This study also examines how social media campaigns provide youths with vicarious experiences of others overcoming challenges related to drug and substance abuse, thereby influencing their own beliefs and behaviors.

### **Study findings and discussion**

Young people in Malawi are predisposed to drug and substance abuse due to factors such as a lack of mental or emotional resources to cope with stress, a low tolerance for frustration, and the need for immediate relief from tension or distress (Baluwa et al., 2021; Pengpid & Peltzer, 2021). The main objective of the study was to understand effectiveness of social media campaigns on drug and substance prevention in Malawi, Mchinji district. Computation of descriptive statistics were used to determine the frequencies and percentages.

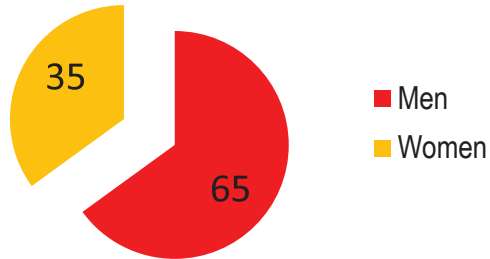
### **Demographic Characteristics of the Respondents.**

The respondents were within 15 to 35 year age range with a mean age of 23.81.51. The results indicated that 35 respondents were aged 15 -19, 19 were aged 20-25, 30 were aged 26 - 30 and lastly 16 of the respondents were aged 31 - 35. The majority of the respondents were age range of 15 - 19 years old. (Refer to graph1 below for details).



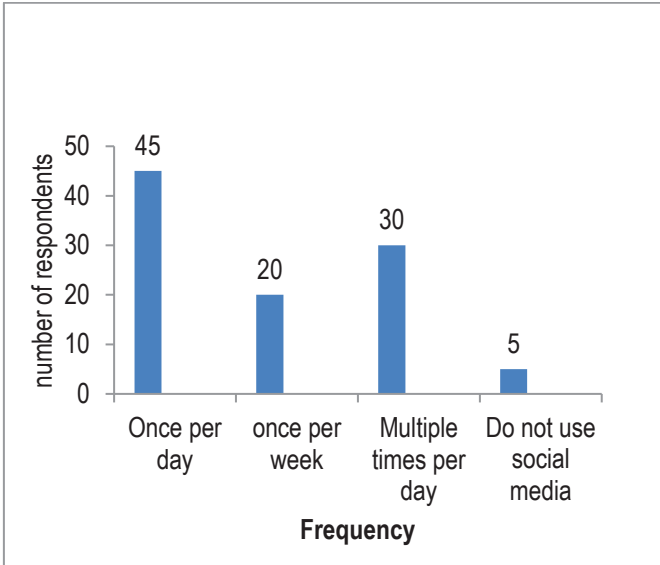
The research study had a total of 100 respondents, out of 100 youth, 35 women representing 35% and 65 men representing 65%. The majoring of the respondents were men.

The pie chart shows sex segregated data of the respondents



### **Level of the Education**

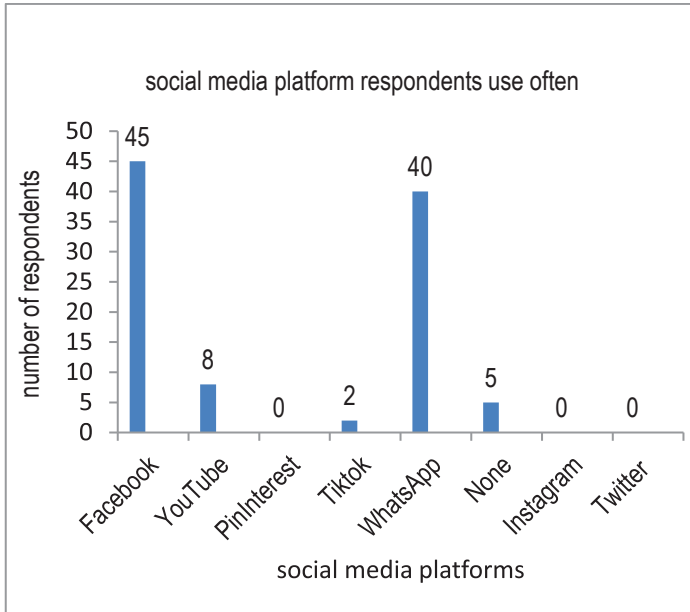
The study results revealed that 34 of the respondents were in primary school, 36 were in secondary school 19 were in tertiary level and 11 were not educated. The majority of the respondents were in secondary school 36% respondent.



### **The frequency of social media use by the respondent**

When the 100 respondents sampled from general public were asked what social media platform they use often. The 45 participants mentioned Facebook, 40 participants mentioned WhatsApp, 8 participants YouTube, 2 respondents said TikTok, 5 participants mentioned none of the social media.





### **Analysis of Social Media Campaigns on Drug and Substance Abuse**

A total of three social media campaigns on drug and substance abuse were selected for analysis. The analysis was based on the following variables; frequency coverage of drug and substance abuse, and the content influence on attitudes and norms, uncover benefits of drug free lifestyle, and awareness creation on dangers of Drugs and Substance abuse.

The study analyzed Luntha Television Facebook Program on, “*Occupation Health and Drug and Substance Abuse*” who featured expert to explain on how to refrain from drug and

substance abuse. The program was covered live and has 61 Facebook viewers and no comment. The program was covered for a period of three weeks solely focusing on drug and substance abuse (<https://shorturl.at/imDL8>)

The study also analyzed Mibawa Television Facebook page Special Program on *Drug and Substance abuse*. The program featured three people who explained the dangerous of drug and substance abuse. The program featured a woman who has a drug and substance abuse child. The Special Program also feature a boy who is a survivor of drug and substance abuse who was a student at the polytechnic. He started drug and substance abuse due to peer pressure and he started drugs at the age of 17 years. The special program featured an expert who is a doctor from Zomba Mental Hospital. (<https://shorturl.at/oIJR5>). The other sampled campaign was run by Drug Fight Malawi. The campaign was meant to prevent the use of drug and substance abuse. The campaign had only 2 likes and no comment.

