Unmet need for family planning in Bikita District Masvingo Province, Zimbabwe

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Title of Video Film Produced: Khuluma

Commissioned by: SolidarMed-Zimbabwe

SolidarMed Zimbabwe (PVO 12/04) collaborates with the MoHCC in providing comprehensive support to contribute to equitable access to quality health services, aligned with the National Health Strategy

Purpose of the research:

To determine underlying causes of unmet need for family planning in Bikita District among sexually active women /girls, men/boys, couples and youth using participatory video method. To determine challenges faced in the family planning service delivery and for communities to come up with recommendations and as to how service delivery and utilization can be optimized indirectly resulting in improved maternal and child health.

Acknowledgements
AWFT acknowledges the guidance, contributions, advice and support given by the Ministry of Health and Child Care, SolidarMed, Family Planning Council of Zimbabwe, the Union for the development of Apostolic and Zionist Churches in Zimbabwe (UDACIZA), Apostolic Women Empowerment Trust and Population Service International.

Executive Summary

This field study, which was conducted by Africa Women Filmmakers Trust in partnership with SolidarMed and the Ministry of Health and Child Care, sought to determine the underlying causes (e.g. social, cultural, religious, service provider) of unmet need for family planning in Bikita district among sexually active women/girls, men/boys, couples and the youth and challenges faced in the family planning service delivery and how communities feel these causes of unmet family planning need and gaps in service delivery can be addressed, in an effort to improve maternal health and child mortality in the district.

The process used to conduct this needs assessment was meant to promote sexual relationships that are mutually respectful, free of coercion, discrimination and violence, where couples can enjoy their sexuality safely, and ensure that every child is a wanted child and has a chance for survival and attaining their full potential without the risk of being trapped in poverty which may lead to (1) child marriages (2) child trafficking (3) child forced labor and slavery.

The use of the participatory video production process as a tool to gather data was very effective, as it generated a sense of empowerment among the participants who became aware that there voices and concerns were heard beyond their boundaries and can be of help to influence policy and decision making to better their health.

The participatory video production process encouraged public community dialogues and community conversations focusing on cultural, social, economic and religious causes of unmet family planning needs. It looked at how these could be addressed at community level. The process further explored how service providers also contribute to this continued unmet need.

The major causes of unmet need for family planning identified were irregular supply of the oral contraceptive pills, limited choice of available family planning method, insufficient information, education and awareness of the different family planning methods. The limited involvement of men in family planning issues further exacerbated domestic based violence. As men had insufficient knowledge on the topic, they were suspicious of their wives when they unilaterally chose to use contraceptives.

While to some apostolic and zionists sects it is forbidden to take family planning , elders of the sects were suspicious that contraceptives were finding their way to their members contrary to their religious teachings and beliefs. These contraceptives were therefore being taken not only without the churches approval but also without the husband's endorsement. This practice was confirmed by the non-apostolic and non zionists who said that they collect extra pills when they are readily available at the clinics and share with their friends.

Findings highlighted the importance of designing programs that make communities appreciate the concept and philosophy of family planning and its importance for the family, community and society and health of both the mother and child. Interventions that can address the situation mentioned include:
(1) providing communities with information and knowledge of different family planning methods. The importance of creating awareness about the relevance of family planning in relation to maternal and neonatal health was identified as being crucial in addressing some of the causes of the unmet need for family planning in the district;
(2) engaging with the African initiated churches that emphasize faith healing and strict adherence to church beliefs and practices, which undermine modern healthcare-seeking;
(3) increasing availability of various family planning methods at rural health facilities; and

(4) improve patient customer services provided at the health care centers.
The field study showed that there is an urgent need to capacitate the health sector regards how it addresses family planning and maternal health, so that Zimbabwe is in a better position to achieve its commitments in relation to the Sustainable Development Goals priority of increasing life expectancy at birth; increasing the contraceptive prevalence rate, reducing maternal and child mortality; combating HIV and strengthening health system effectiveness.

SolidarMed (Zimbabwe) commented that, "The fact that the availability of family planning services can save lives has long been accepted. Where women and men have access to these services, children and families are healthier and society at large benefits. AWFT has shown that ongoing dialogue with communities is an essential component in defining the characteristics of culturally appropriate, accessible family planning services that address the needs of (young) women, men and newborns, and incorporates their cultural preferences. The perspectives of communities on the quality of family planning services influences their decision to use this care. Family planning programs benefit when including the community and user perspectives as a key element, and therefore, participation of community members in the discussions on how to improve family planning services are recommended."

List of abbreviations or acronyms

ART	Antiretroviral Treatment
AWET	Apostolic Women Empowerment Trust
AWFT	Africa Women Filmmakers Trust
CBD	Community Based Distribution
FP	Family Planning
HAFP	Husband against family planning
HIV	Human immunodeficiency virus
Mama	Maternal and Neonatal Health
PSI	Population Service International
PMTCT	Prevention of Mother to Child Transmission
RHC	Rural Health Center
STI's	Sexually transmitted diseases
SolidarMed	Swiss Organisation for health in Africa
ZDHS	Zimbabwe Demographic Health Survey
UDCIZA	Union for the development of Apostolic and Zionist Churches in Zimbabwe
MNH	Maternal and neonatal health

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Chapter 1: Introduction of the Field Study

1.0 Introduction

In 2010, it was noted that about 200 million women globally had unmet family planning (FP) needs of which 24% were in sub-Saharan Africa. The Zimbabwean Demographic Health Surveys (ZDHS) 2005, 2010 and 2015 show a gradual decrease in unmet FP need from 13% in 2005 and 2010, to 10% in 2015. The aim of this field study, using the participatory video production process, was to augment results from the 2015 ZDHS which show the unmet need for family planning in Bikita District at 15%, with qualitative data on reasons for unmet FP need.

According to the United Nations Sustainable Development Goal 3, which focuses on the need to ensure good health and well-being for all, it is stated that, "only half of women in developing countries have received the health care they need, and the need for family planning in increasing exponentially, while the need met is growing slowly- more than 225 million women have an unmet need for contraception".

This participatory process adopted by Africa Women Filmmakers Trust encouraged public community dialogues and community conversations focusing on cultural, social, economic and religious causes of unmet family planning needs and how these could be addressed at community level. The process further explored if and how service providers contribute to the continued unmet FP need.

1.1 Review

It has been noted that to be sexually healthy, individuals and society needs to be able to have pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Access to sexual and reproductive health information and services should be viewed as a right. For individuals and communities to have and keep their sexual health, their sexual rights must be respected, protected and fulfilled. Reproductive health rights requires that a person is able to reproduce and has the freedom to decide if, when and how often to do so. This implies that individuals and communities have the right to be informed about reproduction and family planning. They have the right to have access to family planning methods that are safe, effective, affordable, acceptable and of their choosing. Individuals and communities have the right to health care services that enables women/girls to go safely through pregnancy and childbirth and gives individuals and couples the best chance of having healthy babies (Olohiomereu, 2014).

The Zimbabwean Constitution has a human rights approach to sexuality and reproduction. It guarantees: • the right to equality • the right to freedom from discrimination on the basis of race, gender, sex, marital status, ethnic or social origin, colour, disability, religion, conscience, belief, culture etc. etc. • the right to be treated with dignity and respect • the right to life • the right to freedom and security, and not to be treated or punished in a cruel, inhuman or degrading way. The Constitution also guarantees the right to health care services, including sexual and reproductive health care, for everyone. These fundamental, constitutional rights are also reflected in international treaties that Zimbabwe has signed and ratified, including the United Nations' Convention on the Rights of the Child (1989) and the Convention on the Elimination of All Forms of Discrimination Against Women (1979).

1.2 Background of the organisation

Africa Women Filmmakers Trust (AWFT) is registered in Zimbabwe as a Trust and as an Arts Organization with the National Arts Council of Zimbabwe. AWFT is one of the organizations that pioneered the use of participatory video in development communication in Zimbabwe during the 1990's. AWFT's work is inspired by Don Snowden who was among the first to experiment with participatory video as a tool to facilitate dialogue and social change at Fogo Island in Canada when the islanders were resisting relocation to an area authorities believed they would be more viable. This "people centered communication" approach which enables individuals, communities to understand, reflect and confront their own situation and lived realities, needs, visions and builds a sense of collectivity, opened up dialogue between the communities and the authorities and viable options were identified that made the Fogo islanders a viable fishing community.

Participatory video is empowering, it gives a voice to the voiceless, facilitates dialogue, renews a sense of community, encourages collectivism, is a tool that catalyses social organization, is useful for consciousness raising, encourages dialogue and reflection, can be used for vertical, horizontal and shared learning and its transformative nature builds confidence and self-identity. The process can be effective in amplifying the voices of marginalized groups to influence decision making processes affecting their lives, which has a lot of similarities with what Paulo Freire advocates for in Pedagogy of the Oppressed (1970) which can be summarized as a conscientisation process with an empowering and emancipatory intent. AWFT used participatory video production and participatory video screening workshops to raise awareness and for social change.

1.3 Background of the study

In Zimbabwe, literature shows that 581 women die for every 100 000 deliveries and 39 out of 1000 die during childbirth. According to SolidarMed Zimbabwe, operating in Masvingo Province, "these deaths can be prevented through evidence based, known interventions, which require a functional, well equipped health system and skilled staff". SolidarMed's goal is to "improve maternal and neonatal health for the 374 000 persons in the districts of Zaka and Bikita in Masvingo Province". The focus of the SolidarMed project is in the area of mother and newborn care. Their program emphasis is on "training programs for health care workers, provision of essential medical equipment and a comprehensive package of care to reduce the spread of HIV from mothers to their newborns including community sensitization. Africa Women Filmmakers Trust complemented the work of SolidarMed by using participatory video production to identify causes of unmet need of family planning in Bikita District.

1.4 Purpose of the Evaluation/Needs Assessment

To use participatory video to determine the underlying causes (e.g. social, cultural, religious, service provider) of unmet need for family planning in Bikita district among sexually active women/girls, men/boys, couples and youth. To determine the challenges in providing and accessing family planning services and to obtain information on how communities feel these causes of unmet FP needs and gaps in FP service delivery can be addressed in an effort to improve maternal health and child mortality in the district.

