



Youth Development Initiative Trust

Pleasure Based Sexuality Education

A DESK-REVIEW RESEARCH

DMT RESEARCH CONSULTANTS

Supported By:



Acronyms

AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexual Education
ESA	Eastern and Southern Africa
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and Communications Technology
IPPF	International Planned Parenthood Federation
PBSE	Pleasure Based Sexuality Education
PREP	Pre-Exposure Prophylaxis
SADC	Southern African Development Community
SGBV	Sexual Gender Based Violence
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	the Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
YDIT	Youth Development Initiative Trust
ZDHS	Zimbabwe Demographic and Health Survey
ZIMSTAT	Zimbabwe Statistics Agency

Table of Contents

Acronyms.....	2
Executive Summary.....	5
Introduction.....	7
Background and rationale for the assignment.....	7
Scope of work and objectives.....	9
Guiding principles.....	9
Overview of methodology.....	10
Methodology.....	10
Desk review approach and inclusion criteria.....	10
Policy and legal analysis framework.....	10
Ethical considerations.....	11
Limitations and mitigation measures.....	11
Global and Regional Evidence on Pleasure-Based Sexuality Education.....	11
Definitions and conceptual frameworks.....	11
Global best practices.....	12
Regional approaches and commitments.....	16
Evidence of impact on knowledge, attitudes, and behaviours.....	17
Lessons relevant to Zimbabwe.....	18
Zimbabwe Context Analysis.....	20
Socio-Cultural and Economic Context.....	20
Cultural Norms, Religion and Community Attitudes.....	21
Gender Norms and Power Dynamics	22
Lessons from YDTI's PBSE programming	22
Implications for Pleasure-Based Sexuality Education	23
SRHR Landscape and Implications for PBSE	25
National SRH Progress and Family Planning Trends	25
Gaps in Preventive SRH Services: Cancer Screening	25
HIV Prevalence and Gendered Vulnerabilities	26
Overall Implications for Pleasure-Based Sexuality Education in Zimbabwe	27
Policy and Legal Environment.....	27
Enablers and Constraints for Pleasure-Based Sexuality Education in Zimbabwe.....	27
Enabling Conditions for Pleasure-Based Sexuality Education.....	28
Constraining Factors and Policy Ambiguities	29
Implications for Pleasure-Based Sexuality Education	30

Zimbabwe Curriculum Analysis.....	30
Introduction.....	30
Existing Curriculum Strengths Relevant to Sexuality Education.....	31
Risk-Oriented and Protective Framing of Sexuality.....	32
Missing Dimensions of Consent, Intimacy, and Positive Sexuality.....	32
Cultural and Moral Framing as a Limiting Factor.....	32
Limited Recognition of Diversity.....	32
Teacher Preparedness and Pedagogical Gaps.....	32
Implications for Integrating Pleasure-Based Sexuality Education.....	33
Thematic Analysis.....	33
Understanding of Pleasure, Consent, and Wellbeing.....	33
Gender Dynamics and Agency.....	34
Emotional and Psychosocial Dimensions	34
Pedagogical Gaps in Current Sexuality Education	34
Opportunities for Youth-Led Approaches.....	35
Digital Platforms and Innovation.....	35
Strategic Recommendations.....	36
Programme Recommendations for YDIT.....	36
Policy and Advocacy Recommendations.....	37
Implementation Considerations.....	38
Proposed Framework for YDIT's Pleasure-Based Sexuality Education Model.....	
Proposed Framework for YDIT's Pleasure-Based Sexuality Education Model ³⁸	
Conclusion.....	40
References.....	41

Executive Summary

Young people in Zimbabwe continue to navigate their sexual development in an environment shaped by silence, stigma, and fear-based messaging. Despite being the country's largest demographic group, they face disproportionate sexual and reproductive health risks. Adolescents account for one in three new HIV infections, and young women aged 15–24 are three times more likely to acquire HIV than their male peers. Globally, 4.4 million girls aged 15–19 undergo unsafe abortions annually, and Zimbabwe mirrors this trend with high rates of unintended pregnancy. Nearly one in three girls experiences sexual violence before age 18, and mental health challenges linked to relationship stress and social pressure continue to rise. These realities highlight a central problem: current sexuality education does not equip young people with the knowledge, skills, or confidence to navigate sexuality safely and positively. Pleasure, consent, emotional wellbeing, and agency remain largely absent from formal curricula, leaving young people to rely on peers, social media, or misinformation.

This consultancy aligns directly with the Youth Development Initiative Trust's mission to build a peaceful, gender-just, healthy, and empowered citizenry. YDIT's 2024–2027 Strategic Plan prioritises youth participation, women's participation, and social inclusion, all of which underpin the design and purpose of this assignment. The organisation's SRHR Priorities (2024–2026) explicitly call for the integration of pleasure-positive approaches into sexuality education, recognising that young people require not only risk-based information but also tools to navigate intimacy, communication, consent, and emotional wellbeing. This consultancy therefore provides the evidence base needed to advance YDIT's strategic direction and strengthen its leadership in youth-centred SRHR programming.

The consultancy was commissioned to respond to the gap between young people's lived realities and the limitations of existing sexuality education. Its purpose was to generate evidence-based insights that inform YDIT's programming, advocacy, and model development, and to identify opportunities for a youth-centred, rights-affirming, and gender-transformative approach. A multi-method approach was used. The desk review examined global, regional, and national literature on pleasure-based sexuality education, including conceptual frameworks and evidence of impact. A structured policy and legal analysis assessed Zimbabwe's alignment with AU, SADC, and international commitments, identifying enabling provisions and policy silences. Together, these methods produced a comprehensive and contextually grounded analysis.

Key findings show that global evidence strongly supports pleasure-inclusive approaches, which improve communication skills, strengthen consent practices, reduce stigma, and foster healthier relationships. Regional commitments under the African Union and SADC provide a supportive policy foundation, even though pleasure is not explicitly referenced. Nationally, Zimbabwe has made progress through constitutional guarantees of reproductive health rights and integrated SRHR guidelines, yet the curriculum remains silent on pleasure, emotional wellbeing, and agency. Reviews revealed cross-cutting themes: limited understanding of pleasure and consent; restrictive gender norms; unmet emotional and psychosocial needs;

significant pedagogical gaps; strong appetite for youth-led approaches; and the growing importance of digital platforms as safe learning spaces.

High-level recommendations for YDIT include:

- Developing a comprehensive pleasure-based curriculum integrating wellbeing, agency, consent, communication skills, and positive sexuality.
- Adopting The Pleasure Principles in programming and implementation of activities
- Investing in youth-led facilitation models that position young people as co-designers, peer educators, and programme ambassadors.
- Strengthening emotional literacy and psychosocial support within sexuality education.
- Building strategic partnerships with SRHR organisations, feminist networks, digital innovators, and community actors.
- Advancing policy and advocacy efforts promoting clearer language on consent, adolescent SRHR, and positive sexuality.
- Embedding ethical safeguards and trauma-informed practice across all programme components.
- Adopting adaptive learning systems that use youth feedback and monitoring data.

Strategic entry points for programming include:

- Leveraging curriculum review processes to advocate for pleasure, consent, and emotional wellbeing.
- Aligning programming with national SRHR strategies and AU/SADC commitments.
- Positioning youth as co-designers and advocates to strengthen relevance and agency.
- Learning from Plan International Zimbabwe's The Pleasure Project-Embracing Pleasure to improve on programming and implementation
- Expanding digital and hybrid delivery models, including confidential online support.
- Integrating pleasure-based content within broader wellbeing and mental health frameworks.
- Strengthening school–community linkages to create supportive environments.
- Using evidence-based messaging to shift public narratives and reduce stigma.

Zimbabwe stands at a pivotal moment where demographic realities, SRHR challenges, and evolving global norms demand a more holistic, youth-centred approach to sexuality

education. Pleasure-based sexuality education offers a transformative pathway that recognises young people as active agents capable of making informed, respectful, and joyful decisions about their bodies and relationships. By investing in youth leadership, strengthening curriculum content, and leveraging policy windows and digital innovation, YDIT is well positioned to pioneer a model that advances rights, dignity, and wellbeing, laying the foundation for a generation of young people who can thrive with confidence and autonomy.

Introduction

Background and rationale for the assignment

Sexuality education in Zimbabwe has long been shaped by cultural norms, religious beliefs, and policy frameworks that prioritise abstinence and risk avoidance. As a result, young people grow up in an environment where open discussion about sexuality is limited, and where silence, stigma, and moral judgement often replace accurate information and supportive guidance. Many adolescents enter adulthood confronted with conflicting, negative, and confusing messages about sexuality, compounded by embarrassment and silence from adults, including parents and teachers (UNESCO, 2010). This silence persists despite the significant health, emotional, and social challenges young people face. .

Globally, young people carry a disproportionate burden of sexual and reproductive health risks. Each year, more than 111 million treatable sexually transmitted infections occur among youth, who also account for half of all new HIV infections. As many as 4.4 million girls aged 15-19 undergo abortions annually, most under unsafe conditions (IPPF, 2010). Ten per cent of all births worldwide are to adolescent mothers, who face higher rates of maternal mortality than older women. Reported sexual abuse affects between 7-34 per cent of girls and 3-29 per cent of boys across 19 countries. Emotional and psychosocial distress is also significant: every five minutes a young person dies by suicide, often linked to sexual violence, relationship breakdown, or other SRHR-related pressures.

Evidence shows that comprehensive sexuality education (CSE) has benefits far beyond preventing unintended pregnancy and STIs. Effective CSE enhances appreciation of sexual diversity, supports the prevention of dating and intimate partner violence, strengthens healthy relationship skills, prevents child sexual abuse, and improves social-emotional learning and media literacy. Yet traditional approaches in Zimbabwe and many other contexts remain narrowly focused on risk, failing to address the holistic dimensions of sexual wellbeing such as consent, emotional health, communication, and critically pleasure.

Pleasure is one of the primary reasons people, including young people, engage in sexual activity. Enjoyment, positive sensations, intimacy, and relational fulfilment are far more common motivators than the intention to conceive (IPPF, 2023). Recognising this, pleasure-based sexuality education represents a transformative shift. It centres joy, agency, and positive experiences as legitimate and essential components of sexual health. This approach is increasingly acknowledged worldwide for its potential to foster healthier relationships, reduce stigma, and empower young people to make informed, respectful choices.

This assignment is grounded in YDIT's organisational mandate to empower vulnerable and marginalised youth. The 2024–2027 Strategic Plan emphasises evidence-based practice, rights-based programming, and the meaningful participation of young people in shaping interventions that affect their lives. Pleasure based sexuality education aligns with YDIT's commitment to social inclusion and gender justice, offering a pathway to address the emotional, relational, and psychosocial dimensions of sexuality that are often overlooked in traditional SRHR programming.

In Zimbabwe, the need for such a shift is particularly urgent. Young people face intersecting challenges including unemployment, gender-based violence, limited access to youth-friendly SRHR services, and persistent social norms that restrict open dialogue about sexuality. These realities create a timely opportunity to reimagine sexuality education through a rights-based, youth-centred, and gender-transformative lens. YDIT's initiative to explore pleasure-based sexuality education is therefore both innovative and essential, positioning the organisation to contribute meaningfully to inclusive development, social justice, and the wellbeing of Zimbabwe's youth. YDIT's SRHR Priorities (2024–2026) highlight the need to strengthen youth friendly SRHR services, expand access to accurate information, and promote positive sexuality frameworks that affirm agency and wellbeing. This consultancy directly contributes to these priorities by generating evidence that will inform the development of a pleasure-based sexuality education model tailored to Zimbabwe's sociocultural context.

This study directly aligns with the Youth Development Initiative Trust's mission to work towards a peaceful, gender just, healthy, and empowered citizenry, and its vision of creating positive change in youth, families, and communities while empowering the vulnerable and marginalised. YDIT's 2024–2027 Strategic Plan emphasises youth participation, women's participation, and social inclusion as core thematic areas. These priorities are reflected in the focus of this consultancy, which centres the lived realities of young people and persons with disabilities, and seeks to address the structural and relational barriers that undermine their SRHR.

The organisation's commitment to evidence-based practice, as outlined in its strategic plan and reaffirmed in the 2025 AGM, positions this research as a foundational input for program design, advocacy, and policy engagement. YDIT's SRHR Priorities (2024–2026) explicitly call for the integration of pleasure positive approaches into sexuality education, recognising that young people require not only risk-based information but also tools to navigate intimacy, communication, consent, and emotional wellbeing. This consultancy therefore contributes directly to YDIT's strategic direction by generating the evidence needed to design disability inclusive, youth centred, and pleasure affirming SRHR programming.

By grounding this work in YDIT's organisational values of human rights, accountability, learning, innovation, and partnership, the consultancy strengthens the organisation's ability to influence national SRHR discourse and advance a more holistic, rights affirming model of sexuality education in Zimbabwe.

Scope of work and objectives

The scope of this consultancy reflects YDIT's commitment to generating rigorous, strategic positioning within Zimbabwe's evolving SRHR landscape. The assignment focuses on producing a comprehensive and contextually grounded analysis that will guide the development of a pleasure-based sexuality education model tailored to the needs of young people.

- Conduct a comprehensive desk review of pleasure-based sexuality education models, policies, and practices from Zimbabwe and comparable contexts.
- Analyze Zimbabwe's policy and legal environment for SRHR and youth education, identifying gaps and opportunities.
- Deliver a synthesis presentation that communicates findings, recommendations, and strategic entry points for YDIT's programming.

Guiding principles

The study is anchored in a rights-based, youth centred, and gender transformative framework. A rights-based approach recognises that, although international human rights instruments do not explicitly articulate autonomy, freedom, non-discrimination, equality, privacy, safety, and bodily integrity collectively enable individuals to experience sexuality in ways that are safe, informed, and affirming. These rights form the basis for understanding pleasure as an integral dimension of sexual wellbeing, consistent with global guidance that emphasises respect for individual differences and the protection of human dignity (IPPF, 2015).

A youth-centred approach ensures that the perspectives, needs, and lived experiences of young people guide the analysis and shape the recommendations. It prioritises agency, participation, and relevance, recognising young people as active contributors to their own learning and wellbeing. A gender transformative lens further strengthens the study by interrogating and challenging the gender norms, power relations, and structural inequalities that influence young people's access to SRHR information and services.

In addition the study is also guided by the Pleasure Principles which are designed to act as a guide and inspiration to support people and organisations to embark on the journey towards a sex-positive, pleasure based approach to sexual health (Plan International, 2025). Together, these principles provide a coherent and ethically grounded foundation for examining the potential of pleasure-based sexuality education within Zimbabwe's evolving SRHR landscape.

Overview of methodology

Methodology

Desk review approach and inclusion criteria

A systematic desk review was undertaken, drawing on peer-reviewed literature,

analytical questions designed to map existing evidence, identify gaps, and assess the relevance of international models for the Zimbabwean context. The guiding questions for this study were:

- What is known in pleasure-based sexuality education nationally, regionally and internationally?
- What has worked well in other countries that can be replicated in Zimbabwe? What are the key strides that have been made in this area and what are the gaps that exist?
- What are some challenges of implementing pleasure-based sexuality education?
- Which policies are available in Zimbabwe to guide the implementation of pleasure-based sexuality education and how do these policies guide the implementation? What can be learnt from other countries?

The methodological approach reflects YDIT's commitment to evidence-based programming, as articulated in the Strategic Plan and reaffirmed in the 2025 AGM. By grounding the desk review in global, regional, and national evidence, the study supports YDIT's objective to design interventions that are contextually relevant, rights affirming, and responsive to youth needs. This approach provides a robust

Policy and legal analysis framework

The analysis examined how Zimbabwe's policy and legal environment reflects or omits pleasure-based principles within SRHR and education frameworks. It assessed key national policies to identify areas of alignment, gaps, contradictions, and opportunities for strengthening the enabling environment. The review also considered regional and international commitments, including the Maputo Protocol (2005), the 2008 Ministerial Declaration on sexuality education in Latin America and the Caribbean, and the 2013 ESA Ministerial Commitment on CSE and adolescent SRH.

This work aligns with YDIT's advocacy mandate, which prioritises policy engagement and the strengthening of legal frameworks that support youth SRHR. By identifying gaps and

opportunities within the national policy landscape, the analysis provides a foundation for YDIT's future advocacy on pleasure-based sexuality education.

Ethical considerations

Although this consultancy relies primarily on secondary data, the nature of sexuality, gender, and youth well-being requires a careful ethical approach. Desk research in SRHR involves engaging with literature, policies, and evidence that reflects the lived experiences of young people, many of whom face stigma, discrimination, and structural inequalities. It is therefore essential to approach the work with sensitivity, respect, and a commitment to safeguarding the dignity of the populations represented in the materials reviewed.

A key ethical consideration is the responsible interpretation of data. SRHR information is often shaped by cultural norms, political agendas, and institutional biases. The research must therefore critically assess the credibility, context, and limitations of each source to avoid reinforcing harmful narratives or misrepresenting the realities of young people. This includes being mindful of how gender norms, power dynamics, and social inequalities influence the production of knowledge in the SRHR field.

Limitations and mitigation measures

The study relied primarily on secondary data, which limits the ability to capture the full depth and diversity of young people's lived experiences with sexuality education in Zimbabwe. Available literature on pleasure-based approaches remains limited, particularly within the national context, which may constrain the breadth of comparative analysis. Policy documents and programme evaluations also vary in quality and completeness, creating potential gaps in the evidence base.

To mitigate these limitations, the review drew on a wide range of global, regional, and national sources to strengthen triangulation and ensure analytical rigour. Where national evidence was limited, insights from comparable contexts were incorporated to inform relevance and applicability. The analysis also applied a critical lens to assess the credibility, context, and potential biases within available materials. These measures help ensure that the findings remain robust, balanced, and useful for informing YDIT's future programming and advocacy.

Global and Regional Evidence on Pleasure-Based Sexuality Education

Definitions and conceptual frameworks

Child means a person under the age of sixteen years and includes an infant;

Minor means a person under the age of eighteen years;

Young person means a person who has attained the age of sixteen years but has not attained the age of eighteen years.

Comprehensive Sexuality Education covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects.

Pleasure is being positive about young people's sexuality; understanding that sex should be enjoyable and not forced; that it is much more than just sexual intercourse; sexuality as part of everybody's life; the biology and emotions behind the human sexual response; gender and pleasure; sexual wellbeing; safer sex practices and pleasure; masturbation; love, lust and relationships; interpersonal communication; the diversity of sexuality; the first sexual experience; consent; alcohol and drugs and the implications of their use; addressing stigma associated with pleasure.

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproductions. Sexuality is experienced in thoughts, fantasies, beliefs, attitudes, values, behaviours, practices and relationships. While sexuality can include all these dimensions, not all of them are always experienced and expressed. Sexuality is influenced by the interaction of biological, social-economic, political, cultural, legal, historical, religious and spiritual factors." (WHO, 2006).

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO working definition).

Sexual pleasure is the physical and/or psychological satisfaction and enjoyment derived from shared or solitary erotic experiences, including thoughts, fantasies, dreams, emotions, and feelings. Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and well-being.

Sexual rights relate to a person's sexuality, sexual orientation, gender identity, sexual behaviours and sexual health (IPPF, 2011).

Global best practices

Global evidence demonstrates that effective sexuality education is grounded in approaches that recognise sexuality as a normal and positive dimension of human development. The International Planned Parenthood Federation (IPPF) provides one of the most influential global models. Its Framework for Comprehensive Sexuality Education emphasises the inter-relationship of sexual expression, fulfilment and pleasure as legitimate components of the importance of sexual expression and healthy sexuality (IPPF, 2010). IPPF argues that sexuality education must move beyond narrow risk reduction models and

Although some governments and organisations continue to promote abstinence-only programmes, IPPF strongly discourages approaches that focus solely on abstinence because global evidence consistently shows that they are ineffective in delaying sexual initiation or reducing sexual risk. IPPF recommends that CSE programmes be developed

within clear principles of planning, delivery, assessment and evaluation, and Figure 1 illustrates these principles of good practice.

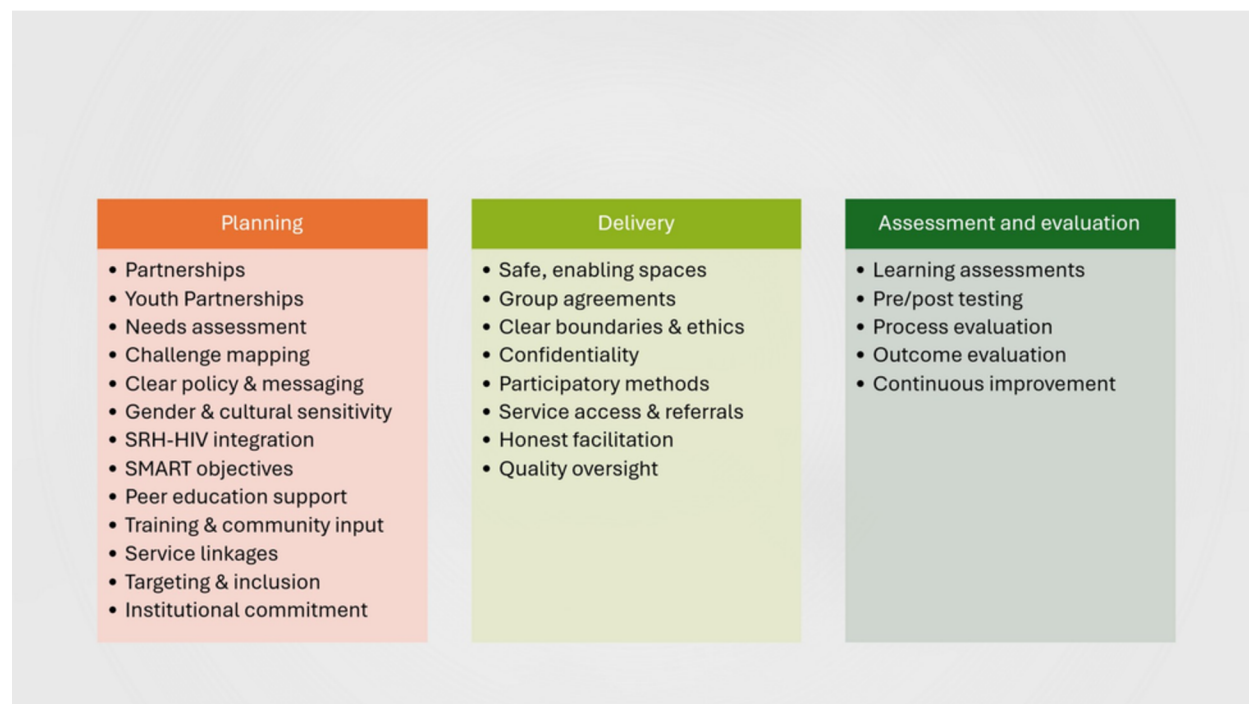


Figure 1: Principles of Good Practices in CSE (IPPF, 2010)

UNESCO's International Technical Guidance on Sexuality Education (2018) reinforces this global perspective by emphasising the need to address the realities of young people's lives, including aspects of sexuality that may be sensitive or difficult to discuss in certain communities. UNESCO stresses that sexuality education must be grounded in scientific evidence and framed within gender equality and human rights standards. The organisation draws on a wide body of evidence to inform its guidance. The table below summarises key findings from studies referenced in UNESCO's guidance and outlines their implications for programme design.