The research shows that, in Malawi there is very few social media campaigns solely focusing on drug and substance abuse prevention. Out of the three sampled social media campaigns on drug and substance abuse, two were solely focused on drug and substance abuse prevention and were frequently covering issues of drug and substance prevention, one was the special program on drug and substance abuse. The social media campaigns on drug and substance abuse received mixed reactions from the general public both negative and positive. The study also found that most social media campaigns content focus on awareness on dangers of drug and substance abuses.

The study also revealed that issue to do with drug and substance abuse receive little attention on social media pages. For instance, from the three social media campaigns, only one had 61 comments out of 4,000 viewers. The other two had no comment. The content for the three social media campaigns takes different approaches. The special program covered on Mibawa Television tackled the three dimensions of the story. The first was the caretaker, the second was the drug user (testimonial) and the third was the mental health expert.

The study uncovered that the majority of youth in rural communities do not tag organizations or groups discussing drug and substance abuse issues, indicating minimal involvement in managing these challenges. Additionally, the research highlighted a lack of frequent coverage on drug and substance abuse prevention. Moreover, it found that most social media campaigns prioritize raising awareness about the dangers of drug and substance abuse, neglecting other factors such as promoting the benefits of a drug-free lifestyle, which play a significant role in influencing attitudes and norms.

Most researches suggests that social media is effective channel for drug and substance prevention (Rono, 2011). Which is also the case in this study, irrespective of number of years one has worked, the key informants, social media influencers and 70% of the respondents at least accepted that social media is effective channel in prevention drug and substance abuse in rural communities. However, for the campaigns to be more effective, there is a need of frequent coverage, awareness on dangers of drug and substance

abuse and benefits of drug free lifestyle. Therefore, there is need for more campaigns to spread the word. For social media campaigns drug and substance abuse to be effective they need to be more aggressive and complete for people to choose right behaviour.

### **Conclusion**

There's a scarcity of social media campaigns dedicated to drug and substance abuse prevention in Malawi. Nonetheless, social media is acknowledged as an effective channel for prevention efforts, especially in rural communities. However, there is a need to enhance the effectiveness of campaigns through increasing frequency, raising awareness of dangers, and promoting the benefits of a drug-free lifestyle. In addition, the study recommends that encouraging youth involvement and expanding campaign focus beyond dangers to include benefits of a drug-free lifestyle can improve effectiveness.

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## 4

Challenges faced by female students living with HIV/AIDS in university in Zimbabwe.

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### **Abstract**

Female students living with HIV/AIDS experience countless challenges within tertiary institutions. One would imagine that an environment such as an institution of higher learning is more progressive and meant to be a potential source of support for the youth. Evidence from the study however suggests that the needs of female students living with HIV/AIDS at a certain university in Zimbabwe are far from being met. They face several challenges, including poor knowledge on negotiating safe sex, peer pressure, stigma and not understanding issues around discordant couples. Further suggested solutions which can help in the implementation of interventions that support the wellbeing of female students living with HIV/AIDS will be given. The study is a qualitative inquiry.

**Key words:** female students, safe sex, higher education institutions, HIV



## **Introduction**

Adolescents and young adults make up a large cross section of the university population, a group which according to Gayle and Curran (2009) is characterized by a new-found sense of independence, experimentation with sex and drugs and often feels invincible. Human Immunodeficiency Virus (HIV) is a virus that causes AIDS (Acquired Immune Deficiency Syndrome), and it basically attacks the immune cells of the person specifically targeting the CD4 cells (Badahdah 2010). HIV weakens the host's immune system thus making it susceptible to various opportunistic infections such as Tuberculosis (TB). There is no cure for AIDS yet, however there is a treatment method known as Anti-Retroviral Therapy (ART). ART does not eradicate the virus from the host but it only has the power to suppress the number of copies of the virus (viral load) within the host cells therefore delaying the onset of AIDS in people living with HIV and stabilizing the immune function of the body. The main modes of transmission of HIV include blood, semen, rectal fluids, vaginal fluids and breast milk (WHO, 2007). This therefore means that HIV can be transmitted through various ways like from mother to child, sharing sharp objects with infected individuals and mostly through sexual intercourse/contact.

Given the independence and experimentation alluded to earlier, there is a high prevalence of HIV/AIDS among students in universities generally and the university of Zimbabwe in particular. Risk factors associated with HIV infection such as having multiple sexual partners clearly

exist among young adults and adolescents including those on university campuses. According the UNAIDS global AIDS update (2022), countries as diverse as Italy, Lesotho, Viet Nam and Zimbabwe cut new HIV infections by more than 45% between 2015 and 2021. Although Zimbabwe has registered some considerable successes in so far as reducing the prevalence rate is concerned, HIV/AIDS cases remain high in tertiary institutions. I seek to explore the challenges that are faced especially by female students in university.

There is extensive literature on HIV/AIDS and young people all over the world. Research indicates that young people are the most sexually active population hence a high risk group. Young people especially those enrolled at tertiary institutions are exposed to the virus due to socio-political dynamics that characterise university spaces. According to UNAIDS (2000) young people enrolled for undergraduate studies are mostly at risk. Students give in easily to peer pressure, physical attractiveness to affect their sexual behaviour. Adolescent girls and young women (aged 15 to 24 years) are three times more likely to acquire HIV than adolescent boys and young men of the same age group in sub-Saharan Africa (UNAIDS Global update 2022). There is therefore need to research further on what challenges they encounter and how young women in tertiary institutions navigate the challenges.

