

The Power of Choice

Pregnancy by Choice Not Chance



ZIMBABWE NATIONAL
FAMILY PLANNING COUNCIL



Family Planning: It's Your Choice



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ICPD25
International Conference on
Population and Development



Health
Development Fund

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to improve access to quality health
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every child birth is safe
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potential is fulfilled.

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- | **Zero** Unmet need for Family Planning
- | **Zero** Gender Based Violence & harmful practices

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FOREWORD



The Programme of Action of the International Conference on Population and Development (ICPD), adopted in 1994, represented a remarkable consensus among 179 Governments. The consensus was that individual human rights and dignity, including the equal rights of women, girls, and universal access to sexual and reproductive health and rights, are a prerequisite for sustainable development. Enshrined in this right is access to contraceptive or family planning services. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility. Family Planning is one of the most cost effective reproductive, maternal and child health strategic interventions; which reduces up to 40% of maternal deaths, 4% of neonatal deaths and 21% of child deaths. By preventing one maternal death, about twenty maternal morbidity episodes are prevented. Planned and well-managed family sizes allow for increased investment per child in health, nutrition and education. Family Planning therefore, does not only save lives and improve quality of life, but is also aligned to tenets of the National Constitution and Vision 2030, which upholds the right to health and well-being for every Zimbabwean citizen.

Approximately 2.2 million women are using family planning services in Zimbabwe. As a result of contraceptive use in 2018, over 785,000 unintended pregnancies were prevented, 173,000 unsafe abortions were averted and 2,600 maternal deaths were prevented. Whilst at first glance this seems impressive, it should be noted that many women (10.4%) would like to stop or delay pregnancy, but are not able to do so for one reason or another. Unmet need for family planning is higher (12.6%) for young women aged 15-19yrs. It is even higher (20.5%) among sexually active unmarried women. Unmet need points to the gap between women's reproductive intentions and what they have access to and utilising. As such, while a lot of progress has been made to ensure women and girls have access to Family Planning, a lot more still needs to be done.

UNFPA Zimbabwe Country Office has been at the forefront in supporting the Zimbabwe government in ensuring the availability and accessibility of voluntary contraceptive and family planning services to women, girls and couples who need them. This has been done through technical and financial support towards procurement of contraceptives or family planning commodities including sundries, service provider capacity strengthening, awareness and demand generation and supply chain management. The UNFPA Zimbabwe Country Office has also supported research, which generates data that supports programming.

This booklet is a narrative of real life stories and experiences on how women's, girls' and families' reproductive health has been affected and changed by family planning services provided through UNFPA support, in collaboration with other partners and under the leadership of the Government of Zimbabwe through the Ministry of Health and Child Care and Zimbabwe National Family Planning Council. We are cognisant of the many hurdles faced by women especially younger women in accessing contraceptives and family planning service. UNFPA will continue to work tirelessly in advocating for domestic resource allocation towards contraceptive commodity security, increased access to contraceptives by young women, and improvement in the family planning method mix, in its endeavour to ensure that every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

A handwritten signature in black ink, appearing to read "Esther Muia".

UNFPA Zimbabwe Country Representative Dr. Esther Muia

Leading by example: Village Health Worker on encouraging women to use IUCD

"Our task is to educate communities on these long acting methods so we have to understand how they work and their benefits. I decided to lead by example."

Laina Mutenga



Laina Mutenga, 42, is a village health worker who lives and works at Forefront Farm in Mashonaland East. She has been married for 17 years with four children. She says from the time she got married, she has always been aware of the importance of family planning in deciding the number of children one has and the intervals between their births.

"When I got married, I immediately started using birth control pills except for the times when my husband and I agreed that we wanted to conceive," Laina says. "I switched to another contraceptive method, Jadelle in 2014 because I had planned to stop giving birth after having a third child that same year."

Laina and her husband had decided to stop having children after they had lost two of their children in their infancy at 2 and 4 months respectively. When they had a baby in 2014, they agreed that their newborn would be their last child. The couple discussed available options of contraception and wanted a long acting method.

She attended a workshop for community health workers organized by a Non Governmental Organisation, ZICHIRE, on Family Planning. At that workshop she heard about the Intra Uterine Contraceptive Device (IUCD) as a long acting reversible contraceptive method. Laina discussed with her husband the benefits of the IUCD and they agreed that she could have it inserted on her next visit to Kushinga Phikelela Clinic.