Findings	Programme Implications	Authors
Sexuality education – in or out of schools – does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates	Reinforces the safety and appropriateness of CSE for adolescents.	UNESCO, 2009; Fonner et al., 2014; Shepherd et al., 2010
Sexuality education has positive effects, including increasing young people's knowledge and	Supports investment in comprehensive, age-appropriate CSE.	UNESCO, 2016b

improving their attitudes related to SRH and behaviours		
Programmes that promote abstinence-only have been found to be ineffective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners. Programmes that combine a focus on delaying sexual activity with content about condom or contraceptive use are effective	Young people need to be given information on modern contraception to protect against pregnancy and STIs, Pre-Exposure Prophylaxis (PreP), referrals to comprehensive youth friendly SRH services (sexual abuse or assault services, psycho-social support, Post-Exposure Prophylaxis), pregnancy, STI & HIV services).	Kirby, 2007; Underhill et al., 2007; UNESCO, 2009; Fonner et al., 2014
Programmes addressing both pregnancy prevention and STI/HIV prevention are more effective than single focus programmes, for instance, in increasing effective contraceptive and condom use and decreasing reports of sex without a condom	CSE should integrate pregnancy prevention, STI/HIV prevention and broader SRHR content.	Lopez et al., 2016; UNESCO, 2016c
Programmes with implementation fidelity – that is, when effective curricula are delivered as intended - are much more likely to have the desired positive impact on young people's health outcomes than programmes that do not remain faithful to the original design, content or delivery approaches	In programming avoid reducing the number or length of sessions; reducing participant engagement; eliminating key messages or skills to be learned; removing topics completely; changing the theoretical approach; using staff or volunteers who are not adequately trained or qualified; and/or using fewer staff members than recommended.	Michielsen et al., 2010; Shepherd et al., 2010; Wight, 2011
Sexuality education is most impactful when school-based programmes are complemented	Strengthen school-community linkages and ensure supportive	Chandra-Mouli et al., 2015; Fonner et al., 2014; UNESCO,

with community elements, including condom distribution; providing training for health providers to deliver youth-friendly services; and involving parents and teachers	environments for adolescents.	2015a
--	-------------------------------	-------

Table 1: Summary of findings and implications of sexual education

Several international case studies provide further insight into what works in sexuality education and why these lessons are relevant for countries seeking to strengthen their CSE systems.

- **The Netherlands** has one of the most comprehensive and positive sexuality education models globally. Its curriculum emphasises communication, consent, emotional literacy and positive sexuality, and it is delivered from early childhood through adolescence. This approach contributes to some of the lowest adolescent pregnancy and HIV rates in the world because learners are equipped with skills to negotiate relationships, understand their bodies and make informed decisions (Ketting and Ivanova, 2018).
- **Latin America and Asia** have implemented the “It’s All One Curriculum,” which integrates gender, rights and wellbeing. Evaluations show that this curriculum improves self-efficacy, reduces acceptance of gender-based violence and increases contraceptive use among adolescents (Haberland and Rogow, 2015). These findings demonstrate the value of integrating gender and power into sexuality education.
- **Sweden and Uruguay** illustrate the importance of sustained, competency-based teacher training. Both countries invest heavily in preparing educators to teach sexuality education confidently and consistently, which results in higher implementation fidelity and greater learner engagement (UNESCO, 2018).
- **Canada and Norway** demonstrate the value of youth participation in curriculum design. When young people co-create learning materials, the content becomes more relevant, acceptable and impactful, particularly for marginalised groups. These participatory approaches strengthen curriculum relevance and improve learner outcomes.
- **Kenya and Rwanda** provide strong examples of integrating school-based CSE with youth-friendly SRH services. Evidence shows that when learners can access confidential and non-judgmental services, behavioural outcomes improve significantly, including increased contraceptive uptake and reduced STI incidence

(UNFPA, 2020). These models highlight the importance of linking CSE with accessible health services.

Together, these global practices demonstrate that effective sexuality education requires a holistic, rights-affirming and evidence-based approach. The strongest programmes integrate gender, power, communication, consent and wellbeing, and they are delivered with fidelity by trained educators within supportive school and community environments. This global evidence base provides a clear foundation for strengthening national CSE programmes and offers valuable insights for countries seeking to integrate more positive and agency-centred approaches to sexuality education.

Regional approaches and commitments

The African Union's Agenda 2063 envisions a continent where *every citizen has universal access to SRHR information and services*, including adolescents, young women, women with disabilities, people living with HIV, and other vulnerable groups. This vision emphasises integration across HIV, TB, malaria, maternal and child health, and family planning services. The AU's framing is rights-based and inclusive, creating an enabling environment for PBSE because it recognises sexuality as part of holistic wellbeing.

The **SADC Protocol on Gender and Development** reinforces these commitments by requiring State Parties to:

- Ensure equal access to SRHR information, education and services for girls and boys.
- Adopt gender-sensitive, appropriate and affordable health policies.
- Align national policies with the ICPD Programme of Action and the Beijing Platform for Action, both of which emphasise bodily autonomy, informed choice and comprehensive sexuality education (CSE).

Although neither AU nor SADC frameworks explicitly mention pleasure-based approaches, their emphasis on rights, agency, equality and holistic health provides a legitimate policy entry point for PBSE.

Critical Assessment of Regional Commitments

The regional frameworks offer several advantages for advancing pleasure-based sexuality education. They establish a clear rights-based foundation that supports bodily autonomy, informed choice and positive sexual development. Their emphasis on universal access ensures that adolescents and other marginalised groups are recognised as legitimate holders of SRHR, which aligns with the inclusive ethos of pleasure-based approaches. The focus on integrated health services encourages a holistic understanding of sexuality that goes beyond disease prevention and includes emotional, relational and psychosocial dimensions. Harmonised commitments across SADC countries also create opportunities for shared standards, cross-country learning and consistent curriculum

development. Because these commitments are aligned with global frameworks such as ICPD and Beijing, pleasure-based approaches can be framed as a natural extension of existing obligations rather than a departure from them.

Despite these strengths, several gaps limit the full realisation of pleasure-based sexuality education. The most significant limitation is the absence of explicit language on pleasure, which allows governments to interpret commitments narrowly and maintain a risk-focused approach to sexuality education. Cultural and political sensitivities across the region further complicate implementation because discussions of pleasure are often viewed as inappropriate or morally contentious. Implementation gaps persist even for existing CSE commitments, and pleasure-based content, which is more progressive, is likely to be deprioritised. The health-centric framing of AU commitments can overshadow the relational and emotional aspects of sexuality that pleasure-based approaches emphasise. Youth participation in policy design also remains limited, which reduces the relevance and resonance of sexuality education content.

Recommendations for Strengthening Regional Support

AU and SADC frameworks provide an important foundation for SRHR and CSE, but they remain largely silent on positive sexuality and pleasure-affirming approaches. For Zimbabwe and YDIT, this creates space to shape national practice in ways that draw on regional commitments while addressing their limitations. Zimbabwe can interpret existing regional instruments through a broader rights-based lens that recognises pleasure, consent, communication, and emotional wellbeing as integral to adolescent health. Even without explicit regional language, these elements can be advanced under commitments to dignity, bodily autonomy, gender equality, and comprehensive sexuality education.

YDIT can help lead this shift by generating evidence and models that demonstrate the value of pleasure-based approaches. Strengthening teacher training, embedding youth-led co-creation, and integrating pleasure-affirming content within SRHR and HIV services would position Zimbabwe as an innovator in holistic CSE. These efforts can also inform national policy dialogue and contribute to emerging regional conversations. The gaps in AU and SADC instruments offer advocacy opportunities. Highlighting the absence of explicit guidance on positive sexuality can support calls for clearer regional standards, harmonised curriculum guidance, and stronger accountability mechanisms. Engaging parents, educators, traditional leaders, and faith-based actors in social norm change will further reduce stigma and build acceptance.

By grounding national action in evidence and youth experience, and by using regional commitments as a platform rather than a ceiling, Zimbabwe and YDIT can help shape a more enabling environment for pleasure-based sexuality education across the region.

Evidence of impact on knowledge, attitudes, and behaviours

Regional commitments by the African Union and SADC have played a significant role in shaping national sexuality education policies, and there is growing evidence that these

commitments have contributed to improvements in young people's SRHR knowledge, attitudes and behaviours. The evaluation of the Eastern and Southern Africa (ESA) Ministerial Commitment, which is anchored in AU and SADC SRHR frameworks, demonstrates that countries with sustained implementation of comprehensive sexuality education such as Namibia, South Africa and Zambia show markedly stronger SRHR learning outcomes than those with partial or inconsistent implementation (UNESCO et al., 2015). In Namibia, for example, more than 80 percent of learners exposed to curriculum-based CSE correctly identified at least two HIV-prevention methods, a significantly higher proportion than learners in comparison groups who had not received structured CSE (UNESCO et al., 2015). These findings illustrate how regional commitments have strengthened national curricula and legitimised the inclusion of accurate, rights-based SRHR content in schools.

Attitudinal change has also been documented across several SADC countries. The ESA Commitment Progress Report notes that learners exposed to CSE aligned with AU and SADC guidance demonstrate more gender-equitable attitudes, including stronger rejection of intimate partner violence, greater support for girls' education and increased endorsement of shared decision-making in relationships (UNESCO et al., 2021). In South Africa and Botswana, CSE programmes informed by regional frameworks have been associated with greater acceptance of adolescent SRHR, improved comfort discussing sexuality and reduced stigma toward people living with HIV (UNFPA, 2020). These shifts reflect the influence of regional commitments that emphasise gender equality, bodily autonomy and the right to information.

Behaviourally, AU and SADC commitments have contributed to improvements in sexual health outcomes where implementation fidelity is strong. Evidence from the ESA region shows that adolescents who receive structured CSE are more likely to delay sexual debut, use condoms at last sex and seek HIV testing and SRH services compared with peers who do not receive CSE (UNESCO et al., 2015; UNESCO et al., 2021). In Zambia and South Africa, longitudinal studies have linked curriculum-based CSE and youth-friendly SRH services to increased contraceptive uptake and reductions in multiple sexual partnerships among sexually active learners (SADC Secretariat, 2019). These behavioural outcomes are reinforced by the SADC SRHR Strategy (2019–2030), which has strengthened integrated service delivery and expanded youth-friendly services across the region. Although pleasure-based content is not yet explicitly integrated into most national curricula, the broader rights-affirming orientation of AU and SADC commitments has created an enabling environment in which positive, agency-centred approaches to sexuality education can increasingly take root.

Lessons relevant to Zimbabwe

Zimbabwe's participation in AU and SADC SRHR commitments provides a strong foundation for strengthening its sexuality education ecosystem, and several lessons from regional and global practice are directly relevant to the country's ongoing reforms. Evidence from the ESA region shows that countries with consistent implementation of

comprehensive sexuality education, including Namibia, South Africa and Zambia, achieve higher levels of SRHR knowledge among learners, improved gender-equitable attitudes and healthier sexual behaviours (UNESCO et al., 2015; UNESCO et al., 2021). Zimbabwe's own monitoring data reflect similar patterns, which suggests that the positive outcomes observed in neighbouring countries are achievable when curriculum delivery is consistent and supported by adequate teacher preparation. This regional evidence reinforces the importance of strengthening teacher training, improving curriculum fidelity and ensuring that CSE is delivered as intended across all provinces.

Zimbabwe can also draw lessons from global practice, particularly from countries that have successfully integrated positive and agency-affirming approaches to sexuality education. International evidence shows that programmes emphasising communication, consent, emotional literacy and positive sexuality produce stronger outcomes than those focused solely on risk or abstinence. The Netherlands, for example, has some of the lowest adolescent pregnancy and HIV rates globally, partly because its sexuality education promotes open communication, respect, self-knowledge and informed decision-making (Ketting and Ivanova, 2018). Evaluations of the "It's All One Curriculum" in Latin America and Asia show that integrating gender, rights and wellbeing leads to improved self-efficacy, reduced acceptance of gender-based violence and increased contraceptive use (Haberland and Rogow, 2015). These findings are relevant to Zimbabwe because they demonstrate that positive sexuality frameworks can strengthen the effectiveness of CSE without undermining cultural values.

Teacher capacity is another critical lesson. Countries such as Sweden and Uruguay invest in sustained, competency-based teacher training, which results in more confident educators and more consistent curriculum delivery (UNESCO, 2018). This is directly applicable to Zimbabwe, where teachers often report discomfort or insufficient preparation to teach sensitive topics. Strengthening pre-service and in-service training, and providing teachers with practical tools for facilitating discussions on relationships, gender and wellbeing, would significantly improve implementation quality.

Global evidence also highlights the importance of youth participation in curriculum design. Countries such as Canada and Norway demonstrate that when young people co-create learning materials, the content becomes more relevant and acceptable, particularly for marginalised groups. Zimbabwe's curriculum review processes could benefit from adopting similar participatory approaches, especially as the country considers integrating more positive and agency-centred content.

Another lesson concerns the integration of school-based CSE with youth-friendly SRH services. Evidence from Kenya and Rwanda shows that when learners can access confidential and non-judgmental services, behavioural outcomes improve, including increased contraceptive uptake and reduced STI incidence (UNFPA, 2020). Zimbabwe has already begun strengthening youth-friendly services, and global models provide practical guidance on how to deepen these linkages to support safer behaviours.

Finally, global practice shows that pleasure-based content can be introduced gradually within broader rights-based frameworks. Countries that have successfully integrated positive sexuality, including the Netherlands and Belgium, began with communication skills, consent, emotional wellbeing and body autonomy before introducing explicit discussions of pleasure. This phased approach aligns well with Zimbabwe's sociocultural context and offers a realistic pathway for expanding the scope of CSE without triggering resistance.

Together, these lessons demonstrate that Zimbabwe can strengthen its sexuality education system by enhancing teacher capacity, deepening youth engagement, improving school-health linkages and gradually integrating positive, agency-affirming approaches that align with both regional commitments and global evidence. These lessons are directly relevant to YDIT's strategic direction. The organisation's SRHR priorities emphasise the need to integrate positive sexuality, consent, communication, and emotional wellbeing into youth programming. Global evidence provides a strong foundation for YDIT to develop a pleasure-based sexuality education model that is grounded in rights, agency, and wellbeing.

Zimbabwe Context Analysis

Socio-Cultural and Economic Context

Young people aged 10 to 35 make up 46 percent of Zimbabwe's population, with females constituting 52 percent and males 48 percent. Harare has the largest youth population at 17 percent, followed by Manicaland and Mashonaland West at 13 percent each. Bulawayo, Matabeleland North and Matabeleland South have the smallest youth populations at about 5 percent each. Rural areas host 58 percent of the youth population, compared to 42 percent in urban areas. This rural concentration has implications for access to education, health services and information.

Educational access remains a significant challenge. As of 2017, more than 1.2 million children aged three to sixteen were not enrolled in school, despite Zimbabwe's constitutional mandate for free basic education. Approximately 63 percent of these children were out of school because they could not afford fees, even though schools are legally prohibited from sending children home for non-payment (Mudzi & Svongoro, 2024). Among youth aged 10 to 24, the 2022 census shows that 57 percent had completed secondary education and 37 percent had completed primary education, while only 4 percent had attained tertiary education. Urban youth are more likely to complete secondary and tertiary education than rural youth, reflecting persistent inequalities in educational access and development.

Disability prevalence among youth is low at around 1 percent, with communication and cognitive disabilities being the most commonly reported forms (Zimstats, 2022). This highlights the need for inclusive sexuality education that accommodates diverse learning

needs and ensures that young people with disabilities are not excluded from information about relationships, consent and wellbeing.

Labour force participation is also low. Only 17 percent of youth are engaged in economic activities, with males dominating sectors such as construction, transport, storage, mining and quarrying. The remaining 83 percent are not participating in the labour force. Limited economic participation reduces young people's autonomy and decision-making power, which are essential components of empowerment and positive sexual wellbeing.

Fertility patterns reveal significant socio-cultural and structural challenges. Although fertility is low among adolescents aged 10 to 14, the age-specific fertility rate rises sharply to 179 births per 1,000 among young women aged 20 to 24. Provincial differences are pronounced. Mashonaland Central has the highest adolescent fertility rate at 127 per 1,000, followed by Mashonaland West (110 per 1,000) and Matabeleland South (106 per 1,000). Harare and Bulawayo have the lowest rates at 45 and 35 per 1,000 respectively. Rural areas consistently show higher fertility rates than urban areas. These patterns reflect early marriage, limited access to contraception, restricted decision-making power and persistent gender norms that constrain young women's autonomy.

These socio-economic realities directly undermine the principles of pleasure-based sexuality education, which emphasise informed choice, bodily autonomy, mutual respect and the right to experience sexuality safely and positively.

Cultural Norms, Religion and Community Attitudes

Zimbabwe's socio-cultural landscape is shaped by deeply rooted traditions and religious practices that influence young people's sexual and reproductive health outcomes. Cultural and religious norms often restrict open discussion of sexuality, reinforce silence around sexual pleasure and limit young people's autonomy (Hanzi, 2006; Makwinja, 2010; Fokala, 2017).

Religious practices within some Apostolic sects illustrate how cultural beliefs can undermine children's rights. Research in Mount Darwin found that midnight religious rituals were associated with absenteeism and early marriage, with young girls often marrying senior sect members at these gatherings (Wadesango et al., 2011). In such contexts, a young girl may be married off if an elder prophet expresses interest, which removes her from school and exposes her to early sexual debut (Wadesango et al., 2011; Makwinja, 2010).

Virginity testing practices further reinforce harmful norms by policing girls' bodies and punishing sexual activity. Girls who are found to be sexually active may be forced to marry older men within their religious group, which exposes them to health risks and denies them autonomy. Some communities also remove girls from school annually for sexual training to prepare them for marriage, leading to absenteeism and dropouts. School administrators often feel compelled to accept these practices, yet no alternative learning schedules are provided (Mudzi & Svongoro, 2024).

Cultural practices such as virginity testing, unsafe circumcision and the transfer of girls to older male relatives as *mabondwe* or *zvimutsamapfihwa* expose young girls to early sex and increased vulnerability to HIV and other health risks (Muyila, 2006). These practices reflect broader societal beliefs that adults can make decisions about children's sexuality, which suppresses young people's voices and violates their right to dignity (Oyeshile, 2006).

These cultural and religious norms create environments where pleasure-based sexuality education is not only misunderstood but actively resisted. They reinforce silence around sexual desire, restrict bodily autonomy and normalise practices that undermine young people's rights.

Gender Norms and Power Dynamics

Gender norms in Zimbabwe continue to shape young people's experiences of sexuality, relationships and health. Early marriage remains common, particularly in rural areas, and is often driven by economic hardship, cultural expectations and limited life skills. Girls who marry early typically discontinue school, which reduces their opportunities for economic independence and increases their vulnerability to gender-based violence, poor mental health and poverty (Mudzi & Svongoro, 2024).

Power imbalances within relationships further limit young women's ability to negotiate safer sex, express sexual preferences or make autonomous decisions. These dynamics directly undermine the goals of pleasure-based sexuality education, which seeks to promote equality, mutual respect and shared decision-making. When young women lack power in relationships, they are less able to experience sexuality in ways that are safe, consensual and fulfilling.

High fertility rates in rural areas and provinces such as Mashonaland Central reflect limited access to contraception, restricted decision-making power and persistent gender norms. These patterns highlight the need for sexuality education that addresses gender inequality, challenges harmful norms and promotes agency.

Lessons from YDTI's PBSE programming

YDTI's recent monitoring and evaluation activities provide a strong empirical foundation for this report and offer clear evidence of both the need for, and the impact of, pleasure-based sexuality education (PBSE) among young people in Zimbabwe. The findings across one-on-one interviews, focus group discussions, peer educator training, and the two-day PBSE workshop reveal consistent patterns that validate the report's analysis and strengthen the case for scaling PBSE within youth programming.

❑ **Young people lack access to positive, pleasure affirming sexuality education.**

Across all tools, participants reported that their childhood sexuality education was overwhelmingly risk-focused. In the one-on-one interviews, 80 percent said their schooling emphasised fear, pregnancy, and disease, while none had received information on pleasure, desire, or emotional wellbeing from parents or religious institutions. This aligns with the broader policy environment's silence

on positive sexuality and underscores the need for PBSE as a corrective to deficit-based approaches.

- **PBSE rapidly improves knowledge, confidence, and communication skills.** The two-day PBSE workshop and peer educator training demonstrated substantial learning gains. Knowledge scores increased from 49 percent to 72 percent, and self-efficacy improved by 17 percent. Participants showed the strongest improvements in understanding consent as active and ongoing, recognising pleasure as a human right, and rejecting heteronormative restrictions. These shifts indicate that PBSE is both teachable and transformative when delivered through participatory and youth friendly methods.
- **PBSE significantly reduces shame and increases comfort discussing sexuality.** Fear of judgment emerged as the most universal barrier in the interviews, with 100 percent of respondents reporting discomfort discussing sex. However, after PBSE exposure, comfort levels increased dramatically. Focus group participants recorded a 72 percent increase in comfort discussing PBSE, and workshop participants reported feeling more open, more confident, and more able to use nonjudgmental language. This demonstrates PBSE's unique ability to dismantle shame, which is a critical barrier to SRHR access.
- **PBSE aligns with young people's lived realities and information needs.** Participants consistently requested content on pleasure, body knowledge, communication, safer sex, sexual orientation, and emotional intimacy. These topics are absent from formal curricula but central to their lived experiences. The two-day workshop confirmed that young people are eager to learn about these issues when provided with safe and structured spaces. This reinforces PBSE's relevance and responsiveness to youth needs.
- **PBSE strengthens peer education capacity and supports scalable delivery models.** The peer educator training showed strong improvements in facilitation skills, confidence, and the ability to use positive and inclusive language. Participants expressed clear intentions to cascade PBSE knowledge within their communities, and youth hubs, health workers, and peer educators were identified as the most trusted sources of PBSE information. This positions YDTI well to scale PBSE through youth led networks.
- **PBSE is culturally adaptable and compatible with local values.** Across the workshop and FGDs, participants linked PBSE concepts to hunhu or ubuntu values such as dignity, mutual respect, emotional security, and relational wellbeing. This demonstrates that PBSE can be contextualised within Zimbabwean cultural frameworks and is not inherently at odds with local norms when framed appropriately.
- **PBSE generates strong demand for continued engagement.** Participants across all M&E tools expressed a desire for more PBSE sessions, more practical activities, and broader community engagement. The two-day workshop received exceptionally high satisfaction scores, with an overall rating of 4.59 out of 5, and

participants requested more frequent trainings and the inclusion of older age groups. This demand signals that PBSE is not only acceptable but actively sought after by young people.

Implications for Pleasure-Based Sexuality Education

The socio-economic, cultural and gendered realities described above create significant barriers to implementing pleasure-based sexuality education in Zimbabwe. Pleasure-based approaches emphasise autonomy, communication, consent, emotional wellbeing and the right to experience sexuality positively. However, early marriage, restrictive cultural norms, religious practices that police sexuality, limited educational attainment and gendered power imbalances all undermine these principles. These constraints shape how young people learn about sexuality, who they trust, and whether they feel safe to ask questions or express their needs.

