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# Stories of Change

## Parent Child Communication on Sexual and Reproductive Health



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# Parent Child Communication On Sexual And Reproductive Health



# FOREWORD

The period of adolescence remains a challenging stage in the lives of all young people globally, Zimbabwe included. It is where you are neither adult, nor a child-somewhere in between. Adolescents today are faced with a different set of challenges and circumstances than those of their parents. The social and family fabric that was traditionally there has been eroded. This is further complicated by ready access to technology, social media and advanced literacy, but limited job opportunities and very few avenues for income generation. There is a generation now of smart young people with underutilised knowledge and skills out there. Can we invest in this group to develop Zimbabwe?

The environment in which young people are making decisions related to Sexual and Reproductive Health is also rapidly evolving. Studies show that many parents face challenges in being prepared to have discussions with young people about relationships, physiological development and sex. Parents find themselves without adequate information and tools for dialogue, and often have limited knowledge of Adolescent Sexual Reproductive Health and the needs of young people. Often this leads to a breakdown of communication between adolescents and parents.

Research has found that good parent-child communication around sexuality has many positive effects for teens – including helping them protect their own sexual health. Good parent-child communication leads to lower sexual risk behaviours. While this role in the past was taken up by aunts and uncles, the change in this social set up has required parents to step in and take up the role of supporting their adolescent and young adult children with these important life decisions.

The Parent-Child Communication Programme was designed and piloted with the intention of increasing the comfort space of parents and

adolescents in discussing sensitive issues surrounding sexuality and reproductive health. The pilot was successfully conducted under the H4+ initiative in 2014-2015. The Programme has since been scaled up with funding from the Health Development Fund under the banner of the UNFPA Safe Guard Young People Programme (SYP) which is co-funded by the Swiss Agency for Development and Cooperation. The HDF is funded by the governments of Britain, Ireland, Sweden and the European Union.

This collection of real life stories of programmers and beneficiaries whose lives have been truly changed for the better showcase the success of the Parent to Child Communication Programme.

We acknowledge the contribution of those who have made this programme a success in Zimbabwe; the Government of Zimbabwe through the Ministry of Health and Child Care for their support and leadership through the development and scale up of the programme, the communities that allowed the “intrusion” into their space, the financial support from the HDF donors (UK, Sweden, EU and Ireland), Switzerland, the other UN sister agencies, and finally the implementing partners FACT, Zichire, ZAPSO and Word Vision who walked out there with parents and children in this initiative. We look forward to continued strengthened partnerships to do more for adolescents and youth.

The Parent to Child Communication Programme will no doubt continue to contribute to the improved lives of communities, families and every adolescent and young person reached, such as those documented for you in this book.



**Dr. Esther Muia**

*UNFPA Representative*

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# LIST OF ACRONYMS AND ABBREVIATIONS

<b>BCF</b>	Behaviour Change Facilitator
<b>CSO</b>	Civil Society Organisation
<b>FACT</b>	Family AIDS Caring Trust
<b>GBV</b>	Gender Based Violence
<b>HIV</b>	Human Immunodeficiency Virus
<b>PCC</b>	Parent to Child Communication
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infection
<b>UNFPA</b>	United Nations Population Fund
<b>ZAPSO</b>	Zimbabwe AIDS Prevention and Support Organisation
<b>ZiCHIRe</b>	Zimbabwe Community Health Intervention Research Project
<b>ZNFPCC</b>	Zimbabwe National Family Planning Council

## INTRODUCTION

By 2014, adolescent fertility in Zimbabwe was estimated at 120 births per 1,000 women aged 15-19, increasing from 99 births per 1,000 women aged 15-19 in 2005 – 06<sup>1</sup>. The main consequence experienced by the pregnant adolescents girls aged 15-19 years was being forced to drop out of school<sup>2</sup>. Other consequences experienced include being chased away from home or abandonment by the man responsible for the pregnancy, and by peers.

Zimbabwe's second National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy was launched in 2017, with the strategy aiming to address the sexual and reproductive health needs of 10-24 year olds who constitute a third of Zimbabwe's population.

This second ASRH strategy identifies key challenges facing adolescents and young people that include high rates of unplanned pregnancies, early childbearing, adolescent marriages, gender based violence (GBV), maternal mortality and HIV and other sexually transmitted infections (STIs).

