Empowering Adolescents through Comprehensive Sexual and Reproductive Health Education: The Impact of the WISE Initiative in Muzarabani and Mbire

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DOI: https://doi.org/10.51244/IJRSI.2025.1215000110P

Received: 10 July 2025; Accepted: 16 July 2025; Published: 13 August 2025

ABSTRACT

Adolescent Sexual and Reproductive Health (SRH) plays a critical role in community development, particularly in rural areas where early pregnancies and child marriages are prevalent. Muzarabani and Mbire districts have experienced significant challenges due to cultural norms, limited access to health education, and inadequate youth-friendly services. The We Investing in Sexual Reproductive Health Early (WISE) initiative, spearheaded by Friends for Child Development (FCD), sought to address these concerns by fostering SRHR awareness, enhancing accessibility, and engaging community leaders. This paper examines the impact of the WISE initiative, highlighting adolescent perspectives, community engagement, and the existing barriers that hinder SRHR service provision. The study was guided by the Empowerment theory by Zimmerman (1995) and adopted a mixed-methods approach. The study was conducted in four wards, in Muzarabani (ward 7- Muvamba and, ward 18- Mutemakungu) and Mbire (ward 15- Mahuwe, and ward 14- Masomo). The findings underscore the necessity of continuous advocacy, policy enhancements, and inclusive youth participation to ensure sustainable progress.

Keywords: adolescent health, sexual and reproductive health rights, child marriages, SRHR education, community engagement

INTRODUCTION

Adolescent Sexual and Reproductive Health (SRH) is a pressing global concern, especially in developing countries where young people face substantial challenges in accessing education, health services, and protection from harmful cultural practices. Studies indicate that adolescent pregnancy serves as a major driver of child marriages, particularly in rural communities where premarital sexuality is deemed unacceptable (UNICEF, 2019). As a result, pregnant adolescents often elope into marriage, increasing their risk of gender-based violence (GBV) and economic dependency (MICS, 2019). In Mashonaland Central, districts such as Muzarabani and Mbire exhibit high rates of early pregnancies and school dropouts, affecting the future prospects of adolescent girls. Statistics reveal that 36% of girls in these districts become pregnant before turning 18, while 50% experience intimate partner violence (MICS, 2019). Given that 80% of the population in these areas lives in poverty, access to SRHR education and health services remains inadequate.

Background of the Study

Adolescent Sexual and Reproductive Health (SRH) remains a global challenge, particularly in low- and middle-

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XII Issue XV July 2025 | Special Issue on Public Health

income countries, where young people face barriers to accessing health services, education, and protection from harmful cultural practices. Early pregnancies and child marriages are deeply entrenched societal issues, exacerbated by economic hardship, gender inequality, and limited schooling opportunities. Across various regions, adolescent SRHR challenges manifest in different ways. In sub-Saharan Africa, early pregnancies and child marriages are alarmingly high, with over 50% of adolescent girls in some countries giving birth before the age of 19 (Mehta & Seeley, 2020). In Bangladesh and Niger, 65% and 63% of adolescent girls, respectively, are married before reaching adulthood (Cortez, Quinlan-Davidson, & Saadat, 2014). These statistics highlight the deep-rooted cultural norms that pressure young girls into marriage, often as a result of unintended pregnancies.

In Latin America, adolescent pregnancies are a leading cause of school dropouts, particularly in El Salvador and Nicaragua, where over 40% of adolescent girls have given birth (Morris & Rushwan, 2015). Limited access to modern contraception and comprehensive sex education further exacerbates the issue, leaving young people vulnerable to unintended pregnancies and sexually transmitted infections (STIs). In South Asia, adolescent girls in urban slums face severe reproductive health risks, with many married by age 15 and 70% giving birth before 19 (Mehta & Seeley, 2020). Cultural stigma surrounding facility-based deliveries discourages young mothers from seeking professional healthcare, increasing maternal mortality rates.

Despite global efforts to improve adolescent SRHR, barriers persist in many countries. Studies indicate that less than 50% of married adolescent females use modern contraception, leading to high rates of unintended pregnancies (Morris & Rushwan, 2015). Additionally, gender norms continue to shape adolescent experiences, with boys often excluded from SRHR education, reinforcing harmful stereotypes about masculinity and reproductive health. In Zimbabwe as well, adolescent girls face similar challenges. Statistics reveal that 36% of girls become pregnant before 18, with 50% experiencing intimate partner violence (MICS, 2019). Poverty levels exceeding 80% further limit access to SRHR services, education, and safe spaces. High dropout rates over 70% prevent girls from acquiring critical life skills, leaving them vulnerable to early sexual debut, STIs, and unintended pregnancies.