At the same time, these challenges highlight why pleasure-based sexuality education is urgently needed. Young people require tools to navigate relationships, challenge harmful norms, build self-esteem and make informed decisions about their bodies. Pleasure-based approaches can support empowerment, reduce vulnerability to early marriage and gender-based violence, and promote healthier, more equitable relationships.

Emerging evidence from YDTI's monitoring and evaluation activities reinforces these implications. Across interviews, focus group discussions, and PBSE workshops, young people consistently described growing up with risk-only sexuality education that focused on fear, pregnancy, and disease. Many reported that sexuality is treated as taboo in their communities, and all participants in the interviews expressed fear of judgment when discussing sexual wellbeing. These findings mirror the restrictive cultural and religious norms outlined in the contextual analysis and show how deeply these norms shape young people's experiences.

The M&E data also demonstrates that when young people are provided with safe, structured, and non-judgmental spaces, they respond with openness and enthusiasm. The two-day PBSE workshop and peer educator training produced substantial improvements in knowledge and confidence, and participants reported feeling more comfortable discussing sexuality, more able to use positive language, and more willing to challenge stigma. These shifts indicate that PBSE can counteract the silence and shame produced by cultural and structural constraints.

Furthermore, young people's expressed interest in learning about pleasure, body knowledge, communication, and consent shows that PBSE aligns with their lived realities and unmet information needs. Their preference for youth hubs, peer educators, and health workers as trusted sources of information also reflects the limited role that families, schools, and religious institutions currently play in providing supportive sexuality education. This suggests that PBSE programming must be delivered through youth-friendly, community-based platforms that prioritise safety, confidentiality, and respect.

Overall, the contextual barriers outlined earlier do not diminish the relevance of PBSE; instead, they underscore its necessity. The evidence from YDTI's M&E activities shows that PBSE can equip young people with the knowledge, confidence, and relational skills needed to navigate restrictive environments, advocate for their wellbeing, and build healthier relationships. In this way, PBSE is not only a response to existing challenges but also a pathway toward transforming the social norms that limit young people's sexual health and autonomy.

SRHR Landscape and Implications for PBSE

National SRH Progress and Family Planning Trends

Zimbabwe has made substantial progress in expanding access to modern contraception through a strong national family planning programme. Modern contraceptive prevalence has risen steadily over the past decade, increasing from 57 percent in 2010 to 66 percent in 2015, and reaching 69 percent in 2024 (Zimbabwe Family Planning Council). This upward trend reflects sustained investments in service delivery, commodity security and community-based distribution.

Sexually active unmarried women have consistently reported the highest levels of contraceptive use across all demographic categories. Their uptake increased dramatically from 40.7 percent in 1988 to 74.4 percent in 2023/24, signalling improved autonomy and access to SRH information and services among this group.

The Government of Zimbabwe's Family Planning 2030 fact sheet highlights the measurable health benefits of these investments. In 2024 alone, family planning services contributed to an estimated 810,000 unintended pregnancies averted, 202,000 unsafe abortions prevented and 2,300 maternal deaths prevented. These outcomes demonstrate the critical role of family planning in reducing maternal morbidity and mortality and improving overall reproductive health.

However, contraceptive use varies significantly by age, marital status, education level, socioeconomic status and geographic location. Among currently married women, contraceptive uptake is slightly higher in urban areas (70.8 percent) than in rural areas (67.2 percent). These disparities reflect differences in access to information, service availability, cultural norms and economic opportunities.

Implications for pleasure-based sexuality education

- High contraceptive uptake provides an enabling foundation for integrating discussions about **sexual autonomy, desire and wellbeing**, rather than limiting sexuality education to pregnancy and disease prevention.
- Persistent rural-urban disparities highlight the need for **context-specific approaches** that address structural barriers to agency and informed choice.

- The high uptake among unmarried women suggests a readiness among young people for **more holistic, rights-affirming and pleasure-inclusive SRH information**.

Gaps in Preventive SRH Services: Cancer Screening

Despite progress in family planning, preventive SRH services remain limited. The 2023-24 ZDHS shows low levels of cancer screening among women aged 15-49. Only 15 percent have ever been examined for breast cancer, and 26 percent have undergone cervical cancer screening. Provincial disparities are notable, with Manicaland recording the lowest cervical screening rate at 21 percent and Masvingo the highest at 31 percent.

These findings underscore the need to strengthen awareness, accessibility and integration of cancer screening into primary health care and SRH services across all provinces. Limited screening uptake reflects gaps in health literacy, stigma surrounding reproductive health examinations and structural barriers such as distance, cost and service availability.

Implications for pleasure-based sexuality education

- Pleasure-based approaches emphasise **body awareness, self-knowledge and agency**, which can improve comfort with preventive care such as breast and cervical screening.
- Integrating positive sexuality frameworks can reduce stigma around reproductive anatomy and encourage **health-seeking behaviours**.
- Addressing shame and silence around women's bodies is essential for improving screening uptake.

Adolescent Sexual and Reproductive Health

Adolescent SRH indicators show slow but steady improvement. The adolescent birth rate declined from 123 births per 1,000 women in 2005-06 to 115 in 2015, and further to 111 in 2024. Although progress is evident, the rate of decline remains slow, indicating persistent challenges in reducing early childbearing.

Rural-urban disparities are stark. Adolescent girls in rural areas are twice as likely to have experienced pregnancy (29.9 percent) compared to those in urban areas (14.6 percent). These differences reflect unequal access to education, SRH services and information, as well as entrenched social norms that normalise early marriage and early sexual debut.

Educational attainment is a strong protective factor. Adolescent girls with only primary education have a birth rate of 47.3 percent, compared to 19.6 percent among those with secondary education. This demonstrates the powerful role of schooling in delaying pregnancy and expanding young women's life choices.

Implications for pleasure-based sexuality education

- High adolescent fertility, especially in rural areas, signals the need for sexuality education that goes beyond risk-avoidance and addresses **agency, communication, consent and aspirations**.
- Pleasure-based approaches can help young people understand sexuality as part of holistic wellbeing, rather than something associated with shame or danger.
- Addressing gender norms and power dynamics is essential for enabling adolescents to make informed, autonomous decisions about their bodies.

HIV Prevalence and Gendered Vulnerabilities

HIV prevalence among older adolescent girls aged 15-19 stands at 3.8 percent. Across age groups 20-24 through 40-44, HIV prevalence remains consistently higher among women than men. This gendered pattern reflects structural inequalities, including limited negotiating power in relationships, economic dependence and exposure to early marriage.

Implications for pleasure-based sexuality education

- Pleasure-based approaches emphasise **mutual respect, communication and shared decision-making**, which are critical for safer sexual practices.
- Addressing gendered power imbalances can reduce vulnerability to HIV by strengthening young women's ability to negotiate condom use and set boundaries.
- Integrating discussions of pleasure with discussions of safety can reduce stigma and improve uptake of HIV prevention tools.

Overall Implications for Pleasure-Based Sexuality Education in Zimbabwe

Zimbabwe's SRH landscape shows strong progress in family planning and contraceptive uptake, but persistent gaps in adolescent fertility, cancer screening, HIV vulnerability and rural-urban disparities. Pleasure-based sexuality education is well-positioned to address these gaps because it:

- Promotes **agency, autonomy and informed choice**, which are essential for reducing early pregnancy and HIV risk.
- Encourages **positive body awareness**, which can improve uptake of preventive services such as cervical and breast cancer screening.
- Challenges **harmful gender norms**, supporting healthier and more equitable relationships.

- Reduces stigma around sexuality, enabling young people to seek SRH services confidently.
- Complements existing family planning successes by shifting from a narrow risk-reduction model to a **holistic wellbeing model**.

Pleasure-based sexuality education is not a luxury or an add-on. It is a necessary component of a comprehensive SRH response that aligns with Zimbabwe's demographic realities, health priorities and commitments to youth wellbeing. These contextual realities reinforce the importance of YDIT's strategic commitment to youth participation and social inclusion. Pleasure-based sexuality education offers a pathway to address the emotional and relational needs of young people, aligning with YDIT's mission to empower youth and promote holistic wellbeing.

Policy and Legal Environment

Enablers and Constraints for Pleasure-Based Sexuality Education in Zimbabwe
Zimbabwe's legal and policy landscape presents a complex mix of progressive rights-based commitments and deeply embedded socio-cultural constraints that shape the possibilities for comprehensive sexuality education, particularly approaches that incorporate positive and pleasure-affirming dimensions of sexuality. Several national frameworks strongly support young people's rights to information, health, and equality; however, the broader statutory environment remains largely protective, risk-oriented, and influenced by cultural and religious norms. This creates both opportunities and limitations for embedding pleasure-based sexuality education (PBSE) within national systems.

Enabling Conditions for Pleasure-Based Sexuality Education

Zimbabwe has made notable progress in advancing sexual and reproductive health and rights, and this progress is supported by a robust legal and policy framework. The 2013 Constitution guarantees the right to reproductive health services, and this constitutional commitment has enabled the development of key strategies such as the National Adolescent Sexual and Reproductive Health Strategy. This strategy has contributed to increased HIV testing and improved treatment of sexually transmitted infections among young people. The strategic integration of HIV and SRHR services, supported by instruments such as the HIV Testing and Counselling Guidelines (2014), the Antiretroviral Therapy Guidelines (2016), and the Service Guidelines on SRHR, HIV and SGBV Linkages (2020), has expanded access to comprehensive care and strengthened the health system's responsiveness to young people's needs. These developments create a favourable environment for sexuality education that addresses not only risk but also wellbeing, autonomy, and relational health.

- The **National Youth Policy** reinforces this enabling environment by affirming young people's right to information and reproductive health services. It states that *"the youth have the right to be informed about all matters relating to their daily lives including the right to reproductive health information and services,"* and it positions

young people as active agents in their own development. Its emphasis on youth-driven and youth-centred programming provides a strong rationale for participatory and context-responsive sexuality education that includes communication, emotional literacy, bodily autonomy, and healthy relationships, which are core components of PBSE.

- The **National Gender Policy** (2025) further strengthens the policy foundation by grounding gender equality in constitutional rights and international commitments such as CEDAW, the CRC, and the Maputo Protocol. Its vision of “*a gender-just society in which men and women, boys and girls, enjoy equality, contribute and benefit as equal partners*” aligns closely with the principles underpinning PBSE, which emphasise mutual respect, consent, equality, and shared pleasure. Policy pillars on gender-responsive health, GBV prevention, and equal access to education provide additional entry points for integrating sexuality education that addresses gender norms, power dynamics, and relational wellbeing.
- Digital inclusion policies also offer important opportunities. The **ICT Policy** (2022–2027) commits to universal access to information, digital literacy, and equitable quality education, and it recognises ICTs as essential for inclusive development. This creates a structural pathway for delivering sexuality education, including PBSE, through digital platforms, especially for out-of-school youth, rural youth, and marginalised groups. The policy’s emphasis on “*pro-people ICT policies*” and inclusiveness supports innovative and youth-friendly digital interventions that can address sensitive topics in safe and private ways.

Together, these frameworks articulate a vision of youth empowerment, gender equality, health, and digital inclusion that can be leveraged to justify and implement PBSE as part of a holistic approach to young people’s wellbeing. These enabling conditions create strategic entry points for YDIT’s advocacy agenda. The organisation’s Strategic Plan prioritises policy engagement and evidence-based advocacy, positioning YDIT to influence national discourse on sexuality education and promote the integration of pleasure-based approaches within existing SRHR frameworks.

Constraining Factors and Policy Ambiguities

Despite these enabling elements, significant constraints remain. The **Education Act** guarantees the right to education and prohibits discrimination; however, it is silent on sexuality education. It does not mandate sexual or reproductive health content, nor does it protect teachers who deliver such content. This silence creates policy ambiguity and allows conservative actors to resist or dilute sexuality education, particularly content related to pleasure, desire, or diverse sexualities.

The **Domestic Violence Act** and the **Children’s Act** provide strong protections against harmful practices such as forced marriage, virginity testing, and sexual abuse. These protections are essential; however, they frame sexuality primarily through the lens of risk,

harm, and moral danger. This reinforces a protective paradigm that can make PBSE appear inappropriate or unnecessary, especially in contexts where sexuality is associated with vulnerability rather than wellbeing. The **Children's Act**, in particular, emphasises adult authority over children's sexuality and does not recognise adolescents' evolving capacities or their right to SRH information.

The **Marriages Act [Chapter 5:15]** further contributes to this ambiguity. While it strongly prohibits child marriage and requires “free and full consent” for any marriage, it frames sexuality almost exclusively within marriage and does not recognise adolescent relationships, emotional development, or sexual agency outside marital contexts. Its silence on consent, intimacy, and wellbeing beyond marriage reinforces a risk-based, marriage-centric understanding of sexuality that can make pleasure-affirming content appear inappropriate or legally uncertain. The Act's recognition of civil partnerships and polygynous customary marriages, without clear guidance on autonomy, equality, or young people's rights, further complicates efforts to teach positive, equitable, and pleasure-based relationship skills.

Cultural and religious balancing clauses in the Youth Policy and Gender Policy also create constraints. The Youth Policy acknowledges *“the impact of religious and cultural beliefs and practices on youth issues and the need to maintain balance between them and individual rights,”* and the Gender Policy calls for respect for “non-harmful customary, cultural and religious practices.” These clauses aim to protect cultural diversity; however, they can be mobilised to resist PBSE, especially in communities where discussions of pleasure, desire, or sexual autonomy are considered taboo.

The broader policy environment remains heavily risk-oriented. Youth health objectives focus on reducing STIs, HIV, teenage pregnancy, substance abuse, and pornography, and gender policies emphasise GBV prevention and harmful practices. These priorities are critical; however, they reinforce a deficit-based approach to sexuality that sidelines positive and pleasure-affirming dimensions of sexual development.

Implications for Pleasure-Based Sexuality Education

The interplay of these enabling and constraining factors means that PBSE in Zimbabwe must be framed strategically. The strongest entry points lie in rights-based language, gender equality commitments, youth participation principles, and digital inclusion strategies. PBSE can be positioned as enhancing consent, communication, emotional wellbeing, and relational health, which are areas already supported by existing policies.

Explicit discussions of sexual pleasure, desire, or diverse sexual practices may face resistance unless they are carefully contextualised within broader wellbeing, mental health, and gender equality frameworks. The absence of explicit statutory protection for sexuality education means that PBSE must be embedded within existing policy priorities rather than presented as a standalone agenda.

Overall, Zimbabwe's policy landscape provides a foundation for advancing PBSE; however, doing so requires navigating cultural sensitivities, statutory silences, and risk-

based framings. A strategic, rights-affirming, and context-responsive approach is essential for integrating pleasure-based content into national sexuality education efforts in ways that are both acceptable and transformative.

Zimbabwe Curriculum Analysis

Introduction

Zimbabwe's curriculum reflects the country's regional and international commitments by embedding principles of inclusive, equitable, and rights-based education across its policy and instructional frameworks. Global instruments such as the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the UN Convention on the Rights of Persons with Disabilities, and the Sustainable Development Goals shape the curriculum's emphasis on children's rights, gender equality, disability inclusion, and protection from harm. These commitments are visible in the curriculum's focus on life skills, health education, digital literacy, and learner-centred pedagogy, which align with global expectations for 21st-century competencies. Zimbabwe's progress in sexual and reproductive health and rights outcomes is also grounded in this alignment, supported by constitutional guarantees of reproductive health rights and national strategies such as the National Adolescent Sexual and Reproductive Health Strategy, the HIV Testing and Counselling Guidelines of 2014, the Antiretroviral Therapy Guidelines of 2016, and the Service Guidelines on SRHR, HIV and SGBV Linkages of 2020, all of which reinforce the integration of SRHR within education and health systems.

Regionally, the curriculum reflects obligations under the African Charter on the Rights and Welfare of the Child, the Maputo Protocol, the SADC Protocol on Gender and Development, and the SADC Education and Training Protocol. These frameworks prioritise gender equality, SRHR access, HIV prevention, and the elimination of harmful practices, which are evident in the curriculum's inclusion of reproductive health, HIV education, child protection, and gender-responsive teaching. The Heritage Based Curriculum also aligns with the African Union's Agenda 2063 and the Continental Education Strategy for Africa, which call for education systems that promote cultural identity, innovation, and skills for economic transformation. Within this broader continental and global agenda, Zimbabwe's education system provides a structured foundation for life skills, health education, and psychosocial development. The Guidance and Counselling syllabus, the Life Skills Orientation Programme, and the Heritage Based Curriculum collectively aim to shape learners who are confident, responsible, and grounded in national values. These frameworks promote Unhu or Ubuntu, respect for self and others, emotional maturity, and informed decision making, which are essential for any sexuality education approach, including pleasure-based sexuality education, because they cultivate the interpersonal and intrapersonal skills young people need to navigate relationships, communicate boundaries, and understand their own wellbeing.

Existing Curriculum Strengths Relevant to Sexuality Education

Across the curriculum, learners are introduced to human growth and development, puberty, anatomy and physiology, reproductive health, HIV and AIDS, sexually transmitted infections, and teenage pregnancy. These topics are presented in a spiral manner from Form 1 to Form 4, allowing learners to build knowledge gradually. The curriculum also integrates psychosocial competencies such as communication, critical thinking, self-esteem, conflict management, and emotional regulation. These skills are central to pleasure based sexuality education, which requires learners to understand their emotions, communicate effectively, and make decisions that align with their values and wellbeing.

The inclusion of children's rights, responsibilities, and protection from abuse further strengthens the rights-based foundation that PBSE relies on, particularly in relation to bodily autonomy, consent, and respect. The Heritage Based Curriculum reinforces constitutional values, gender equality, and learner wellbeing, which can support a more holistic approach to sexuality education. The Life Skills Orientation Programme also emphasises healthy living, mental health, and community engagement, which creates opportunities to integrate discussions on sexual wellbeing, emotional safety, and the role of pleasure in healthy relationships.

Risk-Oriented and Protective Framing of Sexuality

Despite these strengths, the curriculum remains largely risk-oriented and protective in its framing of sexuality. Sexuality is consistently associated with danger, including early sexual debut, teenage pregnancy, HIV, sexually transmitted infections, and sexual abuse. This framing positions sexuality as a threat rather than a natural and positive aspect of human development. The absence of content on pleasure, desire, intimacy, and positive sexual experiences limits learners' ability to understand sexuality as part of holistic wellbeing. While the curriculum teaches learners how to avoid harm, it does not equip them with the knowledge or skills to build healthy, respectful, and fulfilling relationships.

Missing Dimensions of Consent, Intimacy, and Positive Sexuality

The curriculum does not explicitly address consent as an ongoing, mutual process, nor does it explore emotional intimacy, mutual pleasure, or the role of communication in creating safe and satisfying relationships. These omissions leave a significant gap between the biological and risk-based information provided and the lived realities of young people who are navigating attraction, desire, and relationships. Without these dimensions, learners receive a narrow understanding of sexuality that focuses on physical risks rather than emotional, relational, and wellbeing-oriented aspects.

Cultural and Moral Framing as a Limiting Factor

The curriculum is anchored in Unhu or Ubuntu, patriotism, and cultural norms. While these values are important for social cohesion, they can reinforce conservative interpretations of sexuality that prioritise abstinence, obedience, and conformity. This moral framing can make it difficult to introduce content that encourages autonomy, self-knowledge, and open discussion of desire. Pleasure based sexuality education, which

emphasises agency, communication, and positive experiences, may be perceived as conflicting with these cultural expectations.

Limited Recognition of Diversity

Another notable gap is the limited recognition of diversity. The curriculum does not address sexual orientation, gender identity, or diverse family structures. This silence can marginalise learners who do not conform to heteronormative expectations and restricts the curriculum's ability to promote inclusive, affirming sexuality education. Without acknowledging diversity, the curriculum cannot fully support learners' varied experiences or provide guidance that reflects the realities of all young people.

Teacher Preparedness and Pedagogical Gaps

Although the curriculum outlines content, it does not provide teachers with guidance on how to facilitate sensitive discussions or create safe, non-judgmental learning environments. Without adequate training and pedagogical support, teachers may avoid sexuality topics or deliver them inconsistently. This gap is particularly significant for PBSE, which requires skilled facilitation, comfort with sensitive topics, and the ability to manage diverse learner experiences.

These curriculum gaps align with YDIT's strategic focus on strengthening youth leadership, enhancing SRHR knowledge, and promoting gender transformative education. Integrating pleasure-based content into the curriculum would support YDIT's goal of equipping young people with the skills, confidence, and agency needed to navigate relationships and sexuality safely and positively.

Implications for Integrating Pleasure-Based Sexuality Education

Despite these constraints, the curriculum's emphasis on learner wellbeing, rights, and psychosocial development provides a legitimate entry point for integrating pleasure-based sexuality education. The existing focus on communication, emotional intelligence, and decision making can be expanded to include discussions on intimacy, desire, and mutual pleasure. Relationship education can be strengthened to include consent, healthy communication, and the emotional dimensions of sexuality. The rights-based framing can be extended to affirm bodily autonomy and the right to safe, satisfying sexual experiences in adulthood. Aligning PBSE with constitutional commitments to gender equality and reproductive health rights can also help position it as a legitimate and necessary component of comprehensive sexuality education.

In its current form, the curriculum equips learners to avoid harm but not to build healthy, fulfilling relationships. Integrating pleasure-based sexuality education would allow the system to move beyond a narrow focus on risk and morality toward a more holistic, wellbeing-oriented approach that recognises sexuality as a natural part of human development. This shift would not only strengthen learners' ability to make informed choices but also support broader national goals related to health, gender equality, and youth empowerment.

Thematic Analysis

The synthesis of curriculum reviews, policy documents, and YDIT's reports, strategies and priorities reveals a set of cross-cutting themes that consistently shape how young people, educators, and stakeholders understand sexuality, wellbeing, and the potential for pleasure-based sexuality education in Zimbabwe. These themes highlight both the systemic gaps and the opportunities for designing a youth-centred, contextually grounded model.

Understanding of Pleasure, Consent, and Wellbeing

Across all data sources, young people expressed a desire for sexuality education that goes beyond biological facts and risk-avoidance. Pleasure is largely absent from formal learning, and when mentioned informally, it is framed through fear, shame, or moral caution. Consent is understood mainly as a legal safeguard rather than a relational practice rooted in communication and mutual respect. Wellbeing, however, emerged as a powerful and acceptable entry point for discussing positive sexuality.

Key insights include:

- Pleasure is perceived as taboo or morally sensitive, yet young people want accurate, non-judgmental information.
- Consent is viewed as a rule rather than a skill, with limited understanding of negotiation, boundaries, or emotional safety.
- Wellbeing resonates strongly with youth and educators, offering a culturally acceptable framing for introducing positive sexuality.

Gender Dynamics and Agency

Gender norms strongly shape how young people experience sexuality, relationships, and decision making. Girls face heightened surveillance and moral expectations, while boys experience pressure to perform masculinity and suppress vulnerability. These dynamics limit agency for all genders.

Emerging patterns show:

- Girls internalise fear-based messages that emphasise risk, purity, and reputation.
- Boys report pressure to initiate sex, hide emotions, and conform to dominant masculinity.
- Young people want tools to challenge harmful norms and build equitable, respectful relationships.

Emotional and Psychosocial Dimensions

Young people consistently highlighted the emotional aspects of sexuality, including confusion, desire, anxiety, shame, and the need for connection. Current sexuality

education does not address these emotional realities, leaving learners without guidance on communication, conflict resolution, or emotional regulation.