The strategy is primarily a prevention strategy which seeks to achieve results by implementing interventions to lead to outcomes including increased safe sexual health practices among adolescents and young people.

Outputs under this outcome include increased, correct and comprehensive knowledge of HIV, STIs, family planning, antenatal care, delivery and postnatal care among adolescents and young people, as well as improved life skills among them<sup>3</sup>.

Another expected outcome of the ASRH strategy is a strengthened protective environment for adolescents and young people. Under this output, specific outputs include a policy, legal and institutional framework that protects the SRHR of adolescents and young people, increased community and youth participation in adolescent reproductive health and HIV programmes, as well as improved parent to child communication on SRHR issues.

<sup>1</sup>National Adolescent Fertility Study: Technical Report, Ministry of Health and Child Care, ZNFPC, UNFPA, 2016

<sup>2</sup>Same as above

<sup>3</sup>National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy II: 2016-2020: Stepping up for good Sexual and Reproductive Health Outcomes for Adolescents and Youth in Zimbabwe, Ministry of Health and Child Care Harare, 2016

# THE PCC INITIATIVE

In collaboration with the Government of Zimbabwe, UNFPA has developed innovative approaches for generating demand for SRHR services that strengthen national programming around sexual and reproductive health and Rights (SRHR), HIV prevention, as well as GBV prevention and mitigation. One such programme has been the Parent Child Communication (PCC) on SRHR programme which has promoted decentralised communication around SRHR, HIV and GBV within families and at community level.

The overall aim of the programme is to reduce early marriage, teenage pregnancies and fertility, STI and HIV incidences and GBV. Since the beginning of the programme, there has been a revision of the curriculum from five to 11 modules.

PCC covers 20 districts across Mashonaland Central, Mashonaland West, Mashonaland East, Matabeleland North, Matabeleland South and peri-urban Harare. It is currently implemented by Zimbabwe Community Health Intervention Research (ZiCHIRe) in peri-urban Harare, Family AIDS Caring Trust (FACT) in Mashonaland West, World Vision in Matabeleland South and Zimbabwe AIDS Prevention and Support Organisation (ZAPSO) in Mashonaland Central.



A mentor from Hurungwe holds a copy of the 'Let's Chat!' manual in

The areas from which stories in this booklet are gathered are Hopley in peri-urban Harare, Hurungwe in Mashonaland West and Bulilima in Matabeleland South.

PCC sessions are facilitated by mentors working with both parents/guardians and adolescents between the ages of 10 to 24 years. Many mentors who work on PCC have experience in other UNFPA's programmes, including the Home visits by the Behaviour Change Facilitators (BCF) and the Sista2Sista programme. Working with 10 households per group, mentors use the 'Let's Chat! Parent Child Communication on Sexual and Reproductive Health' manual to assist with their facilitation of sessions which aim to build the capacity of families to undertake conversations around

SRHR and GBV with ease and comfort. Selected households must have at least one adolescent aged between 10 and 24 years. Mentors go through a five-part series training using the Let's Chat! manual. With various units covering among other topics - human and sexual development relationships, reproductive health, harmful cultural practices and STIs, HIV and AIDS – the manual is structured to be participatory and includes group work, games, and assessments that are targeted at adolescents only, parents/ guardians only and combined interaction. Participants reported engaging in conversations of various lengths and details on the various topics, depending on what was most pertinent to a household at a certain, even though all topics were covered and discussed fully.

## Implementers' Views on PCC

As Rosewiter Beyuo (pictured) of ZiCHIRE notes, PCC has been the first of its kind to involve both boys and girls in ASRH programming.

It has therefore been edifying for the implementers of the project to work with both these target audiences as their needs within the project have both converged and varied vastly. Implementers also note that PCC has brought a unique perspective to ASRH programming as it has also involved





parents and guardians of young people speaking directly to the young people themselves about issues often considered taboo culturally.

As a result, implementers note a wide range of positive changes through the programme, which have included reduced adolescent fertility, increased awareness of SRHR and uptake of relevant services (such as HIV testing and male circumcision).