Of the huge number of studies that look into the prevalence of HIV in young students at tertiary institutions, only a limited number of studies assess the challenges faced by HIV positive young students (both genders). Previously conducted researches mainly focus on categorized

problems whilst ignoring other aspects of life. For example most researches focus on medical problems faced by HIV positive people that is issues to do with treatment access. The UN update also mentions that conquering AIDS also requires political courage whilst mentioning that communities of people living with HIV and key populations are generating the context that compels political leaders to take bold and courageous action.

While Zimbabwe is among the listed countries that have managed to cut new infections, these only focus on the prevalence of HIV and the administration of ART while ignoring the management of the subject's wellness. Failure to follow up on subjects in this case HIV positive young female students on University campuses can be detrimental to the success of the Global Aids response and objective to end AIDS. Due to exposure to different relevant social factors in a university setup, female students are more vulnerable and may face many challenges. Mohammed et al. (2016) and Latiff et al. (2014) state that female university students are greater susceptible to face mental issues in comparison to male students. Their findings focus on female university students in general (HIV positive students included). The HIV epidemic contributes to increased depression rates both in persons who live with HIV (Rabkin JG, 2008) and in those who are indirectly affected by HIV/AIDS.

Studies with university students found that rates of cases of anxiety (Agardh et al 2012), depression and psychological distress were associated with various forms of HIV risk behaviour. If these challenges are not attended to, it exacerbates mental health issues and change in behaviours leading to increased recklessness (Crepaz N, Marks G, 2001). This generates more cases of infections, more deaths (both

directly and indirectly related to HIV infection) and several other challenges that will affect not only the surrounding community but the nation as a whole.

I believe that a more nuanced understanding of the challenges faced by female students in tertiary institutions may go a long way in designing healthier HIV responses. This study seeks to fill in the gaps in public health by firstly identifying the challenges, getting insights from young female students on how the specific challenges they are facing can be somehow related to various current factors (i.e., social, economic and political) and not only that but also identifying possible solutions that may be applicable to the respective factors. The study also attends to what the victimized community feels is a priority.

### **Methodology**

A qualitative research study was adopted (Denzin 2011). Data was collected through face-to-face interviews and focus group discussions with selected female students from the University. The research was able to capture the target population's opinions, feelings, ideas, personal experiences, challenges and motivations which were recorded through note taking and audio recordings. I got consent from the participants beforehand and ensured confidentiality and respect throughout the process. For example, focus group discussions were held within already existing support group meetings in order to promote confidentiality and an environment where everyone is free to speak out. This helped build on the themes that emerged during the conducted interview.

Other focus group discussions were held virtually on WhatsApp support groups. This added a critical layer as I

got other perspectives. Sometimes in person interactions can be limiting while virtual dialogues can allow for free expression.

10 eligible subjects were recruited using a snowball sampling method. This was done to ensure that participants willingly participate and make meaningful contributions openly. Identification criteria used included female students, HIV positive status, female students already administered on ART who are willing to participate. Specifically, female students living with HIV/AIDs who were already initiated on ART and ranging between 19 to 25 years of age were targeted for the study. This age category of female students was selected because in the country's education systems, such youths are expected to be starting, while others will be completing tertiary education.

After data collection procedures, data was analysed using both inductive and deductive approaches to thematic analysis (Braun & Clarke, 2006). Preparatory analyses began during data collection through note-taking and contemplation performed on the data collected to ensure all relevant challenges are captured.

## **Results**

### ***Financial challenges***

The participants stressed out that one of the main challenges that they face is financial instability. Students identified financial stress as one of the root causes of non-adherence to treatment. This poses a huge threat to their

life and health. Others volunteered that financial stress leads them into exploring alternative ways of making money such as sex work. This is risky behaviour in the sense that it further exposes the students and those that they will be sexually engaging with. One of the participants mentioned that:

One other factor that may affect our adherence and positive living can be unemployment financial instability, this affects our daily lives in that already if I come from a poor background then I will be an outcast due to difficulty in getting proper meals and clothing and my status as another factor will worsen the situation, making me less confident.

Most participants felt that if one lacks motivation and confidence, they are less likely to ask for help. Consequently, financial problems fuel affects academic progress.

One participant also mentioned that” we are a population with organizations that are willing to help us, how are they improving our lives, can they come up with initiatives to help us as a community.”

These issues reveal a need to have more holistic approaches to HIV interventions. There is need for students with HIV to receive financial support or self-help projects so they can sustain every aspect of their lives. This can boost

confidence, better adherence and improved public health of communities of students that are living with HIV.

### ***Sexual and Reproductive Health Challenges***

Challenges related to sexual reproductive health (SRH) were also highlighted by the participants. They indicated that there is a knowledge gap on specific topics that relate to HIV for various relationship dynamics. There is not much information on discordant partners for example. Participants stated that such information gaps have isolated them not only from everyone else but as well as from enjoying their sexual reproductive rights. For YLWHA, reconciling their HIV status with maintaining confidentiality and having an intimate relationship is a quandary (Emmanuel Kimera, 2017). Some participants also revealed some misconceptions about sexual and reproductive health which are harmful to their health and that of their sexual partners. An example of such misconceptions includes the idea that if a couple had HIV, then they would be no need to use protection.

Students also identified peer pressure to engage in sexual activities as a major challenge. This is so because students in tertiary institutions are young adults who are more experimental and existing in an environment that allows for freedom of expression. The need to match up to their friends' standards and conversations whilst also avoiding suspicion of having HIV made it difficult to resist peer pressure. Others also spoke about their struggles with

getting into relationships. Questions around disclosure should they be accepted by their partners seemed to be more common among YLWHA. Add to that, the fear to transmit HIV to more people given the little information that exists on healthy sexual practices for YLWHA.