1.4.1 Objectives

Identify the reasons for the unmet need for Family Planning in Bikita District.

1.4.2 Output

Community Voices on Family Planning use and service delivery amplified.

The video produced is meant to inform communities, health care providers and policy makers.

1.4.3 Outcomes

Social outreach interventions are meant to produce the following outcomes:-

- causes of unmet need family for planning identified
- individuals, communities, local, traditional and religious leadership take ownership of the process of addressing unmet need of family planning in the district.
- service providers and policy makers are better informed of programmatic considerations that need to be implemented to reduce the unmet need of family planning

1.5 Evaluation Questions

Africa Women Filmmakers Trust used as guideline questions from Measure Evaluation on UNMET need for Family Planning, which enabled the study to incorporate a gender-sensitive approach to unmet need as it enabled the identification of unmet need of women and men and incorporated gender-sensitive-delivery strategies. These questions are classified into three groups namely questions on:

(1) factors that lead to unmet need,
(2) unmet need of women and men and lastly
(3) service delivery issues.

The list of questions is on Annex1. Below is the list of questions adopted from Measure Evaluation that were used as reference points during this study and are classified into three categories.

1.6 Conclusion

The 2015 ZDHS showed that there is unmet need for family planning in Zimbabwe. The national average is 10%, while that of Bikita District is 15%. This Study sought to find out the causes of the unmet need for family planning in Bikita District.

Chapter 2: Literature Review

2.0 Introduction

Fewer, better spaced births lead to healthier children and lower maternal mortality and morbidity. Voices presenting family planning as a Western imposition meant to decimate African populations, have been drowned as Africa acknowledges family planning as both a human right and as a development issue.

- **Right to choice**

All have a right to choice as enshrined in our Zimbabwean Constitution. So, it is the right of every individual to decide whether to use family planning or not. It is therefore also a right of every individual wanting to use family planning to decide which method they use.

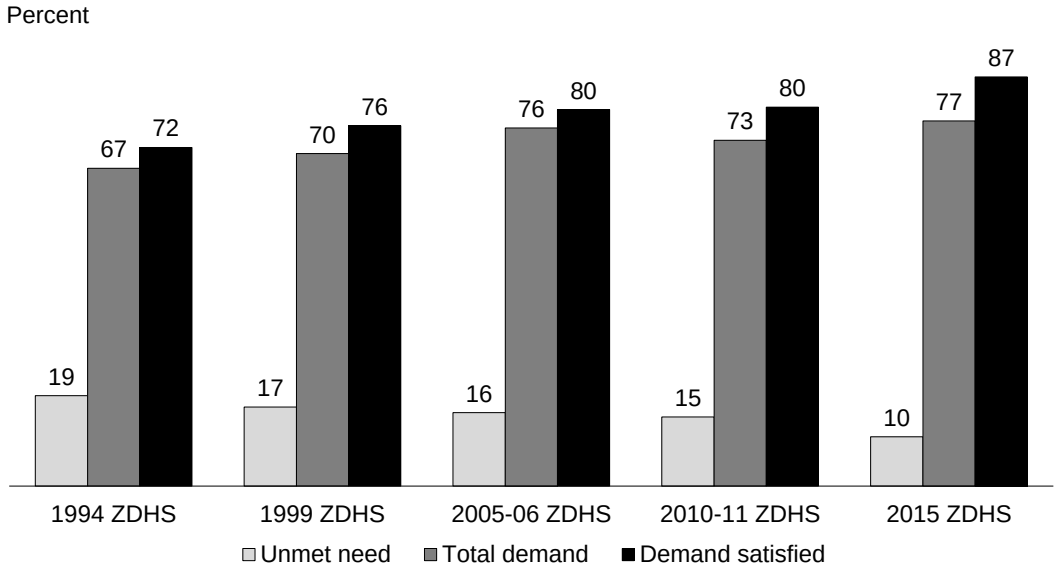
- **Right to bodily autonomy**

The right to our bodily autonomy is enshrined in our constitution as a result all individuals have a right to decide how many children they want to have and when.

2.1 Family Planning Trends

United Nations Population Fund (UNFPA) acknowledges that access to safe and voluntary family planning is a human right and yet more than 225 million women, mostly from impoverished countries have unmet need for family planning. Zimbabwe received acclaim regionally and internationally for its family planning program during the 1990's. This was a collaborative effort by health service providers in the country, with The Zimbabwe Family Planning Council playing a central role. The average unmet need for family planning in Zimbabwe has been on a gradual decline since 1994 to date.

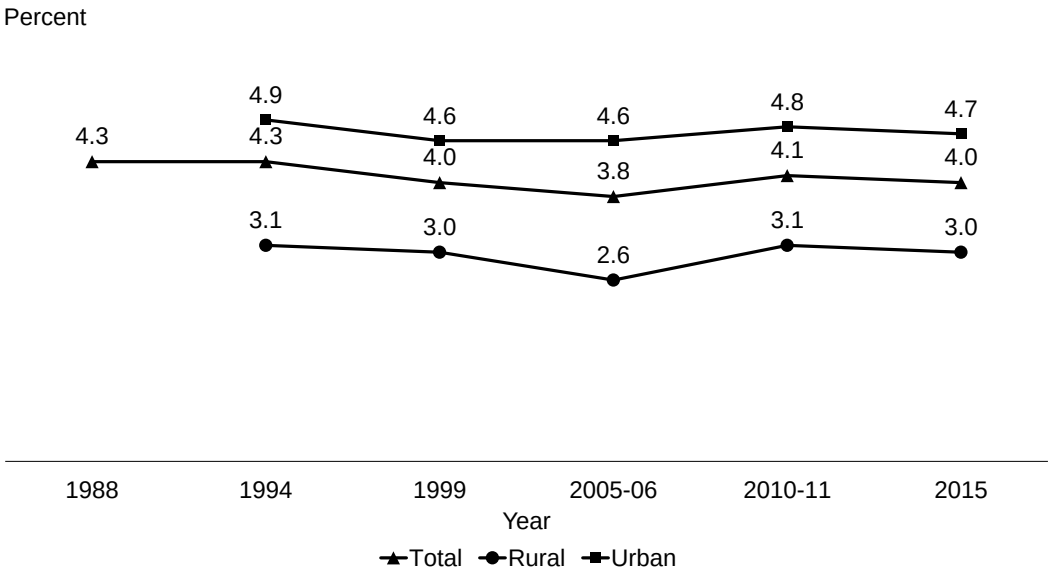
Figure 2.1 Trends in unmet need for family planning for all methods among currently married women, Zimbabwe 1994-2015



(Zimbabwe Demographic Health Survey 2015:25)

The unmet need for family planning has been on a gradual decline since 1994 when it was 19% and in 2015 it was 10%.

Figure 2.2 Trends in total fertility rate, Zimbabwe 1988-2015



(Zimbabwe Demographic Health Survey 2015:25)

The Zimbabwe Demographic Health Survey of 2005, 2010 and 2015 shows a gradual decrease in the national total fertility rate. The national average in the ZDHS of 2-15 is 4.0.

However, despite of the efforts of all the players in the health sectors, many women still live with unmet need for family planning in Zimbabwe.

2.2 Local Context

The Maternal and Neonatal Health (MAMA) project by SolidarMed collaborates with the MoHCC in supporting the national health strategy to improve maternal and neonatal health (MNH). This is being achieved through training, mentoring and supervision, infrastructure improvements, improved availability of essential supplies and equipment, conducting review meetings and community sensatisation campaigns.

SolidarMed has been working with **Bhaso**, and **Upenyo** in sensitizing the communities. Community sensitization meetings have focused on the importance of condom use among Human Immunodeficiency Virus (HIV^{+ve}) couples, male involvement in antenatal care as well as sensitizing the general community and the traditional leadership on maternal health issues. Chasas are expert HIV patients working in the and trained by Bhaso, who are providing counselling sessions in the community focusing on Prevention of Mother to Child Transmission (PMTCT), Option B+ and paediatric Antiretroviral Treatment (ART). One of their objectives is to avoid HIV transmission from pregnant women to their babies with an aim of contributing to an HIV free generation. Upenyu, on the other hand, focuses on nutrition and healthy eating habits, in particular with the use of local (indigenous) foods.

Africa Women Filmmakers Trust collaborated with these organizations and government extension staff in the following ministries: Women Affairs, Gender and Community Development, Health and Child Care, Labour and Social Services in enabling communities to identify cultural, social, religious, societal attitudes and behaviors that contribute to the unmet need for family planning.

The process adopted by AWFT enabled communities to reflect and deliberate on what they could do at the local level to address the problem as well as use the platform to inform policy

makers and service providers on programmatic considerations that needed to be looked at, to improve service delivery and hence reduce the unmet need for family planning.

Some of the people in Bikita belong to the African initiated churches who have strict religious and moral codes, and emphasize strong adherence to religious teachings, church doctrine and regulations. By emphasizing faith healing and strict adherence of followers to church beliefs and practices, they undermine modern healthcare-seeking, discouraging uptake of modern maternal and child healthcare services including family planning. Africa Women Filmmakers Trust believed that the participatory in production process could be effective in creating awareness and empowering these communities to take steps in addressing the causes of family planning and to promote modern healthcare seeking among them.

2.3 Causes of unmet need for Family Planning

In Bikita District, there is an unmet need for Family Planning that has been observed and according to the ZDHS of 2015, at 15%, it is above the national average of 10%. Unmet need can be summarised as a reflection of primary social relations as it is of individual attitudes and experience s (Olohiomereu, 2014). In the 2015 ZDHS a large number of factors are listed as contributing to the unmet need among them: migration, education, coordination of family planning services, health concerns, cost benefit, access by youths, gender dynamics, myths and misconceptions, desire to preserve indigenous knowledge, polygamy, boy child syndrome, traditions/traditional leaders, cultural practices, religious factors, attitudes towards family planning, non monetary costs, education, quality of service, community cultural norms, local beliefs, spouse disapproval, society disapproval, lack of knowledge and lastly but not least, the inability to communicate.

It has also been noted that women are the most active group seeking family planning yet men have been identified as a crucial factor in the use of contraceptives. The question is, how can men be more involved in family planning decisions and contraceptive use? This project had therefore hoped to unveil religious, cultural, societal and individual attitudes and behaviours that negatively impact's unmet need for family planning as well as the role that service delivery plays.