*"We've gotten requests from parents outside the programme and also outside the chosen age group and the demand is higher than supply. The multiplier effect is that other parents see changes in other adolescents and want to join the programme. If we could have PCC in all wards of Hurungwe, rates of HIV and adolescent fertility would both definitely fall."*

**Henry Mupariwa**  
Programme Manager FACT

## Mentors' Views on PCC

PCC has had a range of impacts on mentors including increasing their community mobilisation skills and improving other skills sets such as project management, as many of the PCC mentors are also involved in the Sista2Sista and BCF programmes and so are overseeing multiple projects simultaneously.

Additionally, as many mentors themselves are parents, they note that the programme has also empowered them to have better communication and negotiation practice with their own children. Male involvement - in terms of male mentors for the programme - has, however proved challenging.

Additionally, it appears that more female parents are participating in the programme than men. This may be as a result of the fact that even as parenting roles evolve, a large share of the responsibility to parent has fallen on mothers and female guardians. In future iterations of the PCC programme, there will greater effort made to engage more men in the programme.

*"When I was moving around doing my home visits, I managed to help families with initiating conversations. Now, I see that it has helped because parents are less likely to become reactionary and violent when they hear that their adolescent children have been seen in public with another adolescent of the opposite sex."*

**PCC Mentor, Hopley**

## Adolescents' Views on PCC

Adolescents reported that as a result of PCC, they are now able to communicate issues regarding SRHR to their parents better and have learnt important issues such as puberty, personal hygiene and relationship management through the programme. They also report that they have learnt about sex, sexuality and sexual consent, as well as drugs and substance abuse.

As one adolescent mentioned, *"We used to be scared to tell our parents our problems and now we have openness about talking to them about our boyfriends and girlfriends and asking for their advice about our relationships."*

*"As young people, when we have good relationships with our parents, it becomes harder to hide anything from them. This is the reason why some young people no longer organise or attend parties where drug abuse and unprotected sex are rife."*

**Monalisa Ngoshi (22)**  
Hopley

## PCC Impact on Parents and Guardians

Many parents who were consulted stated that prior to the PCC programme, they had thought it was someone else's job - for example a counsellor, school teacher or member of the family like a tete or sekuru (aunt and uncle) - to advise their children about different areas of SRHR and general issues around growing up.

Many added that through the programme, they now realise that they have a personal responsibility to ensure that their children are equipped with accurate and complete information about sex and sexuality.

*"Girls are now able to tell their fathers their problems because they feel free to have conversations with them. We can now talk to them about menstruation. We previously weren't able to do so and saw this as a very difficult topic to broach. I'd say boys learnt about bodily changes, something which they didn't know about. But because of the openness in learning, it helped them to understand that these changes were associated with being able to make a girl pregnant. We saw that with PCC, there was greater understanding that sexual activity has its time."*

**Parent and Village Head**  
Hurungwe

*Monalisa, Lynette and Ropafadzo of PCC's Hopley programme play together.*



**Stories of Change: Young People**



## Opening up About Menstruation

It was only in her fourth monthly cycle that Michelle Nkani (17) told her mother that she had begun menstruating. Due to a lack of knowledge and open conversation about the process, a fear that she had done something wrong gripped her resulting in her keeping silent about her new experience.

This was the same with Primrose Masanga, also 17, who only told her mother she had begun menstruating after joining PCC and got an understanding of what the process signified.

*"I would feel uncomfortable and scared during menstruation because I did not want anyone to find out," Primrose shares. "At school, I would not be able to concentrate and I did not want to interact with anyone out of fear they would find out".*

Sometimes, Primrose says she would miss school during some days of her monthly cycle.

Many myths, beliefs and misinformation around menstruation in the Hurungwe area affect how girls react to getting their periods.

Among girls who have not been made aware of the meaning of menstruation, there seems to be a trend to belief that menstruation is a sign that a young girl has been sexually active. Many girls are experiencing menstruation before their parents have had a chance to speak to them about puberty and its attendant processes.



As a result, young girls are afraid to inform their parents and guardians that they are menstruating and therefore miss on the adequate assistance that could be provided.

Fortunately for Michelle and Primrose, they are benefitting from PCC and mentors who are encouraging them - and their parents and guardians - to have conversations on menstrual health from as early as 10 years of age. This is helping provide knowledge on the expected changes and their meaning to the adolescent girls' reproductive health and personal hygiene.