### ***Prevalent Mental and Emotional Disorders (Psychological Symptoms)***

Mental health also emerged to be a major challenge for students living with HIV/AIDS. Most of the participants indicated the prevalence of psychological symptoms like depression, anxiety, emotional distress and mental breakdowns from post HIV test period. This is largely attributable to lack of proper recurring counselling sessions. One of the participants mentioned that:

What is really affecting us concerns our mental health, we face different challenges in life so the main challenge we face is that our care is based on reviews and medication alone, and during our visits to the clinic no one asks any questions about how everything is going, how life is? But what they focus more on is questions like are you adhering to your time schedule, or issues to do with disclosure, they ask just about anything related to my HIV status but not anything outside of that context. Sometimes we need one on one counselling sessions with our pcs (primary counsellors) and you might be surprised that



after being asked how I feel I might even cry, it's not always about my HIV status affecting my life. Because we cannot just talk to anyone about our challenges.

Retrospectively, the participant narrated about an incident where she experienced a mental breakdown and how she felt lonely and isolated. Not even her parents were there for her, she said:

I almost lost myself to depression, but that was a year after I had already known my status and was already on ART, that thought triggers a lot of emotions and I got to a stage where I even threw my cellphone in water and did not go home. I did not even have any idea on what was wrong with me, but I was not okay.

While this participant is referring to her depressive episode that occurred one year after the testing, other participants revealed that acceptance of the HIV result immediately after testing can be devastating. They stressed that not much psychological help is offered for one to accept their status which leads to serious mental health issues. With regards this, one participant mentioned that:

After getting tested, words like 'it's not the end of the world' have been repeatedly used in an effort to comfort. But however, the words are too common and do not help. Next,

they just inform you about the procedures that you have to go through in order to get medication without having to follow up on you, how you're holding up and whether or not you might need extra help.

According to this participant, words can either help or worsen the situation. She explained that the use of different phrases and conversations helped her through her ordeal:

After talking to someone I felt a bit better, even though I didn't fully disclose the whole story but just getting a different response and statement helped me through.

It was also established during the discussions that ultimately, mental health related effects compromise students' academic performance and wellbeing in general. Add to that a lack of confidence and low self-esteem. In trying to deal with all those emotions, one might be exposed to drug abuse and alcoholism which may then lead to risky sexual behaviours:

The reason why people are not active in this group is because some things have to do with mental health, people are depressed, of course we might be meeting and laughing but it does not mean we are happy. This may affect individuals in a way that they become

less confident even in the event of opportunities they are less likely to respond.

Basically, in the above-mentioned, lack of confidence will lead to inferiority complex disorder whereby female students living with HIV may start to devalue themselves. This can affect their decision making and judgement, rendering them vulnerable to exploitation, harassment and abuse.

### **Disclosure and HIV Discrimination**

The issue of disclosure was also raised by participants. They indicated that there seemed to be a lot of pressure on them to disclose their status to parents or guardians immediately. Participants mentioned the importance of time for healing, accepting the situation and gaining courage before having to disclose to anyone else:

During and soon after the period of knowing HIV status we're given pressure to disclose through questions like, did you tell your parents? Did you tell anyone else? When are you going to tell them? We are not given enough support, and time to heal and process everything so as to be able to accept the situation and get the courage to disclose to our parents. We shouldn't be pressured to make some decisions, sometimes it gets to a point whereby they even ask whether they should call and inform parents for you.

Multiple statements from the participants linked disclosure challenges to fear of discrimination. Some participants felt they could not disclose to their parents, guardians, and friends among others because of fear of being judged, stigmatized and isolated by everyone. One participant highlighted that her fear of disclosure was the fact that the immediate assumption people usually make is that anyone with HIV got it from being promiscuous. She feared people would conclude that she got the infection through sexual activities with multiple partners which can easily lead to slut shaming.

Furthermore, participants expressed how disclosing their status to their boyfriends also resulted in them being isolated and lonely. One participant who used to live with her grandparents shared how they would always insult and compare her to her younger sister who had not been tested saying that she was much better than her leading her to state that, “as much as you would like for us to gain our parent’s support, some families might even not support you and isolate you thus worsening the situation.” Another participant, said:

I have to learn to love myself, we grew up in a community where stigma is prevalent, and so there are a lot misconceptions about HIV/AIDS.

Stigma seems to be a challenge of concern for many:

Even after disclosing and having not accepted the situation, when I go back to the community I will face stigma, that rejection will worsen my situation, and the thought of what everyone else will say is something I have to worry about.

### **Interventions**

Participants did not only share challenges but went ahead to proffer solutions for their various challenges. Below are some of their remarks:

We need professional assistance, such that people get help in opening up and not just get the 'it's not the end of the world' phrase.

There is need to share opportunities and inclusion of youth living with HIV so as to aid for financial problems.

Can they come up with initiatives that promote positive living in order to help us as a community?

I have to learn to love myself, we grew up in a community where stigma is prevalent, so there are a lot of misconceptions and we need to be taught acceptance, we need programs

that focus on getting us through the storm and promote positive living and self-love.

One of the participants also mentioned the importance of how adolescents living with HIV/AIDS should interact and meet frequently, with the hope that knowing each other may even help solve common problems.