"Our task is to educate communities on these long acting methods so we have to understand how they work and their benefits. I decided to lead by example." Laina says she is now educating women at the farm and surrounding communities on the IUCD and other methods.

"For IUCD especially, I teach women that it is a long acting method that is reversible, and I dispel myths that IUCD insertion is the same as tying one's tubes. This is what women tell each other in communities and it is false..."

Continuing the efforts of 2017, UNFPA provided support to Ministry of Health and Child Care for conducting integrated IUCD and Implants training. About 400 health care workers were trained in 2018. The number of IUCD insertions increased from 6,444 in 2017 to 47,748 in 2019 and we are still counting! thanks to the support of development partners under the Health Development Fund, a pooled funding mechanism funded by the governments of Britain, Ireland Sweden and the European Union.
~ Jesilyn Dendere

"I teach women that it is a long acting method that is reversible, and I dispel myths that IUCD insertion is the same as tying one's tubes."

"Taking IUCD as a nurse motivating women in the community"



"Having an IUCD as a nurse has really motivated many women in the community to take up this method, which they call 'the 'loop' in the surrounding villages and also because the service is now available at the clinic."

Sister Patience Makwanya

Patience Makwanya (29) is a nurse at Nhowe Mission Hospital. She is married with 3 children. She has used hormonal contraceptives (pill and Depo-Provera) which did not work for her as every woman is different. Having an unplanned pregnancy for their third child was not welcome and her husband did not understand how it could happen when one is using contraception. Even though they had agreed on the methods of contraception as a couple, the husband put more responsibility on her for knowledge of contraception since she was in the medical field. The couple needed a non-hormonal and long acting contraceptive method after their third child.

After the birth of her child Sister Makwanya decided to use the IUCD. As fortune would have it she did not need to travel far to get this done. Patience became one of the first clients of one of the nurses at Nhowe hospital who had recently been trained on IUCD insertion and removal supported by UNFPA and Zimbabwe National Family Planning Council.

"Having an IUCD as a nurse has really motivated many women in the community to take up this method, which they call the 'loop' in the surrounding villages and also because the service is now available at the clinic. I feel very comfortable with the IUCD and am glad I finally found something that suits my life choice."

The Family Planning programme receives technical and financial support from UNFPA through the Health Development Fund, a pooled funding mechanism supported by the governments of Britain, Ireland, Sweden and the European Union. It is through such support that women such as Patience and many others in her community can exercise their right to choice. ~ Weston Makoni



"Having an IUCD as a nurse has really motivated many women in the community to take up this method, which they call the 'loop' in the surrounding villages and also because the service is now available at the clinic. I feel very comfortable with the IUCD and am glad I finally found something that suits my life choice."

"I couldn't finish school because my parents couldn't afford it; there were too many of us to take care of"



"I do not want to have children that I cannot take care of, so my husband and I have decided to have no more than 3 children."

Patricia Sigauke

Growing up in a big family, 28-year-old Patricia Sigauke from Chibuwe village in Nyanyadzi, had ambitions of being a nurse. Sadly, she was not able to continue with school because her parents could not afford to continue paying for her school fees and she got married early.

"I do not want to have children that I cannot take care of so my husband and I have decided to have no more than 3 children. I failed to achieve my dream of being a nurse and ended up getting married because there was not enough money for school fees for all of us; once I had failed that English exam my turn had passed; it was time for my other siblings to go to school," says Patricia with a sad look on her face.

But as the old adage says: it is better late than never, this year Patricia sat for her English exam in August and she is looking forward to realizing her dream of becoming a nurse.

"I have no hard feelings towards my parents, many people back then used to have large families because family planning was not readily available and also because people thought having many children would help with cheap labour in the fields and with various chores at home."

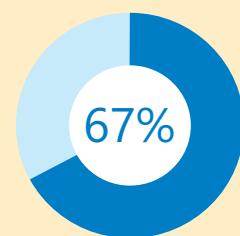
UNFPA, works with the Government of Zimbabwe, by supporting family planning programmes and expanding choice for many women and girls such as Patricia. Zimbabwe's Contraceptive Prevalence Rate of 67%, is one of the highest in Africa. The country is now taking the full range of contraceptive options to remote corners of the country by training health workers in remote health facilities on comprehensive family planning service provision.