To address these challenges, Friends for Child Development (FCD) launched the WISE initiative, aimed at reducing pregnancy-induced child marriages and empowering adolescents through education and access to youth-friendly SRHR services. This paper explores the impact of the WISE initiative on adolescent SRHR awareness, community involvement, and healthcare accessibility, shedding light on recommendations for sustainable improvements.

Objectives of the WISE Project

The WISE project operates under five primary objectives:

- Supporting adolescent education to reduce risky sexual behaviors.
- Strengthening parental capacity to deliver SRHR information effectively.
- Training health service providers to improve youth-friendly SRHR accessibility.
- Mobilizing local leadership to challenge harmful cultural norms.
- Connecting local advocacy efforts with national GBV prevention strategies.

THEORETICAL FRAMEWORK

The research was guided by the Empowerment theory put forward by Zimmerman (1995). The theory posits that empowerment is a process through which individuals gain control over decisions and actions that affect their lives. Zimmerman argued that empowerment occurs at multiple levels. These levels of analysis are mutually interdependent and are both a cause and a consequence of each other. The individual level (psychological empowerment) is about fostering personal agency, confidence, and critical awareness. Empowering processes for individuals include participation in community organizations. The organizational level entails creating opportunities for people in order to participate meaningfully in systems that affect their lives. At the

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XII Issue XV July 2025 | Special Issue on Public Health

organizational level, empowering processes include collective decision making and shared leadership. Moreso, the community level seeks to promote collective efforts for social change. As such, each level of analysis is inherently connected to others. Empowering processes at the community level include collective action to access government and other community resources Perkins and Zimmerman, 1995). Therefore the study employed this theory considering its relevance in health promotion and education programs that foster autonomy and increased SRHR knowledge. Moreso, it encourages collective participation in adolescent and reproductive health initiatives thereby improving access to youth-friendly health services. The empowerment theory also helps to frame and interpret the WISE initiative's impact at multiple levels.

The WISE initiative has managed to provide accurate and age-appropriate sexual and reproductive health information. These cognitive tools allow adolescents to make informed choices about their bodies and futures. Through peer education and youth-forums, adolescents' confidence to negotiate relationships has the potential to improve. Moreso, adolescences resist early marriages and the health seeking behaviour is encouraged whenever need arises. At the organizational level, the WISE initiative boasts of a successful partnership with clinics, schools and community groups in institutionalizing youth-friendly SRH services thereby enabling a supportive infrastructure. The inclusion and participation of adolescent in program planning and implementation has fostered a sense of ownership and leadership.

Through capacity development of local health workers and teachers, the WISE initiative has strengthened organizational capacities to sustain the SRHR agenda in Mbire and Muzarabani. At the community level the engagement of parents, traditional and religious leaders and community-based organizations has helped to challenge cultural taboos while supporting adolescent rights. More importantly, the WISE initiative has prioritized community dialogues and mobilization to shift harmful practices like early marriages and promote the value of girls' education. Such buy-in is expected to increase the likelihood of long-term community support for adolescent empowerment beyond the life WISE initiative. To this end, the theory provides a theoretical foundation on how the WISE initiative in Mbire and Muzarabani has fostered change at the individual, organizational, and community levels.

LITERATURE REVIEW

In the 21st century, adolescent sexual and reproductive health (SRH) is considered a critical component of global public health and sustainable development. Adolescents constitute approximately 1.2 billion of the world's population. Moreover, the physical and social world in which they are growing up is changing, with growing urbanization, changing social norms, and shifting trends in age of marriage and premarital sexual activity (Singh, Siddiqi, Parameshwar & Chandra-Mouli 2019). The various issues affecting adolescents across the globe have long-term health and social implications and require explicit attention. The World Health Organization (2019, p.5) asserts that adolescents therefore need knowledge and skills to make well informed choices about their lives, learn how to avoid and deal with problems, and know where to seek help if necessary. Similarly, the Sustainable Development Goals (SDGs) explicitly recognize the importance of adolescent sexual and reproductive health and rights (SRHR) in achieving their broader goals. The SDGs), particularly SDG 3 (Good Health and Well-being), SDG 4 (Education) and SDG 5 (Gender Equality), stress the need to invest in adolescent health to reduce maternal mortality, prevent early pregnancies and eradicate child marriage (United Nations, 2015). Sexual and reproductive health and access to SRH services are basic human rights, and based on sustainable development goals, universal access to SRH services should be attained by 2030 (Meherali, Rehmani, Ali and Lassi, 2021, p.363) . Investing in adolescent health and well-being brings a "triple dividend" of benefits: improving the health of young people now, promoting healthier trajectories throughout the life course, and enhancing the prospects of future generations (Patton et. al, 2016).