Through PCC, the girls also understand that once they begin menstruating, unprotected sex may lead to pregnancy. This knowledge is helping them make better choices regarding relationships with boys.

*"Here it is very common for girls to go to isolated places with boys and engage in sexual activities,"* reveals Primrose. For example, she mentions cattle dipping tanks as areas where young people go to have sex.

*"I had to stop my friend who was already engaging in sexual activities and told her what my mentor had taught me about the risk of getting pregnant while in school,"* confides Primrose.

*"The information we have in PCC is very important and it is sad some girls do not have access to it."*

She is convinced that if most girls knew how delaying sexual activities and marriage would give them time to explore opportunities in life, they would make better choices.

Primrose also empowered one of her sisters through the knowledge she got from PCC. She says her sister was about to get married at the age of 16 and she had almost convinced their parents of her decision.

Primrose spoke to her about the disadvantages her choice and she listened to her and did not proceed with the marriage. Her sister is now studying towards a nursing qualification in Karoi.

*"As a girl, I have the power to determine what I can and cannot do with my body,"* asserts Michelle.

*"In our PCC sessions, we discussed the importance of delaying sexual onset and even marriage, and that is the decision I have made for myself".*

She adds that she thinks most girls engage in sexual activities because they do not understand the effects of becoming a mother at an early age, something that she wants to avoid.

Michelle says she wants to study towards becoming a lawyer when she finishes secondary school. If this comes to pass, she will be the first child in her family to go to college.

Primrose, on the other hand, wants to be a policewoman.

Primrose believes that if more mentors are added to the programme, more girls will benefit just like she and Michelle have, and aspire towards having careers instead of being mothers at an early age.

## Friends Like Family: The Story of Onwell and Bothwell

In Hurungwe district, many boys in their late teens have dropped out of school and are already involved in informal trade -farming or running small businesses.

But Onwell Mugore (19) has made different choices for himself, even though the temptation to follow a similar route as many of his peers has sometimes crossed his mind.

*"When I finished O' Level and even passed, I did not want to continue with school," he confesses. "Instead, I wanted to venture into full-time tobacco farming."*

Like many boys in the area, he had been allocated a piece of land to grow his own crop. His tobacco had done well that season and he imagined he could do farming for a living.

But his PCC mentor, Chipso Machokoto, talked some sense into him.

*"Through our conversation, she encouraged me to explore how I could become an even better farmer with a good education," he says. "Some of my friends who have not had this opportunity are drunkards or have been responsible for impregnating girls in the area and I didn't want that for myself."*



**Onwell and Bothwell**

As he speaks, a soberness colours his face. He still values the moment that Mai Machokoto, his mentor, intercepted his plans for his life. He is now in the sixth form and is studying Economics, Business Studies and Geography as his final high school examination subjects. Although he has not yet decided what he wants to study, he wants to proceed to university after finalising high school; a choice he seems quite proud of.

In fact, Onwell is using his newly restored enthusiasm for education to help some of his peers from falling into the same traps that he almost fell into, had it not been for the PCC programme.

A prime example of this is that of his friend Bothwell whom Onwell sees as a brother, as they have been friends for a long time.

Onwell and Bothwell were both exposed to drug abuse when they were doing their O' Levels. Fortunately for Onwell, he managed to get enough passes to proceed to A' Level. Bothwell did not fare as well.

Bothwell explains that after attending some of his first PCC sessions, Onwell began to have a changed mind about dropping out of school and wanted to continue with his education. As Bothwell explains, this also made him keen to do the same.

Onwell helped in negotiating with Bothwell's parents who had initially refused to send him back to school after his poor exam results. Bothwell is back in school, doing Form Three and waiting to repeat his O' Level exams.

*"When I joined PCC, I learnt about a number of mistakes that we were making as young people and I made a decision that we had to correct our mistakes," Onwell explains. "Considering how close we are with Bothwell, I made a commitment that I would help him until he changed his ways."*

Bothwell is currently not in PCC, but he has been benefiting from Onwell's notes and feedback from the sessions he attends. Onwell further explains that he rationalised to himself that if Bothwell did not continue with school, then it would become more difficult for him to help him with employment or opportunities in future. This is where his determination to help Bothwell stop drug abuse and focus on school largely stemmed from.