~ Bertha Shoko

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Zimbabwe's
Contraceptive
Prevalence Rate

"Family planning was not readily available during our days"

Fifty-five (55) year old Evelyn Nyaruwe from Nemutenzi village in Nyanyadzi Hot Springs of Manicaland province is a mother of 8 children. She says for women of her age it is not uncommon to have such large families. In the absence of modern Family Planning methods women resorted to some unorthodox methods to space their children.

"For many women of my generation, we had many children not by choice but because of the circumstances," explains Evelyn. "Family Planning methods were not readily available. We used a lot of unorthodox methods to space the births of our children. Most of these did not work because most of us ended up with many children that we could not afford to look after."

One method Evelyn recalls was tying knots of medicinal herbs around one's waistline. The number of knots tied around one's waist symbolised the number of years the woman wanted between her last child and her next pregnancy. Another method used back then was for men to go and work in the city or nearby South Africa for 2 or 3 years and only return when it is time to have another child.



"For many women of my generation, we had many children not by choice but because of the circumstances,"

Evelyn Nyaruwe

Sixty-two (62) year old Rhoda Ndangana from nearby Chibuwe village is a mother of four. She lost 4 other children in their childhood. She says as a woman of faith she used faith healing to space her children.

Rhoda says, "After giving birth I would go to church and speak to the man of God to pray for me to space my children. The prophet would ask how many years you wanted to wait until the next baby. He would then spiritually tie the womb and give you some holy water to bathe with to prevent any pregnancies during the said period."

"For me it worked, but for many others it didn't. We used these methods because there was no other option. I am however encouraging my children to use modern family planning methods," explains Rhoda.

From knowledge passed down by her mother, forty-two (42) year old Patricia Mhukayatadza, a mother of five outlines another method of family planning used by women. This entailed jumping over a shrub to prevent pregnancies and jumping over it again to trigger fertility for the next pregnancy. But what would happen when after 3 years that shrub becomes a tree or someone cuts it down for firewood?

"Once you identify your shrub it was important to continue tending it, making sure it remained small enough to jump over again when the right time came," explains Patricia with a laugh. "At least that's what my mother told me," she adds shrugging her shoulders and gesturing with her hands at the same time.

While for women like Rhoda and Evelyn family planning was by chance and not by choice due to limited choices those many years ago, today many women in Zimbabwe can celebrate the availability of a wide range of family planning methods.

UNFPA has supported the National Family Planning programme in Zimbabwe since the early 1980s. Zimbabwe's Contraceptive Prevalence Rate of 67% remains one of the highest in Africa. However, a lot more still needs to be done to end unmet need for FP, which is at 10.4% (national average) but higher (12.6%) among adolescents. With support from UNFPA and other partners, Zimbabwe plans to reduce unmet need for FP from 10.4% to 6.5%, and from 12.6% to 8.5% among adolescents. ~ Bertha Shoko



"The Power of Choice - Pregnancy by Choice Not Chance" (11)

"Educating both men and women on family planning is key"



"The men trust me to provide the best service in family planning and that has made contraceptive use popular here in Gumunyu."

Nurse Kelvin Takavingwa



A woman in her early thirties lies on the small bed in the examination room at Gumunyu Clinic an area under Chief Gumunyu in Gokwe North. Beside her, a male nurse seems to be preparing to perform a medical procedure on her. The nurse puts on some gloves and tells the woman to relax and that there is nothing to worry about as he is an experienced nurse. He is preparing to insert an intra uterine contraceptive device (IUCD) to the client on the bed.

The nurse is Kelvin Takavingwa (39).He has been working at Gumunyu Clinic for more than ten years and is passionate about his work as a nurse. In October 2018, Takavingwa was trained on IUCD insertion as a long acting reversible contraceptive (LARC) method for those who choose it. He was certified a month later in November 2018.

"Long-acting reversible contraceptives are methods of birth control that provide effective contraception for extended long period without requiring user action and adherence. These include intrauterine devices and subdermal contraceptive implants," explains Takavingwa.

"It was difficult for women to accept that a male nurse could provide family planning services. With the help of community health workers, women are increasingly becoming more responsive and coming for these services," Takavingwa says proudly.

Nurse Takavingwa says providing enough information and education on the benefits of long acting methods to both men and women in Gumunyu has contributed to many women choosing to have the IUCD inserted. He says Gokwe is predominantly a farming area and women would prefer long acting methods to avoid visiting the clinic often so they concentrate on their farming activities.