Despite efforts to improve the uptake of SRH knowledge and services, unmet SRH needs remain high and are particularly dire for young people living in low- to middle-income countries (LMICs). In sub-Saharan Africa, adolescents often face compounded challenges in accessing SRH services, exacerbated by poverty, cultural taboos, inadequate healthcare infrastructure, and limited formal education (Chandra-Mouli, Lane, & Wong, 2015). Zimbabwe is among many countries within the region that have grappled with high adolescent pregnancy rates and early marriages, mainly in rural and marginalized communities such as Mbire and Muzarabani. Adolescents in rural areas face unique barriers in accessing to SRH education and services. They face barriers

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XII Issue XV July 2025 | Special Issue on Public Health

such as socio-cultural norms, lack of youth-friendly services and stigma surrounding sexual health discussions.

In Zimbabwe, the 2019 Multiple Indicator Cluster Survey (MICS) revealed that over 30% of adolescent girls in rural areas had limited access to SRH information or modern contraceptives, leading to increased rates of early and unintended pregnancies. Traditional practices and patriarchal structures remain a challenge to girls' autonomy over their bodies and decisions. Religion, and poverty also continue to fuel the practice of child marriage, despite its strong association with adverse reproductive health outcomes and the lack of education for girls (Mauren Sibanda RAU 2011). In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family (Khan, & Hancioglu,2019). Such practices tend to undermine efforts to empower adolescents with SRHR knowledge.

Emerging as a global best practice in addressing the adolescents' SRH needs is the Comprehensive Sexuality Education (CSE). It is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being, and dignity; develop respectful social and sexual relationships and consider how their choices affect their own well-being and that of others (UNESCO, 2021). CSE provides an age-appropriate, culturally relevant programme aimed at equipping pupils with sexual health information and skills to improve SRH outcomes (Wangamati, 2020). In Africa, there's a growing recognition that CSE is essential for preventing HIV, reducing unintended pregnancies, and promoting gender equality. However, the implementation of CSE in many Sub-Saharan countries such as Zimbabwe has faced mixed reactions. Its implementation faces challenges, including community resistance, inadequate resources, and concerns about the content of CSE. Sexuality education in some African communities is viewed as appropriate in marriage ceremonies while some parents do not want CSE to be offered to their young children due to cultural prohibitions (Keogh et al, 2018; Mahoso, Venketsamy and Hu, 2024). Such beliefs have contributed to CSE resistance in schools with sexuality education limited to abstinence, unwanted pregnancies and STIs prevention, denying children and young people access to SRHR information (Keogh, 2018). Similarly, Gudyanga et al. (2019) noted that most parents in Zimbabwe are uncomfortable with the fact that their children are taught sexuality education content. Nyarko et al. (2014) assert that when teachers attempt to teach CSE content, they are in most cases reprimanded and taken to task by parents, community and religious leaders. In order to be effective, sexuality education therefore needs to engage with the cultural factors and implement culturally sensitive CSE programmes because culture forms a major part of the external environment that influences adolescents' sexual behaviour (Mukanga, Dlamini, & Taylor, 2024).