AWFT acknowledges that communities need to be aware of the importance of family planning and the health risks associated with not practicing family planning and the health benefits of confirming to the individual, family and the community at large. This project aimed to enable communities to have conversations on the subject, reflect and look at what they could do to reduce the unmet need and highlight how service providers could complement their efforts.

2.4 Conclusion

Africa Women Filmmakers Trust embarked on the field study using participatory video production to explore the subject of unmet needs of family planning in Bikita District, Masvingo Province, in August preparaotry work was done in reading the comprehensive report on the Determinants of unmet need for family planning draft of 2010, complimenting the Demographic Health Surveys held in 1999 and 2005. The 2005 and 2013 survey showed that the unmet need for family planning was at 13%. It was reported that the surveys were giving quantitative data, which needed to be augmented by qualitative information. Using

structured focus group discussions[1] and in-depth interviews with key informants[2], the study made a number of findings and recommendations.

In research methods there is a reference to quantitative approaches as having a major weakness of being able to show that change has taken place or not but fails to explain underlying processes that bring about or inhibit change. So, we acknowledged that while the ZDHS's and the 2010 qualitative report showed that there was unmet need for family planning with the report going further to identify some of them and the possible reasons it was therefore a challenge for us, to go further and explore for instance why men felt left out. In terms of creating awareness, it was important to find out what was actually missing taking into consideration that nearly all participants from the ZDHS and 2010 report participants were aware of at least two family planning methods, the pill and the condom which are also the most widely used in remote areas. AWFT hoped that through participatory dialogue it could be possible to unlock the underlying causes and better understand the processes which in research methods are equivalent to the unlocking of the black box when qualitative methods are used to explain the processes regards how change comes about or is inhibited.

[1] a guide was used and there was uniformity in the way questions were asked, training recorders and note takers, with individuals believed to be representative of some class.

[2] Key informants were defined as individuals who were assumed to be very knowledgeable on the subject and gatekeepers being influential people holding leadership positions in the community be it political or traditional.

Chapter 3 Methodology

3.0 Introduction

Africa Women Filmmakers Trust is to our knowledge the only organisation in Zimbabwe using participatory video in production and participatory video screening workshops as a development intervention tool to address socio-economic challenges, and as an educational and informative tool. The organisation is passionate about social justice and acknowledges that participatory video provides an opportunity for participants to hear and listen to each other and is aware that these participants understand their local situation better than anyone else hence hold the keys to appropriate and innovative collective solutions to their problems and challenges.

This project was therefore AWFT's pioneer work on how the same tool could be used in the health sector in discussing sexual and reproductive health issues and in particular in identifying the causes of the continued unmet need for family planning in Zimbabwe focusing on Bikita District.

Participatory Video as a technique should be seen as a process and not an event. It is a technique that seeks to engage the beneficiaries, making them protagonists of their own development. The process empowers them, making them take ownership of the process and outcomes.. The focus was on social, cultural, religious, service providers and other factors that the communities believed impacted the uptake of family planning with the aim of changing attitudes (by making them protagonists of their own development) towards family planning and informing policy on programmatic areas that needed redress. Its ability to give a voice to the voiceless and its ability to stimulate dialogue made communities realize the power they have as a collective to transform their world. The process enabled them to reflect as a community as well as individually.

The participatory method provided the participants with a platform for dialogue, and made them realize the many things they had in common and the possibility for them to look at themselves and what they could do as a collective and as individuals to impact their world/s and coming up with local solutions to their local specific challenges, committing themselves as individuals and as a collective thus creating opportunities of this initiative sustaining itself. The process adopted was creating and raising awareness on the importance of adopting a process of continuously assessing and reflecting as individuals and as a collective.

3.1 Project-design/strategy:

Participatory video is a process that Africa Women Filmmakers Trust adopted in investigating and analysing the causes of unmet needs for family planning in Bikita District.

During the preparatory phase, the AWFT team met with the following authorities and stake holders: Ministry of Health and Child Care, Ministry of Women's Affairs, Gender and community Development, National Family Planning Council, Ministry of Media, Information and Broadcasting.

Consultations

Consultative meetings with the Union for the development of Apostolic and Zionist Churches in Zimbabwe (UDACIZA), Apostolic Women Empowerment Trust (AWERT), Family Planning Council and Population Service International helped in giving a better understanding of the problem.

After the necessary approvals were obtained, the AWFT team visited the district, starting with Nyika Growth Point where we met some village healthcare workers and health care activits from Bikita District.

While interacting with the communities, the starting point was to make sure that participants understood the purpose of the visits and the building of trust, hence AWFT had contact with some of the participants Chikuku, Chirorwe, Nebeta, Nyika and Bishop Mkamba's community for several days so as to build trust and confidence. It was clear to the participants that not all deliberations would be recorded. It was up to the participants to decide when and what they wanted recorded after consensus among themselves. So when we talk about participatory video in production, it should be seen as a process and while we were going to end up with at least 2 video films, the process was more important as it determined the outcome of the study In this case, AWFT has built trust and confidence among participants paving way for greater collaboration in awareness programs that may need to be implemented in the District.

The participatory approach requires that the process is responsive and flexible. During the process participants proposed that the video screenings would be conducted at the after the completion of the program. AWFT therefore focused on the Participatory Video Production technique. This was meant to encourage participation and to help see the linkages and processes without putting words into people's mouths. Initially sites visits were done with MoH representatives present. Participants were not comfortable on realising that members of the Ministry of Health were present during the initial outreach hence they were not comfortable to openly talk about service delivery. Thereafter the AWFT team conducted further outreach without MoH representatives, and used this to build trust with the communities, which enabled them to develop a sound working relationship with the apostolic and Zionist communities. It was highlighted that the Ministry of Health and Child Care was keen to hear their voices and in particular what could be done to improve health delivery at the local level.

The participatory approach provided an opportunity for the communities to vent their dissatisfaction with service delivery not meeting their expectations of quality health care. The fact that they could express themselves without anyone taking a defensive position was in itself an empowering process as the participants felt that their voices were being taken seriously, as opposed to situations they were accustomed to whereby officials come to tell them or dictate to them. They felt empowered by being able to speak and being heard without being interrupted.

3.2 Target Area

Bikita District is situated in Masvingo Province with a population of 177,000. There are 25 Rural Health Centers, 2 mission hospitals and 2 rural hospitals in the district. The field research was concentrated in Chikuku, Chirowe, Nyika, Nebeto and Bishop Kamba's headquarters. These areas where chosen because they represent the mixed groups of people in the district. The district is composed of Catholics with a mission near Nyika Growth Point, Nebeto and Bishop Makamba communities who are members of the African initiated Churches, Chikuku and Chirorwe with a mixed population.

3.3 Target Population

About 1 500 participants took part in the community meetings during which AWFT hold their participatory discussions, taking the apostolic and zionist's into consideration . The apostolic/zionists were drawn from all the provinces of the country and some came from as

far as South Africa, Tanzania, Zambia, Botswana and Lesotho. They are members of the Union for the development of apostolic and Zionist Churches in Zimbabwe (UDACIZA). An estimated total of 70 men and 350 men and women respectively from non apostolic/Zionist participated in the research (12%) and these were from chikuku, chirowe and Nyika area. An estimated 350 men, 650 women 75 boys and 100 girls from the Zionist sect participated, representing 78% of the study population.

3.4 Characteristics of the Target Participants

We identified four main interest groups, that is; the women, men, religious apostolic/zionist sects as a community, mixed groups of participants and individuals.

We felt that there were issues that women or men on their own, could easily raise which they would not be free to dialogue about in the presence of the other sex. It therefore was important to initially meet with women and men seperately.

The team also had the privilege of listening to personal testimonies in private spaces.

The population of Bikita is composed of traditional African initiated apostolic and zionist sects, Christians and traditionalists. Many zionist sects have their headquarters in this district. While we believed that it is only those who belong to the Johanne Marange sect who are opposed to modern medicine and methods of family planning, it became evident during this research that Zionists are also opposed to the modern family planning methods and did not allow their followers to actively seek modern health care.

Apostolic sect communities are generally perceived as a closed community so we hoped we would have an opportunity of being invited closer so that they would be able to contribute to this study. This was not easy but we managed to make a breakthrough and had very informative discussions with the bishops of some of the sects with their headquarters in Bikita as well as with their membership.

While health experts were identified as an interest group and video interviewed there was a realisation that no new information or new body of knowledge or insights were emerging so that approach was abandoned. In this study the focus was then on the communities to share their reasons for the unmet needs for family planning in the district.

3.6 Conclusion

The use of the participatory video production process as a tool to gather data was very effective as it generated a sense of empowerment among the participants who became aware that there voices and concerns would be heard beyond their boundaries and help to influence policy and decision making to better their health. Participants began to value themselves and to appreciate that indeed they mattered. The methodology adopted is in sync with Paulo Freire's philosophy that individuals are better placed at defining their situation and identifying what needs to be done to change their condition. The process enabled participants to acknowledge that they also needed to learn and that through learning they could make and remake themselves as Paulo Freire stated that "women and men are able to take responsibility for themselves as beings capable of knowing-of knowing that they know and knowing that they don't". The method adopted by Africa Women Filmmakers Trust should be seen as a process and this process of engagement is a starting point towards social change. One could equate it as a process of reflection and awakening to ones reality with conviction to do something to redress the situation.

Participants expressed that they wanted to know and it was also interesting that even the leadership of the African initiated churches apostolic and Zionists expressed that even though they believed in spiritual healing and interventions, they wanted their followers to learn more about modern family planning methods to enable them to make informed choices although they advocated for natural and traditional methods. They emphasised that, lack of knowledge was dangerous hence their desire to learn, which we considered as the major breakthrough of this study among the apostolic and Zionists which was made possible because of the methodology that was used.