"We have not had any IUCD clients coming back to the clinic with complains," says Takavingwa. Gumunyu Clinic records show that there have been no complaints from IUCD clients indeed.

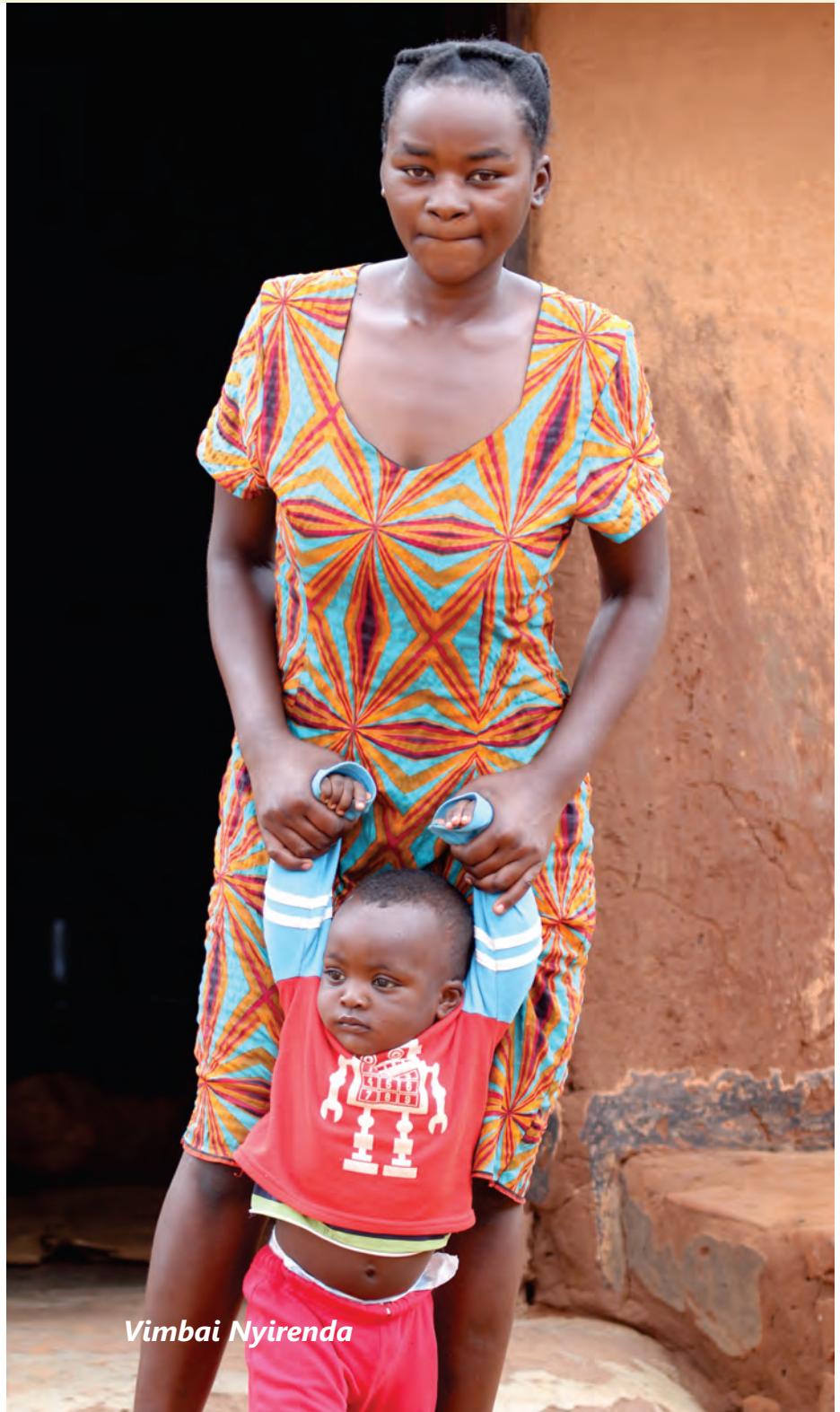
According to Takavingwa, family planning and use of contraceptives in the Gumunyu area has not been a big challenge in relation to other areas in Gokwe as men are actively involved in the decision making and participate in sexual reproductive health education.

"The men trust me to provide the best service in family planning and that has made contraceptive use popular here in Gumunyu."