The WISE initiative reflects a promising model and community-based SRH intervention that emphasizes context-specific, grassroots strategies to empower adolescents. There is evidence from almost similar initiatives in Africa such as the "SASA!" model in Uganda and the "Girl Empower" program in Liberia. SASA! seeks to change community attitudes, norms, and behaviors around gender, violence, and the risk of and vulnerability to HIV infection among women (Together for Girls, 2022). On the other hand, Girl Empower is an intervention that aimed to equip adolescent girls with the skills to make healthy, strategic life choices and to stay safe from sexual abuse (Özler et al, 2020). These initiatives demonstrate the effectiveness of engaging community stakeholders, including traditional leaders, parents, and peer educators, in shifting harmful norms and increasing SRHR awareness. Locally, Friends for Child Development (FCD) through WISE aligns with this approach by working in collaboration with communities, clinics, schools, and village health workers. Such initiatives contribute to building community trust, enhancing service uptake, and amplifying the voices of adolescents, particularly girls, in decision-making processes. Many scholars have emphasized the importance of including adolescents' perspectives in the design and evaluation of SRH programs. This also include involving young people in developing interventions, promoting peer education and advocating for SRH policies. In the Zimbabwean context, organizations such as Zvandiri train, mentor and support children, adolescents and young people living with HIV to lead the design, delivery, monitoring and evaluation of their own advocacy initiatives (Zvandiri, 2022). Such initiatives have demonstrated that adolescent involvement in peer education and advocacy can lead to greater confidence, improved knowledge, and community transformation. However, recent evidence suggests critical gaps remain in young people's active and meaningful engagement in SRH decision-making (Wigle et al., 2020). A number of challenges such as tokenistic involvement in policy dialogues and underfunding of youth-led initiatives remain. It is essential to move beyond consultation towards meaningful

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engagement and co-leadership in program implementation and monitoring. It is essential to move beyond consultation towards meaningful engagement and co-leadership in program implementation and monitoring. In Zimbabwe, the legal and policy frameworks have gradually evolved to support adolescent SRH. These include the National Adolescent and Youth Sexual and Reproductive Health Strategy (2016–2020) and the Health Strategy for Zimbabwe (2021–2025). While these frameworks acknowledge the right of young people to SRH information and services, implementation gaps persist especially in rural districts. A multi-sectoral, youth-led, and culturally responsive approach is imperative for sustainable empowerment of adolescents. This study contributes to the growing body of evidence by exploring how localized interventions such as WISE are shifting paradigms and promoting health equity in marginalized communities.

METHODOLOGY

The study adopted a mixed-methods approach to comprehensively examine the WISE initiative's impact on adolescent sexual and reproductive health and rights (SRHR) in Muzarabani and Mbire districts. Four wards were purposively selected based on their participation in the initiative and diversity in socio-cultural contexts: Ward 7 (Muvamba) and Ward 18 (Mutemakungu) in Muzarabani, and Ward 15 (Mahuwe) and Ward 14 (Masomo) in Mbire. The study was grounded in Empowerment Theory, combining quantitative and qualitative data collection methods to capture the multidimensional experiences and perspectives of adolescents and key community stakeholders. A purposive sampling technique was employed to select a total of 96 participants, ensuring representation across critical stakeholder categories including adolescents aged 15–18 years (both in-school and out-of-school), teachers, healthcare providers, parents, and community leaders. The rationale for purposive sampling was to ensure inclusion of information-rich cases with relevant knowledge and involvement in adolescent SRHR issues.

Quantitative data were gathered through structured surveys administered to adolescents to assess their SRHR-related knowledge, attitudes, behaviors, and perceived barriers to service access. Qualitative data were collected via focus group discussions and quarterly community dialogues with traditional, religious, and local leaders to gain deeper insight into prevailing cultural norms, stakeholder attitudes, and community-generated solutions. Data saturation was ensured in the qualitative strand through iterative data collection until no new themes emerged. To enhance the trustworthiness and credibility of qualitative findings, validation techniques such as triangulation across data sources and stakeholder groups and member checking were employed. Member checking involved presenting preliminary findings to selected participants for feedback and validation, while triangulation facilitated cross-verification of data through multiple perspectives.

In terms of data analysis, SPSS software was used for descriptive statistical analysis of the quantitative data, while thematic analysis was applied to qualitative data to identify recurrent patterns and underlying narratives related to SRHR challenges and opportunities. Ethical considerations were rigorously observed, including obtaining informed consent from all participants, with parental consent and adolescent assent secured for minors. Confidentiality, anonymity, and voluntary participation were strictly maintained throughout the research process.