During a discussion with some Zionists leaders and having agreed that family planning and health issues could be discussed as they ministered to their congregants the over 800 participants said they were ready to hear more about these modern methods of family planning. When we explained that this was just a fact finding mission we did not have the capacity to teach them at that moment about the modern methods of family planning, some participants noting the hunger for knowledge suggested they use the platform to teach each other about the natural and traditional methods of family planning. What was evident at this stage was that church gatherings were emerging as platforms that could be used to educate and create awareness on specific developmental issues. They could be used as learning platforms. We held a very educative session focusing on the natural method of family planning. Our resource person from the congregation boosted that he had mastered the art of natural method to an extent that his children shared the same birthday. This was a clear sign that the participants had taken over ownership of the process and they encouraged us to come back soon so that we could complement each other.

Chapter 4: Presentation and Analysis of the results

4.0 Introduction

This study was mainly qualitative in nature as a result content analysis was done. However, some quantitative data was collected which focused on the number of participants who were aggregated by gender. However, the quality and nature of the quantitative data did not warrant the use of any form of computer software to analyse it.

4.1 Presentation of research findings

The first part focuses on the definition of the four types of family planning models observed to be operational in the district, followed by a table showing general knowledge of different methods of family planning. Section 4.6 discusses the causes of unmet need for family planning that were identified, and lastly 4.7 presents the conclusion.

4.2 Models of Family Planning

Africa Women Filmmakers Trust noted that there are both formal and informal models of family planning methods being practised in the district, these were:

The Community Based Distribution Model (formal)

The HAFP-husband against family planning (informal)

The Buddie Model-Help a friend model (informal)

Self Initiated Model(formal)

4.2.1. The Community Based Distribution Model

The Community Based Distribution Model was initiated and is managed by the Zimbabwe National Family Planning Council. Community Based Distributors (CBD) are identified and trained and are given supplies of contraceptive pills and condoms for distribution in their communities. With this family planning becomes more accessible to communities as they do not have to travel long distances for supplies since the Community Based Distributor lives in the community. In 2001 the Zimbabwe Community Based Distribution Program for family planning was expanded with the assistance of Advance Africa and funded by USAID whereby CBD agents were capacitated to effectively deliver comprehensive reproductive health services, including HIV/AIDS prevention and referral (Inga Adams & Hatai Kraushaar., 2005:8

Currently the CBD programme is not fully functional in the district because there is a critical shortage of pills. They are distributing only condoms which make them unpopular with men in the community since men in general believe that condoms are for use when one has extra-marital relationships. The CBD's currently refer clients to the clinics or rural hospitals for pills. However, since they are also older, hence less active and some having passed on the model is currently not very effective.

4.2.2 The HAFP Model

HAFP stands for "husband against family planning". This is an informal distributino model used when a person (women in all cases) seeks family planning services that are not approved by their partner. Therefor the local name HAFP is used for this. As a result, the women collect their supplies at the clinic and their card is kept at the health facility. This means that when she takes her contraceptives, she has to conceal it from her partner. When these clients come to the health facility they pretend to be seeking other health services or they also come

discretely and in some instances after the clinic has officially closed. As a service to the community, the health workers attend to their need for family planning. At some of the Rural Health Centres this practice is common since there are many members of the Roman Catholic and African initiated churches who are not permitted by the doctrine of their churches to actively seek modern family planning methods. The health care workers are very supportive and discretely provide them with contraceptives and in some instances; this is done after normal working hours.

4.2.3 The Buddie Model

When family planning pills are in good supply health care workers can to give a larger supply to their clients. Some might request more to share these with some of their friends who are not able to go to the clinic to get supplies because of various reasons.. The health care workers are aware that clients take tablets for their friends and that this model compliments the Husbands Against Family Planning Model. The difference between the two approaches is that with the husbands against family planning model the woman actively seeks the services while with the Buddie Model the services are brought to them by a friend.

4.2.4 Self Initiated Model

The Self Initiated family planning model is the official method whereby a woman or man actively seeks family planning as their human right.

4.3 Knowledge of Family Planning Method

Preliminary group discussions were held to establish what the participants knew about family planning. Below is a table that summarises the general knowledge and use of these methods in the district. Knowledge of these methods was established by collective responds to the question and no head count was done.

Table 4.1 Knowledge of Family Planning Method

Family Planning Method	Knowledge	Comment
Abstinence	All	Although all participants were aware of abstinence as a birth control measure, only the older generation claimed to have used it with some claiming to have abstained from sexual intercourse for between 6months to a year in-order to prevent pregnancy
Birth Control Pill / contraceptives	All	The pill is the most popular method used and supplied for free when available. However, its effectiveness is compromised by human error. Gender based violence is a struggle that prevents some of the women from accessing the contraceptive they may wish to have
Bilateral Tubal Ligation	-	No information gathered
Condom	All	Condoms are generally referred to as useful for dual protection. Many in the community, particularly men, associate it only with HIV/AIDS prevention, hence resist there use as a family planning method.
Birth Control Implant/Jadel	Some	There is limited use and knowledge of this method. It is offered mostly during mobile FP clinic outreach
Birth Control Shot-Depo-Provera	Many	Many women know about Depo-Provera
Birth Control Sponge	None	No information available locally
Birth Control Vaginal Ring	None	No information available locally
Breastfeeding as birth control	Some	Some older couples and members of the apostolic/Zionist sects said that they had used it as a birth control method. However, the younger women question its reliability hence use it to compliment the traditional or natural method of family planning
Cervical Cup	None	There is no information on this method
Diaphragm	Some	A few of the participants are aware of this method of family planning
Female Condom	Some	Some of the participants were aware of the female condom
Intrauterine device	Few	It is a long term method but not offered at the clinics in Bikita District
Morning after pill / emergency contraceptive	None	Participants have no knowledge of the morning after pill but have their local version of the morning after pill which is bicarbonate soda. They mix a teaspoon to a tablespoon full of bicarbonate soda with water and drink. These women claimed that the method was very effective in preventing pregnancy hence used as a substitute to the morning after pill. Although there is no study to our knowledge that has been conducted to ascertain the efficacy of this method participants generally claimed that when they have used it they did not get pregnant but when they forgot to take the bicarbonate soda, they easily got pregnant again hence claimed that it works.
Natural Family Planning / Calender method	Few	Although Chikuku area is near Silveria Mission hence having a significant number of Catholics in the area it was surprising that very few where aware of the natural method of family planning which is the one approved by the Roman Catholic Church and involves periodic abstinence by engaging in sexual intercourse only during the infertile days of a woman's cycle
Vasecotomy	Some	Some of the men are aware of this method but they are reluctant to use it because they believe that it will make them sexually inactive.
Withdrawal	Many	Although many of the participants were aware of the withdrawal as a method of family planning, the younger couples said they had no knowledge of how it works while others said they would not opt for it as it was difficult to withdraw at the peak of sexual pleasure

Comment

Some men from the apostolic and Zionist sects claimed that polygamy was a family planning method as they would leave a woman to breastfeed for a long period while getting sexual satisfaction from the other wives. This enabled the woman to space her children while the man continued fathering children with other wives and in some instances marrying younger ones.

4.4 Causes of unmet need of Family Planning

Below the report lists the different causes of unmet FP needs as they were abstracted from the various discussions.

- **Desire for larger families**

Not all participants recognized the relevance of having fewer children, and therefore might not see the need of and / or support the use of family planning. Some of the men stated that prohibition of child marriage leaves those wanting their wives to have many children with limited period to do so. As a result, they do not practice family planning.

- **Myths**

Some leaders of apostolic and Zionists inform their followers that, medicines, including family planning pills, are made using parts of human brains taken from decomposing corpses. These followers, as a result, do not use pills or any other contraceptive that is inserted or taken orally.

When women forget to take their pills or do not know how to follow the instructions on the pack, some believe that such mistakes are resulting in women giving birth to children with physical disabilities, hence discouraging other women from taking the pill as a family planning method.

- **Limited involvement of men**

The limited involvement of men in family planning issues acts as an obstacle to family planning, as it complicates couples to discuss and decide on FP issues together. In some instances, couples are suspicious of each other when one takes a unilateral decision to take a contraceptive.

A section of some of the Zionists in Bikita who participated in the video participatory activity (Photo by Dr. Chido Matewa:2016)

Most Family Planning programs are integrated in Maternal Health and Antenatal programs, and therefore, primarily focus is on the mother and child. The fact that men are less involved has presented an impression that men are not interested in sexual and reproductive health issues, which might not necessarily be the case.

Men stressed that programs focusing on maternal health and family planning target women generally, leaving them with no or very little knowledge of the conventional methods of family planning. This lack of information and education regards the conventional methods of family planning means that couples cannot discuss or plan together as a family unit as the men are not in a position to make informed decisions or choices. It became evident that women opted for family planning without consulting their husbands as they did not have the skills to negotiate with them and men were suspicious of family planning because of lack of knowledge. It emerged that the practice of family planning was a major cause of gender based violence since the husbands on discovering that their spouse had been using

contraceptive they equated that as a sign of unfaithfulness and promiscuity. It was evident that ignorance regards family planning and not being consulted was a source of conflict in the home and hence contributed significantly *to* domestic violence and abuse.. The way some health programmes are named might further discriminates men, as their name is not gender neutral and suggests the emphasis on mother and child. For example, SolidarMed-Zimbabwe runs a programme in Bikita District called MAMA, which is meant to improve maternal and neo-natal health in Bikita District and targets women and the new born. Within this program, they do include community sensitization activities targeting the key population, including leaders and men, to promote male involvement.

However, although there is currently an emphasis on male involvement – especially in PMTCT- nationally as well as internationally, the current attempt seems to have limited results. There is need to involve men in the design of the programs and to use traditional structures they are more familiar with e.g. meetings at the kraal head as venues to discuss sexual and reproductive health issues. Men were requesting for men-only meetings to be lead by female facilitator, to enable them to ask certain questions that they would not be free to ask to a male facilitator (certain questions might challenge their perceived 'male-hood'). During follow up meetings, they would like to attend mixed gender meetings during which they are free to discuss together, while they have sufficient base line knowledge that enables them to participate.

- **Gender Based Domestic Violence**

Power imbalances among couples was evident and women were generally not in a position to initiate the topic of family planning for discussion. This resulted in some women making unilateral decisions regarding the use of contraceptives, and preventing others from actively seeking contraceptives they wished for. When a husband discovers his wife uses contraceptives without his approval, this could result in gender-based-violence. In addition, these women could find themselves not only at risk of having unwanted pregnancies but, because of lack of negotiation skill, they were not able to discuss condom use with their spouse, which increased their vulnerability to STIs as well.