UNFPA is supporting Zimbabwe in procuring IUCDs, Implants and Injectables to ensure expanding choices and improving access to comprehensive contraceptive services. Delivered through public health systems, these contraceptives reach beneficiaries in the most remote areas like Gumunyu in Gokwe North. The Family Planning programme receives technical and financial support from UNFPA through the Health Development Fund, a pooled funding mechanism supported by the governments of Britain, Ireland, Sweden and the European Union.
~ Jesilyn Dendere

"I wish I had known about these contraceptive methods before I started having sex"

"I wish I had known about these contraceptive methods before I started having sex, my life would have turned out differently. Maybe I would not have fallen pregnant. Of the family planning methods that the nurses taught us about, what interested me the most was the loop. I liked that it was long acting and that I could have it inserted soon after giving birth."



Vimbai Nyirenda, 18 from Ganye Village in Gokwe South of Midlands province sits on the floor in her mother's kitchen hut. Her mother, Gladys, 52 sits next to her and occasionally plays with her grandchild, Vimbai's baby. Vimbai, having been 16 when she fell pregnant, is one of the many young girls who have had to stop their studies due to teenage pregnancy.

"I started having sex with my boyfriend when I was 16 years old. I had information from other girls on safe sex and use of male and female condoms, to ensure I protected myself from STIs, HIV and unwanted pregnancy," says Vimbai shyly.

"I also knew about the Emergency Contraceptive pill but I just chose to ignore this information. When I fell pregnant at a young age, I realized that it had been a huge mistake to engage in unprotected sex." She learnt more about contraceptive methods from the nurses at Gokwe District Hospital during ante natal visits.

"I wish I had known about these contraceptive methods before I started having sex, my life would have turned out differently. Maybe I would not have fallen pregnant. Of the family planning methods that the nurses taught us about, what interested me the most was the loop. I liked that it was long acting and that I could have it inserted soon after giving birth."

With permission from her mother, Vimbai had the loop inserted 14 weeks after giving birth as her preferred choice of family planning. She says she has not been sexually active since falling pregnant, but decided to take precaution just in case she meets someone.

"I had heard about the loop from other women within our community. Although I had initially thought I would encourage her to have Jadelle, I am glad that she sought to know more about contraceptives and has made her own choice," says Gladys Nyirenda, Vimbai's mother with hope in her eyes.

"My desire is for her to continue with her studies, so if she uses a method that is as long acting as the loop, she can continue with her education without worrying about falling pregnant." The loop (IUCD) can work for up to 12 years, but can be removed any time before 12 years if the woman or couple are planning pregnancy.

Teenage pregnancies have been cited as a major contributor to maternal and child mortality among adolescents. It remains high at 22% in the country as a result of lack of availability of family planning information and services for young people. Comprehensive sexuality education is essential to building the self-efficacy of young people to act on SRHR information that they receive. UNFPA supports the Government of Zimbabwe by procuring a wide range of contraceptives, hence contributing to expanding choice and improving access to comprehensive contraceptive services, which benefit young people like Vimbai.
~ Jesilyn Dendere

Teenage pregnancies have been cited as a major contributor to maternal and child mortality among adolescents.

"My husband did not want
me to use family planning"



Christine Njolomola and her grandchild

When Christine Njolomola (75) got married at 15 years in 1970, she was taught that her role was to grow the Njolomola family. She therefore did not see anything wrong with having one child after another. By the time she was 18 years old, Christine had three children and was expecting her fourth baby.

"I went to the clinic for a routine check-up and was surprised when the nurse who attended to me developed an interest in me as she started asking me a lot of questions. She told me that at 18 years, I was too young to be expecting a fourth child," Christine says with a shy smile.

"She taught me about family planning and why it was important to space children. I was not using any contraceptives because I had no idea what benefit they had for me. From the information had received I was convinced they were good for my health but I knew that my husband would not approve. He said contraceptives resulted in difficulties in conceiving in the future," Christine says.

Christine made a decision to take the contraceptives without talking to her husband. She went for four years without falling pregnant and her husband started asking questions. She told him the truth, that she had been taking contraceptives to enable her to space her children and allow her body to heal naturally before planning on having another child. Her husband was furious.