### **Discussion**

The aim of this study was to identify the challenges faced by young female university students who are living with HIV/AIDS. The study also sought to proffer solutions for the identified challenges. The reported challenges and solutions were classified into inter-related themes; financial challenges, sexual reproductive health, mental and emotional disorders, disclosure and discrimination, and interventions. The study findings presented a common pattern that linked disclosure to discrimination. This was observed during the conducted discussions whereby, most participants could not disclose their status to their parents, guardians, friends among other people because of fear of discrimination. This shows the existence of negative attitudes towards youth living with HIV/AIDS. Andrew (2019) substantiates how this is common across societies when he states that it is deeply disturbing that some of the respondents still have some negative attitudes toward individuals living with HIV and AIDS.

Furthermore, the study discovered that in the general community, people living with HIV/AIDS are sometimes isolated and denied of their social rights thence feeling as

though they lack social power. Andrew's study on attitudes towards HIV/AIDS patients brings to light how some of the students still believed that HIV only affects people who lived an immoral lifestyle, while others recommended that HIV and AIDS patients should not attend regular school with others not infected by the disease.

The study also revealed how knowledge gaps about HIV/AIDS within the community at large significantly contribute to stigma and discrimination. At a student level, knowledge gaps have led to the inability to enjoy sexual reproductive health rights amongst those living with HIV/AIDS. Some of the rights include failure to access contraceptives, fear of engaging in relationships and sex etc. Non-disclosers may fear negative consequences from disclosing (e.g., refusal to have sex, loss of privacy, stigmatization) but still attempt to be safe with those uninformed partners. Moreover, disclosure does not assure that safer sex will prevail, because some partners may engage in risky sexual activity even after being informed of the risk. (Crepaz and Marks, 2002).

Most of these challenges have somehow led to the depreciation of mental health amongst female students living with HIV and this was observed through symptoms like depression, anxiety and emotional distress. To mitigate this, youth friendly services were suggested as possible interventions. Other participants recommended improved counselling procedures from the moment of HIV test to ART initiation and through all reviews and drug pickups, as a way to assess the mental, emotional and physical wellbeing.

It was also suggested that there is a need for young professional counsellors who are friendlier and willing to adopt different communication approaches so as to effectively engage and connect with female students living with HIV. Moreover, counselling procedures must be customized to being both one-on-one and group sessions to accommodate different people according to their preferences. This may also promote confidentiality.

There is need for development of programs that focus on mental health such as development of digital mental health interventions (applications).

Promotion of interactive activities that are not constant reminders of the participant's situation can also be effective. Such interactions lead to development of interpersonal relationships among female students living with HIV. This can facilitate space for students living with HIV to hold space for each other and collectively come up with strategies on how to overcome the various challenges they encounter. Once again, the study clearly shows how different aspects of life may lead to difficulties in adherence which in turn affects the health of the community. Emmanuel Kimera (2019) asserts that schools (tertiary institutions included) have the potential to equip all students including those with HIV with knowledge and life skills through mentorship discussions, clubs such as peer education clubs, regular guidance and counselling from professionals as well as sensitization from external HIV/AIDS support organizations that would be invited at institutions once in a while.



### **Limitations of the Study**

The study conducted was qualitative research and thus had a smaller sample size that is ten participants. There is need to conduct a quantitative research study that can widen the reach of students in order to get insights on the challenges faced by female students who are living with HIV. This would make the information gathered more reliable and less open to arguments. For further improvements, if the same study was to be conducted at different tertiary institutions, it would be much useful in also capturing how differences in geographical locations, culture among other socio-political factors may generate different challenges that may need a different approach.

### **Conclusion**

Major findings from this study reveal that students living with HIV encounter a lot of challenges. These are not just centred on HIV itself but emanating factors such as financial strain, poor mental health among others. Students living with HIV/AIDS need more than just ART to fight the virus as they also face day to day challenges. Amongst the important treatment measures of HIV, positive living is a critical aspect and can aid to preservation of mental, social and physical well-being in such a community. Health care professionals working with HIV-positive adolescents should be enabled to recognize mental health problems and respond to them in an appropriate, non-discriminatory way to ensure the best possible outcomes.

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# 5

Inclusive public spaces for persons with disabilities in  
Zimbabwe: a multiple case analysis.

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## **Abstract**

This article discusses the effects of non-inclusive public spaces on persons with disabilities in Zimbabwe. Persons with disabilities have challenges when it comes to accessing basic rights and services in non-inclusive public spaces. This has led to increased levels of poverty and economic inequality within the community of persons with disabilities in Zimbabwe. For this study, primary data from qualitative research that adopted a multiple case analysis was gathered and analysed. Interviews were also conducted and past supporting researches were referenced. Results from the research revealed persons with disabilities suffer deeply from non-inclusive public spaces. The findings in this article indicate that persons with disabilities do not only suffer from non-inclusive buildings or physical structures but also unwelcoming persons in public spaces. A focus on providing disability-inclusive public spaces alongside scaling up disability-specific services may help to improve the access of basic services to persons with disabilities for all as well as helping to achieve human rights and global development goals.

**Keywords:** Inclusive spaces, persons with disability, disability specific services

### **Introduction**

On 9 June 2021 the Government of Zimbabwe launched the country's national disability policy. The policy states that we should empower people with disabilities (PWD)s to improve their own quality and inclusion of life as well as enabling them to contribute towards the national development agenda. A National Association of Societies for the Care of Handicapped (NASCOH) showed that only two percent of people with disabilities were employed in the public sector and less than seven percent of people with disabilities in Zimbabwe were in formal employment. The same study showed that eight percent were self-employed, 29 percent were involved in farming activities for sustenance whilst nine percent were studying in colleges and universities. Evidently PDW's in Zimbabwe are not allowed much access in the public space physically and otherwise.