Some of the women confessed to hiding their family planning pills in the bush fearing that their husbands whom they had not consulted would be abusive on discovering that they were using a contraceptive. These women said that during the rainy season one could go to the hiding place to discover that the pills had been washed away. Women were also suspicious that their husbands would boil the pills when they found them and then rendering them ineffective thus resulting in one getting pregnant inspite of religiously taking the pill. Both the men and women admitted the misconceptions about the use of contraceptives was one of the many causes of domestic violence and abuse.

Incidences of violence were confirmed by the health care workers who said that in some instances a furious man would accompany his wife to the health institution demanding that they remove an implant they had inserted his wife without consulting him as the husband.

- **Perceived lack of Privacy**

Comment of male participant: *"When you arrive at a health facility, you see men, women, boys and girls seated on benches and sometimes at the other end of the queue is a health worker talking to one of the clients while those sitting next to them can listen to the conversation."* There is a misconception that the initial consultation process at some health

centres take place in public. Men expressed that they are even not comfortable being in the same line with the youth and women. They felt that the set up infringed on their rights to privacy and they did not want to discuss intimate issues like family planning or their health within ear shot of other clients at any consultation stage. What was evident is that these men had been last to the clinic a long time ago and while all clients would join the same line, consultations were now being done in privacy.

Chikuku Rural Health Hospital, Bikita Distct (Photo by Dr. Chido Matewa)

- **Quality of service**

The quality of service offered in some instances is perceived to be substandard.

- **Negative staff attitude**

A the negative attitude of some of the health care workers discourages people from seeking healthcare services.

- **Insufficient screening & counselling**

Rural hospitals and clinics are generally under-staffed. Participants felt that they are not getting the pre-counselling they need at the health facility because of constraint on time on the staff members. When a contraceptive method was failing them, for instance, they felt that there was no adequate time for discussion with the health workers who were overwhelmed with work and other life threatening emergencies to attend to. As a result, family planning was not having adequate attention and many of their inquiries went unanswered. This had a great impact on the efficiency of family planning.

Lack of adequate time during consultation was confirmed by the women who felt that in instances that a method was not working for them, it was very difficult to explain what services they were seeking. These women felt that in some instances one would stop taking the contraceptive and abandon family planning altogether because it was difficult for them to explain the side effects while other clients listened at the initial consultation stage. During the consultation stage there was generally no adequate time to address all the pressing issues as the staff had more urgent and life threatening situations to attend to.

In addition, community participants from certain sites mentioned that screening for other conditions like hypertension and heart disease was not done. Some participants were aware that women suffering from high blood pressure are not ideal candidates for specific family planning methods yet in the rural areas they just give them without asking their medical history. [3]Another concern among women was that those on antiretroviral drugs and using the pill as a contraceptive method were reporting very high incidences of unwanted pregnancy. It

[3] If someone suffers from heart disease or migraines it's not recommended for them to be given contraceptives with oestrogen hence pills with progestin only is the most ideal although it should be noted that a combination pill provides more pregnancy protection.

was also noted that those on antibiotic or tuberculosis treatment (rifampicin) these medications interact with the pill. This prompted us to conduct a desk research to better understand the phenomena. Literature revealed that the efficacy of certain contraceptives among women on antiretroviral therapy for example the pill decreases. However, choice of alternative methods of family planning was limited to the pill and condom hence the importance of increasing family planning methods.

- **Irregular Supply availability / Stock outs**

There seems to be a critical shortage of family planning pills in the district with Chirorwe clinic going for more than six months with no supplies. One of the district health officers of Bikita confirmed that this was a problem in the whole district. Since the men refuse to use condoms as a method of family planning and are generally not conversant with the natural and traditional methods, it was apparent that there is going to be a baby boom in the district thus further straining the health system services.

- **Limited variety in available methods**

There is limited variability in family planning methods. Condoms and pills are the common forms of family planning being offered at these health institutions. PSI supports mobile clinics, visiting selected RHCs at regular 3-monthly intervals whereby they offer alternative FP methods. This is meant to increase the availability of different family planning methods, including implants. It was perceived by the community that these mobile clinics do not take place frequently enough, hence individuals not able to access these alternative methods. Participants noted that in some instances, when they are offered alternative family planning services during mobile clinic which are not available at the clinics itself, follow up care could not be provided by their RHC. If they develop side effects or when they want the contraceptive to be removed so that they can have a child, they are told at the clinic to go and consult with the people who administered the method to them. Both community participants and HCW suggested that there is need for effective collaboration between institutions providing outreach programs and health facilities in the district. Need for the staff at the local health facilities to be trained to manage the side effects was identified as well.
(comment: PSI mentions the availability of hotline that can be accessed 24/7 in case questions. This was either not known or people were not able to access).

- **Limited family planning options for Men**

The methods that men can use for family planning are limited. The condom is the most widely used and has a dual purpose of birth control and prevention of HIV/AIDS (and other sexually transmitted disease) transmission. Vasectomy is the surgical procedure for male sterilization or permanent birth control. The participants, particularly the elderly ones, felt that while they could consider that later in life, the problem was that they feared that they would seize to be men. They said that once they castrate their steers they not only lost the ability to breed but also lost their sexual drive. So lack of information regards the differences between castration and vasectomy prevents men from making informed decisions leaving the burden of family planning on woman as there are limited options available for men.

- **Beliefs about Condom Use**

Men, have different reasons which discourage them from using the condom as a family planning method. Some say that the substance found in condoms cause HIV/AIDS. Some also say sex while wearing a condom is not fulfilling and others believe that they promote promiscuity. When other family planning options are not available, the use of a condom as a family planning method is therefore resisted by some of the men.

When women are offered condoms as an alternative method since currently there is a severe shortage of family planning pills in Bikita District, this issuance of condoms has triggering a sudden increase in domestic violence according to the women who participated. Men generally suspect their wives of infidelity when they bring home condoms. Further discussions revealed that the majority of the men do not perceive condoms as a method of family planning but as a method to prevent sexually transmitted diseases hence its general use by men in extramarital relationships. It was openly admitted that the same men accepted the use of condoms in their extra marital relationships. For men to accept the condom as a family planning method besides a preventative measure against sexually transmitted diseases there is need for change of attitude towards the condom and it's connotation with extra-marital relationships.

- **Religion against 'modern' family planning methods**

Some of the zionists and apostolic faith sects advocate for natural and traditional family planning methods and do not allow their followers to seek modern medical services, including family planning. They encourage the use of the natural or traditional methods. The most common traditional method encouraged is the withdrawal method.

- **Access to FP services-Long travel distances to clinic**

Some participants said that they have to travel 15-25 km's to reach their Rural Health Clinic for family planning services. Family planning is not a priority as there are other pressing survival issues as a result they opt out of family planning because of the travelling cost or distance they have to walk to receive services. People living around Silveira Mission hospital have no access to modern family planning since it is a Roman Catholic institution as a result some people have to walk more than 25kms to the nearest clinic that offer such services and this discourages clients seeking family planning services.

- **Community based distributors program less efficient**

There are 10 Community Distributors in the catchment area of Chikuku Rural Hospital. Due to the severe shortages of family planning pills, these community distributors are distributing only condoms which makes them unpopular with men as they are perceived as encouraging promiscuity among women.

Women chatting after meeting in Bikita District **(Photo by Dr. Chido Matewa)**

- **Knowledge about Traditional methods not sufficiently transferred**

Older women highlighted that younger women are not interested to learn about the natural or traditional methods of family planning previously used by the older generation e.g. withdrawal which they could use as a backup alternative to the conventional methods of family planning. The younger women however pointed out that they would be willing to

embrace the traditional methods of family planning but the problem was that their mother-in-laws where shy to educate them about the traditional method.
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Chapter 5: Conclusion and Recommendations

5.0 Introduction

When AWFT embarked on this assignment, it was meant to be a participatory video production and screening workshop research process. Due to the sensitivity of the topic, participants decided that it was not appropriate to immediately show the video to other participants, as it could negatively impact the process. At Chirorwe, Chikuku, Nebeto and Bishop Kamba's headquarters participants from faith and non-faith based communities reached a point they requested that we educate them immediately regards the other methods of family planning. To the great disappointment of the participants, AWFT explained that they had noted the need and such a programme would follow. Sensing that participants from the Zionist congregation were thirsty for knowledge there were individuals in the congregation who volunteered to educate the participants present on the method of natural family planning.

AWFT noted that such an awareness campaign could adopt a participatory approach hence encourage the sharing of knowledge. It was evident there is an unmet need for family planning and this analysis had proved that it was possible to work with the leadership and membership of the African initiated churches in a participatory way addressing this problem.
Of major concern to the women was the limited participation of men in family planning and maternal health issues. This, according to women participants, contributed to the continued unmet need for family planning. Women saw most of the men as obstacles to them exercising their right of choice and bodily autonomy as enshrined in the Constitution of Zimbabwe.

5.1 Conclusion

The major causes of the unmet need for family planning in Bikita District are

- lack of constant supplies of the pill which is the most commonly used modern method of family planning in the rural area,
- limited male involvement in family planning issues as well as maternal and neo natal health issues,
- perceived lack of privacy at consultation which discourages men's participation,
- failure to engage the apostolic and zionist communities who have a huge following in the district with over 60 sects in Bikita District, in a constructive way so that they appreciate the importance of family planning.

Increasing the availability of different FP methods at rural health facilities, capacitating the staff with skills to handle clients and providing information, knowledge of different family planning methods and the importance of family planning in relation to maternal and neo natal health would go a long way in addressing the causes of the unmet need for family planning in the district.
Family Planning is one of the ways that can help in achieving some of the Sustainable Economic Goals in particular goal three which focuses on health, reducing the maternal mortality ratio. There are other social implications related to failure to practice family planning, for example, poverty, when parents find themselves not in a position to take care of their big families. In such situations, girls, in some communities, have been known to be given away in marriage as a way to alleviate poverty. Some of these child marriages or unions can be classified as forms of modern day slavery.