DISCUSSION OF FINDINGS

The findings from the WISE Initiative revealed a multi-layered transformation regarding adolescent SRHR awareness and community responsiveness. Through quarterly dialogues which facilitated a participatory and respectful environment, findings reflect shifts in attitudes and practices concerning pregnancy-induced child marriages. Stakeholders such as traditional and religious leaders, teachers and healthcare providers, demonstrated enhanced awareness of the root causes and socio-economic consequences of child marriage. This illustrated the growing recognition of collective responsibility. The following are the findings from the WISE initiative which was implemented in Mbire and Muzarabani.

Adolescent SRHR knowledge and information sources

The findings indicate that the WISE Initiative has significantly enhanced adolescents' knowledge of SRHR in Muzarabani and Mbire districts. A combined 81.26% of surveyed adolescents reported feeling either very informed (46.88%) or informed (34.38%) about SRHR issues. This suggests a positive impact of the programme in promoting SRHR literacy and empowerment among young people, aligning with Zimmerman's (1995)

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framework of cognitive empowerment. The dissemination of age-appropriate information through interactive sessions, culturally relevant language, and the involvement of trusted community actors such as religious and traditional leaders appears to have contributed to this outcome. However, a minority (18.75%) still reported being only somewhat or not informed, which can be attributed to factors such as missed sessions, geographical isolation, limited family support, or persistent stigma surrounding SRHR discussions.

Response	Frequency	Percentage
very informed	45	46.88
Informed	33	34.38
Somewhat informed	12	12.5
Not informed at all	6	6.25

When examining sources of SRHR information, school programmes emerged as the primary source, cited by 43.75% of adolescents. This underscores the crucial role of formal education in delivering structured and reliable SRHR content. Family members (25%) also played a substantial role, suggesting a gradual shift in social norms, possibly influenced by the WISE Initiative's community sensitisation efforts. Peers (18.75%) served as another source of informal knowledge exchange, reflecting the value of peer education. In contrast, digital and mass media platforms were among the least cited sources (6.25% for social media; 3.13% for radio/TV), primarily due to infrastructural and technological constraints such as limited internet access and low digital literacy in rural communities. Overall, the combined findings suggest that the WISE Initiative's multi-stakeholder, community-driven model has been instrumental in enhancing SRHR knowledge, while also revealing persistent gaps linked to socio-economic and geographic disparities.

Response	Frequency	Percentage
school programmes	42	43.75
Parents and adults in my family	24	25
Friends or peers	18	18.75
Internet or phones- social media	6	6.25
Radio –TV	3	3.13
Other	3	3.12

Patterns of access and trust in Sexual and Reproductive Health communication

The study found that a significant majority (87.5%) of adolescents had attended SRHR sessions in schools, highlighting the pivotal role of formal education in disseminating SRHR knowledge. This aligns with efforts to integrate Comprehensive Sexuality Education (CSE) into the curriculum, particularly through initiatives like WISE in Muzarabani and Mbire. From the perspective of Zimmerman's Empowerment Theory (1995), access to such information enhances adolescents' agency and their capacity to make informed decisions. However, challenges persist: 12.5% had never attended such sessions due to factors such as language barriers, limited session duration, cultural and religious resistance, and school dropouts. These findings underscore the need for complementary community-based SRHR platforms targeting out-of-school youth.

Response	Frequency	Percentage
Yes	84	87.5

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Response	Frequency	Percentage
No	12	12.5

In terms of trusted communication channels, teachers emerged as the most relied-upon source (46.8%), followed by parents (25%), friends (15.6%), and health service providers (12.6%). The prominence of teachers reinforces the school's role as a key institution for SRHR education, further supported by teacher-led initiatives to address early marriage and monitor vulnerable students. While parental engagement remains limited due to cultural taboos, the notable proportion of adolescents discussing SRHR with parents suggests gradual shifts facilitated by community sensitization. The comparatively low reliance on health workers points to systemic issues such as distance to clinics, perceived lack of confidentiality, and limited adolescent-friendly services. These findings indicate that strengthening institutional trust and diversifying accessible, youth-friendly communication channels remain essential for comprehensive SRHR outreach.