Themes include:

- A strong need for emotional literacy within sexuality education.
- Desire for safe spaces to discuss feelings, relationships, and identity.
- Recognition that sexuality is deeply intertwined with mental health and self-esteem.

Pedagogical Gaps in Current Sexuality Education

The curriculum review and stakeholder interviews revealed significant gaps in how sexuality education is delivered. Teachers often lack training, confidence, or comfort, resulting in inconsistent or avoidance-based teaching.

Key gaps include:

- Overemphasis on HIV, STIs, abstinence, and risk.
- Limited participatory or learner-centred methods.
- Absence of content on pleasure, intimacy, communication, or healthy relationships.
- Teacher discomfort leading to silence, moralising, or incomplete delivery.

Opportunities for Youth-Led Approaches

Young people expressed strong trust in peer educators and youth facilitators, particularly on topics related to relationships, pleasure, and identity. Youth-led approaches were consistently identified as more relatable, credible, and engaging. Youth leadership is a core pillar of YDIT's Strategic Plan. The organisation's commitment to youth participation provides a strong foundation for designing PBSE interventions that are co-created with young people, ensuring relevance, acceptability, and impact.

Opportunities include:

- Peer-to-peer facilitation that reflects youth language, culture, and lived experience.
- Co-creation of content, stories, and digital materials by young people.
- Youth advisory structures to guide programme design and advocacy.

Digital Platforms and Innovation

Digital spaces emerged as a central site for sexuality learning, connection, and exploration. Young people rely heavily on social media, online communities, and informal networks to access information that is missing from formal education.

Insights include:

- Digital platforms offer privacy, anonymity, and accessibility, especially for marginalised youth.
- Young people encounter both accurate information and harmful misinformation online.
- There is strong potential for innovative digital tools such as chat-based support, interactive modules, and creative storytelling.

The Pleasure Principles

The Pleasure Principles are designed to act as a guide and inspiration to support people and organisations to embark on the journey towards a sex-positive, pleasure based approach to sexual health. These principles include;

- Love yourself
- Embrace learning
- Talk sexy
- Be flexible
- Think universal
- Rights first
- Be positive

At the core to all the pleasure principles is being sex positive.

Strategic Recommendations

These recommendations build directly on YDIT's organisational strengths and strategic priorities. The organisation's experience in SRHR programming, youth engagement, and evidence-based advocacy positions it well to lead national efforts in developing and implementing a pleasure-based sexuality education model.

Programme Recommendations for YDIT

● Curriculum and content development

- Develop a comprehensive curriculum that integrates scientific accuracy, cultural relevance, and youth lived experiences.
- Expand content to include pleasure, desire, consent, emotional wellbeing, communication skills, and positive body awareness.
- Ensure materials are age-appropriate and aligned with national education standards while pushing for innovation where gaps exist.

- Incorporate creative modalities such as storytelling, digital media, visual arts, and peer-generated content to enhance engagement.

● **Youth-led facilitation models**

- Establish a structured youth facilitator programme that includes training, mentorship, supervision, and psychosocial support.
- Prioritise facilitators who reflect the diversity of young people, including gender, disability, sexual orientation, and geographic representation.
- Equip youth facilitators with skills in trauma-informed practice, ethical communication, and facilitation of sensitive conversations.
- Create pathways for youth leadership within the programme, including co-design roles, advisory committees, and peer-to-peer learning networks.

● **Adopt the Pleasure Principles in the Integration of pleasure, consent, and emotional wellbeing in programming**

- Adopt the Pleasure Principles in programming and implementation of activities
- Position pleasure as part of holistic wellbeing rather than a taboo topic, emphasising safety, agency, and mutual respect.
- Embed consent as a core competency, including verbal and non-verbal communication, boundary setting, and negotiation skills.
- Strengthen emotional literacy components, including self-awareness, empathy, conflict resolution, and healthy relationship skills.
- Ensure content addresses the intersections of pleasure with gender norms, power dynamics, disability, and cultural expectations.

● **Partnerships and networks**

- Build strategic alliances with SRHR organisations, feminist movements, mental health providers, and youth-serving networks.

- Engage schools, community leaders, and health facilities to create a supportive ecosystem around young people.
- Collaborate with digital innovators to expand reach through safe online platforms, chat-based tools, and youth-friendly digital spaces.
- Participate in national and regional SRHR coalitions to amplify advocacy and share evidence.

Policy and Advocacy Recommendations

●Priority policy reforms

- Advocate for explicit inclusion of positive sexuality, consent, and emotional wellbeing in national curriculum frameworks.
- Integrate Cultural Relevance and Wellbeing: Frame Pleasure-Based Sexuality Education (PBSE) content as a rights, wellbeing, and mental health issue, rather than a moral debate.
- Push for clearer policy language on adolescent access to SRHR information and services, including confidentiality protections.
- Support reforms that strengthen teacher training on sexuality education and child protection.
- Promote alignment between education, health, and youth policies to reduce fragmentation.

●Messaging and advocacy entry points

- Frame pleasure-based sexuality education as a rights, wellbeing, and mental health issue rather than a moral debate.
- Use evidence from global and regional commitments to demonstrate alignment with Zimbabwe's obligations.
- Highlight youth voices and lived experiences to shift public narratives and reduce stigma.
- Leverage national curriculum review cycles, parliamentary hearings, and youth policy consultations as strategic entry points.

● **Engagement strategies for government and communities**

- Build constructive relationships with ministries responsible for education, youth, health, and gender.
- Engage traditional and religious leaders through dialogue that emphasises shared values such as safety, dignity, and respect.
- Work with parent associations to build trust and address misconceptions.
- Support youth advocates to participate meaningfully in policy spaces and community dialogues.

Implementation Considerations

● **Risk mitigation**

- Anticipate potential backlash or misinterpretation and prepare clear communication strategies grounded in rights and wellbeing.
- Conduct community readiness assessments to identify sensitivities and tailor engagement approaches.
- Establish crisis-response protocols for misinformation, political pushback, or community resistance.

● **Ethical safeguards**

- Implement strict confidentiality and data protection measures, especially for digital platforms.
- Ensure facilitators are trained in trauma-informed practice and referral pathways for psychosocial and clinical support.
- Develop safeguarding guidelines that outline boundaries, mandatory reporting, and ethical conduct.
- Prioritise the safety and dignity of young people in all programme activities.

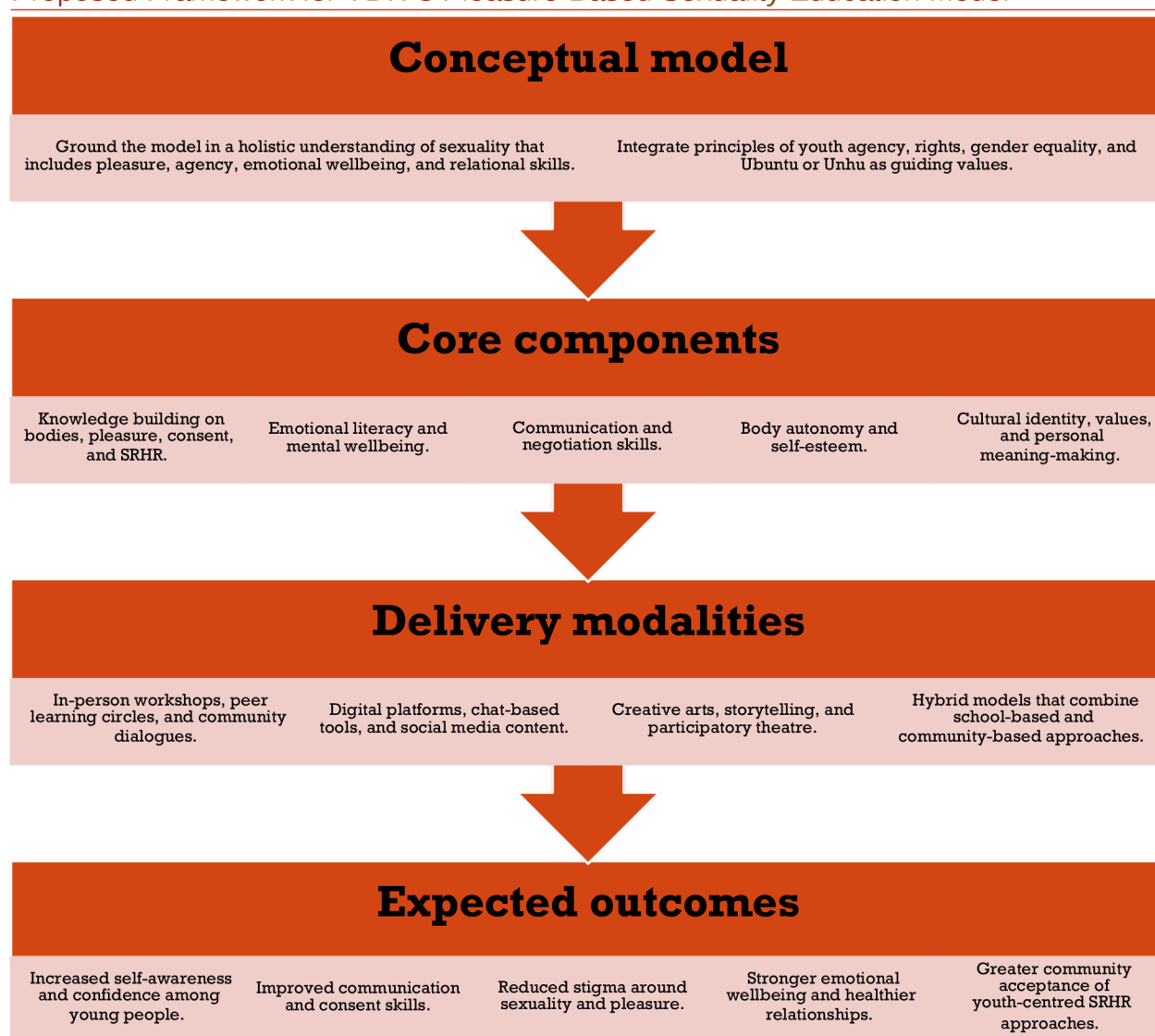
● **Monitoring, learning, and adaptation**

- Establish participatory monitoring systems that capture youth feedback, facilitator reflections, and community responses.
- Use adaptive learning cycles to refine content, delivery methods, and engagement strategies.
- Collect evidence on behavioural, emotional, and relational outcomes to strengthen advocacy and programme design.
- Document lessons learned to contribute to national and regional SRHR knowledge.

Proposed Framework for YDIT's Pleasure-Based Sexuality Education Model

The YDIT Pleasure-Based Sexuality Education Model provides a structured, rights-affirming approach to strengthening young people's sexual wellbeing in Zimbabwe. It is grounded in YDIT's commitment to youth participation, gender justice, and social inclusion, and recognises pleasure as an essential component of healthy sexuality. The model brings together five core components that build knowledge, strengthen communication and consent skills, support emotional and relational wellbeing, promote safety, address gender and power, and ensure inclusion of diverse identities and abilities. These components are delivered through youth-led facilitation, school and community platforms, and digital and hybrid learning spaces, supported by safe learning environments, youth-friendly SRHR services, and strong partnerships. The model aims to equip young people with confidence, agency, and skills to make informed, joyful, and respectful decisions about their bodies and relationships, contributing to long-term wellbeing and empowerment.

Proposed Framework for YDIT's Pleasure-Based Sexuality Education Model



Conclusion

Zimbabwe is entering a period of strategic opportunity in which curriculum reform, evolving youth policy commitments, and renewed national focus on sexual and reproductive health collectively create favourable conditions for advancing more holistic approaches to sexuality education. These shifts open space for evidence informed innovation that responds to the complex realities faced by young people.

A pleasure based, youth centred model offers a credible and timely response to these needs. Global research demonstrates that approaches which integrate pleasure, consent, communication, and emotional wellbeing contribute to improved knowledge, healthier relationships, and stronger protective behaviours. Such models align with international best practice and reinforce national priorities related to adolescent health, gender

equality, and youth empowerment. They also address persistent gaps in current programming, particularly the absence of content that affirms agency, dignity, and positive sexuality.

With deliberate investment in programme design, strategic advocacy, and robust ethical safeguards, YDIT is well positioned to lead this agenda. The organisation's mandate, strategic orientation, and established presence in youth development provide a strong foundation for pioneering a model that advances rights, strengthens wellbeing, and enhances the quality and relevance of sexuality education in Zimbabwe. By championing a pleasure-based approach, YDIT can contribute to a transformative shift in how young people are supported to navigate their sexual lives, ultimately promoting healthier, more confident, and more empowered generations.

References

1. AfricanUnion. (2015). Agenda 2063: The Africa we want. Framework Document, <https://africanunion2063.org/wp-content/uploads/2024/04/AGENDA-2063-PDF.pdf>
2. 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. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4570008/>
3. Development. https://www.sadc.int/sites/default/files/2023-02/EN-REVISED_SADC_PROTOCOL_ON_GENDER_AND_DEVELOPMENT_2016-final.pdf
4. Fokala, E. M. (2017). Implementing Children's Rights to Participation in Family Decision Making Processes in Africa. Abo Akademi University Press, Finland.
5. Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School-based sex education and HIV prevention in low- and middle-income countries: A systematic review and meta-analysis. *PLOS ONE*, 9(3), e89692. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3942389/pdf/pone.0089692.pdf>
6. Haberland, N., & Rogow, D. (2015). *It's All One Curriculum: Evaluation Findings and Lessons Learned*. Population Council. https://www.ippf.org/sites/default/files/2020-09/ItsAllOneCurriculum_English.pdf
7. Hanzi, R. (2006). Sexual Abuse and Exploitation of the Girl Child through Cultural Practices in Zimbabwe: A Human Rights Perspective. Masters' Thesis Unpublished Pretoria Centre. University of Pretoria.
8. IPPF. (2010). IPPF Framework for Comprehensive Sexuality Education (CSE). https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf
9. IPPF. (2023). Talking Pleasure with Ease: A guide to the “Why” and “How” of Pleasure-Based Sexual Health in youth Programming. <https://thepleasureproject.org/wp-content/uploads/2023/08/Talking-Pleasure-with-Ease-A-guide-to-the-Why-and-How-of-Pleasure-Based-Sexual-Health-in-Youth-Programming-with-back-page.pdf>
10. Ketting, E., & Ivanova, O. (2018). Sexuality education in the Netherlands: The Dutch approach. *Sex Education*, 18(1), 1–17.
11. Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. National Campaign to Prevent Teen and Unplanned Pregnancy. <https://powertodecide.org/sites/default/files/resources/primary-download/emerging-answers.pdf>
12. Lopez, L. M., Bernholc, A., Chen, M., Tolley, E. E., & Stockton, L. L. (2016). School-based interventions for improving contraceptive use in adolescents. *Cochrane Database of Systematic Reviews*, 6, CD012249. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9239532/pdf/CD012249.pdf>
13. Makwinja, S.M. (2010). Child Labour and the Violation of Child Rights: A Case of Child Workers on Tea and Tobacco Plantations in Malawi. Roehampton University UK.
14. Michielsen, K., Chersich, M. F., Temmerman, M., Dooms, T., & Van Rossem, R. (2010). Nothing as practical as a good theory? The theoretical basis of HIV prevention interventions for young people in sub-Saharan Africa: A systematic review. *AIDS Research and Treatment*, 2010, 345327. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3415137/pdf/ART2012-345327.pdf>
15. Mudzi, F., and Svongoro, P. (2024). A Zimbabwean Perspective on Socio-Cultural Practices that Violate Rural Children's Right to Education and Dignity. *African Journal of Development Studies (AJDS)*, 14(2). DOI: 10.31920/2634-3649/2024/v14n2a1 https://www.adonis-abbey.com/pdf/3897_article.pdf

16. Muyila, J. W. (2006). African values and the problem of the rights of the child: A search for explanations. In Tonnesen, A.K. (Ed): Research Partnerships. 3/2006. Copenhagen: The Danish Institute for Human Rights, pp. 1-53.
17. Plan International. (2015). Embracing Pleasure-Learning Report
<https://plan-international.org/uploads/2025/10/LearningDocument.pdf>
18. Oyeshile, O. A. (2006). The individual community relationship as an issue in social and political philosophy. In: Olusegun, O. (Ed): Core Issues in African Philosophy. Ibadan: Hope Publications, pp. 102-119.
19. SADC Secretariat. (2019). *SADC Sexual and Reproductive Health and Rights Strategy 2019–2030: Baseline and Results Framework Report*.
<https://files-hivpreventioncoalition.unaids.org/gpc/attachments/SADC-SRHR-Strategy-2019-2030-for-public.pdf>
20. SADC. (2016). SADC Consolidated Text of the Protocol on Gender and Development.
https://www.sadc.int/sites/default/files/2023-02/EN-REVISED_SADC_PROTOCOL_ON_GENDER_AND_DEVELOPMENT_2016-final.pdf
21. Shepherd, J., Kavanagh, J., Picot, J., et al. (2010). The effectiveness and cost-effectiveness of behavioural interventions for the prevention of sexually transmitted infections in young people aged 13–19: A systematic review and economic evaluation. *Health Technology Assessment*, 14(7), 1–206. <https://www.ncbi.nlm.nih.gov/books/NBK56784/>
22. Underhill, K., Montgomery, P., & Operario, D. (2007). Sexual abstinence-only programmes to prevent HIV infection in high-income countries: Systematic review. *BMJ*, 335(7613), 248.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC1939793/pdf/bmj-335-7613-res-00248-el.pdf>
23. UNESCO, UNAIDS, UNFPA & partners. (2021). *ESA Commitment Progress Report: Fulfilling Our Promise to Young People in Eastern and Southern Africa*.
24. UNESCO, UNAIDS, UNFPA, UNICEF & WHO. (2015). *Review of the Implementation of the Eastern and Southern Africa Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People*.
25. UNESCO. (2009). *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators*.
26. UNESCO. (2015a). *Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review*.
27. UNESCO. (2016b). *Review of CSE Programmes: Evidence of Impact on Knowledge, Attitudes and Behaviours*.
28. UNESCO. (2016c). *HIV and Sexuality Education: Review of Evidence and Good Practice*.
29. UNESCO. (2018). International Technical guidance on sexuality education: An evidence-informed approach. https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf
30. UNESCO. (2018). *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>
31. UNFPA. (2020). *My Body, My Life, My World: Rights and Choices for All Adolescents and Youth in the Africa Region*. <https://www.unfpa.org/sites/default/files/pub-pdf/FinalVersion-Strategy-Web.pdf>
32. UNFPA. (2024). Zimbabwe Sexual and Reproductive Health
33. Wadesango, N., Rembe, S. & Chabaya, O. (2011) Violations of Women's Rights by Traditional Harmful Practices. Walter Sisulu University, South Africa. *Anthropologist*, 13(2), 121-129.
34. Wight, D. (2011). The effectiveness of school-based sex education: What do rigorous evaluations in Britain tell us? *Education and Health*, 29(4), 67–73. <https://sheu.org.uk/sheux/EH/eh294dw.pdf>
35. ZIMSTAT. (2022). Zimbabwe Population and Housing Census: Youth Thematic Report.
https://www.zimstat.co.zw/wp-content/uploads/Census/Youth_Report.pdf



ANNEX A

Focus Group Discussion: Comprehensive Report

RUDO, HUNHU, neHUTANO | PBSE Programme | Narrative Report

RUDO, HUNHU, neHUTANO

Pleasure-Based Sexual Education (PBSE) Programme

Youth Development Institute Trust (YDIT) | Supported by AmplifyChange

Participants Reached: 20 | Groups: 3

Interest Increase: 61.8% | Comfort Increase: 72.0%
| Overall: 66.8%

Milestone Status:  BOTH MILESTONES MET

1. Executive Summary

This report presents findings from a Focus Group Discussion (FGD) conducted under the Building Joyful Futures initiative of the Youth Development Institute Trust (YDIT), supported by Amplify Change. The FGD was designed to assess community attitudes, cultural and religious influences, gender dynamics, and readiness for Pleasure-Based Sexual Education (PBSE) among young Zimbabweans.

Twenty participants across three discussion groups engaged in structured conversations covering five thematic areas: Community Attitudes toward Sexual Health; Culture, Tradition and Religion; Gender and Peer Influence; Reactions to Key PBSE Messages; and Community Readiness for PBSE. Pre- and post-session scoring measured shifts in interest and comfort. Both programme milestones were met.

Milestone Outcomes at a Glance

Measure	PRE Score	POST Score	% Increase	Status
Interest in PBSE (Q1–Q5)	2.72 / Moderate	4.40 / High	61.8%	✓ MET
Comfort discussing PBSE (Q6–Q10)	2.61 / Moderate	4.49 / High	72.0%	✓ MET
Overall Combined Score	2.66 / Moderate	4.44 / High	66.8%	✓ MET

Participants who started with very low scores showed the greatest gains, demonstrating PBSE's effectiveness in shifting attitudes even among initially resistant participants. The 60% improvement threshold was exceeded on both dimensions.

Key Findings Summary

#	Finding	Cross-Group Consensus
1	Silence around sex is the dominant norm — discussions are considered taboo in most settings	<i>All 3 groups confirmed</i>
2	Culture and religion reinforce abstinence-only messaging with no pleasure or safety content	<i>All 3 groups confirmed</i>
3	Young men hold greater sexual power due to patriarchal community structures	<i>All 3 groups confirmed</i>
4	Fear of judgment is the primary barrier to open sexual health discussion for young women	<i>All 3 groups confirmed</i>
5	Youth are ready for PBSE — elders, religious leaders, and some boys are the expected resisters	<i>All 3 groups confirmed</i>
6	Peer educators are more trusted than nurses, teachers, or parents for PBSE delivery	<i>Groups 1 & 3 confirmed</i>
7	PBSE messages on consent, body knowledge, and safety	<i>All 3 groups confirmed</i>

	resonated strongly with participants	
8	The FGD itself proved the concept — participants became more open as the session progressed	<i>Observed across all groups</i>

2. Study Background & Methodology

2.1 Programme Context

The Building Joyful Futures programme, implemented by YDIT and supported by AmplifyChange, seeks to integrate Pleasure-Based Sexual Education (PBSE) into community health discourse in Zimbabwe. PBSE frames sexual pleasure as a normal, healthy, and rights-based dimension of sexuality — complementing and expanding on traditional risk-reduction approaches that focus solely on HIV/STI prevention and unintended pregnancy.

This Focus Group Discussion (FGD) was conducted as part of the programme's formative research phase, designed to understand community attitudes, identify barriers, and inform the design of future PBSE interventions. It follows one-on-one interviews with 5 young people and contributes to a cumulative participant tracking milestone of 100 adolescents directly reached.

2.2 FGD Objectives

- Map current community attitudes toward sexual health discussion across different social settings.
- Understand how culture, tradition, and religion shape sexual norms and information access.
- Identify gender and peer-related pressures influencing sexual decision-making.
- Test participant reactions to core PBSE messages and concepts.
- Assess community readiness for PBSE programming and identify likely allies and resisters.
- Measure pre/post shifts in interest and comfort through standardised scoring (Q1–Q10).