> **SolidarMed (Zimbabwe) said, "The fact that the availability of family planning services can save lives has long been accepted. Where women and men have access to these services, children and families are healthier and society at large benefits. AWFT has shown that ongoing**

dialogue with communities is an essential component in defining the characteristics of culturally appropriate, accessible family planning services that address the needs of (young) women, men and newborns, and incorporates their cultural preferences. The perspectives of communities on the quality of family planning services influences their decision to use this care. Family planning programs benefit when including the community and user perspectives as a key element, and therefore, participation of community members in the discussions on how to improve family planning services are recommended."

5.2 Recommendations from the participants

Based on contributions from the participants, the following are recommendations that could be initiated to address the causes of unmet need for family planning.

- More community awareness is needed on the relevance of family planning and its relationship to maternal health and neo-natal health. A better **understanding of the problems** that arise from **failing to practice family planning** is important. There are questions that kept coming from the participants. What are the problems that are being caused by not practicing family planning? Why is family planning important? There is therefore need for more information regarding the possible consequences of not practicing family planning. Participants felt that poverty is the major reason they are familiar with which can be exacerbated by not practising family planning.

- There is need for **educational and awareness programs focusing on the natural family planning methods** that are accepted in the culture, to complement modern methods as these can be used on their own or as alternative when pills are in short supply or not available at health facilities[4]. These methods are currently being used among sects which do not encourage modern methods of family planning but with very high failure rate. The natural method of family planning of interest focuses on how to determine when a woman is in her fertile period, as well as the withdrawal method which the younger women and men revealed did not know how to effectively adopt it. Participants using the natural methods said that the high failure rate is attributed to lack of knowledge on how they work. The community proposes that older women and men can be involved in sharing their knowledge to young women and men. Church meetings as well as traditional meetings were mentioned as platforms during which this can be shared.

- Participants realised that they could **use church gatherings to talk about family planning and other developmental issues of concern** to them. They also realised that targeting such gatherings meant that the information reached a wider audience beyond Bikita District. At one such gathering, participants were drawn from all the provinces with some coming as far as South Africa, Botswana, Tanzania and Zambia.

- **Engagement.** There is need to **engage Apostolic and Zionists in a constructive way** on this subject in-order to address the unmet need for family planning among their followers and to improve maternal and neo-natal health. The apostolic and Zionists are both members of the African initiated churches. They are registered in Zimbabwe under two organisations namely the Union for the development of Apostolic in Harare and Zionist Churches in Zimbabwe based in Mutare. In order to engage the Zionist and / or apostolic church in the districts, it is therefore important to be first introduced to these umbrella organisations. Introduction to the district membership (total of 70 bishops in the district) needs to be done by the umbrella organization. Awareness among (a selection of) the heads of these sects is to be given whereafter information

[4] http://www.fpa.org.uk/contraception-help/natural-family-planning

can then cascade down to the followers. Mobilization of the followers can be done by the district heads.

- The participants said that it was important for religion, spirituality and/or faith to be acknowledged as important contributors to health outcomes. They therefore recommended **the adoption of a holistic approach to health care that respects individual's belief system.**

- **Educational and informative awareness programs targeting men only** and some the generality of the community should be conducted as proposed by male participants in this survey. This approach would enable men to discuss issues related to family planning they would find difficult to do in a mixed group. They also pointed out that they would prefer to have women facilitate those sessions as a male facilitator could discourage them to open up. This would capacitate men and the generality of the community with information that would enable them to make informed choices about not only family planning but also covering maternal health, HIV/AIDS and adherence to ART and medicines in general. These educational and informative awareness programs could also tackle the issue of domestic violence since violence and reproductive health are important components of women's human rights. Services that address violence should therefore be integrated into reproductive health services. Health care workers should be capacitated to be able to identify gender based domestic violence among their clients and refer them to the social worker attached to district and / or their local leadership.

- **Community Distributor Scheme.** The community wishes the community distributor scheme to be re-established and optimized. This community distributor scheme can also be integrated with other health services.

- Men proposed to have a specific section of the clinic where they could attend their services in privacy, and could also come together with their wives for couple counselling. They might also be more willing to come for HIV testing and other health services in such setting. If space does not allow for a **dedicated men section** of the RHC, then **specific men's clinic hours** could be considered.

General AWFT Recommendations

- **Information Communication Technologies** in partnership with mobile companies and other institutions could be used in a variety of ways to inform, educate and create awareness on family planning and improved reproductive health targeting the generality of the community and health workers .e.g. production of mobile optimized films to train health workers on family planning and improved reproductive health issues. Mobile optimized films could be produced for wider distribution through mobile-internet based platforms e.g. what's-up, you tube, tweeter, facebook or for use in a participatory way during community outreach to educate, inform and create awareness.

- **Health workers at the rural health facilities require** training on how to administer other long-term methods of family planning e.g. Intra Uterine Device ("the loop") and to manage complications to compliment the mobile clinic outreach programs.

There is need for additional training so that they are familiar with all the different methods of family planning they can offer.

- Guardians of people with intellectual disabilities could be engaged by the heath workers so that the most appropriate method is recommended for them.

- **Research.** There is need for more research in-order to **increase the variety in family planning methods for men**. Currently, the burden of family planning rests on the woman because there are very few choices available to men to manage their fertility which is limited to the use of condoms, vasectomy and withdrawal method. Research into hormonal birth control for men which is getting closer to reality with studies showing that contraceptive injectable's for men can effectively prevent pregnancy need to be accelerated.

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Annex

Questions. Factors that lead to unmet need:

- Do women and men have different access to the knowledge and household resources that would enable them to use FP effectively?
- Do women and men have different levels of decision-making autonomy and freedom of movement that would enable them to use FP effectively?
- Do women and men have the communication skills to discuss their fertility and FP preferences with their partners?
- Is FP use a factor in gender-based violence, actual or feared?

2. Unmet need of women and men:

- To what extent are fertility preferences shared between women and men?
- Are cultural norms regarding extramarital sexual relations different for women and men, and the expectations of bearing children with different sexual partners?
- In societies with polygamous unions, how do women and men view childbearing?
- Is son preference a dominant issue in different fertility preferences between women and men?

3. Service-delivery issues:

- Are providers trained to recognize gender-based obstacles to effective use of FP (e.g., women clients may find it difficult to ask questions)?
- Are providers trained to screen for domestic violence?
- Do providers' own gender-based cultural norms and biases contribute to unmet need, (e.g., unmarried women or widows should not be having sex but it is okay for young men and widowers)?
- Does the service-delivery system include strategies to mitigate gender-based financial or access constraints? Are services available at times and places convenient to female and male clients?

(Source: https://www.measureevaluation.org/prh/rh_indicators/specific/fp/unmet-need-for-family-planning)

Case 1: Focus Group Discussion

Conversations with representatives of some of the apostolic and Zionist in Bikita comprising, 2 bishops of Zionists based in Bikita and some members of their congregations revealed that there was some tension between them and government and that they felt that they were not being engaged in a constructive and mutual beneficial way.

How can someone just come to you one day and tell you to stop it. You are told to stop something that you have been practising for more than 100 years. That is not possible. You cannot just wake up and tell your community or followers that we have now a different belief system. Our beliefs define who we are.

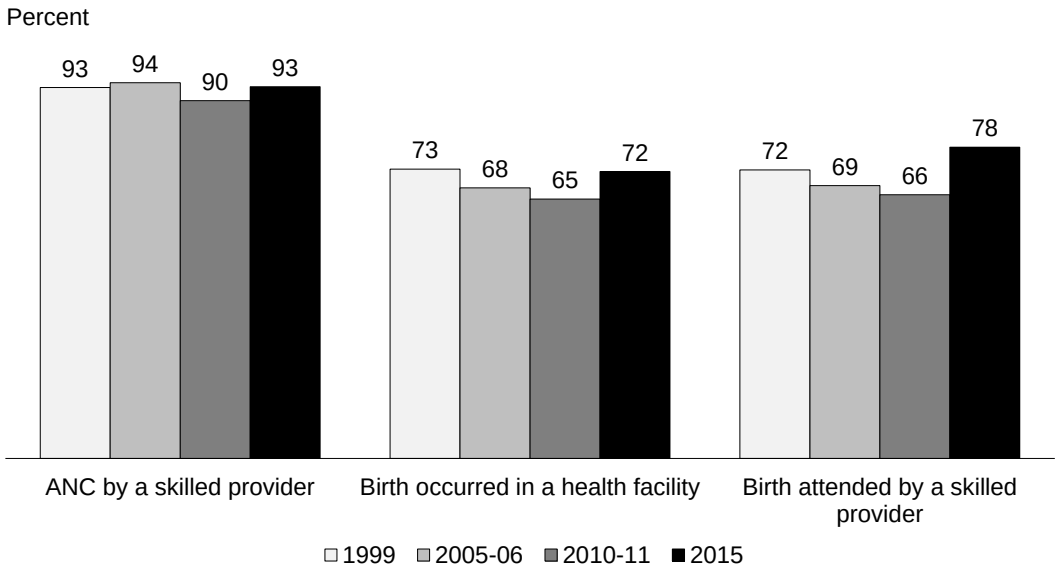
When we go to attend some functions be it at local or national level, we, as apostolic or Zionists we get the finger. We are looked down upon and in many cases they see us as backward yet among us are doctors, lawyers and lots of graduates. l mean, University graduates. When there is talk about child marriages it is as if it's the Zionists and apostolic faith sects who practice it only. We don't marry off our children for monetary gains but we marry them off in-order to preserve our culture or traditions, our religion. We do not ask for bride price we are happy that our daughters have married among people who have the same beliefs as ours. We are not marrying them off because of poverty but to preserve our traditions and our religion. It is for the survival of our religion because we do not want our daughters to be married by someone who does not have the same beliefs and way of life like ours. We believe that our religion is under attack, it is like we are at war with the government. It should not be like that.

The other day, they said that they were going to immunise children and because they had ridiculed and singled us out in public, we went and came up with a plan to prove that we were a force to reckon with. We told our children that if someone comes to school and says you are going to be immunised, you must run for your life because they will be trying to inject you with substances from dead people. When the health team arrived at these schools, our children jumped from the windows and ran away for dear life. They ran to the mountains and people in the villages also deserted their homes and no one was to be found. This health program might actually be good for our people but if they ridicule us and humiliate us we are naturally hurt. They need to talk to us. There is need for constructive dialogue like what you are doing. It is the right approach. You are asking us, "how do you perceive this issue and is it a problem and if so, how do you think it needs to be tackled".