Response	**Frequency**	**Percentage**
Teachers	45	46.8
Parents	24	25
Friends	15	15.6
Health service Providers- nurse, village health workers etc	12	12.6

Importance of privacy and confidentiality in seeking sexual health services

Response	**Frequency**	**Percentage**
Very important	90	93.75
Not very important	3	3.12
somewhat important	3	3.12

The study findings revealed that when it comes to seeking sexual health services many adolescents, 93.75% consider privacy and confidentiality as very important. This strong preference resonates with global and local evidence that adolescents are mostly deterred from accessing SRHR services when they fear exposure, judgment or breach of confidentiality. Likewise, the study found that Muzarabani and Mbire, as conservative and rural contexts where social norms stigmatize adolescent sexuality, they are especially vulnerable to shame or punitive responses if their health-seeking behaviour is disclosed. This aligns with Zimmerman's Empowerment Theory (1995), which stresses the importance of a supportive environment in enabling young people to make informed and autonomous health decisions. Healthcare workers also highlighted their duty to provide adolescent-friendly SRHR services, continue to respect privacy and confidentiality, while also leveraging the platform to educate communities on PREP and PEP. However, a small minority of 6.24% regarded privacy as either not very important or somewhat important. It was also found that these adolescents lacked a full understanding of their sexual health rights while some had no prior experiences that tested their need for confidentiality.

Engagement with health service providers regarding sexual health

Response	Frequency	Percentage
No	69	71.88

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Response	Frequency	Percentage
Yes	27	28.12

The findings revealed that a significant majority of adolescents, 71.88% (n=69) never sought or engaged with health service providers regarding their sexual health, while only 28.12% (n=27) did so. This highlights a critical gap in adolescent access to or utilization of formal SRH services in rural Zimbabwe. The low engagement rate is attributed to a range of socio-cultural, structural, and systemic barriers, which include stigma surrounding adolescent sexuality, limited availability of youth-friendly services. Other factors identified are the fear of judgment from adults, healthcare workers, and poor and far health infrastructure in rural areas.

Social media influence on sexual and relationship perceptions

Response	Frequency	Percentage
Yes Very much	33	34.38
Yes	24	25
Absolutely no.	21	21.88
Sometimes	18	18.75

Findings above reveal a nuanced yet telling insight into how social media influences adolescents' sexual and relationship perceptions regardless of the fact that rural contexts such as Mbire and Muzarabani are marked by a digital divide. A combined 59.38% of respondents affirmatively acknowledged social media's influence. This indicated that despite limited digital access in Mbire and Muzarabani, platforms like Facebook, WhatsApp and TikTok are still penetrating rural youth culture and shaping perceptions around gender roles, dating, intimacy, and sexuality. It was also found even minimal or intermittent exposure to online content often unfiltered or lacking in accurate sexual health information significantly impacts how adolescents understand and navigate relationships. The 18.75% of the respondents argued that social media influences perceptions only ‘sometimes.’ This implied contextual factors such as cultural norms, parental control or access limitations moderate social media’s impact. However, 21.88% of the respondents responded ‘absolutely no.’ It was because this population segment insulated by lack of access and skepticism toward digital content.

Community efforts to reduce child pregnancies and marriages

Response	Frequency	Percentage
Yes	78	81.25
No	18	18.75

The study findings indicate that 81.25% of respondents believe the community is working actively to reduce issues of child pregnancies and marriages. This suggests a strong community-level recognition and commitment toward addressing these social challenges in Mbire and Muzarabani. Community efforts include awareness campaigns (‘Not In My Village’ campaign), school re-enrollment drives for girls and engagement of traditional leaders. However, the 18.75% of respondents indicated that the community is not doing enough. This signaled persistent gaps like inadequate resource allocation, weak enforcement of child protection laws, cultural and religious practices that condone early marriage.

FCD role in SRHR awareness and service provision

Response	Frequency	Percentage
Yes	81	84.3

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Response	Frequency	Percentage
No	15	15.7

From the above table, it can be noted that 84.3% of the respondents acknowledged the role played by FCD in SRHR awareness and service provision. When asked about what FCD has done in SRHR awareness and service provision, respondents indicated quite a number of activities done by the organisation. The most highlighted activities included community engagement by FCD through quarterly dialogues, capacity building for parents and guardians, youth engagement in schools and communities, training of health service providers and teachers, and the provision of SRHR products and services. However, 15.7% indicated little knowledge on what FCD had done with regards to SRHR awareness and service provision.