*"I still go to school with some of the boys we played with when I failed my O' Levels," shares Bothwell. "But I have not been influenced by their behaviour because I spend most of my time with Onwell."*

*"Were it not for him I would not be in school right now," he says as he smiles at his friend.*





Clara plays with her young son

## I Am My Brother's Keeper: A Bond Strengthened Through PCC

At 22, most people are trying to understand what it means to be a young adult while enjoying their newly acquired sense of freedom and adventure. For Clara William, however, it is a very different reality. Not only is she a widow and mother to a 4-year-old son, Clara is also the guardian of her 17-year-old brother.

*"It's just the two of us [her brother and her] and nobody else," she states softly. "We are each other's support and allies."*

Clara's father died some years back and her mother lives in the rural areas. And even though there is just a five year age difference between the two, Clara serves as both mother and father to her brother, whom she started living with two years ago.

But while the two are very close, they have also been very conscious of the fact that they are siblings of the opposite sex. *"At first, we were very embarrassed of each other and found it difficult to share any private details about ourselves,"* says Clara. Even though her brother was right in the middle of puberty at this point, she says she found it inappropriate to ask him about anything personal.

But PCC taught her differently. Through the programme, which she attended as a guardian, she learnt the importance of having open discussions about SRHR with her brother and that it was important to ensure that young people take responsibility in their sexual relationships. And knowing that no one would help her brother with this knowledge, she decided it was time to have more open conversations with him.





## Abstaining and Learning To Be Different

*"Girls in our community have very limited knowledge about their sexual and reproductive health," says Confidence Dube (17) from Bulilima. "We have information on cultural expectations that the community has on us but it these are not always good."* These expectations include that as long as a boy wants to sleep with a girl, she is expected to agree, even in the absence of condoms.

In her community, she says, it is common for girls to engage in sexual activities without much knowledge on how to keep themselves safe. As a result, they get pregnant early and leave school, some of them enter into early marriages. *"It is difficult to talk to girls about abstinence because they believe it is the choice of the boy to decide whether or not to have sex,"* she says. Confidence adds that most girls in her community are more concerned about pleasing boys and men over their own safety. As such, this forces them to engage in relationships without considering the risks.

Since joining PCC as an adolescent participant, Confidence is learning that there is a significant difference between the knowledge that she has gained through the programme and what other girls outside of the PCC programme know. *"Some girls in my community drop out of school because they fall pregnant and some of them fall pregnant for the second time with a different man,"* says Confidence with concern. *"In PCC, we have been taught about the importance of knowing how to protect ourselves from pregnancy and diseases."*



After realising that PCC is helping her and other girls with important information on abstinence and safer sexual practices and, Confidence has taken it upon herself to educate other girls in her community. She says she has shared what she has learnt with friends and cousins.

She also now finds it easier to talk to her parents about issues of this nature, and this in turn has greatly improved her relationship with them. *"Before PCC, we did not have an opportunity to sit down and discuss these issues with our parents, but the programme has helped us communicate better,"* she observes.

Confidence is currently practising abstinence and says she does not feel that she is 'missing out'. Her plans for her immediate future include proceeding to A' Level and pursuing studies towards becoming a lawyer.

*"I am very glad I am part of PCC, the sessions have helped me know how I can achieve my dreams,"* she adds, confidently as her name implies.



## Stories of Change: Mentors and Parents

### Mai Machokoto: The Community Parent

*"I honestly didn't know I had such a gift of working with young people,"* says Chipo Mawire, with a smile on her face.

When young people in Kapfunde village of Hurungwe speak of the lessons they have learnt through PCC, they hardly ever leave out Chipo Mawire, or Mai Machokoto as she is popularly referred as by people in the project.

Chipo, a mother of four children aged between six and eighteen, has been involved in PCC as a mentor since 2015. Her work with the project was

her first attempt at work that focuses on children and adolescents but her experience and feedback from the young people she works with suggests otherwise.

Many consider her a confidante and friend.

*"I was actually anxious about working with young people,"* she admits.

But from the skills she gained through her PCC training, Chipo said she understood the importance of speaking and listening to children.



As part of follow up visits, she would randomly go around selected households and speak to children to find out if they were having sessions with their parents.