"He accused me of cheating, I tried to make him understand but it was difficult and in the end we went to the clinic together so that it could be explained to him by a nurse. He was told that child spacing also gives enough time and opportunity to love and provide attention to the husband and children. After that, he was convinced!" Christine reveals.

After the clinic visit, her husband became more supportive and encouraged her to use contraceptives. Today Christine is a proud mother of 7 children. Her health improved remarkably after allowing her body to heal between pregnancies and childbirth.

"I had to stand up for myself. It is my body and I knew then that I could plan when to fall pregnant and not by chance. Spacing my children made me feel healthier," Christine says confidently.

"When my daughter got married, use of contraceptives is one of the first things that I taught her and I am glad that she managed to do child spacing and is looking very healthy."

Since 1981 UNFPA Zimbabwe has been supporting the National Family Planning programme, helping expand choices for women and girls of reproductive age. The country has made great progress in this area.

~ Jesilyn Dendere.

"I am happy with IUCD" Eremina's Story

"For me, so far so good with loop and I encourage women to try this method of family planning."



Eremina Taruvinga (43) of Majichimba under Chief Mpapa in Chiredzi District of Masvingo was married in 1995. She is a mother of five. As a means of family planning she has used mostly pills and injectables but these short acting methods gave her challenges such as spotting and sometimes forgetting to take the pills. And yet she had soldiered on because she initially thought, she had no other choice.

“Forgetting to take pills caused me some nervous situations. My husband was always away in Bikita at work and could just drop by unexpectedly. I feared getting pregnant a lot as a result of this.”

Eremina had heard about Jadelle and Intra Uterine Contraceptive Device (IUCD) availability for years but myths and misconceptions within her community made her think twice on having these long acting methods until a visit to a local clinic opened her mind.

She got all the information she needed at Damarakanaka Clinic and in consultation with her husband decided to try the IUCD or 'loop'. She had chosen this method because she had understood that it had no hormonal side effects. Since then, she is happy with the method she chose. She encourages women to approach health facilities to learn more about various family planning methods from trained professional instead of using myths and conceptions to decide which method to use.

“For me, so far so good with loop and I encourage women to try this method of family planning. Once it is inserted you are good to go and there are no worries like forgetting to take the pill. I think more women should have more information about different methods of family planning as I did because information is truly empowering.”

Through support to the family planning programme in Zimbabwe and working with various partners such as Zimbabwe National Family Planning Council, ZICHIRE and World Vision, UNFPA has invested significantly in ensuring women and girls have information about the various family planning methods available. It is the reason why women such as Eremina are empowered to make decisions about their sexual and reproductive health.
~ Weston Makoni



"We agreed to have children that we could afford to take care of"



"I took the 'loop' because it is long acting and can prevent pregnancy for at least 12 years."

Netsai Tenda

For 36-year-old Netsai Tenda of Chief Mpapa in Chiredzi, managing the number and spacing of her children was a priority. She married in 1999 and has five children. Ideally, she had a child after every three years.

“My husband and I survive mainly on the land and other piece jobs so we agreed to have children that we can afford to take care of,” explains Netsai.

How did she manage to optimally space her children when it seems the community around her had children closely spaced? From 1999 to 2018, Netsai says she used the pill for spacing her children.

“I had my first born in 2000 and the last one in 2016. I have never used any other method of family planning beside pills. I took them religiously and the support I got from my husband made life easy for me.”

“Children need to be taken care of by providing food, clothing, shelter and sending them to school. We did not want to have too many children because we were afraid we would not be able to take care of them. The five children we have at the moment are enough.”

In 2018 having decided that the size of their family was enough Netsai and her husband decided to change from the pill to the loop.

“I took the 'loop' because it is long acting and can prevent pregnancy for at least 12 years. I also wanted the experience of using something else other than the pill,” Netsai adds.

Through support to Zimbabwe's family planning programme, UNFPA has been ensuring women such as Netsai have a variety of choices to choose from to suit their preferences and lifestyles. Netsai had the loop inserted at Damarakanaka clinic in rural Zimbabwe, one of the over 700 clinics and hospitals that are offering IUCD insertions and removal services. The nurses were trained in IUCD insertions in 2017 as part of a programme to expand choice for women and girls across Zimbabwe.

~ Weston Makoni

“Through support to Zimbabwe's family planning programme, UNFPA has been ensuring women such as Netsai have a variety of choices to choose from to suit their preferences and lifestyles.”









2019

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United Nations Population Fund

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