The research paper specifically discusses how non-inclusive public spaces such as roads, hospitals, public buildings, offices, public squares, parks, clinics, shopping areas and public schools are constraining the ability for persons with disabilities to access basic needs. A public space is a social space that is generally open and accessible to people. Basic needs include food, proper healthcare, water, education, clothing, sleep and shelter. The National Association of Societies for the Care of the Handicapped (NASCOH) argues that disability prevalence in Zimbabwe is over 10% of the

population (NASCOH 2013). A large population of individuals with disabilities are children and young people. According to UNICEF as many as 600,000 children are living with some form of disability in Zimbabwe. Yet, they remain invisible in all levels of society and face numerous challenges in accessing education, healthcare, jobs and justice. UNESCO says the mere act of getting to a facility is challenging, as accessible transportation is also limited.

The number of persons with disabilities is too large to ignore in town planning and several other decisions. The aim of the study was to explore the extent to which non-inclusive public spaces affect the lives of persons with disabilities and how it actually affects the country at large considering that persons with disabilities constitute over 10% of the total population. The research is necessary to foster policy restructuring, redefining infrastructure with place-led development and establish models to ensure future developers incorporate persons with disabilities.

### **Literature Review on Disability Inclusivity and Public Spaces**

According to Useh et al's research on accessibility of wheelchairs into public buildings within the central business district of Harare, Zimbabwe. Of the various items surveyed, elevators recorded the highest average accessibility (83% compliance), while parking areas recorded the lowest average of 18%. The compliance score of ramps was 39%, while entrances were 71% compliant. Wheelchair

accessibility to toilets was 51%. They concluded that “the poor compliance score was for items such as parking areas and ramps for wheelchair.”

A majority of PWDs are found in the Global South, where they experience exclusion, vulnerability to abuse and violence, lack of access to health services, employment, education, income, social support and civic involvement (Mandipa & Manyatera 2014; WHO & World Bank 2011) and are more likely to experience multiple deprivations as compared to their non-disabled peers (Mitra et al., 2014). The Zimbabwean government is dedicated to advancing the rights of people with disabilities. A new department called Disability Affairs was established in January 2018 with the goal of enhancing access to rights-based services for people with disabilities by the end of the year 2030. The Department aims to offer social protection services for people with disabilities that are based on their legal rights. This is in accordance with the Convention on the Rights of Persons with Disabilities and the Constitution (UNCRPD). The State Service Disability Benefits and the Disability and Rehabilitation Section are the department's two primary functions. A Director now oversees the department. When implementing its programs, the Department makes use of the District and Provincial Department of Social Welfare frameworks.

This is all in line with the mandates of the new constitution of the land. While the new constitution provides for rights and privileges of free movement for people with physical or mental disabilities, in Zimbabwe, not much has been done

to take measures to ensure that social amenities and buildings are accessible (Mashakure, 2014). Mashavakure (2014) bemoaned the fact that the Constitution was crafted by able-bodied lawyers who did not have any understanding of what disability is. An analysis of disability policy in Southern Africa reveals a variety of initiatives and representative organizations working to advance social justice for people with disabilities. Yet, disabled people in Southern Africa continue to endure social and economic inequalities and are among the poorest, most marginalized groups in the region (Mitra, Posarac, & Vick, 2011; SAFOD, 2015).

Mitra et al. (2011) argues that people with disabilities are poorer in most developing countries. In their study of 14 countries, including the SADC countries of Malawi, Mauritius, Zambia, and Zimbabwe, they concluded that persons with disabilities were more likely to experience multiple deprivations than persons without disabilities in most countries. Most of these challenges are around access to the basics of life such as proper education, affordable healthcare and different Government services. Most public and private structures are not accessible to PWDs in Zimbabwe (Mandipa 2013). This may hinder the participation of PWDs in public life, including employment and recreational activities. Whilst inaccessible infrastructure may contribute to hindering PWDs from securing employment in government and private companies, it may not be the paramount reason for the unemployment of PWDs. Zimbabwe generally is a low-income country that is experiencing economic difficulties, which have resulted in



very minimal functioning of the industry and an unemployment rate of over 90% (ZimStats & UNICEF 2014). It is, however, important that a mandatory clause be included in local government laws to ensure the issuance of a certificate of completion to public and private structures after satisfying the accessibility of the structure by PWDs.

It is evident that PWD's endure hardships and challenges as part of their everyday, but the situation gets even dire in times of crises. COVID-19 for example posed a number of challenges to PWDs access to public spaces. A study by Mlambo and Ndhlovu (2021) found that "some of the World Health Organisation regulations on COVID-19 are not friendly to the blind and partially sighted persons, for example, wearing of masks inhibit use of some sensory activities that are crucial for visually impaired persons in their mobility and independent living." This also confirms the findings of the World Blind Union (WBU) that inaccessible services such as public transport is a significant barrier that limits the full enjoyment of human rights by persons with disabilities during health crises.

### **Methodology**

This study employed a qualitative research and utilized a multiple case study analysis. Most of the data was collected through interviews, observations and focus group discussions. Interview guides and observation schedules were major instruments. Data was obtained from 2 key informant interviews, participant observation in subjects' natural settings and document analysis. Participants were

purposively selected as they were believed to have the necessary answers to the research questions. The study considered anonymity, respect and confidentiality as important ethics that could never be compromised. Participants were asked for consent before interviews were conducted and proper appointment procedures were followed. Participants were also informed of their right to withdraw from the study at any point during data collection and that no repercussions would follow their decision. Findings of the study were analyzed using thematic and discourse analysis. The following section presents findings of the study and a discussion of the results. Names of respondents provided in this study are all pseudonyms.

To analyze the qualitative data the researcher used a number of methods. Content analysis was carried out by the researcher whereby a process of categorizing verbal or behavioral data to classify, summarize and tabulate from persons with disabilities data. At the last stage the researcher linked the research findings to the research aim and objectives.