Engaging community leaders in SRHR initiatives

Response	Frequency	Percentage
Very important	81	84.38
Not important at all	9	9.38
Important	3	3.12
Somewhat important	3	3.12

Moreover, study findings revealed that the majority of respondents (84.38%), believe that engaging community leaders in SRHR initiatives is very important. This shows that adolescents recognize the role of traditional, religious, and local leaders in shaping community attitudes, norms, and acceptance of SRHR education and services. Their involvement helps to reduce stigma, increase parental support, and facilitate community-wide behavioral change, especially in rural or conservative settings such as Mbire and Muzarabani. Traditional leaders acknowledged their influence in shaping social norms. They pledged to leverage this authority by enforcing community by-laws, undertaking door-to-door campaigns, and ceasing the long-standing practice of concealing child marriages in exchange for tokens. This shift from passive cultural gatekeeping to proactive custodianship underscores a significant internalization of empowerment. Religious leaders likewise played a pivotal role in translating theological influence into social accountability. They also pledged to deny officiation of underage unions and provide psychosocial support to vulnerable families reflected an intersectional approach to prevention that acknowledges both spiritual and economic pressures. However, few adolescence expressed skepticism, with 9.38% stating that involving community leaders was not important at all, and an additional 6.24% indicating only somewhat important or important. This indicated the need for targeted efforts to sensitize and train community leaders to approach SRHR from a rights-based and youth-friendly perspective.

Willingness to lead initiatives that reduce child pregnancies and raise SRHR awareness

Response	Frequency	Percentage
Yes	90	93.75
No	6	6.25

The above data reveals a strong willingness, (93.75%) of respondents among adolescents to take an active role in promoting SRHR. The evidence showed that adolescence were willing to lead initiatives that reduce child pregnancies and raise SRHR awareness in their respective schools and communities. This overwhelmingly positive response reflected the presence of SRHR education, youth clubs, and peer support structures in schools that encourage a sense of leadership. Nevertheless, a minority of 6.25% showed a reluctance to lead such initiatives. This reluctance was attributed to factors such as fear of stigma, lack of confidence, inadequate

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knowledge and cultural taboos surrounding discussions of sexual health.

Challenges and Barriers to SRHR Access

Through surveys and consultations, WISE identified key barriers affecting adolescent access to SRHR services, Healthcare providers and educators must collaborate to eliminate barriers through inclusive policies and community outreach programs. Through continued advocacy, improved policies, and youth-driven leadership, the WISE initiative has the potential to transform adolescent SRHR accessibility and empowerment in Muzarabani and Mbire. Some of the barriers include;

1. Limited transportation and financial constraints restrict health facility visits. The geographical proximity to service institutions remains a challenge for adolescence to access SRH services for example in Ward 7 there is no clinic they rely on services in Ward 1 Chadereka and Ward 18 too relies on Hoya clinic which are all distant facilities in far distant wards.

2. Cultural taboos discourage open discussions about SRHR. Some religious and traditional leaders still treat SRHR issues with scepticism as something which conflict with their belief system.

3. Fear of judgment prevents adolescents from seeking healthcare. The community lacks the ability to confront powerful or influential individuals in the community due to fear of victimisation.

4. Lack of comprehensive educational resources reduces SRHR literacy. There has been attrition and drop outs too by some community cadres with some citing lack of motivation.

As a response, WISE advocated for more youth-friendly service environments, better-trained healthcare staff, and stronger parent-adolescent engagement.

RECOMMENDATIONS

To enhance adolescent access to accurate and inclusive sexual and reproductive health and rights (SRHR) information, it is recommended to develop and disseminate culturally and linguistically relevant digital content through interactive e-learning modules, AI-powered vernacular chatbots, and collaborations with youth influencers on popular platforms. Establishing and supporting youth-led advocacy and peer education networks is crucial, including training programs, youth advisory councils, and support for youth-generated content that reflects their experiences. Healthcare provider capacity should be strengthened through standardized training on adolescent-friendly SRHR services and the use of digital tools such as telehealth and EHR systems. Finally, SRHR education should be integrated into existing school and community structures by aligning with formal curricula, training teachers, equipping community health workers, and engaging traditional and religious leaders to promote culturally sensitive messaging and community-wide acceptance.

CONCLUSION

In conclusion, the WISE initiative significantly contributed to both individual and collective empowerment in Muzarabani and Mbire. It demonstrated how context-sensitive, theory-driven programming can mobilize diverse actors to challenge harmful norms and build resilient systems that prioritize adolescent sexual and reproductive health. The findings reinforce the need for continued advocacy, youth-inclusive engagement, and policy-level support to scale such models. Moving forward, longitudinal monitoring will be essential to assess the long-term behavioral and structural impact of the WISE dialogues and to refine strategies for replication in similar rural settings.