*"I knew it would be easier to see the real progress of my work through the young people themselves," she says. "After realising that children were taking time to open up, I learnt the importance of confidentiality so that they would continue feeling safer with me."*

During these visits, children would also make requests for information they wanted to get from their parents. She then realised that children were sometimes more comfortable to talk to her first, than their parents. By knowing more about the issues affecting children of a particular household, Chipo was able to facilitate family sessions based on the needs of the children.

This helped address the particular problems that a family would be facing.

*"Mai Machokoto has advised that other girls probably will never receive from anyone," shares Blessmore Madzonganyika (16), one of her mentees. "Although I am only 16, I already have an idea of what I am working towards for my future because she has helped me to have more focus."*

Blessmore's siblings, Adeline (11) and Tsitsi (10), have also benefitted from Chipo's mentorship, receiving age appropriate information on SRHR. With an older sister already enrolled in the programme, the two younger girls say they are also benefitting from more open conversations than their parents would have had with Blessmore at their age.

Adeline and Tsitsi are yet to start menstruating but they have all the information they need, should the process start.



**Chipo Mawire, or Mai Machokoto as she is popularly known, and one of her mentees.**





*"Mai Machokoto taught me that I should not be ashamed of the body changes that will happen to me because they happen to everyone," explains Tsitsi. "When I start experiencing changes, I will not be shy like other girls. I will know how to count my days for my menstruation cycle."*

Primrose Masanga (17) shares that she first felt more comfortable to discuss sex and boys issues with Chipso than with her mother during the PCC sessions and this helped her understand her body better, and the risks she faced if she engaged in sexual activities. Eventually, she has also become more comfortable talking to her own mother about the same issues.

For Michelle Nkani (17), Chipso has played the important role of guardian especially during periods where she has been living on her own as a result of her mother being away in Chitungwiza.

Chipso's relationship with her mentees is as close as the one she has with her own children.

*"If you see me with a mixed group of children including my children and my mentees, it will be difficult for you to determine which ones are my biological children and which ones are not," she adds with a smile.*

## From Trauma to Triumph: A Story of a Mother's Love

Rape is a difficult subject to broach; not only for the survivor but also, for the anyone close to the survivor as well. As a survivor, one has to deal with the trauma of the rape and the stigma associated with it. In addition to the emotional burden, there are often financial costs relating to medical and psychological attention that are incurred.

This is what Chipo (18) had to deal with together with her mother Maud Chafuka (37). Chipo was raped when she was 15 years old at a local school in the nearby Glen Norah high density suburb. Chipo did not report the rape to anyone; not even to her mother, afraid of how she would react. Her rapist had threatened to harm her if she spoke of the rape to anyone.

The rape resulted in a pregnancy and this is how Maud found out that her daughter had been raped.

*"I noticed that my daughter was gaining a lot of weight and I became suspicious about it,"* says Maud. Maud confided in her sister who also told her that some neighbors had the same suspicions. As a result, she advised her to get a pregnancy test kit for Chipo. And indeed, she tested positive.

The first people they called were from Mashambanzou Care Trust who helped them report the case to a police station where the police suggested that the pregnancy be

terminated. But Chipo's pregnancy was past the 24 week threshold, making it both dangerous - and illegal - for her to terminate the pregnancy.

*"Adoption was the only option for us, but I could not allow it,"* shares Maud. "Chipo is my only child."

Maud felt that she had to have been cursed to have to see her only child have her education interrupted and go through such an ordeal. But she was also angry that her daughter had not confided in her as soon as she had been raped. She explains that she had to go through counselling to cope with the situation emotionally. Sometimes, she adds, she would insult Chipo about the rape because she was angry and hurt resulting in a strained relationship between the two. Maud became increasingly strict on her daughter. Despite the pain, however, Maud felt that it was still better to keep her grandchild.

When PCC was introduced to Hopley, Maud and Chipo relationship was extremely tense. But something within Maud began to change. "Being part of PCC really helped bring my daughter closer to me," she explains.

The information that Maud received from mentors and other parents was helpful as she got to hear what other adults had to say about dealing with various situations. She also received tips on how to communicate better with her child on

issues pertaining to SRHR. At the same time, she realised that her anger towards her daughter might encourage her to commit suicide, something she obviously did not want. After learning about some of the dangers of unprotected sex, Maud took Chipo for testing to find out if she had been infected acquired any sexually transmitted infections (STIs) as a result of the rape.