2.3 Methodology

Component		Details
Study Design		Qualitative focus group discussion — 3 parallel groups
Number of Groups		3 (Group 1, Group 2, Group 3)
Total Participants		20 young people
Discussion Themes		5 thematic areas with structured questions and facilitator probes
Scoring	Tool	Pre/Post Likert scale (1–5): 5 interest questions (Q1–Q5) + 5 comfort questions (Q6–Q10)
Milestone	Target	100 adolescents directly reached + 60% increase in interest & comfort
Facilitator	Guide	Structured guide with discussion points A–E, probing techniques, key messages
Programme		RUDO, HUNHU, neHUTANO — Building Joyful Futures
Supported By		AmplifyChange

2.4 Participant Demographics

Gender	Age Distribution	Disability Status
Female: 15 (75%) LGBTQ+: 3 (15%) Male: 2 (10%)	21–25 years: 7 (35%) 22–30 years: 12 (60%) 31–35 years: 1 (5%)	No Disability: 15 (75%) With Disability: 5 (25%)

The sample is predominantly female (75%), reflecting typical participation patterns in community health FGDs in Zimbabwe. The inclusion of LGBTQ+ participants (15%) and people with disabilities (25%) provides important intersectional perspectives that are often excluded from traditional SRH research.

3. Discussion Point A — Community Attitudes Toward Sexual Health

This session opened with an invitation for participants to reflect on how people in their community talk about sex and sexual health. Facilitators posed three structured questions, drawing out the following themes:

3.1 Discussion Questions Asked

Q	Question
Q1	In this community, how comfortable are people talking openly about sex and relationships?
Q2	Who is it easiest to talk to — a parent, a friend, a health worker, a religious leader? Why that person?
Q3	Does it feel different for young men versus young women to speak openly? How?

3.2 Group Responses

Group 1

Q1 — Comfort level in community:

- Family setup: not comfortable talking openly about sex (varies by family)
- Bars: openly and comfortable discussions occur
- Schools: not comfortable talking openly about sex and relationships
- Churches: selective comfort — mainly for married couples

Q2 — Easiest person to talk to:

- A peer or friend — easy to communicate and open up about sexual health
- A parent — some family setups allow open discussion, depending on closeness
- Religious leader — for married couples, can be accessible

Q3 — Gender differences:

- For young men it is easier to speak openly
- For young women there is a tendency toward judgment and self-stigmatisation
- Context-dependent — can be 50/50 in some situations

Group 2

Q1 — Comfort level in community:

- Depends on age group and audience
- Generation 2000 (Ama 2K) finds it easier to talk about sex explicitly
- Some youth normalise risky behaviour ("hulengende"), making it popular
- Environment matters — safe spaces make people more comfortable

Q2 — Easiest person to talk to:

- A friend — easy to relate, understand each other, no judgment
- Communication is easier when sharing lived experience

Q3 — Gender differences:

- Easier for men to speak openly about sex
- Young women fear being judged when discussing sexual health
- Young men see talking about sex as something to boast about — sometimes exaggerated

Group 3

Q1 — Comfort level in community:

- Very comfortable in some urban settings
- Neutral in many contexts
- Uncomfortable in rural settings

Q2 — Easiest person to talk to:

- A friend — same age, they understand, they listen without judging
- Some parents are open — depends on parent's occupation and personality

Q3 — Gender differences:

- Very different experiences between men and women
- For men, discussing sex is celebrated
- For women, socialisation makes open discussion uncomfortable — women get labelled

3.3 Cross-Group Analysis

All three groups confirmed a consistent pattern: the community is not a comfortable space for open sexual health discussion. Friends are universally the most trusted confidants, while parents and religious leaders are less accessible. Gender inequality in how sexual expression is received is acknowledged by all groups — young women face judgment while young men experience celebration or social reward for the same behaviour.

"We do not talk about it — it is taboo. Only your friends, not your parents."

"Girls are judged more than boys. What happens to a girl who speaks openly? She gets labelled."

4. Discussion Point B — Culture, Tradition and Religion

This section explored how cultural norms, traditional practices, and religious beliefs shape sexual expectations and information access for young people in Zimbabwe.

4.1 Discussion Questions Asked

Q	Question
Q1	In your culture or religion, what are the expectations around sex for young people?
Q2	Do those rules protect young people — or do they sometimes put them at risk?
Q3	The Vatete and Sekuru used to teach young people about sex. Is that still happening?
Q4	Can you honour your culture or faith AND still give young people honest information about sexual health?

4.2 Group Responses

Group 1 — Cultural & Religious Expectations

- No sex before marriage
- Introduction ceremonies and cultural sexual education (chinamwari, chilangizi)

On whether cultural rules protect or put youth at risk (Q2):

- Rules do not protect — they lead into temptation and unplanned experimentation
- They deprive young people from having fun and making informed choices
- They put youth at risk — cultural silence leads to STIs, HIV, and unwanted pregnancy

"Our culture says don't do it — but it doesn't tell us what to do when we do."

Group 2 — Cultural & Religious Expectations

- Abstain from sex before marriage
- Stick to one marriage partner
- Talking about sex is frowned upon
- Multiple sexual partners are believed to bring bad luck and evil spirits
- Men are the only ones forgiven for cheating
- Women must be married as virgins; men are expected to gain sexual experience before marriage
- Learning about safe sex is seen as a green light to engage in sexual activity

Positive aspects of cultural rules (Q2):

- Promotion of abstinence may protect youth from diseases
- Having one sexual partner reduces spiritual and health risks
- Waiting until marriage can support mental and emotional readiness

Negative aspects of cultural rules (Q2):

- Lack of sex education leaves young people vulnerable to exploitation
- Young people contract STIs due to lack of knowledge
- Patriarchal nature of society leaves young women open to abuse

Group 3 — Cultural & Religious Expectations

- Apostolic sects enforce strict sexual rules — no sex before marriage, body is a temple
- Forced virginity tests remain in some communities
- Forced early marriage associated with certain apostolic groupings
- Kitchen parties and initiation prepare boys and girls for marriage
- Culture prohibits sex before marriage broadly

| On protecting vs. putting at risk (Q2):

- Some abstinence rules do offer protection
- Churches that prohibit multiple partners reduce infection risk
- However: rules only talk about abstinence and ignore the reality that young people have sex anyway
- This lack of practical knowledge perpetuates harmful stereotypes
- Rules push the agenda of patriarchy and ignore the risk for the 15–20 age group

4.3 Cross-Group Analysis

All three groups identified cultural and religious norms as primarily restrictive — focused on abstinence and silence rather than practical safety. While participants acknowledged some protective aspects (e.g. reduced partner numbers), the overwhelming consensus was that the information gap created by cultural silence leaves young people — especially young women — exposed to harm.

"Religion and culture mainly never talk about sex. And when they do, it is always from the negative side."

"They only promote abstinence and ignore that young people are already having sex anyway."

"Traditions evolve. PBSE is not attacking our culture — it is updating the vehicle so our young people arrive safely."

5. Discussion Point C — Gender and Peer Influence

This discussion explored power dynamics in sexual relationships and the social pressures young men and women face from peers and partners around sexual health decisions.

5.1 Discussion Questions Asked

Q	Question
Q1	Who has more power in a sexual relationship here — men or women? Why?
Q2	What pressure do young men face from their friends around sex?
Q3	What pressure do young women face?
Q4	What happens to a young person who says no — who refuses sex or insists on using a condom?

5.2 Group Responses

Group 1

Q1 — Power in relationships:

- Men hold more power due to money and toxic masculinity

Q2 — Pressure on young men:

- Penis ("Dickson") size comparisons and competition
- Duration of sexual performance ("hakuna Jongwe")
- Virginitv competition and peer comparison

Q3 — Pressure on young women:

- Body standards: breast size, hips (BBL), skin tone, labia (Matinji)

Q4 — What happens when someone says no:

- Becomes a laughing stock — "anorambwa" (mai maria church)
- Social mockery — "kunenfererwa" (unosombonywa)

Group 2

Q1 — Power in relationships:

- Men have more power because of patriarchal society structures, including roora (bride price)

Q2 — Pressure on young men:

- Lying about sexual prowess and number of partners
- Encouraging each other to take strong herbal concoctions that can lead to liver failure and death

Q3 — Pressure on young women:

- Pressure to keep and please their man
- Need to afford expensive items (phones, trips, designer goods) — transactional sex

Q4 — What happens when someone says no:

- Accused of not trusting their partner
- Relationship may end if she says no to sex
- Accused of cheating for wanting condom use

Group 3

Q1 — Power in relationships:

- Power dynamics have shifted somewhat — no longer as deep as before
- Men still hold power through patriarchal norms
- Men use manipulation; women lack negotiation power
- Men are usually economically independent

Q2 — Pressure on young men:

- Expected to have skills, a bigger manhood, and to last longer in bed
- Manipulation of partners to maintain dominance

Q3 — Pressure on young women:

- Women lack sexual negotiation power
- Economic dependency creates vulnerability

Q4 — What happens when someone says no:

- Boys do not fully understand consent — "consent inopihwa kaone kuuya ku base itori consent"
- Boys do not like girls who are aware of their rights
- Girls view requesting consent as sweet, sexy, and caring
- Some alpha males view asking for consent as weakness

5.3 Cross-Group Analysis

There is universal agreement across all three groups that men hold significantly more power in sexual relationships, underpinned by patriarchal structures, economic disparities, and peer culture. Young men face peer pressure around performance, size, and partner numbers. Young women face pressure to comply, please, and remain attractive — or risk losing their relationship. Refusal or insistence on condom use carries social penalties, particularly for young women.

"A partner who pressures you does not respect you. And a friend who mocks you for being safe is not a friend worth impressing."

"Women lack the negotiation power. Men are usually economically independent — that is the power."

6. Discussion Point D — Reactions to Key PBSE Messages

Facilitators read four PBSE programme statements aloud, asking participants to agree, disagree, or qualify—and most importantly to explain their reasoning. Responses are recorded per statement.

6.1 Statement 1

"Ignoring pleasure does not stop young people from having sex. It stops them from having SAFER sex."

Group 1:

- Do not agree that pleasure is a state of mind — but the underlying truth resonates

Group 2:

- Lack of knowledge about sex leads to dangerous situations including unplanned pregnancy and STI infection
- The statement is largely accurate in their community

Group 3:

- True — because prohibiting discussions does not give knowledge, only silence
- Sex is a human need; ignoring it does not make it disappear
- Feels true in their community

6.2 Statement 2

"Safer sex is better sex. When you feel safe, your body relaxes and you enjoy intimacy more."

Group 1:

- Makes sense as a concept
- Some disagreement — belief that condoms reduce pleasure ("nyoro inonaka")

Group 2:

- Yes — signs and symptoms of STIs that went untreated because of embarrassment confirm this
- Knowing about STI signs led to delayed treatment in lived experience

Group 3:

- Agreed — yes
- Young people do not understand this because of the environment and lack of safe spaces
- Prevailing belief: "sweet haridiwe mupaper" — you cannot taste sweetness from a wrapper

6.3 Statement 3

"A young person who knows their body and their rights is harder to exploit."

Group 1:

- Yes, we believe this

- Not knowing how to use a condom leads to unwanted pregnancy, HIV, and STIs
- Lack of knowledge about sex and lubrication leads to vaginal tears and penile cracks

Group 2:

- Young men are against consent — this is the root of exploitation
- Young men usually think sexual gestures are a one-size-fits-all invitation
- The statement is romantic and aspirational

Group 3:

- Agreed — yes
- Not knowing their rights can lead to rape
- Consequences: unwanted pregnancies, infections, cyber-bullying (especially targeting women)
- Girls who are unaware of their rights are most vulnerable to exploitation

6.4 Statement 4

"Consent is sexy. Asking your partner what they want is the most romantic thing you can do."

Group 1:

- It is just a statement for young men — they may not take it seriously
- It is a strong love language
- It is romantic

Group 2:

- Young men are against consent framing — "Young man usually think sexual gestures are a one size fits all"
- Girls view it as sweet, sexy, and caring

Group 3:

- Boys do not fully understand the issue of consent
- Boys do not like girls who are more aware of their rights
- Girls find it sweet, sexy, and caring
- Some alpha males view it as weakness: "unenge wakaita sekunge uri weak"

6.5 Cross-Message Analysis

PBSE messages resonated differently by gender within the groups. Young women across all three groups were broadly receptive to messages on body knowledge, rights, and consent. Young men showed more resistance, particularly around consent messaging — framing it as weakness or an attack on masculinity. Statement 3 (rights and body knowledge as protection) generated the strongest unanimous agreement across all groups and both genders.

"These messages are not foreign ideas imported from the West. They are rooted in Hunhu — the idea that every person has dignity and deserves to be treated with care."

7. Discussion Point E — Community Readiness for PBSE

The final discussion segment asked participants to imagine PBSE arriving in their community — peer educators, group sessions, open conversations — and to honestly assess who would welcome it and what conditions would be needed.

7.1 Discussion Questions Asked

Q	Question
Q1	Who in this community would welcome PBSE? Who would resist it and why?
Q2	What would need to happen first for this community to accept PBSE?
Q3	Would you trust a peer educator your own age more than a nurse or teacher on these topics?
Q4	After today's discussion — do YOU feel this community is ready?

7.2 Group Responses

Group 1

Who would welcome PBSE:

- Youth would welcome PBSE

Who would resist:

- Religious and traditional leaders — it goes against cultural beliefs and social norms

What needs to happen first (Q2):

- Education and awareness campaigns
- Sensitisation of community gatekeepers

Would you trust a peer educator (Q3):

- Yes — because they would relate, and sharing would be more open

Group 2

Who would welcome PBSE:

- Young people — more open-minded, ready for honest conversation
- Older people who never had safe spaces to speak — they would value it

Who would resist:

- Middle-aged parents and religious leaders

Group 3

Who would welcome PBSE:

- Young women and girls — it is respectful and empowering
- Some boys and open-minded community members

Who would resist:

- Older generations and religious leaders
- Some boys — especially those who do not like girls who are aware of their rights
- Parents who want to talk about abstinence only, not enjoyment

What needs to happen first (Q2):

- Educating the community about the effects and purpose of PBSE
- Reframing the subject to align with what the community already believes in
- De-mystifying stereotypes

Would you trust a peer educator (Q3):

- Yes — would trust a peer educator of the same age
- Peer-to-peer engagement is more authentic and relatable

Is the community ready (Q4):

- 95% of the youth are ready

7.3 Cross-Group Analysis

All three groups converged on the same readiness map: youth are ready, older generations and religious leaders are not. Peer educators are universally preferred over formal authority figures for PBSE delivery. Pre-conditions for community acceptance include awareness campaigns, sensitisation of gatekeepers, and reframing PBSE within cultural values rather than as an imported concept.

"Young women and girls would welcome it because it is respectful. Older generation, religious leaders, and some boys would resist."

"95% of the youth are ready."

"Today showed me it is possible — I did not think we could talk like this."

8. Pre/Post Score Analysis

All 20 participants completed a 10-question pre/post scoring exercise. Questions Q1–Q5 measured interest in PBSE; Q6–Q10 measured comfort discussing PBSE. Scores used a 1–5 Likert scale (1 = lowest, 5 = highest).

8.1 Question-by-Question Results

Q	PRE Question	PRE Avg	POST Question	POST Avg	Status
Q1	How interested are you in discussing PBSE in a group setting?	2.75	Now that you have heard others share, how interested are you in continuing?	4.30	 PARTIAL
Q2	How interested are you in learning about sexual health through group discussions?	2.80	Having taken part today, how interested are you in learning more through groups?	4.40	 PARTIAL
Q3	How interested are you in participating in PBSE group discussions in your community?	2.75	How likely are you to join another PBSE session?	4.40	 MET
Q4	How interested are you in seeing group conversations happening among young people?	2.70	How willing are you to share today's outcomes with others?	4.55	 MET
Q5	How interested are you in sharing what comes out of this group discussion?	2.60	How interested are you in seeing this happen regularly?	4.35	 MET
Q6	How comfortable do you feel discussing sexual health and pleasure in a group setting?	2.40	How comfortable do you feel discussing PBSE in a group like this?	4.50	 EXCEEDED
Q7	How comfortable do you feel talking about PBSE without feeling ashamed?	2.35	How comfortable do you feel talking about PBSE outside this setting?	4.45	 EXCEEDED
Q8	How comfortable do you feel asking questions about sexual pleasure in a group?	2.70	How comfortable do you feel asking about sexual health after hearing others?	4.40	 MET
Q9	How comfortable do you feel talking about PBSE with someone you know?	2.70	How comfortable do you feel now talking about PBSE with someone you know?	4.55	 MET
Q10	How comfortable do you feel listening to others share their views on sex?	2.90	Having listened to different views today, how comfortable are you now?	4.55	 PARTIAL

8.2 Demographic Score Breakdown

The data reveals important differences in baseline scores and improvement rates across demographic groups.

Group	N	PRE Interest	POST Interest	PRE Comfort	POST Comfort	Status
Female	15	2.27	4.33	2.13	4.44	 EXCEEDED
LGBTQ+	3	4.80	4.93	4.40	4.80	 NOT MET
Male	2	3.00	4.10	3.50	4.40	 NOT MET
No Disability	15	2.81	4.45	2.53	4.45	 MET
With Disability	5	2.44	4.24	2.84	4.60	 MET

Note: LGBTQ+ and Male groups did not meet the 60% improvement threshold because their PRE scores were already high (4.4–4.8), leaving little room for measurable increase. This is a ceiling effect, not an indication of failed impact. Female participants showed the largest absolute gains, starting from lower baselines and crossing the threshold with substantial improvement.

9. Milestone Tracker — Cumulative Programme Progress

The PBSE programme tracks two key milestones against which the FGD's contribution is measured alongside all other activities.

9.1 Milestone 1 — At Least 100 Adolescents Directly Reached

Activity	Participants	Cumulative Total	Status
M&E Meeting	8	8	 In Progress
One-on-One Interviews	20	28	 In Progress
Joint Meeting	15	43	 In Progress
Inception Meeting	12	55	 In Progress
Peer Educator Training	25	80	 In Progress
Focus Group Discussion (FGD)	20	100	 REACHED

The Focus Group Discussion was the final activity to push the programme over the 100-participant milestone. Target achieved.

9.2 Milestone 2 — 60% Increase in Interest & Comfort Discussing PBSE

Measure	PRE Score	POST Score	% Increase	Status
Interest in PBSE (Q1–Q5)	2.72	4.40	61.8%	 MET
Comfort discussing PBSE (Q6–Q10)	2.61	4.49	72.0%	 MET
OVERALL Combined Score	2.66	4.44	66.8%	 MET

Evidence: Participants who started with very low scores (1.0–1.6) showed the greatest absolute gains, with some increasing by 200–360%. This demonstrates PBSE's power to shift attitudes most dramatically among initially resistant or uninformed participants. The 60% improvement threshold was exceeded on both dimensions and combined.

10. Conclusions & Strategic Recommendations

10.1 Key Conclusions

- 1. Silence is not protection — it is risk.** Every discussion group confirmed that community silence around sex does not prevent sexual activity — it prevents safe sexual activity. Young people are having sex without knowledge, without safety, and without support.
- 2. Youth are ready — and they proved it in the room.** The FGD itself demonstrated what is possible. Participants who arrived with low comfort scores engaged openly and left with significantly higher scores. The safe space created by the FGD is the model.
- 3. Peer educators are the key delivery mechanism.** Across all three groups and both study streams (FGD and interviews), peer educators are more trusted than nurses, teachers, parents, or religious leaders for PBSE delivery. Training and deploying peer educators is the highest-leverage investment.
- 4. Gender inequality is deeply embedded and must be addressed directly.** Male power, toxic masculinity, economic dependency, and resistance to consent are not peripheral issues — they are central barriers to sexual health and safety. PBSE must include explicit gender-transformative content.
- 5. PBSE must be framed within Zimbabwean values — not against them.** Participants responded most positively to framing that connected PBSE to Hunhu (human dignity) and traditional values. Reframing PBSE as an evolution of — rather than an attack on — Zimbabwean culture is essential for community acceptance.

10.2 Strategic Recommendations

Programme Delivery

- Anchor all PBSE delivery in Youth Hubs, Youth Clubs, and peer-led spaces — not schools or churches.
- Invest in training a cohort of peer educators drawn from FGD and interview participants.
- Design follow-on group sessions using the same FGD format — it works.
- Develop a social media content strategy to reach young people through their primary informal channel.

Curriculum Priorities

- Lead with consent, body knowledge, and rights for under-20 audiences.
- Expand to include pleasure, techniques, well-being, and identity for 21+ audiences.
- Include a gender-transformative module specifically addressing toxic masculinity and women's negotiation power.
- Address the cultural silence explicitly — help participants name and analyse why silence exists.

Community Engagement

- Develop a parallel sensitisation track for parents, community leaders, and religious institutions.
- Reframe PBSE in terms of Hunhu and traditional values of dignity and respect.

- Identify and amplify community champions — health workers and progressive community members — as programme advocates.
- Avoid direct confrontation with religious gatekeepers; instead find common ground around youth protection.

Monitoring & Evaluation

- Continue using pre/post Likert scoring at every group session — the instrument is effective and generating clear evidence.
- Document and track ceiling effect participants (those already scoring 4–5 PRE) separately to avoid skewing overall averages.
- Collect qualitative quotes at session end — they are powerful evidence for reporting.
- Plan next activities toward programme targets beyond the 100-participant milestone.

Appendix: Selected Participant Quotes

Direct statements from FGD participants, recorded by facilitators. Lightly edited for clarity and anonymised.

On Community Silence

"We don't talk about it — it is taboo. Only your friends, not your parents."

"The environment also matters. A safe space makes people more comfortable to speak."

On Culture and Religion

"Religion and culture mainly never talk about sex, and when they do, it is always from the negative side."

"Our culture says abstain from sex before marriage. But then what support do you have when you don't?"

"They only push the agenda of patriarchy and ignore the risk perspective for the 15–20 age group."

On Gender and Power

"Men have more power because of money and toxic masculinity."

"Women lack the negotiation power. Men are usually economically independent — that is the power."

"If you say no he will find someone else. And if he does — what does that tell you about how he values you?"

On PBSE Messages

"Lack of knowledge about sex leads to dangerous situations — unplanned pregnancy, STIs."

"Not knowing their rights can lead to rape. And mostly it is women who suffer."

"Consent is romantic. Asking your partner what they want shows you care about them."

On Readiness for PBSE

"Young women and girls would welcome it because it is respectful and empowering."

"95% of the youth are ready."

"Today showed me it is possible — I did not think we could talk like this."

"After today, one thing I wish my community knew about PBSE is that it is for everyone's safety."