### **Findings and Discussion**

The research sought to gain firsthand information from persons with disabilities on their lived experiences especially pertaining to access to public spaces. The researcher also identified patterns and relationships in how most public offices and buildings in city centers are not inclusive of persons with disabilities. The constitution (2013) under section 22(3) (c) encourages the use and

development of forms of communication suitable for persons with physical or mental disabilities. This is supported by section 62 of the constitution, which guarantees access to information for all human beings. The inclusion of sections 22(3) and 62 implements articles 4(1) (h) and 9 of the CRPD, which encourages accessible information for PWDs in society. Whilst this proclamation by the constitution is commendable, section 62 is criticized for being silent on how persons with visual and hearing impairments can exercise this right (Mtetwa 2012). According to Mandipa (2013), the recognition of inherent dignity and equal worth of all human beings is especially crucial for persons with sensory (especially those with albinism), mental and intellectual disabilities, who endure being viewed as inferior human beings in society.

One of the key issues that participants raised was the idea that most government buildings are not disability unfriendly. Persons walking with clutches or wheelchairs struggle much to access such buildings. Research conducted by Chamunogwa Nyoni (2013) entitled *Disability in Zimbabwe under the New Constitution: Demands and Gains of People with Disabilities* confirmed our findings. From his findings disability activists argued that most buildings are not accessible for people with disabilities. To that end, they demanded that the constitution guarantees that every building in Zimbabwe must be made disability friendly. The constitution responded by stating that the state must take appropriate measures to ensure that buildings and amenities to which the public has access are

accessible to persons with disabilities. In the capital Harare, most Government buildings do not have ramps that cater for disabled persons who use wheelchairs making it hard for them to access basic services offered by the Government.

The researcher found out that the idea of access to public spaces is not limited to buildings of physical structures that are built solely with the able body in mind but the people that serve in those spaces. One of the key informants with deafness expressed that she experienced harsh treatment at a public hospital:

The nurses were not interested in attending to me because they said I don't understand them and I am not doing what they instructed. When we started our organization, our main goal was to empower young women who are deaf. And to also fight for their rights so that they can stand for their rights because we found that there was constitutional illiteracy, in the deaf community. So, we did many workshops, to try to educate them so that people don't abuse their rights" said key informant one. From the feedback, they conducted from the workshops, they found out that it was their first time finding out about their rights to education, rights to information, and everything.

This speaks to the question that Kuper et al (2022) pose in their research article that, should disability-inclusive health be a priority in low-income countries? Findings from this study suggests that indeed it is a priority area that needs urgent attention. As Rugoho and Maphosa (2017:12) assert, “negative perceptions of health personnel towards people with disabilities, disability unfriendly infrastructure at health facilities and absence of trained personnel for people with disabilities (sign language) are some of the challenges involved.”

However, this is not only limited to health but other public services. Persons with disabilities struggle in accessing basic needs in Zimbabwe because of non-inclusive public spaces. Children and women with disabilities require specific rights and protection as they face multilayered forms of discrimination. Women with disabilities in particular face double discrimination firstly as PWDs and secondly as women in a patriarchal society (Du Plessis 2007; Mandipa 2013; UN 2006). The plight of women with disabilities is also exacerbated by resource constraints and being powerless in society.

Other participants indicated that it is even hard to get help from people in these public spaces. Culture is another significant driver in the marginalization of persons with disabilities as, in certain Zimbabwean societies, disability is associated with witchcraft. The birth of a disabled child is seen as a bad omen for the family and this hostile view of disability translates to the low social acceptance and isolation experienced by persons with disabilities. Such

ingrained cultural beliefs that disability is a result of retribution from God and ancestors, perpetuate prejudice and discrimination against children with disabilities, mainly in rural communities. Due to this misunderstanding, families of disabled children dislike them and keep them private in order to avoid shame and disgrace. In extreme cases, some parents strangle children with disabilities to death after birth; others sometimes hide them away when visitors arrive in fear of ridicule (Mandipa, 2013). More so the researcher got hold of a lot research papers, publications and different articles that showed without a doubt that non-inclusive public spaces are hindering persons with disabilities from accessing basic needs.

According to the interviewees some parents actually strangle their disabled children to death because they are ashamed and feel incapable of raising a child with disabilities. Very few cases have been formally reported in Zimbabwe about these child killings. However, in countries like the United States such cases have been reported. According to an article by Caroline Davies through The Guardian “Clarence, a mother-of-four, left three notes before allegedly smothering her four-year-old daughter, Olivia, and twin sons Ben and Max, aged three, while her husband, Gary, 43, was overseas.” All three children had spinal muscular atrophy (SMA) type 2, a life-limiting progressive disease which can cause fatal respiratory problems. Richard Lucardie and Dick Sobsey from the University of Alberta conducted research on the Homicides of people with developmental disabilities. His research

agrees with our findings and concludes that while crimes against persons with disabilities have received increased interest in the last decade, homicide of PWDD has not been given much attention. His paper provides a preliminary description of homicides of PWDD.

It was also established through this study that the community of persons with disabilities is not a homogenous one. The magnitude of challenges differs according to the type of disability and other factors such as class. Participants in the study indicated that deaf persons for example to access services such as hospital and legal services because the institutions do not have translators stationed to assist them. Key informant two who is an established deaf language translator says “most deaf persons are going to jail because there is no interpreter present to interpret court proceedings for them”. This correlates with the World Federation of the Deaf’s research on inclusive justice delivery system in Zimbabwe March 2021 which found that "challenges currently being faced in justice include delays caused by the absence of sign language interpretation services, underqualified interpreters in signing and costs for obtaining interpretation services.”