You are interested in family planning. In our community, we do have children and mothers who die during giving birth. It is a problem and we do acknowledge that. But you see, it is now illegal to do home deliveries. If you do that according to the Ministry of Health and Child Care, it is a crime. This is a problem, because we have our own way of life whereby we have midwives who have been practising for more than 100 years, but, today, we are told it is not possible we have to go to the clinic or hospital yet we believe in exorcist healing. So going to the clinic or health facility is against our religion. However, if there is a need for that transition which is good for our people we need to have dialogue. We need to respect each other's value system. We need to respect each other and know that there are situations that modern medicine may fail and one requires divine healing and it works or when divine healing fails and one has to be referred to health institutions or situations whereby one needs both. So, we have to respect each other and accept that there is a need to refer clients from either way.

Maybe, we need to pause for a moment and not only focus on apostolic or Zionists here. Let's look at our health system and the situation in the rural areas. Some clinics are more than 25 kilo-meters away and the roads are bad. Because of poverty, it is not possible for these expectant mothers to go and wait at the clinic because they have to provide themselves with food. So, because of distance and poverty it is not possible for expectant mothers to go and wait at the clinic. By the time a woman realises that they are about to deliver, it is already too late to reach the clinic so these women, not by choice, end up being delivered at home by these midwives who are now doing it reluctantly because they are afraid of the Ministry of Health and Child Care. These women do it at their own risk because they do not have protective clothing as a result risk being infected with HIV/AIDS. Why is the government not working with these midwives and capacitating them so that the children are delivered in good and hygienic conditions with no risk of infections? The Zimbabwe Demographic Health Survey of 2015 shows that a significant number of births are still being conducted by unskilled providers.

Figure A1: Trends in maternal health care, Zimbabwe 1999-2015



Zimbabwe Demographic Health Survey: 2015:28

Why are they imposing this policy forbidding home deliveries when there are few health facilities and the distances from the communities are long. Capacitating traditional midwives and emphasising the importance of referral, seems to be a better approach. The current system will increase the rate of infections and incidences of HIV/AIDs transmission.

You said your focus is on family planning. You want to hear what we think about it and what can be done. We don't talk about family planning because God said "go and multiple". Our aim is to multiple. It is about the number of souls that you bring in this world who go to God. But, some people practice natural method or traditional method. That is, if one wants. Also you must realise that having many wives is a way of family planning because when one has given birth you leave her to recover and you concentrate on your other wives. So, that's the idea of having many wives. It should be seen as a way of family planning to some extent. But the problem is that not many people understand the traditional method because now it's rare for men to meet as they used to do and learn the techniques. Also, the role of Tete, auntie has been diminished. Traditionally, it was the role of 'Tete', father's sister, to teach the young girls about womanhood including issues around sexuality and reproductive health issues

including family planning. Because of a number of reasons which have resulted in the breakdown of the extended family, traditional platforms of knowledge sharing and acquiring new information have disappeared. It is therefore not surprising that most young couples are not aware of how the traditional methods of family planning work.

Although we are saying we do not advocate for the modern method of family planning however, we suspect that the women know something but they are not telling us. Sometimes you will suddenly see your wife continuously bleeding and we now suspect it would be a side effect of taking family planning pills and they are not telling us. So, maybe you might need to talk alone with these women so that they tell you the truth whether they are using family planning or not and then maybe find a way how they can talk to the men about it. These women might give you ideas regards how to approach the men on the subject of family planning. So we can give you a platform to talk to the women. On the 4th of November, they have their conference, you could attend and they will slot you so that you talk to them about family planning.

You should consider bring all the bishops of the different sects together and engage them like you have done with us. You must remember that we have two organisations that represent the apostolic and Zionists or what we call the African initiated churches that is, UDACESA and ZCC. You should consider inviting the leaders and talk to them about family planning and the consequences of not practicing family planning.

Lack of knowledge can be very dangerous. There is no problem in everyone knowing about the different methods of family planning and then one chooses the method they want according to their beliefs and preferences. Once the bishops are concertized then it cascades down to their followers and opens doors for you to conduct awareness and educational campaigns. Like now, l have no problem with it, you can start educating our members.

Case 2: Family Planning and domestic based violence

We also had an opportunity to visit homesteads at random and engaged them on the subject of family planning. This enabled us to listen to personal stories related to the subject. An old woman in her eighties narrated to us her story:

I was sleeping in my hut when l heard a commotion in the adjacent hut my son and daughter-in-law sleep. I woke up, by then, my daughter-in-law was screaming. I went to their hut. I called them, but no one answered as the screams continued. I opened the door and inquired what was going on. My daughter-in-law had been beaten. I inquired why. My son told me that she had condoms that are used by prostitutes. The condom was on the floor. My son said that you don't use condoms; condoms are used when one has extra marital affairs to prevent the spread of HIV/AIDS. My daughter-in-law tried to explain that at the clinic they do not have pills as a result they had been given condoms to use as a family planning method. The husband could not hear it so the beating had continued. Turning to us, she warned us that if we bring condoms home, we will be beaten because condoms are for use with prostitutes.

The old woman looked at the other younger women who were in our company and started to tell us that these younger women were being beaten because they were not smart enough. They should have learnt how to use the traditional methods for example the withdrawal technique. She went on to explain to us how it works and if done properly is very effective and efficient. We could teach these young women how it works.

As she was speaking we saw a man with a wheelbarrow approach the homestead, so we asked the old woman to pause, she turned and pointing at the man remarked, “he is the one, l mean, the one who was beating his wife because of the condom”.

The man approached us and started to give his version of the story. He told us that, indeed he had beaten his wife because of the condom. He told us that condoms are not for use at home. You use a condom with small houses (extramarital relationships) not at home. If a woman uses condoms they will become prostitutes. He did not accept the use of condoms. He would not have it.

Case 3: Service Delivery Bottlenecks

We had an opportunity to speak to some members of the community who shared their personal stories. This is what they told us:

l have been coming to the clinic for the past six months to get my refill of family planning pills but l was told there is nothing. My husband works in Harare. He sells airtime. He only comes home during Xmas time or during Heroes holiday or when there is a funeral. So those are the only times we can be intimate. The problem is that when he comes, l tell him l did not get pills so we should use condoms. He refuses to use condoms so each time he comes either l am pregnant or he leaves me pregnant. Look, l have these two young children who both want to be taken care of and when l came to attend this meeting, it was a problem because they both want to be carried but l don’t have the energy because l am pregnant again. Some people say if you don’t get pills try using bicarbonate soda you will not get pregnant. l don’t know if it works. However, many women are saying they use it and it works. They say you put a tablespoon in water and you drink. I have not tried it.

A woman speaking about their plight of not having access to family planning (Photo by Dr. Chido Matewa:)

From our general observation, it seems Bikita District is heading towards a baby boom since many women of child bearing age group we came across were pregnant.

Case 4: Bishop Makamba Speaks

We really do not speak about family planning. It is not a topic in our Church. We advocate for the traditional methods. We say to our followers, use the traditional methods. However l think it is important for us to start to talk about family planning and how they also relate to maternal and neo-natal health issues. But, how can this process be initiated in our churches? It is important to start off by engaging the Bishops. If the Bishops understand the importance of family planning for instance, they will go and speak to their followers.

An issue of great concern in our church is that of traditional midwives. Government does not want them to continue practising but it still happens because of many reasons. The clinics are far away. Some people approach these traditional midwives and say, “l want to be delivered

by you and l will not go away". I wish government could reconsider their position. These midwives cannot get protective clothing now and this is putting their lives and that of the mother and child at risk. When something is done underground it becomes a problem and increases the risk to all involved.

Bishop Kamba and the other church elders further elaborated to us there position and thinking.

We advocate for the natural method of family planning. One has to understand the woman's menstrual cycle. You have to note the day the woman starts menstruation and the last day. You should understand that the reason she will menstruate is because the egg did not get fertilised. Then when you know when she finishes menstruation you then calculate the days it takes the egg to mature. So between the time she ends menstruation and the time it takes the egg to mature, it means the days are safe, she won't get pregnant.

We understand the importance of family planning. Family Planning helps us to have healthy babies. It provides time for the mother to recover after giving birth. She is able to breastfeed the child longer. As a church, we have our own ways of family planning. We encourage that our followers use the natural and traditional methods. However, we also acknowledge that there are instances our children are married by those outside our church and as a result they adopt the culture and way of life of those people. Sometimes they have to adopt modern methods of family planning. So, they must know about them. There are also cases that our sons marry wives from outside our church, as a result, these women may continue using their methods of family planning before switching to the ones we recommend. So, it is important that our people know about the different methods of family planning. It is very important to be educated.

In the Bible, God says in Hosea 4 verse 6, "My people are destroyed for lack of knowledge ....." As a result, we are saying it is important for our people to be taught about the modern methods of family planning although our church says we must use the natural and traditional methods of family planning. It is important to make a decision from an informed position. So, we are saying, we are ready to engage with yourselves on the subject, we are ready as a congregation to learn about the modern methods of family planning.

Case 5: Health Officer

We have an open door policy. We encourage our clients to come at any time for services. We have what we call the **HAFP,** which means "husbands against family planning". We provide services to these women at anytime and we keep their cards at the clinic and we try to provide services to them discretely.

In the past it was much easier to assist many people because we used to get huge supplies of family planning pills. However, of late, pills are now in short supply.

Case 6: Community Voices on Family Planning and Maternal Health

Constitution of Zimbabwe guarantees that one has rights and choices. So the choice whether one practises family planning or not is enshrined in our constitution. So it is the right of every individual in this country to chose whether to practise family planning or not and among those who chose family planning, what method to practice.

We really do not speak about family planning. It is not a topic in our Church. We advocate for the traditional methods. We say to our followers, use the traditional methods. However, l think it is important for us to start to talk about these issues and how they also relate to maternal and neo-natal health issues. But, how can this process be initiated in our churches? It is important to start by engaging the Bishops. If the Bishops understand the importance of family planning for instance, they will go and speak to their followers.