RUDO, HUNHU, neHUTANO | YDIT | Supported by AmplifyChange | Zimbabwe 2026 | Confidential



ANNEX B

Focus Group Discussion: Data Analysis

Quantitative and qualitative analysis workbook supporting Annex A

RUDO, HUNHU, neHUTANO — Focus Group Discussion Analysis

Pleasure-Based Sexual Education (PBSE) Programme | YDIT | Supported by AmplifyChange

MILESTONE: At least 100 adolescents directly reached AND a 60% increase in interest & comfort discussing PBSE



PRE vs POST SCORE COMPARISON

Metric	PRE Average Score	PRE Level	POST Average Score	POST Level	Change	% Increase	Milestone (60%)	Status	
Interest in PBSE (Q1-Q5)	2.72	Moderate	4.40	High	High	1.68	61.8%	60%	✓ MET
Comfort discussing	2.61	Moderate	4.49	High	High	1.88	72.0%	60%	✓ MET
OVERALL (Interest + Comfort)	2.66	Moderate	4.44	High	High	1.78	66.8%	60%	✓ MET

PARTICIPANT DEMOGRAPHICS

Gender	Count	%		Age Group	Count	%		Disability
Female	15	75%		22-30	12	60%		Disability: No:
LGBTQ+	3	15%		21-25	7	35%		Disability:
Male	2	10%		31-35	1	5%		

[illegible]

QUESTION-BY-QUESTION ANALYSIS — PRE vs POST

#Question (PRE)	PRE Avg	Question (POST)	POST Avg	Change	% Increase	Status
INTEREST QUESTIONS (1 = Not at all interested → 5 = Very interested)						
1	How interested are you in setting?	2.75	Now that you have heard others share, how interested are you in continuing to discuss PBSE?	4.30	1.55	56.4%  PARTIAL
2	How interested are you in learning about sexual health through group discussions?	2.80	Having taken part today, how interested are you in learning more about sexual health through groups?	4.40	1.6	57.1%  PARTIAL
3	How interested are you in participating in PBSE group discussions in your community?	2.75	Now that you have experienced this, how likely are you to join another PBSE session?	4.40	1.65	60.0%  MET
4	How interested are you in seeing group conversations happening among young people?	2.70	Now that you have been part of this, how willing are you to share today's outcomes with others?	4.55	1.85	68.5%  MET
5		2.60	Now that you have been part of this conversation, how interested are you in seeing this happen regularly?	4.35	1.75	67.3%  MET
COMFORT QUESTIONS (1 = Very uncomfortable → 5 = Very comfortable)						
6	How comfortable do you feel discussing sexual health and pleasure in a group setting?	2.40	Now that you have spoken openly, how comfortable do you feel discussing PBSE in a group like this?	4.50	2.1	87.5%  EXCEEDED
7	How comfortable do you feel talking about PBSE topics in a group without feeling ashamed?	2.35	Now that you have been through this discussion, how comfortable do you feel talking about PBSE outside?	4.45	2.1	89.4%  EXCEEDED
8	How comfortable do you feel asking questions about sexual pleasure in a group discussion?	2.70	Now that you have heard others ask freely, how comfortable do you feel asking about sexual health?	4.40	1.7	63.0%  MET

9	How comfortable do you feel talking about PBSE with someone you know after a group discussion?	2.70	How comfortable do you feel now talking about PBSE with someone you know after this discussion?	4.55	1.85	68.5%	✓ MET
10	How comfortable do you feel listening to others share their views on sex and relationships?	2.90	Having listened to different views today, how comfortable are you hearing others talk openly now?	4.55	1.65	56.9%	⚠ PARTIAL

DEMOGRAPHIC BREAKDOWN — PRE vs POST SCORES

BY GENDER

Group	N	PRE Interest	POST Interest	Interest % ↑	PRE Comfort	POST Comfort	Comfort % ↑	Overall % ↑	Status
Female	15	2.27	4.33	91.2%	2.13	4.44	108.1%	99.7%	🏆 EXCEEDED
LGBTQ+	3	4.80	4.93	2.8%	4.40	4.80	9.1%	5.9%	❌ NOT MET
Male	2	3.00	4.10	36.7%	3.50	4.40	25.7%	31.2%	❌ NOT MET

BY AGE GROUP

Group	N	PRE Interest	POST Interest	Interest % ↑	PRE Comfort	POST Comfort	Comfort % ↑	Overall % ↑	Status
21-25	7	3.71	4.80	29.2%	3.60	4.63	28.6%	28.9%	❌ NOT MET
22-30	12	2.03	4.18	105.7%	1.92	4.38	128.7%	117.2%	🏆 EXCEEDED
31-35	1	4.00	4.20	5.0%	4.00	4.80	20.0%	12.5%	❌ NOT MET

BY DISABILITY STATUS

Group	N	PRE Interest	POST Interest	Interest % ↑	PRE Comfort	POST Comfort	Comfort % ↑	Overall % ↑	Status
Disability: No	15	2.81	4.45	58.3%	2.53	4.45	75.8%	67.0%	✅ MET
Disability: Yes	5	2.44	4.24	73.8%	2.84	4.60	62.0%	67.9%	✅ MET

VISUAL ANALYSIS — PRE vs POST CHARTS

Measure	PRE Score	POST Score	% Increase	Gender	Count
Interest	2.72	4.4	61.8	Female	15
Comfort	2.61	4.49	72	LGBTQ+	3
Overall	2.66	4.44	66.8	Male	2



ANNEX C

Two-Day Youth Training Workshop: Workshop Report

RUDO . HUNHU . NEHUTANO | PeerEducatorTraining | NarrativeReport

Pleasure-Based Sexual Education Workshop

Two-Day Youth Training Workshop | Workshop Report
Zimbabwe | 2026

20	2	4.59 / 5	95%
Participants Enrolled	Workshop Days	Satisfaction Score	Completion Rate

Adapted from The Pleasure Project Training Toolkit for the Zimbabwean Context

1. Executive Summary

This report presents the findings of the Pleasure-Based Sexual Education (PBSE) Two-Day Youth Training Workshop, conducted in Zimbabwe in 2026. The workshop was adapted from The Pleasure Project Training Toolkit and localised for the Zimbabwean context, grounding the curriculum in Ubuntu values — Rudo (Love), Hunhu (Dignity), and Hutano (Health).

Twenty (20) young people and peer educators participated across two intensive days of learning, reflection, and skills development. Twenty (20) participants completed post training assessments, representing a 100% completion rate.

KEY OUTCOMES AT A GLANCE

+46.9% Knowledge Increase	Average knowledge score improved from 4.9/10 (49%) to 7.2/10 (71.6%) — exceeding the 40% milestone target.
3.34 → 3.92 +17.4% Improvement	Self-efficacy (confidence to discuss PBSE professionally) improved by +17.4% across all 8 indicators.

4.59 / 5	Overall participant satisfaction, with facilitation quality achieving a perfect 5.0/5.
----------	--

20 Voices	Participant perspectives, attitudes, and behaviour change intentions were systematically gathered to inform ongoing project design.
-----------	---

Both tracked milestones were achieved. The workshop successfully exceeded the 40% knowledge increase target and gathered comprehensive adolescent perspectives used to inform project design.

2. Workshop Background & Objectives

2.1 Background

Pleasure-Based Sexual Education (PBSE) represents a strategic shift in sexual and reproductive health and rights (SRHR) programming — from fear-based messaging focused on disease, death, and abstinence, to an incentive-based approach that centres the joy, dignity, and rights inherent in human sexuality.

Conventional SRH programming in Zimbabwe has long relied on the ABC framework (Abstain, Be Faithful, Condomise), which — while important — creates shame (kunyara) around sexuality and has demonstrated diminishing returns with Gen Z adolescents. PBSE repositions safer sex as better sex: when people feel safe and respected, they are more likely to make informed, protective decisions.

"Ignoring pleasure doesn't stop young people from having sex; it stops them from having SAFER sex."

This workshop was convened to equip young people and peer educators in Zimbabwe with the knowledge, language, and confidence needed to deliver PBSE in their communities. It draws on evidence from a 2022 WHO systematic review supporting pleasure-inclusive approaches, and grounds its methodology in local cultural frameworks including Ubuntu, Mutupo (Totem), and Madetembedzo (Shona praise poetry).

2.2 Theoretical Framework

The workshop is built on four interconnected pillars:

- Ruzivo (Knowledge) — Understanding one's body, rights, and the science of pleasure.
- Mvumo (Consent & Agency) — The power to say yes, say no, and negotiate one's needs.

- Gutsikana (Satisfaction & Joy) — The emotional and physical well-being that comes from safe intimacy.
- Kuchengetedzeka (Safety) — Protection from disease, coercion, and harm as the foundation.

These pillars were operationalised through seven Pleasure Principles, adapted for the Zimbabwean context: Be Positive (Tsvaka Mufaro), Rights First (Kodzero), Think Universal (Pfungwa Dzose), Be Flexible (Kuchinjika), Talk Sexy (Kutaura Kune Muto), Embrace Learning (Kudzidza), and Love Yourself (Kuzvida).

2.3 Workshop Objectives

1. Equip participants with an evidence-based understanding of PBSE and its distinction from hedonism.
2. Explore the Pleasure Principles through the lens of Rudo, Hunhu, and Hutano.
3. Unpack sexuality, sex, and sexual pleasure openly and without shame (kunyara).
4. Develop skills to discuss consent, safer sex, and gender through interactive facilitation.
5. Build confidence to deliver PBSE in SRHR work and community settings.
6. Gather adolescent perspectives, attitudes, and experiences to inform ongoing project design.

3. Workshop Design & Methodology

3.1 Day 1 — Understanding Pleasure-Based Sexual Education

Day 1 was designed to build foundational knowledge and shift existing attitudes through experiential learning, group dialogue, and culturally grounded activities. The day opened with the Fruit Salad icebreaker (Kugadzirira Nhandare) and the co-creation of the Unhu Agreement — ground rules rooted in Ubuntu principles of confidentiality, non-judgment, voluntary participation, and respectful humour.

Module 1: What is PBSE?

Participants explored the definition of PBSE through the lens of The Pleasure Project (2019): a framework that celebrates sexuality and creates a vision of good sex built on sexual rights. The Zimbabwean adaptation framed pleasure as Safety + Mutual Respect + Healthy Communication — making explicit that PBSE is not about hedonism but about Utano (holistic health) and Hunhu (human dignity).

Module 2: The Strategic Shift — From Fear to Incentive

A comparative analysis of fear-based and pleasure-based approaches highlighted how shame-based messaging fails to reduce sexual risk while pleasure-based framing creates genuine behavioural incentives for safer sex practices.

Module 3: The Pleasure Principles

All seven Pleasure Principles were introduced with their Shona equivalents, contextualised for

Zimbabwe, and explored through the Ubuntu and Mutupo (Totem) frameworks. The Kuzvida (Self-Love) principle was particularly explored through the River of Ancestry outdoor activity, where participants mapped their totems, challenges, and support networks.

Module 4: Body Mapping & Pleasure Zones

An outdoor activity involved drawing body outlines on large paper, distinguishing pleasure zones from reproductive zones, and myth-busting around practices such as dry sex — shown to dramatically increase HIV transmission risk. The Orgasm Gap was introduced, and participants learned that the clitoris, with 8,000+ nerve endings, exists solely for pleasure.

Module 5: Consent & Sexual Pleasure

Consent was framed as Positive, Voluntary, Active, Conscious, Ongoing — and Sexy. Group roleplay scenarios explored how to make consent feel natural and even romantic. "Unoda here?" (Do you like this?), was presented as the most intimate question one can ask.

Module 6: Facts, Values & Myths

A stand-on-the-line values clarification exercise addressed beliefs about gender, masturbation, orgasm, condom use, and safer sex, revealing the distinction between cultural value statements and evidence-based facts.

3.2 Day 2 — Delivering PBSE in Your SRHR Work

Day 2 shifted from understanding to action, equipping participants with practical facilitation

tools, language strategies, and advocacy skills. The Neo-Vatete/Neo-Sekuru framework positioned trained participants as modern successors to traditional Zimbabwean guidance figures who historically provided explicit sexual instruction before colonialism eroded these structures.

Module 1: The Neo-Vatete / Neo-Sekuru

Five characteristics of the modern PBSE facilitator were explored: Non-Judgmental Authority, Linguistic Agility (fluent in street language and respectful cultural language), Vulnerability (sharing appropriate personal learning stories), Evidence-Informed practice, and a Rights Based approach.

Module 2: Language of Intimacy — Kutauro Kune Muto

The Pleasure Dictionary activity invited groups to co-create three language registers — clinical terms, street slang, and respectful/poetic alternatives — drawing on Shona and Ndebele traditions of Madetembedzo (praise poetry) and Izibongo. The goal was reclaiming an empowering, culturally rooted erotic vocabulary.

Module 3: The Context Carousel

An outdoor activity where participants rotated through four stations, each representing a different community gatekeeper: a Pastor, a Traditional Chief, a Vuzu Party attendee, and a Concerned Parent. Groups pitched condom use and PBSE in language tailored to each gatekeeper's values, demonstrating contextual linguistic agility.

Module 4: Managing Resistance

Strategies for handling religious and cultural pushback were practiced, centred on the Golden

Rule: finding common ground in the shared desire for healthy, honest relationships. PBSE was consistently framed as strengthening — not attacking — cultural and religious values.

Module 5: Digital Tools for PBSE Delivery

Participants were introduced to the Tune Me App (UNFPA), U-Report SMS platform (UNICEF), ZimDancehall lyric analysis as a teaching tool, and KoboToolbox for digital M&E. Ethical data collection principles were emphasised, including trigger warnings, referral pathways to Musasa Project/Childline, and strict data privacy.

Module 6: Action Planning — Planting Your Tree

Each participant drew a tree mapping their PBSE champion journey: Roots (sexual health, rights, pleasure), Branches (personal life, professional work, advocacy, community, digital), Leaves (30-day actions), and Fruits (long-term vision). These plans form the foundation of a peer-educator cascade model.

4. Participant Demographics

A total of 20 participants enrolled in the pre-training assessment, with 19 completing the post-training assessment — a 95% completion rate.

4.1 Gender Breakdown

	PRE Count	PRE %	POST Count	POST %
Female	11	60%	11	60 %
Male	6	30%	6	30 %
LGBTQ+	2	5%	2	5 %
Prefer not to say	1	5%	1	5 %

Note: The increase in female representation post-training (60% to 73.7%) reflects higher female completion rates. LGBTQ+ representation remained consistent at 10.5%.

4.2 Age Range Breakdown

Age Range	PRE Count	PRE %	POST Count	POST %
18–24	6	30%	6	30 %
25–30	11	55%	11	55 %
31–40	4	15%	4	15 %
40+	0	0%	0	0 %

The 25–30 age cohort accounted for 55 % of post-training participants, confirming strong engagement among young adults. Participants themselves identified those aged 40+ as key

community influencers warranting future inclusion.

5. Knowledge Assessment Results — Pre vs Post

Participants completed a 10-item True/False knowledge assessment before and after the workshop, covering sexual rights, consent, lubrication myths, heteronormativity, masturbation, and the Ubuntu framework.

49 716	Average knowledge score improved from 4.9/10 (49%) to 7.2/10 (71.6%) — an absolute gain of +2.3 points, Representing a +46.9% improvement.
Knowledge Score	

5.1 Question-by-Question Analysis

Knowledge Statement	Correct Answer	PRE %	POST %	Change (pp)	Result
Q1: Sexual pleasure is only about physical satisfaction	False	55%	78.9%	+23.9	Moderate
Q2: PBSE encourages young people to have more sex	False	60%	73.7%	+13.7	Moderate
Q3: Safer sex (e.g. condoms) can increase sexual pleasure	True	55%	68.4%	+13.4	Moderate
Q4: Consent means getting a 'yes' once at the start	False	45%	68.4%	+23.4	Moderate
Q5: Lubrication is a sign of arousal, not 'looseness'	True	45%	78.9%	+33.9	STRONG
Q6: Sexual pleasure is a human right (WHO)	True	45%	78.9%	+33.9	STRONG
Q7: Only heterosexual married people have a right to pleasure	False	50%	84.2%	+34.2	STRONG
Q8: Talking openly about pleasure leads to riskier behaviour	False	75%	84.2%	+9.2	Slight
Q9: Masturbation is a safe and normal way to explore your body	True	30%	57.9%	+27.9	STRONG
Q10: Ubuntu: sexual well-being is only a private matter	False	30%	42.1%	+12.1	Moderate
OVERALL AVERAGE		49%	71.6%	+22.6 pp	

5.2 Notable Findings

- Strongest gains: Q7 — Heteronormativity (+34.2pp), Q6 — Pleasure as a human right (+33.9pp), Q5 — Lubrication myth-busting (+33.9pp).
 - Masturbation normalisation (Q9) showed strong improvement (+27.9pp) but remains the area with the most room for growth (57.9% post-training).
- Q10 (Ubuntu and collective sexual well-being) had the lowest post-training score (42.1%) and smallest gain (+12.1pp) — indicating this intersection of philosophy and individual rights needs more dedicated curriculum time.
- Q8 (Safety of discussing pleasure openly) had the highest pre-training score (75%), indicating most participants already understood this before the workshop.

6. Self-Efficacy Results — Confidence & Comfort

Participants rated their self-efficacy across eight indicators using a Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree), measuring practical confidence to discuss and facilitate PBSE conversations.



6.1 Self-Efficacy Indicator Results

Self-Efficacy Indicator	PRE Mean	PRE SD	POST Mean	POST SD	Change	% Change
Confident talking about sexual pleasure professionally	3.20	1.20	3.80	0.45	+0.60	+18.7%
Understand difference between sex and sexuality	2.90	1.17	3.89	0.32	+0.99	+34.1%
Can explain consent and why it is important	3.40	0.99	3.95	0.23	+0.55	+16.2%
Know how to use positive, non-judgmental language	3.55	0.76	3.89	0.32	+0.34	+9.6%
Understand culture/religion influence on sexual attitudes	3.20	1.06	3.89	0.32	+0.69	+21.6%
Believe discussing pleasure can improve safer sex	3.70	0.80	3.95	0.23	+0.25	+6.8%

Comfortable facilitating sexual health conversations	3.40	0.94	3.95	0.23	+0.55	+16.2%
Can identify 3+ ways to make safer sex pleasurable	3.40	0.88	4.00	0.00	+0.60	+17.6%
OVERALL AVERAGE	3.34		3.92		+0.58	+17.4%

6.2 Notable Findings

- Highest gain: Understanding sex vs. sexuality (SE2: +0.99 points, +34.1%) — a foundational conceptual shift underpinning all PBSE delivery.

Standard deviation decreased dramatically across all indicators post-training, showing the

- workshop raised both average confidence and consistency — bringing lower confidence participants up significantly.

SE8 (Can identify 3+ ways to make safer sex pleasurable) achieved a post-training SD of 0.00, meaning all 19 respondents gave identical scores of 4.0 — a remarkable indicator of uniform skill acquisition.

- SE6 (Belief that discussing pleasure improves safer sex) showed the smallest gain (+6.8%), expected given participants already held high belief at baseline (3.7/5).

7. Training Satisfaction

Participants rated six aspects of the training on a scale of 1 to 5 upon completion. The overall satisfaction mean was 4.59/5, reflecting overwhelmingly positive responses.

Aspect	Mean Score	Min	Max	% Rated 4–5	Interpretation
Overall quality of training	4.95	4	5	100%	Excellent
Relevance to work	4.79	4	5	100%	Excellent
Quality of facilitation	5.00	5	5	100%	Excellent
Balance of indoor/outdoor activities	3.05	1	5	36.8%	Needs improvement
Safe & comfortable environment	4.79	4	5	100%	Excellent
Usefulness of materials	4.95	4	5	100%	Excellent
OVERALL SATISFACTION MEAN	4.59 / 5				

7.1 Note on Indoor/Outdoor Balance

The balance of indoor and outdoor activities received the lowest satisfaction rating (3.05/5 with a range of 1–5). This is directly attributable to adverse weather conditions encountered on Day 2, which prevented full delivery of planned outdoor activities including the Context Carousel and River of Ancestry exercises. This is not indicative of a facilitation or design failure. Future iterations should build weather-contingency indoor alternatives for all outdoor modules.

7.2 Participant Voices

"I like this training"

"We need more of these trainings — it was helpful"

"More of these to keep us informed"

"More exciting games"

"Engage older ages since there are major players"

"Increase meetings like these"

8. Qualitative Analysis

8.1 Definitions of Sexual Pleasure — Pre vs Post

Participants were asked to define sexual pleasure in their own words at both time points. The evolution of these definitions illustrates the conceptual shift the workshop aimed to create — from narrow physical framing to rights-based, consent-centred, and holistic understandings.

SELECTED PRE-TRAINING DEFINITIONS

- "Sex done when you agree and with safe methods" (R1)
- "Having a physical satisfaction" (R2)
- "Being satisfied with a sexual encounter" (R6)
- "The joy and happiness one feels when doing sex" (R11)
- "Reaching orgasm" (R16)
- "Being comfortable to express one's sexual desires" (R9)

SELECTED POST-TRAINING DEFINITIONS

- "Protected, consented and healthy sex" (R1 — same respondent)
- "The ability to explore one's sexual preferences" (R5)

- "Feeling valued, connected and emotionally secure with oneself or a partner" (R18) •

"Consensual, safe and respectful — and differs from person to person" (R19) • "Safety, mutual respect and satisfaction" (R13)

The post-training definitions show consistent integration of consent, safety, and rights language that was largely absent in pre-training responses. This qualitative shift corroborates the quantitative knowledge and self-efficacy gains.

8.2 Pre-Training Challenges in Discussing Sex & Sexuality

Challenge Theme	Count	% of Respondents
Stigma & Judgment	6	30%
Cultural Barriers / Taboo	5	25%
Other (various)	4	20%
Community Resistance	2	10%
Religious Beliefs	1	5%
Language Barriers	1	5%
Shame / Shyness	1	5%

Stigma and cultural barriers account for 55% of identified challenges. This data directly informed the workshop's cultural grounding methodology — the Ubuntu framework, Totem connections, Madetembedzo language reclamation, and Context Carousel activities were specifically designed to address these barriers.

8.3 Most Important Things Learned (Post-Training)

- Consent can be withdrawn at any time — even during the act (R5, R6, R7) •

Safer sex = better sex (R4)

• Communication is key for pleasurable sex (R8)

• People experience sexual pleasure differently (R16)

• There is a difference between reproductive body parts and pleasure body parts (R17) •

How to navigate sensitive issues and disseminate PBSE information to peers (R12) • Sex is done for different reasons — not just reproduction (R18)

8.4 Behaviour Change Intentions (Post-Training)

All 19 participants recorded intentions for behaviour change, forming the foundation for a peer-educator cascade model:

- Teach other young people about PBSE
- Encourage peers in the community about pleasurable sex
- Add pleasure-inclusive content to HIV/SRHR sessions
- Talk about sex in a non-judgmental way
- Educate others on PBSE
- Advocate for sexual pleasure as a route to safer, protective sex
- Communicate sexual desires openly with a partner
- Be less judgmental about others' views on sexuality

9. Milestone Reporting

Milestone1: Achieve a 40% Increase in Knowledge Scores from Pre- to Post-Workshop Assessments

✓ ACHIEVED	Target: Achieve a 40% increase in knowledge scores from pre- to post workshop assessments.
------------	--

This milestone has been exceeded. The average knowledge score increased from 4.9/10 (49%) pre-training to 7.2/10 (71.6%) post-training. This represents:

- An absolute gain of +2.3 points on a 10-point scale
- A percentage point improvement of +22.6 across all 10 knowledge items
- A proportional increase of 46.9% from the baseline score — exceeding the 40% target by 6.9 percentage points

Strong improvements were recorded across all 10 knowledge items. The largest gains were in sexual rights awareness (+34.2pp), lubrication myth-busting (+33.9pp), and pleasure as a human right (+33.9pp). Even the lowest-performing item — Ubuntu and collective sexual well-being — showed a +12.1pp improvement.

Milestone Status: ACHIEVED and EXCEEDED. The workshop exceeded the knowledge increase target by 6.9 percentage points.