*“After some sessions, I started relating to my daughter better more and for the first time we spoke about the abuse that she had experienced,”* shares Maud. Interacting with her daughter more made Maud realise that Chipo had very low self-esteem. In order to help, Maud came up with a strategy where she started inviting her daughter to attend community programmes she was part of. Maud and Chipo would later on talk about the discussions and that is how their relationship started mending.

Maud also admits that if she had a better relationship with Chipo before the unfortunate rape incident, she might have been better equipped to take notice of the fact that her daughter was troubled. Maud is now using the lessons she has learnt from PCC to improve her relationship with her daughter.

She is very close to her granddaughter, Florencia, whom she is raising like her own. As someone who has become influential since participating in the Behaviour Change Programme (BCF) supported by UNFPA, Maud is also using her PCC skills and knowledge to help others. She says that she has been teaching other families about the dangers of forcing their children into marriage even after getting pregnant.

*“Chipo now feels free to tell me anything,”* she adds. *“Because of PCC, she now knows that she can always confide in me if someone mistreats or abuses her.”*



Maud Chafuka with her granddaughter, Florencia

## “I am now a better father to my daughter”. Reflections of a changed man

Initially a Behaviour Change Facilitator (BCF) under UNFPA's BCF programme in Hopley, Ronald Nyeke's association with the PCC programme started when he was asked to assist mentors working under the programme.

Ronald decided to actively take part in the programme because it was his first time to hear about the importance of parent to child communication.

*“A much as my household was not under the PCC programme, I found the information unique and important,” says Nyeke (46).*

He told his wife about the programme and she agreed that it would be good for the family members to take part in it. He then invited one of the mentors to his house.

He shares that he needed PCC's intervention because his relationship with his wife was strained as they couldn't agree on how to raise their children. His wife was closer to their daughter, while he was closer to their sons. As a result, it was difficult for Ronald to think of ways to talk to his daughter.

At the same time, his wife thought she had no role to play in talking to their sons about growing up. This pushed both parents away from their children of the opposite sex and created a rift in the family.

He explains that his daughter wanted to involve him in issues to do with her relationship with her then boyfriend (now her husband) and was hurt that her father thought it was disrespectful.

*“It is not in our culture for fathers to talk to their daughters about relationships, so I would always refer my daughter to my sister,” he explains with regret. “I did not know that I was making my daughter suffer because she was not even close to my sister. And could not open up to her in the ways she could with me.”*

But through PCC sessions, Ronald learnt that there was nothing taboo about discussing relationships with his daughters. As a result, Ronald started initiating discussions with all his children and was surprised that his daughter had more to share with him than he expected.

*“I didn't expect my daughter to have much to say to me but I found out that she actually depends on me for sound advice about how to handle her family affairs since she is now married,” he reveals.*

A lot has changed through Ronald's involvement with PCC and he says he is now the first person in the family to know anything about his daughter and the issues she will be experiencing. Also, he says that he is spreading the lessons he is learning from PCC to other men involved in BCF.



*"My daughter calls me all the time and we talk about almost everything,"* Ronald explains with satisfaction.

The relationship between Ronald and his daughter has also translated into a good relationship with his son-in-law.

He adds that he has also become more involved parent to his sons. *"I was close to my sons but now I am even closer to them because I even get to know what happens to them at school on a regular basis,"* he explains.

Seeing the impact that PCC has had on his family, Ronald is also spreading the message to the community through his role as a BCF.

*"As a man, I know how some fathers think,"* he says. *"They think that having strained relationships with their children and their wives is a sign power."*

He adds that men regularly blame their wives for the poor decisions made by their children which often lead to arguments and fighting, perpetuating a culture of GBV within homes. Ronald works to fight this harmful culture.

He recommends increasing the numbers of mentors in the area to meet the demand for PCC sessions that has arisen as a result of the sensitisation they are carrying out within Hopley.



## PCC - Helping Increase Knowledge About Male Circumcision

**M**onica Mlalazi (45), a widow from Bulilima, is a protective mother of eight children from She lost her husband in 2016. While wanting the best for her children, being overprotective of them has - at times - been a trait she admits she has displayed.