These issues have seen Deaf people being misrepresented, misunderstood, and misquoted and justice not being served. In her remarks, Ms Muringi, Head of the UNDP Governance and Peace Building Unit highlighted the importance of creating a sign language manual for Zimbabwe’s justice system that would provide practical and

feasible guidelines to ensure the courts are Deaf-aware and sign language inclusive”, and this would “reduce gaps associated with failed communication in the delivery of justice to persons who are Deaf in Zimbabwe”.

### **Conclusion and Recommendations**

This article demonstrates that Zimbabwe has not done much to create inclusive spaces for persons with disabilities, largely due to a lack of funding for institutions supported by the state that work to advance disability problems and lack of apathy towards disability issues by the general public. There are a number of adjustments that need to be made by multiple parties to ensure improved service provision and more fulfilling lives for persons with disabilities. Most importantly, government must establish a monitoring and evaluation system to ensure that the constitutional provisions are actually carried out. It is also important that people with disabilities are included in consultative processes and given key decision-making positions. For instance parliament, senate and council representatives for people with disabilities must themselves be people with disabilities. It must also be mandatory for every government department to have a disability policy. Other key players such as non-governmental, private hospitals, and profit-making organizations can play the role of disseminating information, holding the government accountable and mobilising funds towards improving services for persons with disabilities. These efforts could see the development



of public spaces that meet the requirements of persons with disabilities, incorporating new technologies and putting the disability policy into practice, including best practices for disability inclusion.

It is also important to consider persons with disabilities' access to sexual and reproductive health services. Non-government, private hospitals and profit-making organizations should join hands with government in funding health requirements for persons with disabilities. Organizations such as Deaf Zimbabwe Trust and Legal Resources Foundation who are providing legal assistance to persons with disabilities and the vulnerable in Zimbabwe should be well promoted so that everyone in Zimbabwe is able to access and locate them where need be. Accessibility is quite important because in its absence, people with disabilities will not be able to work, live and visit offices or spaces that are not friendly.

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## **Addressing the Unmet Needs and Future Research Directions**

This book has provided valuable insights into various contemporary issues ranging from the impact of COVID-19 on education and health to the effectiveness of social media campaigns and the challenges faced by marginalized groups such as persons with disabilities and female students living with HIV/AIDS. Each study has highlighted specific findings and offered practical recommendations. However, several gaps remain, and there are opportunities for future research to build on these findings.

### **Identified Gaps and Future Direction**

The study on the impact of COVID-19 on private schools in Lusaka revealed a lack of stringent crisis management measures. Future research could focus on developing comprehensive crisis management frameworks for educational institutions to ensure better preparedness for future pandemics or other crises. Similarly, the research on SRHR in higher education during the COVID-19 era highlighted that many health centres shifted their focus away from SRHR services to COVID-19. There is a need for future studies to explore sustainable models for integrating SRHR services within emergency health responses.

While social media campaigns have been shown to be effective in reducing drug and substance abuse, the dual nature of social media as both a positive and negative influence needs further investigation. Future research should examine the long-term impact of these campaigns and develop strategies to mitigate any potential negative outcomes. Additionally, exploring the role of emerging

social media platforms and technologies in health promotion could provide valuable insights.

The study on female students living with HIV/AIDS in tertiary institutions underscored unmet needs and challenges such as stigma and poor knowledge of safe sex. There is need to design or develop intervention strategies that address these specific challenges and evaluate their effectiveness over time. Efforts should be put towards exploring comprehensive support systems that address the multifaceted needs of female students living with HIV/AIDS, including mental health support, peer education programs, and stigma reduction initiatives.

Working their mentors, the emerging researchers should be encouraged to explore studies developing and testing crisis management frameworks tailored to educational institutions is crucial. This includes testing these plans through simulations and real-world applications to ensure their effectiveness. Investigating sustainable models for maintaining essential SRHR services during health crises could involve the integration of telemedicine and mobile health units to ensure continuous access to these services. Equally important is to explore innovative solutions to make public spaces more inclusive and assess the impact of these changes on the quality of life of persons with disabilities.

### **Current Wins**

Despite the gaps identified, there have been significant policy advancements, such as the development and implementation of national disability policies and other supportive frameworks, highlighting substantial progress in addressing the needs of marginalized groups. The

adaptation of online platforms for SRHR counselling and the use of social media for drug abuse prevention showcase innovative approaches to health promotion. Additionally, there has been a notable increase in awareness and advocacy efforts aimed at supporting persons with disabilities and female students living with HIV/AIDS, which is a positive step towards greater inclusion and support.

## **Conclusion**

While there have been significant strides in addressing the challenges highlighted in these studies, ongoing efforts are required to fill the existing gaps. Future research can contribute to a more inclusive and equitable society for all. However, that is possible if, among other areas, focus is put on comprehensive crisis management, sustainable SRHR models, long-term social media impact, and robust support systems for HIV/AIDS, and inclusive public spaces.

## FIRST EDITION - A SADC REGIONAL PERSPECTIVE BY YOUNG PEOPLE ON COVID-19

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This booklet presents a collection of research studies exploring various critical issues affecting Southern African communities, particularly in the context of the COVID-19 pandemic. Supported by the Students and Youth Working on Reproductive Health Action Team (SAYWHAT), it features five young people from tertiary institutions in Zambia, Malawi, and Zimbabwe who participated at the fourth edition of the Southern Africa Regional Students and Youth Conference (SARSYC) held in 2022 in the Republic of Malawi. The authors provide valuable insights into challenges such as the disruption of sexual and reproductive health services, the impact on education systems, and economic hardships faced by communities. They also propose potential solutions, drawing connections between different fields and highlighting the targeted interventions. With first hand experiences and generational understanding from young people, this book serves as a valuable resource for healthcare professionals, policy makers, and anyone seeking to understand the complex challenges posed by COVID-19 on Sexual and Reproductive Health, education and other critical issues.