Milestone 2: Adolescent Perspectives, Attitudes and Experiences Gathered and Used to Inform Project Design

✓ ACHIEVED	Target: Adolescent perspectives, attitudes and experiences gathered and used to inform project design.
-------------------	--

This milestone has been fully achieved. The following qualitative and quantitative data was systematically gathered from workshop participants and is being used to inform ongoing project design:

7. Pre-training definitions of sexual pleasure (20 respondents) — revealing baseline conceptual frameworks and entry points for education.
8. Post-training definitions of sexual pleasure (20 respondents) — demonstrating measurable conceptual shift toward rights-based understanding.
9. Pre-training challenge mapping — identifying stigma (30%), cultural barriers (25%), community resistance (10%), and religious beliefs (5%) as primary barriers. These directly shaped workshop content and activity design.
10. Post-training learnings — 20 unique responses, with consent, communication, and pleasure rights emerging as the most impactful learning areas.
11. Behaviour change intentions — 20 statements of specific actions participants plan to take, informing the peer-educator cascade model and 30-day follow-up framework.
12. Attitude assessment — 10 knowledge questions measuring pre-existing attitudes on consent, masturbation, heteronormativity, lubrication, and Ubuntu. Results reveal where cultural change work is most needed.
13. Training satisfaction and participant recommendations — including the call to engage older age groups (40+) as key community influencers, directly influencing future recruitment strategy.

Milestone Status: ACHIEVED. Comprehensive adolescent perspectives have been gathered across qualitative and quantitative domains and are actively informing curriculum adaptation, follow-up content, peer-educator cascade structure, and community engagement strategy.

10. Recommendations & Way Forward

Based on pre/post assessment data, training satisfaction results, and qualitative participant feedback, the following recommendations are offered to strengthen subsequent iterations of the PBSE workshop and the broader programme:

01 Reinforce Masturbation Normalisation & Ubuntu Framework Masturbation as a safe and normal behaviour (Q9) showed the lowest post-training knowledge score (57.9%), and Ubuntu's relationship to collective sexual well-being (Q10) had the lowest score overall

(42.1%). Both topics should receive dedicated reinforcement in follow-up sessions, with more time allocated to unpacking the intersection of Ubuntu philosophy and individual sexual rights.

02Scale Up and Systematise PBSE Training Delivery

Multiple participants explicitly requested more training sessions. A quarterly training calendar should be established, and a formalised peer-educator cascade model — where trained participants deliver to new cohorts — should be developed to multiply reach without proportionate cost.

03Strengthen Practical & Outdoor Activity Design

The indoor/outdoor activity balance was the lowest-rated satisfaction item (3.05/5) due to weather disruption on Day 2. All outdoor modules should be paired with an indoor alternative of equal experiential quality. Risk management protocols for weather should be built into standard facilitation planning.

04Formalise the Peer-Educator Cascade Programme

All 19 post-training respondents stated intentions to teach PBSE to peers, educate communities, or advocate for pleasure in HIV sessions. A structured toolkit, 30-day and 90- day check-ins, and a community of practice should be established to support and track their delivery.

05 Engage Community & Religious Leaders as Gatekeepers

55% of participants identified stigma and cultural barriers as their primary challenges. A complementary gatekeeper's workshop — adapting the Context Carousel methodology for Pastors, Chiefs, and community elders — is recommended to build institutional support and reduce structural barriers peer educators will face.

06Conduct a Follow-Up Assessment & Expand Age Reach

A retention assessment should be conducted 3–6 months post-training to measure knowledge and self-efficacy retention. Future recruitment should actively include participants aged 40+, identified by attendees as major community influencers.

11. Conclusion

The PBSE Two-Day Youth Training Workshop represents a successful, evidence-grounded, and culturally rooted intervention in Zimbabwe's sexual and reproductive health landscape. In two days, the workshop achieved a 46.9% increase in knowledge scores — surpassing the 40% milestone target — while improving participant confidence, reducing stigma, and generating rich qualitative data to inform ongoing programme design.

Perhaps most significantly, the workshop has not created dependency but momentum: 19 participants departed with concrete plans to teach, advocate, and model PBSE in their communities. In a context where pleasure has long been silenced in public health discourse, this workshop has begun a conversation that participants themselves are committed to continuing.

"Because I value my future and my body, I insist on safer sex practices. Because I have Hunhu, I care for my partner's well-being too."

The Rudo, Hunhu, neHutano movement is now carried not only by this workshop — but by the 20 champions it has trained.

RUDO · HUNHU · NEHUTANO

Pleasure-Based Sexual Education · Zimbabwe 2026

Adapted from The Pleasure Project Training Toolkit for the Zimbabwean Context



ANNEX D

Peer Educator Training: Data Analysis

Assessment, self-efficacy and satisfaction analysis supporting Annex C

PBSE WORKSHOP — PRE & POST TRAINING ANALYSIS

Pleasure-Based Sexual Education | Zimbabwe 2026

Pre-Training Participants

20

Post-Training Participants

20

Avg Knowledge Score PRE

4.9/10

Avg Knowledge Score POST

7.2/10

Avg Self-Efficacy PRE (1–5)

3.34

Avg Self-Efficacy POST (1–5)

3.92

Knowledge Improvement

+2.3 pts

SE Improvement

+0.57 pts

KNOWLEDGE ASSESSMENT — QUICK OVERVIEW

Question	PRE%	POST%	Change
Q1. Sexual pleasure is only about physical satisfaction	55.0%	78.9%	23.9%
Q2. PBSE encourages young people to have more sex	60.0%	73.7%	13.7%
Q3. Safer sex (e.g. condoms) can increase sexual pleasure	55.0%	68.4%	13.4%
Q4. Consent means getting a "yes" once at the start	45.0%	68.4%	23.4%
Q5. Lubrication is a sign of arousal, not "looseness"	45.0%	78.9%	33.9%
Q6. Sexual pleasure is a human right (WAS)	45.0%	78.9%	33.9%
Q7. Only heterosexual, married people have a right to pleasure	50.0%	84.2%	34.2%
Q8. Talking openly about pleasure leads to riskier behaviour	75.0%	84.2%	9.2%
Q9. Masturbation is a safe and normal way to explore your body	30.0%	57.9%	27.9%
Q10. Ubuntu: sexual well-being is only a private/individual matter	30.0%	42.1%	12.1%

SELF-EFFICACY — QUICK OVERVIEW (Likert 1–5)

Self-Efficacy Indicator	PRE Mean	POST Mean	Change
-------------------------	----------	-----------	--------

SE1. Confident talking about sexual pleasure professionally	3.20	3.80	0.60
SE2. Understand difference between sex and sexuality	2.90	3.89	0.99
SE3. Can explain consent and why it is important	3.40	3.95	0.55
SE4. Know how to use positive, non-judgmental language	3.55	3.89	0.34
SE5. Understand culture/religion influence on sexual attitudes (ZW)	3.20	3.89	0.69
SE6. Believe discussing pleasure can improve safer sex	3.70	3.95	0.25
SE7. Comfortable facilitating sexual health conversations	3.40	3.95	0.55
SE8. Can identify 3+ ways to make safer sex pleasurable	3.40	4.00	0.60

PARTICIPANT DEMOGRAPHICS

GENDER BREAKDOWN

Gender	PRE Count	PRE%	POST Count	POST %
Female	11	60.0%	11	60.0%
Male	6	30.0%	6	30.0 %
LGBTQ+	2	6%	2	6 %
Prefer not to say	1	4%	1	4 %

AGE RANGE BREAKDOWN

Age Range	PRE Count	PRE%	POST Count	POST %
18-24	6	30.0%	6	30%
25-30	11	55.0%	11	55 %
31-40	3	15.0%	3	15 %
40+	0	0.0%	0	0%

SECTION A — KNOWLEDGE ASSESSMENT (True/False)

#	Knowledge Statement	Correct Answer	PRE Correct (n)	PRE %	POST Correct (n)	POST %	Change (pp)	Interpretation
Q1	Sexual pleasure is only about physical satisfaction	False	11	55	15	78.9	23.9	↑ Moderate improvement
Q2	PBSE encourages young people to have more sex	False	12	60	14	73.7	13.7	↑ Moderate improvement
Q3	Safer sex (e.g. condoms) can increase sexual pleasure	True	11	55	13	68.4	13.4	↑ Moderate improvement
Q4	Consent means getting a "yes" once at the start	False	9	45	13	68.4	23.4	↑ Moderate improvement
Q5	Lubrication is a sign of arousal, not "looseness"	True	9	45	15	78.9	33.9	✓ Strong improvement
Q6	Sexual pleasure is a human right (WAS)	True	9	45	15	78.9	33.9	✓ Strong improvement
Q7	Only heterosexual, married people have a right to pleasure	False	10	50	16	84.2	34.2	✓ Strong improvement
Q8	Talking openly about pleasure leads to riskier behaviour	False	15	75	16	84.2	9.2	→ Slight improvement
Q9	Masturbation is a safe and normal way to explore your Ubuntu: sexual well-being is only a private/individual matter	True	6	30	11	57.9	27.9	✓ Strong improvement
Q10		False	6	30	8	42.1	12.1	↑ Moderate improvement
			5	49	7	71.6	22.6	
	TOTAL / AVERAGE							

SECTION B — SELF-EFFICACY (Likert Scale 1–5)

#	Self-Efficacy Indicator	PRE Mean	PRE Std Dev	POST Mean	POST Std Dev	Change (Δ)	% Change	Interpretation
SE1	Confident talking about sexual pleasure professionally	3.2	1.2	3.8	0.45	0.6	18.7	↑ Moderate improvement
SE2	Understand difference between sex and sexuality	2.9	1.17	3.89	0.32	0.99	34.1	✓ Strong improvement
SE3	Can explain consent and why it is important	3.4	0.99	3.95	0.23	0.55	16.2	↑ Moderate improvement
SE4	Know how to use positive, non-judgmental language	3.55	0.76	3.89	0.32	0.34	9.6	↑ Moderate improvement
SE5	Understand culture/religion influence on sexual attitudes	3.2	1.06	3.89	0.32	0.69	21.6	↑ Moderate improvement
SE6	Believe discussing pleasure can improve safer sex	3.7	0.8	3.95	0.23	0.25	6.8	→ Slight improvement
SE7	Comfortable facilitating sexual health conversations	3.4	0.94	3.95	0.23	0.55	16.2	↑ Moderate improvement
SE8	Can identify 3+ ways to make safer sex pleasurable	3.4	0.88	4	0	0.6	17.6	↑ Moderate improvement
		3.34		3.92		0.58	17.4	
OVERALL AVERAGE								

[illegible]

TRAINING SATISFACTION RATINGS (Scale 1–5)

Aspect	Mean Score	Min	Max	% Rated 4–5	Interpretation
Overall quality of training	4.95	4	5	100.0%	Excellent
Relevance to work	4.79	4	5	100.0%	Excellent
Quality of facilitation	5	5	5	100.0%	Excellent
Balance of indoor/outdoor activities	3.05	1	5	36.8%	Needs improvement
Safe & comfortable environment	4.79	4	5	100.0%	Excellent
Usefulness of materials	4.95	4	5	100.0%	Excellent

OVERALL SATISFACTION MEAN: 4.59

The balance of indoor \ out

PARTICIPANT COMMENTS & SUGGESTIONS

- *I like this training*
- *More exciting games*
- *We need more of these trainings it was helpful*
- *More of these to keep us informed*
- *Engage older ages since there are major players*
- *Increase meetings like these*

QUALITATIVE ANALYSIS — OPEN-ENDED RESPONSES

SECTION A — DEFINITION OF SEXUAL PLEASURE (Pre vs Post)

Response	PRE Definition	
R1	Sex done when you agree and with safe methods	Protected, consented and healthy sex
R2	Having a physical satisfaction	It is how pleasurable enjoyable the sex is
R3	Having fun	Enjoying sex
R4	Making sex more enjoyable	Joyable
R5	Having to have safer sex with consent and enjoying every second of it	The ability to explore ones sexual preferences
R6	Being satisfied with a sexual encounter	Consent
R7	Satisfy human pleasure	Enjoying a sexual encounter physically and mentally in a safe environment
R8	Consensual sexual practice	Safe healthy and enjoyable sex practices
R9	Sexual pleasure mean being comfortable to express ones sexual desires	Having safe sex that leads to climax and reach orgasm
R10	Sexual pleasure means human arousal	Kunakidzwa nebonde but zviri safe
R11	Sexual pleasure means the joy and happiness one feels when doing sex	Getting to consent and have a safer sex reaching climax and orgasm
R12	Expressing yourself freely during sexual intimacy after consenting	Enjoying sex through arousal and orgasm
R13	enjoyable, safe and secure sex in a moment judgemental space	Safety mutual respect and satisfaction
R14	Kunakirwa nebonde nezve which leads to it pleasure both physical and mental	Having joy
R15	Desire and satisfaction as normal parts of healthy	Physical and emotional feelings of enjoyment satisfaction or fulfillment
R16	Reaching orgasm	Arousal and orgasm
R17	Understanding each other during the whole process of having sex	Consent respect and safety
R18	Being able to express yourself during the act	Feeling valued , connected and emotionally secure with oneself or a partner
R19	Kunakirana	Consensual safe and respectful and differs from person to person

SECTION B — PRE: Biggest Challenge Discussing Sex & Sexuality

Theme	Count	%
-------	-------	---

Stigma &	6	30.0%
Cultural	5	25.0%
Other	4	20.0%
Commun	2	10.0%
Religious	1	5.0%
Languag	1	5.0%
Shame /	1	5.0%

SECTION C — POST: Most Important Thing Learned

R1	<i>How to work as a peer educator</i>
R2	<i>It is always important to have a safe sex always</i>
R3	<i>Pleasurable sex</i>
R4	<i>Safer sex = better sex</i>
R5	<i>They consent can be withdrawn</i>
R6	<i>That consent is active it can be withdrawn at anytime</i>
R7	<i>They consent can be withdrawn even during the act</i>
R8	<i>Communication is key for pleasurable sex</i>
R9	<i>Having a safe sex that means having amazing life</i>
R10	<i>Kuti unokwanisa kunakidzwa</i>
R11	<i>Consent is important</i>
R12	<i>I have learnt on how to navigate sensitive issues and how to disseminate pbse info to peers</i>
R13	<i>Consenting</i>
R14	<i>Sex for pleasure</i>
R15	<i>To be open minded</i>
R16	<i>That people experience sexual pleasure differently</i>
R17	<i>That there is a difference between reproductive body parts and pleasure based body parts</i>
R18	<i>They sex is done for different reasons</i>
R19	<i>to always seek consent</i>

SECTION D — POST: Behaviour Change Intentions

R1	<i>Teach other young people abt PBSE</i>
-----------	--

R2	<i>Encouraging my young peers in my Community about pleasurable sex</i>
R3	<i>Awareness</i>
R4	<i>Add pleasure to HOV sessions</i>
R5	<i>Am.comgiswnt now to talk about pnse with fellow</i>
R6	<i>Talk about srx in a mon judgemental way</i>
R7	<i>Not.kudge about their views and beliefs om.sex</i>
R8	<i>Educate others on pbse</i>
R9	<i>Make sure to teach everyone about pbse</i>
R10	<i>Talk positively about sex</i>
R11	<i>My approach to topics</i>
R12	<i>After this training I m going to advocate for sexual pleasure as a way safer eay and in a protective way</i>
R13	<i>Being less judgemental</i>
R14	<i>Train the youth about srhr</i>
R15	<i>To accommodate everyone and not be jud in line with sexual pleasure since we are different</i>
R16	<i>Be more accommodative to people's views on sexual pleasure</i>
R17	<i>Talking openly about it</i>
R18	<i>Explore different ways of getting sexual pleasure</i>
R19	<i>Communicate my desires to my partner</i>

SUMMARY OF FINDINGS & RECOMMENDATIONS

KEY FINDINGS — KNOWLEDGE

- Pre-training average knowledge score: 4.9/10 (49%)
- Post-training average knowledge score: 7.2/10 (72%)
- Absolute improvement: +2.3 points
- Highest gains: Q5 Rights (WAS), Q7 Heteronormativity, Q5 Lubrication — all +34%
- Areas needing reinforcement: Q9 Masturbation normalization (+28%), Q10 Ubuntu/collectivity (+12%)

KEY FINDINGS — SELF-EFFICACY

- Pre-training average self-efficacy: 3.34/5
- Post-training average self-efficacy: 3.92/5
- Change: +0.57 points (17.1%)
- Highest SE gain: Understanding sex vs sexuality (+0.99)
- All 8 indicators showed positive improvement post-training

KEY FINDINGS — TRAINING SATISFACTION

- Overall satisfaction: 4.59/5
- Facilitation quality rated 5.00/5 — highest rated aspect
- Balance of indoor/outdoor activities rated lowest (3.05/5)
- Participants specifically requested more training sessions
- Positive feedback: "I like this training", "More of these to keep us informed"

RECOMMENDATIONS

1. Reinforce masturbation normalisation and Ubuntu framework in follow-up sessions
2. Increase frequency of PBSE trainings — strong demand from participants
3. Improve balance of practical/outdoor activities (currently lowest-rated aspect)

4. Develop peer-educator cascade training based on participants' stated intentions
5. Include community leader engagement component to address cultural/religious barriers
6. Consider follow-up assessment 3–6 months post-training to measure retention
7. Expand reach to older age groups (40+) — participants identified these as key influencers



ANNEX E

Building Joyful Futures: One-on-One Interview Study Report

Structured in-depth interviews | Narrative Report

BUILDING JOYFUL FUTURES

Pleasure-Based Sexual Education (PBSE)

Among Young People in Zimbabwe

Data Collection Date:

May 15, 2026

Participants:

5 Young People | Ages 20-29 | Zimbabwe

Method:

Structured In-depth Interviews (KoboToolbox)

Prepared by YDI Trust | Confidential Research Report

Table of Contents

Table of Contents.....	1
1. Executive Summary.....	1
Key Findings at a Glance.....	1
2. Study Background & Methodology.....	1
2.1 Context.....	1
2.2 Research Objectives.....	1
2.3 Methodology.....	1
3. Participant Demographics.....	1
3.1 Gender Distribution.....	1
3.2 Age Distribution.....	1
3.3 Prior PBSE Awareness.....	1
4. Knowledge & Attitudes Toward Sexual Health.....	1
4.1 Self-Rated Knowledge of Sexual & Reproductive Health.....	1
4.2 Attitudes Toward Sexual Pleasure as a Normal Part of Life.....	1
4.3 Risk-Focused vs. Well-Being-Focused Sex Education.....	1
4.4 Equal Rights for Women in Sexual Pleasure & Discussion.....	1
4.5 Access to Personally Relevant Sexual Health Information.....	1
5. Barriers & Fears Around Discussing Sexual Health.....	1
5.1 Top Fears When Discussing Sex.....	1
5.2 Community Views: Acceptable or Taboo?.....	1
5.3 Cultural & Religious Influence.....	1
5.4 Dominant Community Rules About Sexuality.....	1
6. Information Sources & Comfort Levels.....	1
6.1 Where Respondents Learn About Pleasure-Based Sex.....	1
6.2 Comfort Levels With Different People & Settings.....	1
6.3 Comfort During the Interview Itself.....	1
7. PBSE Program Recommendations.....	1
7.1 Preferred Delivery Entities.....	1
7.2 Desired Topics for PBSE Programs.....	1
7.3 Anticipated Community Reaction to PBSE.....	1
7.4 Should Pleasure Be Included in Sex Education?.....	1
8. Gender, Equality & Sexual Agency.....	1
8.1 Equal Rights in Sexual Pleasure.....	1
8.2 Gendered Expectations in the Community.....	1
8.3 Personal Experiences of Information Barriers.....	1

9. Conclusions & Strategic Implications.....	1
9.1 The PBSE Awareness Gap Is an Opportunity.....	1
9.2 Safe Spaces Are Transformational.....	1
9.3 Social Media Must Be a Partner, Not a Replacement.....	1
9.4 Parents and Religion Are Not Currently Viable PBSE Partners.....	1
9.5 Age-Differentiated Content Is Essential.....	1
10. Program Design Recommendations.....	1
10.1 Delivery & Channel.....	1
10.2 Curriculum & Content.....	1
10.3 Environment & Facilitation.....	1
10.4 Community Engagement.....	1
Appendix: Qualitative Verbatim Highlights.....	1
On Sexual Pleasure as Normal.....	1
On Risk-Only Education.....	1
On Cultural & Religious Barriers.....	1
On Equal Rights for Women.....	1
On PBSE Program Design.....	1

1. Executive Summary

This report presents findings from a series of one-on-one in-depth interviews conducted on May 15, 2026, as part of the Building Joyful Futures initiative led by YDI Trust. The study explored the awareness, attitudes, experiences, and recommendations of young Zimbabweans regarding Pleasure-Based Sexual Education (PBSE) — an approach that centres well-being, joy, and consent alongside traditional risk-reduction messaging.

Five young people aged 20-29 (3 female, 2 male) were interviewed using a structured questionnaire administered via KoboToolbox. All participants were based in Zimbabwe and reported no disabilities. The study reveals a consistent pattern: young people are curious and open to discussing sexual health and pleasure, yet they face significant structural, cultural, and institutional barriers that prevent them from accessing relevant, affirming information.

Key Findings at a Glance

#	Finding	Result	% or n
1	Respondents unaware of PBSE before this study	4 of 5	80%
2	Sex education was risk-focused, not well-being focused	4 of 5	80%
3	Fear of being judged when discussing sex	5 of 5	100%
4	Cultural/religious beliefs negatively impact sex discourse	5 of 5	100%
5	Community views sexual health discussions as taboo	3 of 5	60%
6	Social media is primary informal learning source	4 of 5	80%
7	All respondents believe women have equal rights to sexual pleasure	5 of 5	100%
8	Youth hubs/clubs are most trusted PBSE delivery channel	5 of 5	100%

2. Study Background & Methodology

2.1 Context

Zimbabwe, like many countries in sub-Saharan Africa, has a sexual and reproductive health (SRH) education landscape that is predominantly risk-focused — centred on the prevention of HIV/AIDS, STIs, and unintended pregnancies. This approach, while important, often omits discussions of sexual pleasure, well-being, and positive sexual experiences. The absence of pleasure-affirming education can leave young people without the language, knowledge, or safe spaces to explore their sexual health holistically.

Pleasure-Based Sexual Education (PBSE) is an emerging framework that integrates the concept of sexual pleasure as a normal, healthy, and rights-based component of human sexuality. Building Joyful Futures seeks to understand the landscape for PBSE in Zimbabwe — what young people know, what barriers exist, and what they want from future programs.

2.2 Research Objectives

- Assess current awareness and understanding of PBSE among young Zimbabweans.
- Identify barriers and fears associated with discussing sexual pleasure openly.
- Understand the cultural and community context shaping sexual health discourse.
- Explore where young people currently learn about sexual pleasure.
- Gather recommendations for the design and delivery of PBSE programs.

2.3 Methodology

Component	Details
Study Design	Qualitative, structured one-on-one in-depth interviews
Data Collection Tool	KoboToolbox digital survey (120 questions, multi-section)
Interview Duration	Approximately 60-90 minutes per session
Date of Collection	May 15, 2026
Sample Size	5 participants
Age Range	20-29 years (all respondents)
Gender Breakdown	3 Female (60%), 2 Male (40%)
Geographic Focus	Zimbabwe
Disability Status	None reported among participants
Consent	All participants provided informed consent

3. Participant Demographics

The study recruited five young adults from Zimbabwe, all falling within the 20-29 age bracket. This age group represents a critical window for sexual health education — young adults who are actively navigating relationships, identity, and well-being but who grew up receiving predominantly risk-focused sex education.