A prime example of this is how, for three years, she refused to allow her adolescent son to get circumcised. Her son would come with consent forms for circumcision from his school and Monica would refuse to sign them.

*"I thought circumcision was going to be a painful process for my son," she says. "I had not been educated about it so I assumed it would also be a dangerous procedure for him."*

Fortunately, he was persistent.

*"I only got to learn through PCC that circumcision was good for my son's health as it would reduce his chances of getting STIs," says Monica. "I felt stupid when I found what circumcision was all about."*

When Monica finally allowed her son to undergo the procedure, she says that he was overwhelmingly excited.

*"He did not even need to be reminded of the daily salt remedy for the wound," she laughs, with a hint of regret in her voice.*

She admits that she felt bad for having deprived her son of something he had wanted for a long time because of her ignorance. However, she is happier that PCC sessions came to her area and that she was eventually able to make a good decision for her son's personal hygiene and reproductive health.

Monica adds that it is not only her relationship with her son that has improved as a result of PCC.

*"What I liked about PCC was that it involved the participation of the whole family which made it easier for me to improve my relationship with my children," she observes.*

As a result of attending PCC sessions, her teenage daughter has also undergone HIV self-testing and now knows her status. She has also been able to define her limits in terms of relationships and sexual engagement.

*"I feel proud that my children have gone through such an empowering process," adds Monica with a smile. "PCC has eased the burden on me in many ways."*

## Dealing with Teenage pregnancy Through PCC

**N**onhlanhla Ncube (39) is a village head in her area of Bulilima. As such, the decisions she makes have the power to influence the community.

This shows mostly in the choice she made to deal with cases of teenage pregnancy in her own home. While many parents often conclude that there is no hope for their daughters once they get pregnant, Nonhlanhla has decided otherwise and - as a result - set a different precedent for young mothers, and their parents, in Ntunungwe.

At 19, her daughter got pregnant and she believes the pregnancy resulted from a brief relationship over the school holidays when her daughter went to visit her grandmother.

*"I started to notice changes in her and asked her if she was pregnant," Nonhlanhla recalls. "But she vehemently denied this."*

She went on to ask her daughter to show her the pads she was using during her menstrual cycle but her daughter could not do so.



Nonhlanhla Ncube



Eventually, Nonhlanhla's daughter gave in and told her mother the truth. Although it was difficult to accept at first, Nonhlanhla decided to do the responsible thing and register her daughter with the local clinic for antenatal care.

She supported her throughout her antenatal visits to the clinic and helped with purchasing all that was required for the baby and her daughter.

As a community leader, Nonhlanhla decided to address the issue of unprotected sex and early pregnancy through PCC and other community opinion leaders.

*"I called other village heads, parents and our PCC mentor together so that we could talk about how to engage young people in our area in deeper conversations about the dangers of unprotected sex," she shares.*

Nonhlanhla has also raised awareness in schools by asking teachers to further educate young people about relationships, and equality as boys and girls.

To her it was important to involve schools because when young people are not at home, they are with their teachers and peers at school; both who significantly influence these young people.

*"Knowledge from PCC helped me understand that some of the practices in our culture [like marrying off young girls to the boys or men who impregnate them] can cause more harm than good to my children; something which parents who are not part of this programme may not understand,"* explains Nonhlanhla who now has a more open relationship with her daughter to discuss such matters freely.

*"The plan is to have my daughter going back to school in January next year,"* she says with determination.

*"When your child makes a mistake, another wrong by the parent will not do anyone any good."*

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## CONCLUSION

As the stories in the booklet show, PCC has had diverse impacts on young people, as well as their parents and guardians. From helping young people deal with the challenges of young parenthood, to creating greater confidence and awareness around bodily changes and functions of puberty, PCC has helped to bridge significant gaps in communication and instill greater confidence in young people across different contexts in Zimbabwe.

In so doing, the project has also been of important benefit to parents and guardians of young people as it has helped facilitate greater knowledge and awareness among them of the issues that young people are facing, and how to communicate about them. As such, PCC is working as a two-way avenue; parent to child communication, but also child to parent communication.

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# Parent Child Communication On Sexual And Reproductive Health



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