For those who are on the pill, the biggest problem is adherence to the medication. Sometimes they skip and then take the medication after two or three days. Some of these women do not understand the importance of taking their medication every day at the same time.

We have clients who develop side-effects when they take these contraceptives e.g. the pill, jadel and depo-provera. The method mix is too limited. If some health workers could be trained on how to insert the loop it could be included as an alternative method.

There is a big problem. Many women on the pill who are also on ART are getting pregnant. The pill seems not to be working. What can be done for this group of people?

Family planning options are limited in the rural areas. The widely available options are the condom and the pill. At the moment, the pills are not regularly available at the rural clinics. This sporadic supply is a big problem. Bikita is going to have a baby boom.

l tried the pill, jadel and depo-provera and they did not work because l developed severe side-effects and heavy bleeding. l went to the clinic any times but l gave up and stopped using family planning. Now, we have many children we cannot look after.

If someone suffers from hypertension, they are not supposed to be administered jadel. However, we are surprised that here in the rural areas, they do not ask you about your medical condition. There is no time for that. As a result, some people who suffer from hypertension are on jadel and that is not good for their health.

My husband does not want the condom because he says l won't feel the woman so he prefers not to use the condom. At the moment condoms are the only form of contraceptives available at the clinic and he won't use them. I am also afraid of the condom because l worry that it might get off and remain in my womb. So we are both not comfortable using the condom.

A woman who is on the pill does not taste. I don't want my wife to use the pill.

Sometimes after inserting a woman with jadel, you find oneday the wife coming to the clinic with her furious husband demanding that we remove the jadel which we put without his consent. Some men are very violent and abusive because they do not want their wives on any form of family planning.

I don't understand why men have not been involved in family planning. Programs on family planning have only targeted women until now. We are very happy that you have at last realised that family planning is about planning a family. We are happy that now you know that it's two people who plan a family, the man and the wife. So, we want you to start to educate us about the different methods we can use to space our children.

We want opportunities to be educated on our own and then a few sessions with our wives because at the moment we need to catch up. These women know more than we do.

I am very happy that our husbands have embraced family planning and are willing to learn more. This is going to be helpful and most importantly it will reduce incidents of domestic violence. In the past, l would come home and say that the pill is not working for me and the husband would say that you are trying to be funny and intend to just go on producing babies and then you get beaten and when you have that child he says he disowns the child. We are so happy because if l come and say l am continuously bleeding or having these funny headaches and l suspect it is the contraceptive l am using, our husbands are going to be supportive and we are going to be free to discuss with them.

I was not happy because we thought family planning is about having one or two children. Now, l understand that family planning is about having the number of children you want but the key issue or issues is that one must be able to provide for them and one must space them in such a way that the mother is given sufficient time to recover and the child has more chances of survival and living a healthy life. Speaking on behalf of the men here, we are now for family planning.

Child marriage is prohibited. This leaves women who want to have more children with limited time to have those children hence no time to think about family planning.

Bodily autonomy It is a right of every person to decide when to have children and how many children one wants to have hence whether to practice family planning or not

There is need to have sessions so that we learn about the natural and traditional methods of family planning because at the moment our wives are not getting pills from the clinic because they are in short supply and sometimes there is nothing. So, we need to learn about other methods of family planning to compliment the modern methods of family planning.

The young men and women say that they do not want to use the withdrawal method of family planning because they don't want the man withdrawing at the peak of satisfaction. This is because these young men and women have not mastered the skill. It is still possible to have the man withdraw and both of you still having satisfaction because all one needs to do is to make sure that the manhood is kept warm between your thighs. It is an art.

Our mother-in-laws are shy to tell us how the traditional and natural methods work as a result we are getting pregnant every year. My husband works in Harare. He sales airtime and only comes here if there is a funeral, at Hero's holiday or Xmas holiday. So when he comes, he refuses to use condoms saying condoms are used when one has an extramarital affair to prevent contracting HIV/AIDS. So they refuse to use condoms and at the clinic there are no pills for family planning.

We don't like going to the clinic because there is no privacy. You are made to sit on the same bench and at the first stage of consultation there is no privacy. We don't like that. So many of us women don't like going to the clinic because we want our privacy.

These young women do not know how to take their family planning pills. They just drink them without following the instructions. They do not take note of the direction of the arrows.

Some of these methods cause very severe side-effects to an extent that when you want to have a child it might not be possible. It is important for these people who recommend these methods to us to understand that people are different so that they give each person what is suitable to them. You might be given pills and when you want to have children it is not a problem whereas others might have a problem having children after taking the pill. People are different.

I don't use a condom with my wife. Why should l use a condom with my wife? I was tested and she was tested, so there is no need to use the condom. I only use the condom when l go out and have an extramarital affair.

I think domestic violence is going to be reduced because my husband said yesterday they learnt about the importance of family planning. He said we should work together and plan our family.

When you have no knowledge, you are as good as a prisoner. We are now enlightened. We felt oppressed because family planning programs did not see us as an important interest group. It was painful to see your wife planning your family with someone else. Now we can plan our family together. That is empowering to us men. Now, we want you to come and do more campaigns. You should not go and never come back. You must come back and next time we are going to mobilise many men. We have our own structures from kraal head, headmen and so forth. We can use those structures to mobilise the men and make sure that every man in the district is reached with this wonderful message. You are already late (matononoka), you must start now.

You have your culture. Your way of life. Then, oneday someone comes to you and says stop it. No, that is not the way to do it. You cannot be told just to stop it. It is important to engage one another constructively.

We need to come up with a model that is a win to all involved. Yes, let's talk about family planning, maternal health and neo-natal health and see how best we can have a win, win situation. The way it is being done it's like the government is at war with its own people.

Case 7: Men and Family Planning

Having established rapport with a kraal head from Chikuku he agreed to mobilise men from his kraal to discuss the subject of family planning. During the first session they had so many questions for us. They wanted to know why it was important to discuss family planning issues. Who had commissioned our work? What was the agenda? How was the information going to be used? We met again the next day, they smiled and said,

We have been trying to understand what your agenda is but now we are satisfied, so let's talk. As men, we are not in a position to participate effectively on family planning issues. We are of the position that to plan a family it requires two people. One cannot plan a family alone. However, we are puzzled because all family planning programs have targeted only women. Why do these people talking about family planning want to speak to our wives alone? What is going on? Because of males ignorance about family planning, it is therefore one of the causes of gender based violence in our communities. As men, we are suspicious of our wives and believe that when they take contraceptives, they become promiscuous. Because women find it difficult to discuss the subject with their spouses they end up taking contraceptives without the spouse's knowledge and approval. When l discover, that my wife has been on family planning without my knowledge, that triggers violence in the home. Why have men been left out as an interest group regards family planning? Tomorrow we would like you to come back so that we continue this dialogue. We are going to sit and discuss it among ourselves and with our wives first and then we want to invite our wives to join us because we would like an opportunity for them to join in this conversation.

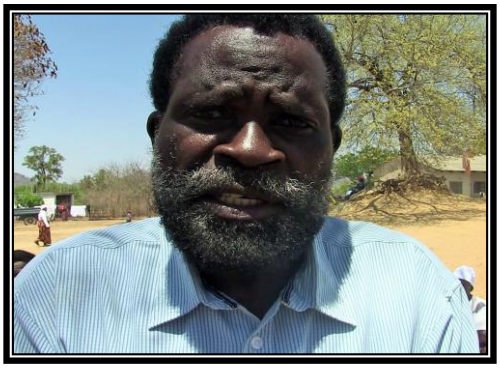
The following day the men were gathered with their wives and since we were meeting the wives (spouses) for the first time, we explained to them our mission. The men joined in the discussion and you could tell from the faces of the women that this conversation had touched

them and were in disbelief. When the men told their spouses that from now on wards, family planning is an issue that should be discussed by two people and that they were ready to play their part as supportive loving partners. The men stressed that they wanted to be capacitated with knowledge so that they could be in a position to contribute in the decision making process. Noting that sometimes these family planning methods may cause some side effects, they stressed that once equipped with knowledge and information, it would then enable them to contribute and to be supportive in dealing with these side effects.

The women stressed that having their husbands embrace family planning and wanting to be more informed and educated on the subject, it was most welcome as this heralded a possible decrease or elimination of domestic based violence that was being caused by family planning related issues. However, to ensure enhanced male participation, there was a need to ensure that at the initial consultation stage at the health facility, privacy and confidentiality be observed and possibly a staff member stationed at the facility focusing on family planning since this requires more time to explain and understand how it works.

What was emerging from these conversations is that men have not been identified as an interest group not only on family planning issues but general heath hence their participation has been minimal yet the assumption has been that men are not interested in health issues. The face of health has been that of the woman and the child. Men wanted this to change and were keen to play an active role. What we were also learning is that tackling the issue of family planning and incorporating men was a step towards also addressing gender based violence. Sexual and reproductive health should target whole communities.

Case 6: Bishop Makamba Speaks



Bishop Kamba, Bikita District (Photo by Dr. Chido Matewa: 2016)

Having managed to establish trust with Bishop Makamba who heads a sect affiliated to the Zionist he invited us to join them as they celebrated Pascar and provided us with an opportunity to discuss about family planning to his followers coming as far as South Africa, Botswana, Tanzania, Lesotho and Zambia with all his local branches represented.

What started off as a discussion on the unmet need of family planning at Bishop Kamba's residence ended up as an educational session focusing on the natural and traditional methods.

"What do you want us to discuss. We need clarity from the leadership because our sect is very clear on this. We want to know if there has been a shift. Our doctrine does not allow the use of modern methods or family planning. We are not supposed to actively seek health cre services". At this point we were afraid that this could mark the end of the conversations. We had spent time with the leadership building trust and we thought we had made progress. The

leader stood up and emphasised that within their sect they do not practice modern methods of family planning but the traditional and natural method. However, he explained that while that is the position within the church we do not have any problem in having our membership educated about all the different methods of family planning and then each one of us chooses the method they want which fits their preferences.

"There is nothing wrong to learn about the modern methods of family planning as well as the natural and traditional ones we advocate for", said Bishop Makamba.