REFERENCES

1. Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. Global Health: Science and Practice, 3(3), 333-340.

2. Cortez, R., Quinlan-Davidson, M., & Saadat, S. (2014). Challenges for Adolescent's Sexual and Reproductive Health within the Context of Universal Health Coverage(No. 91292). The World Bank.
3. Joint United Nations Programme on HIV/AIDS. (2021). The journey towards comprehensive sexuality education: global status report. UNESCO Publishing.
4. Keogh, S. C., Stillman, M., Awusabo-Asare, K., Sidze, E., Monzón, A. S., Motta, A., & Leong, E. (2018). Challenges to implementing national comprehensive sexuality education curricula in low-and middle-income countries: Case studies of Ghana, Kenya, Peru and Guatemala. PloS one, 13(7), e0200513.
5. Khan, S., & Hancioglu, A. (2019). Multiple indicator cluster surveys: delivering robust data on children and women across the globe. Studies in family planning, 50(3), 279-286.
6. Mahoso, T., Venketsamy, R., & Hu, Z. (2024). Practitioners' Corner Parents' views on teaching comprehensive sexuality education to their young children in Zimbabwean schools. The Independent Journal of Teaching and Learning, 19(1), 145-159.
7. Meherali, S., Rehmani, M., Ali, S., & Lassi, Z. S. (2021). Interventions and strategies to improve sexual and reproductive health outcomes among adolescents living in low-and middle-income countries: a systematic review and meta-analysis. Adolescents, 1(3), 363-390.
8. Mehta, S. D., & Seeley, J. (2020). Grand challenges in adolescent sexual and reproductive health. Frontiers in reproductive health, 2, 2.
9. MICS. (2019). Adolescent health in Zimbabwe: Findings from the Multiple Indicator Cluster Survey.https://www.unicef.org/ zimbabwe/media/2536/file/Zimbabwe%202019%20MICS%20Survey%20Findings%20Report-31012020
10. Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. International Journal of Gynecology & Obstetrics, 131, S40-S42.
11. Mukanga, B., Dlamini, S. B., & Taylor, M. (2024). Cultural appropriateness of a comprehensive sexuality education programme. Implications for programme adaptation and implementation in Zambia. Sex Education, 1-16.
12. Patton, G. C., Sawyer, S. M., Ross, D. A., Viner, R. M., & Santelli, J. S. (2016). From advocacy to action in global adolescent health. Journal of Adolescent Health, 59(4), 375-377.
13. Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. American journal of community psychology, 23, 569-579.
14. Poverty Atlas. (2015). Socioeconomic vulnerabilities of adolescents in rural Africa.
15. Sibanda, M. (2011). Married too soon: child marriage in Zimbabwe. Res Advocate Unit, 1-22.
16. Singh, J. A., Siddiqi, M., Parameshwar, P., & Chandra-Mouli, V. (2019). World Health Organization guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents. Journal of Adolescent Health, 64(4), 427-429.
17. Together for Girls (2022). SASA! Initiative. https://www.togetherforgirls.org/en/stories/sasa-initiative
18. UNFPA. (2022). Youth-friendly SRHR services: Challenges and solutions.
19. UNICEF. (2019). Child marriage and adolescent pregnancy: Global report.
20. Wangamati, C. K. (2020). Comprehensive sexuality education in sub-Saharan Africa: adaptation and implementation challenges in universal access for children and adolescents. Sexual and Reproductive Health Matters, 28(2), 1851346.
21. WHO. (2022). Sexual and reproductive health rights of young people.
22. Wigle, J., Paul, S., Birn, A. E., Gladstone, B., & Braitstein, P. (2020). Youth participation in sexual and reproductive health: policy, practice, and progress in Malawi. International Journal of Public Health, 65, 379-389.
23. World Health Organization. (2019). WHO recommendations on adolescent sexual and reproductive health and rights. 2018. Geneva: World Health Organization.
24. Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. American journal of community psychology, 23, 581-599.
25. Zvandiri. (2022). Health, Happiness & Hope. https://zvandiri.org/wp-content/uploads/2022/10/Zvandiri-Strategic-Plan-2021-2025-FINAL-Oct22-2.