3.1 Gender Distribution

Gender	Count	Percentage
Female	3	60%
Male	2	40%
Total	5	100%

3.2 Age Distribution

All five respondents (100%) fell within the 20-29 year age group. This homogenous age cohort allows for focused analysis of the experiences and needs of young adults in Zimbabwe without cross-generational variation.

3.3 Prior PBSE Awareness

A critical baseline finding: only 1 of the 5 respondents (20%) had previously heard of the term 'Pleasure-Based Sexual Education' before participating in this study. The remaining 4 (80%) had never encountered the term. This underscores both the novelty of the PBSE concept in Zimbabwe and the significant awareness gap that any future program must address.

Response	Count	%
Had NOT heard of PBSE before	4	80%
Had heard of PBSE before	1	20%

4. Knowledge & Attitudes Toward Sexual Health

4.1 Self-Rated Knowledge of Sexual & Reproductive Health

Participants were asked to rate their own knowledge of sexual and reproductive health on a scale of 1 (Very Low) to 5 (Very High). No respondent rated themselves at either extreme. Three respondents (60%) rated their knowledge as Moderate (3), while two (40%) rated it as Good (4). This suggests a baseline of partial awareness — respondents are not uninformed, but neither do they feel highly confident.

Rating	Label	Count	% of Total
3	Moderate	3	60%
4	Good	2	40%
Total		5	100%

4.2 Attitudes Toward Sexual Pleasure as a Normal Part of Life

All five respondents expressed positive or accepting attitudes toward the idea that sexual pleasure is a normal and healthy part of life for young people. Responses ranged from simply affirming ("It's healthy") to more nuanced views acknowledging that age and context matter. Notably, one respondent highlighted that while pleasure is natural, society's conservative norms mean not everyone under 19 is ready for pleasure-centred conversation.

"It's a good idea and a healthy part of life — sex isn't supposed to only yield results. It helps you function well."

"It should be talked about since sexual intercourse is a necessity and people should learn more."

4.3 Risk-Focused vs. Well-Being-Focused Sex Education

A pivotal finding: 4 out of 5 respondents (80%) felt that the sexual and reproductive health information they received growing up was disproportionately focused on risks — particularly STIs and unintended pregnancy — rather than on positive experiences, well-being, or pleasure. Only one respondent felt their education included a more balanced perspective.

Response	Count	% of Total
Yes — Risk-focused (STIs/pregnancy only)	4	80%
No — Well-being was included	1	20%

"We grew up being told sex will make you drop out of school. It was all about STIs — nothing more."

4.4 Equal Rights for Women in Sexual Pleasure & Discussion

All five respondents (100%) affirmed that young women and girls have equal rights to experience and openly discuss sexual pleasure. Explanations given ranged from rights-based arguments ("We have equal rights") to concerns about power imbalances, with one female respondent noting that unequal access to sexual knowledge gives men disproportionate dominance.

"Knowledge is power — giving only males the power of sexual knowledge will give them dominance over women."

4.5 Access to Personally Relevant Sexual Health Information

Four of the five respondents (80%) reported having accessed information about sexual pleasure and health that felt relevant to their lives as young Zimbabweans. The one respondent who answered "No" indicated they had not encountered information in a format or context that resonated. Among those who said yes, sources included internet articles, peer discussions, and informal conversations — not formal education.

5. Barriers & Fears Around Discussing Sexual Health

Understanding what prevents young people from openly discussing sexual health is central to designing effective PBSE programs. Respondents were asked to select all fears that applied to them from a list of common barriers. The results paint a clear picture: social stigma and judgment are the dominant concerns.

5.1 Top Fears When Discussing Sex

Fear / Barrier	Responses (n=5)	% of Respondents
Being judged or laughed at	5	100%
Not knowing enough to give correct information	4	80%
Being seen as promiscuous or loose	4	80%
Saying the wrong words or using embarrassing language	3	60%
People thinking I am sexually experienced	3	60%
Going against religion or faith	2	40%
Disrespecting culture or traditions	2	40%
Parents or elders finding out	2	40%
Discussing with someone older	2	40%
Talking about it with the opposite gender	1	20%
Other (stigma — people thinking I am experienced)	1	20%
Nothing — I am comfortable talking about sex	0	0%

Key observation: No respondent selected "Nothing — I am comfortable talking about sex," confirming that every participant experiences at least some level of discomfort or fear around sexual discourse.

5.2 Community Views: Acceptable or Taboo?

Three of five respondents (60%) said that in their community, young people discussing sexual pleasure and sexual health is considered a taboo. Two respondents (40%) said it is considered acceptable. This division suggests that community norms are not monolithic — generational and social context likely influences these perceptions.

Community Perception	Count	%
Considered a Taboo	3	60%
Considered Acceptable	2	40%

"Not acceptable at all — it seems like you are influencing it due to the risk. The older generation won't accept it."

"We have moved from the old generation. For our generation, it is now acceptable."

5.3 Cultural & Religious Influence

In a striking finding, all five respondents (100%) agreed that cultural and religious beliefs in Zimbabwe negatively influence the way sexual health — and especially pleasure — is discussed. Not a single respondent cited a positive influence. Participants described religion and culture as sources of shame, silence, and judgment rather than support or guidance.

Type of Influence	Count	%
Negative	5	100%
Positive	0	0%

"The church cannot tell us what is truly good for us — they always talk about the bad parts."

"Religion and culture mainly never talk about sex, and when they do, it is always negative."

5.4 Dominant Community Rules About Sexuality

Participants identified several dominant community norms and rules that govern sexual behaviour in Zimbabwe:

- Abstinence before marriage is the primary expectation
- Sexual activity with minors is strictly prohibited and condemned
- Sexual relationships with someone of the opposite gender are expected to remain private
- Masturbation and sexual toys are considered taboo and shameful
- The concept of "soul ties" discourages pre-marital sexual exploration

Respondents noted that these rules are typically decided by parents, elders, and religious leaders — and that those who break them risk disownment, physical punishment, or social shaming.

6. Information Sources & Comfort Levels

6.1 Where Respondents Learn About Pleasure-Based Sex

Respondents were asked where they had learned about pleasure-based sex and sexual health. Importantly, all five respondents also selected "I haven't learned from any entity" — suggesting that despite identifying some informal sources, they do not recognise any of these as providing comprehensive or formal PBSE guidance. Learning is fragmented, informal, and self-directed.

Source	Responses (n=5)	% of Respondents
Social Media / Internet	4	80%
Peers / Friends	3	60%
School / Formal Curriculum	2	40%
Health Workers / Clinics	2	40%
Workmates	1	20%
Parents / Family	0	0%
Religious Institutions	0	0%
No formal entity (self-directed learning)	5	100%*

**Note: The 100% "no formal entity" figure co-occurs with other sources, confirming that social media and peers are informal, not institutionally recognised, learning channels.*

6.2 Comfort Levels With Different People & Settings

Participants were asked how comfortable they feel discussing sexual pleasure and well-being with different people and in different settings. The results reveal a clear hierarchy: safe, peer-based or professional contexts are far more comfortable than family or religious settings.

Person / Setting	Very Comfortable	Moderately	Slightly	Not At All
Romantic Partner	5	-	-	-
Health Workers / Counsellors	4	1	-	-
Peer Educators	4	1	-	-
Peers / Friends Your Age	4	1	-	-
Youth Centers / Hubs	3	1	-	1
Television / Movies	3	-	-	1
Teachers / Educators	2	3	-	-
Leisure Hotspots (Clubs)	2	-	1	2

School Setting	1	2	-	2
Social Media	1	-	2	1
Religious Institutions	1	-	-	4
Parent or Guardians	-	-	1	4

Striking contrasts: Romantic partners are the most comfortable (5/5 Very Comfortable), while parents are among the least (4/5 Not At All Comfortable). Religious institutions rank similarly low (4/5 Not At All Comfortable) — yet these are traditionally considered primary sources of moral and sexual guidance in Zimbabwean society.

6.3 Comfort During the Interview Itself

Importantly, despite the fears and barriers described above, all respondents reported being comfortable discussing these topics in the interview setting. Three (60%) rated themselves as Extremely Comfortable (5/5), one as Very Comfortable (4/5), and one as Moderately Comfortable (3/5). This demonstrates that safe, non-judgmental spaces can unlock openness and a powerful design signal for PBSE delivery.

Comfort Rating	Count	%
5 — Extremely Comfortable	3	60%
4 — Very Comfortable	1	20%
3 — Moderately Comfortable	1	20%

"Because it's something we are into and we should be able to talk about it freely."

"So long as you are not related to me, I am comfortable."

7. PBSE Program Recommendations

Participants were asked directly what they would want from a Pleasure-Based Sexual Education program, who should deliver it, and what topics should be covered. Their responses provide a rich, user-centred foundation for program design.

7.1 Preferred Delivery Entities

When asked which entity is best placed to deliver PBSE to young people in Zimbabwe, respondents selected multiple options. Youth Hubs/Clubs were universally endorsed (100%), followed closely by Health Workers and Youth Leaders.

Delivery Entity	Responses (n=5)	% of Respondents
Youth Hubs / Clubs	5	100%
Health Workers	4	80%
Youth Leaders	4	80%
Peer Educators	3	60%
Other (e.g., older community members)	3	60%
Teachers	2	40%
Parents / Guardians	0	0%

Notably, Parents/Guardians received zero endorsement as a PBSE delivery channel — consistent with the very low comfort scores for discussing sexual health with parents found in Section 6.

7.2 Desired Topics for PBSE Programs

Respondents were asked, in their own words, what topics they would most want covered in a PBSE program. Their responses are summarised below:

Resp.	Topics Requested
R1	Use of contraceptives; sexual diseases; how to have pleasure-based sex; knowing your own body
R2	Benefits of sexual intercourse; precautionary measures; techniques to enhance enjoyment
R3	Safe sex and making it enjoyable; emergency situations; erogenous zones; sexual positions
R4	Risk/protective information for teens (under 20); full pleasure education for those aged 21+
R5	Sexual orientation and identity; consent; body knowledge; age-appropriate introduction from Form 1 (early school)

7.3 Anticipated Community Reaction to PBSE

Respondents were asked to predict how their community would react if a PBSE program were introduced. Responses clustered around a generational divide: youth and younger adults are seen as receptive and curious, while middle-aged parents, older generations, and religious leaders are expected to resist or oppose the program.

- Young people are expected to be enthusiastic and supportive
- Middle-aged parents are likely to criticize or withhold support
- Religious leaders and older generations are anticipated as active opponents
- Some health professionals and progressive community members are expected to be allies

"The youth will support it. Middle-aged parents will criticize it. Older generations will oppose it, but religious leaders and health people may accept it."

"Married people will oppose it; youth are keen to know about it."

7.4 Should Pleasure Be Included in Sex Education?

When asked directly, all five respondents agreed that pleasure should be included in sexual health education — though with varied conditions. Most felt that age-appropriateness is key, with explicit pleasure education more suitable for those aged 20 and above, while risk-reduction and consent education should come earlier.

"Yes — it depends on age. For teens, let's talk about the protective side. For those in their 20s, let's talk about pleasure."

"Yes, because it's a normal part of life. Let it be age-limited: consequences for ages 15-20, then full knowledge for ages 21-35."

8. Gender, Equality & Sexual Agency

8.1 Equal Rights in Sexual Pleasure

All five respondents affirmed that young women and girls have the same right as young men to experience and discuss sexual pleasure. This unanimous agreement is notable in a context where cultural norms often restrict women's sexual agency. However, respondents' explanations reveal that equal rights are not yet lived realities — they are an aspiration.

"We have equal rights. You having sex with your partner is mutual — both should enjoy."

"Sexual life for women can have repercussions if not handled well. Women need equal access to knowledge."

8.2 Gendered Expectations in the Community

Four of the five respondents (80%) said they do NOT observe significant gender-based differences in how boys and girls are expected to behave around sexual health in their immediate circles. However, one respondent (20%) noted that society underrates girls and expects males to be more sexually knowledgeable — a dynamic that reinforces inequality.

Response	Count	%
No — No significant gender differences	4	80%
Yes — Differences exist	1	20%

8.3 Personal Experiences of Information Barriers

Four of the five respondents reported having experienced situations where they wanted information about sexual pleasure but could not access it or felt too embarrassed to ask. Respondents described seeking information about sexual experiences, contraception, and practices — and finding that peers could not help, formal channels were unavailable, and asking adults felt shameful.

"Once I dated someone who wanted more — things like oral sex. I didn't know who to ask for information."

"As a young person still exploring, asking peers got me no answer — it was embarrassing."

9. Conclusions & Strategic Implications

The Building Joyful Futures interviews reveal a Zimbabwean youth sexual health landscape characterised by persistent tension: young people are curious, rights-affirming, and open — but they are embedded in cultural, religious, and institutional structures that silence, shame, and restrict sexual health discourse. Several strategic conclusions emerge from the data.

9.1 The PBSE Awareness Gap Is an Opportunity

The fact that 80% of respondents had never heard of PBSE is not simply a deficit — it is a blank canvas. Young people approached the concept with enthusiasm once it was introduced. This suggests that raising awareness through trusted channels could generate strong uptake for PBSE programming.

9.2 Safe Spaces Are Transformational

Despite universal fears of judgment, all five respondents were comfortable discussing these topics in the interview. This proves that when conditions are right — non-judgmental, peer-level, confidential, structured — young people can and will engage openly with sexual health topics. PBSE programs must replicate these conditions.

9.3 Social Media Must Be a Partner, Not a Replacement

Social media is already the primary informal source for pleasure-related information (4/5 respondents), yet respondents do not count it as a legitimate educational entity. This paradox suggests an opportunity: structured, accurate PBSE content delivered through social media could reach young people where they already are, while providing the credibility that informal browsing cannot.

9.4 Parents and Religion Are Not Currently Viable PBSE Partners

Parents received zero endorsement as a delivery channel and rank highest in discomfort scores. Religious institutions follow closely. Any PBSE program that relies on parental or religious buy-in before reaching young people directly will face significant structural resistance. Parallel engagement strategies are needed to bring these institutions along over time.

9.5 Age-Differentiated Content Is Essential

Multiple respondents explicitly recommended age-differentiated PBSE content: risk-focused and consent-focused for those under 20, expanding to full pleasure education for those aged 21 and above. This graduated approach may help navigate cultural resistance while still delivering meaningful, affirming education.

10. Program Design Recommendations

Based on the findings, the following recommendations are proposed for any PBSE initiative targeting young Zimbabweans:

10.1 Delivery & Channel

- Anchor PBSE delivery in Youth Hubs and Youth Clubs — the universally preferred setting.
- Train and deploy Peer Educators and Youth Leaders as frontline PBSE facilitators.
- Partner with Health Workers to provide clinical credibility alongside peer relatability.
- Develop a social media strategy that delivers structured PBSE content through trusted platforms.

10.2 Curriculum & Content

- Lead with consent, body knowledge, and contraception for younger audiences (15-20).
- Expand to include sexual pleasure, techniques, orientation, and identity for audiences 21+.
- Include information on erogenous zones, sexual well-being, and emergency resources.
- Develop content that explicitly addresses and validates women's sexual agency and pleasure.
- Include a module on navigating cultural and religious norms without shame.

10.3 Environment & Facilitation

- Design all sessions to actively mirror the interview conditions: non-judgmental, peer-led, structured, and confidential.
- Create physical and digital safe spaces where young people can ask questions anonymously.
- Avoid school classrooms and religious spaces as primary PBSE venues based on comfort data.

10.4 Community Engagement

- Develop a parallel, slower-burn engagement strategy for parents and religious leaders — not as PBSE deliverers, but as informed community members who do not obstruct.
- Identify and amplify youth-supporting community voices (progressive health workers, progressive youth leaders) to normalize PBSE discourse.

Appendix: Qualitative Verbatim Highlights

Selected direct respondent statements from the interview, lightly edited for clarity.

On Sexual Pleasure as Normal

"It's a good idea and a healthy part of life. Sex isn't supposed to only yield results — it's an important part that helps you function well."

"It should be talked about since sexual intercourse is a necessity and everyone experiences it."

On Risk-Only Education

"We grew up being told sex will make you drop out of school. It was all about STIs — nothing more."

"It was terrifying. Sex was presented as something bad, though it's not. But the moral part — if you don't have virginity — was very much emphasized."

On Cultural & Religious Barriers

"The church cannot tell us what is good for us. They always talk about the bad parts — the issue of chimhandamanda (shaming/gossip)."

"Religion and culture mainly never talk about sex, and when they do, it is always from the negative side."

"In the household, parents decide the rules. If you break them, they disown you — not just shame you, but your whole household."

On Equal Rights for Women

"Knowledge is power. Giving only males the power of sexual knowledge will give them dominance. Equal access matters."

"We have equal rights. Sex with your partner is mutual — both should enjoy it."

On PBSE Program Design

"For teens, talk about the protective side. For those in their 20s, talk about pleasure."

"The youth will support it. Middle-aged parents will criticise it. Older generations will oppose it."

"I would design it to cover contraceptives, sexual diseases, how to have pleasure-based sex, and how to know your own body."

"Cover safe sex and make it enjoyable. Include what to do in emergencies, positions, and erogenous zones."

"Sexual orientation should be taught. Even in Form 1, start with basic body knowledge and consent."

Building Joyful Futures | YDI Trust | Zimbabwe | May 2026 | Confidential



ANNEX F

Building Joyful Futures: One-on-One Data Analysis

Demographics, knowledge, barriers and recommendations supporting Annex E

Building Joyful Futures

One-on-One Interviews: Pleasure-Based Sexual Education (PBSE) in Zimbabwe | May 2026

5	100%	60% F / 40% M	80%	100%
Total Respondents	Age 20-29	Gender Split	Unaware of PBSE	Report Cultural Barrier

Key Findings	
Low PBSE Awareness	4 of 5 respondents had never heard of Pleasure-Based Sexual Education before this study.
Risk-Only Sex Education	4 of 5 felt their childhood sex ed focused on risks (STIs, pregnancy), not well-being or pleasure.
Universal Fear of Judgment	All 5 respondents fear being judged when discussing sex — the #1 barrier to open conversation.
Community Views: Mostly Taboo	3 of 5 consider sexual health discussions a community taboo; 2 of 5 view it as acceptable.
Social Media Leads Informal Learning	All 5 respondents believe women have equal rights to sexual pleasure and open discussion.
Most Trusted: Health Workers & Peers	Social media is the top actual source for pleasure-related information (4 of 5 respondents).
Culture/Religion = Negative Barrier	Health workers and peer educators are most trusted for delivering PBSE programs.
	All 5 respondents say cultural/religious beliefs negatively influence sexual health discourse.

Study Overview	
Study Title	One-on-One Interviews: Building Joyful Futures
Data Collection	May 15, 2026
Participants	5 young people, Zimbabwe

Age	Range	20-29 years (all)
Gender		3 Female, 2 Male
Method		Structured interview via KoboToolbox
Disability Status		None reported

Demographics

Gender Distribution		
Gender	Count	Percentage
Female	3	60%
Male	2	40%
Total	5	100%

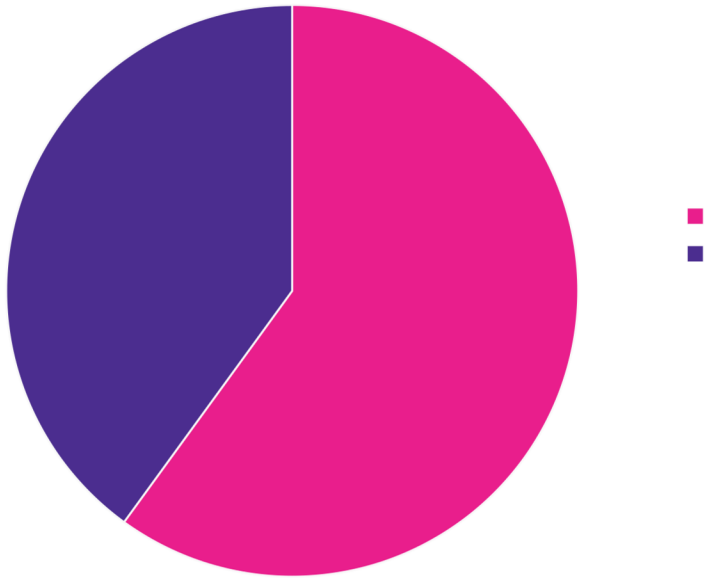
	Count	
Female	3	
Male	2	

Age Distribution		
Age Group	Count	Percentage
20-29	5	100%
Total	5	100%

Prior Awareness of PBSE Before Interview

Response	Count	Percentage
Had NOT heard of PBSE	4	80%
Had heard of PBSE	1	20%
Total	5	100%

Gender Split



Knowledge & Attitudes

Self-Rated Knowledge of Sexual & Reproductive Health (1-5 Scale)

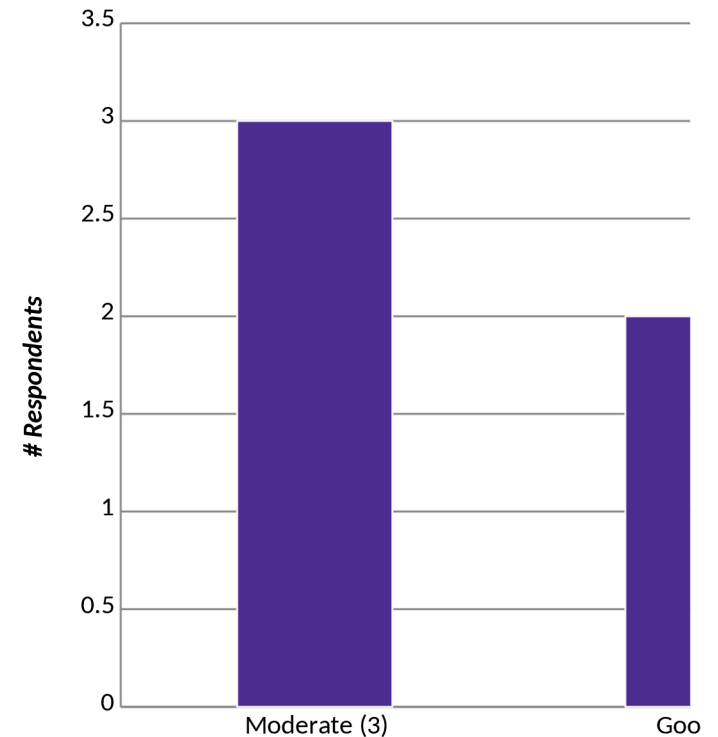
Rating	Label	Count	% of Total
3	Moderate	3	60%
4	Good	2	40%
Total		5	100%

Rating	Count
Moderate (3)	3
Good (4)	2

Was Sex Ed Risk-Focused Rather Than Well-Being Focused?

Response	Count	% of Total
Yes - Risk-focused education	4	80%
No - Well-being was included	1	20%
Total	5	100%

Self-Rated Knowledge



Equal Rights for Women in Sexual Pleasure & Discussion

Response	Count	% of Total
Yes - Equal Rights	5	100%
Total	5	100%

Access to Personally Relevant Sexual Health Information

Response	Count	% of Total
Yes - Had access to relevant info	4	80%
No - Did not have access	1	20%
Total	5	100%

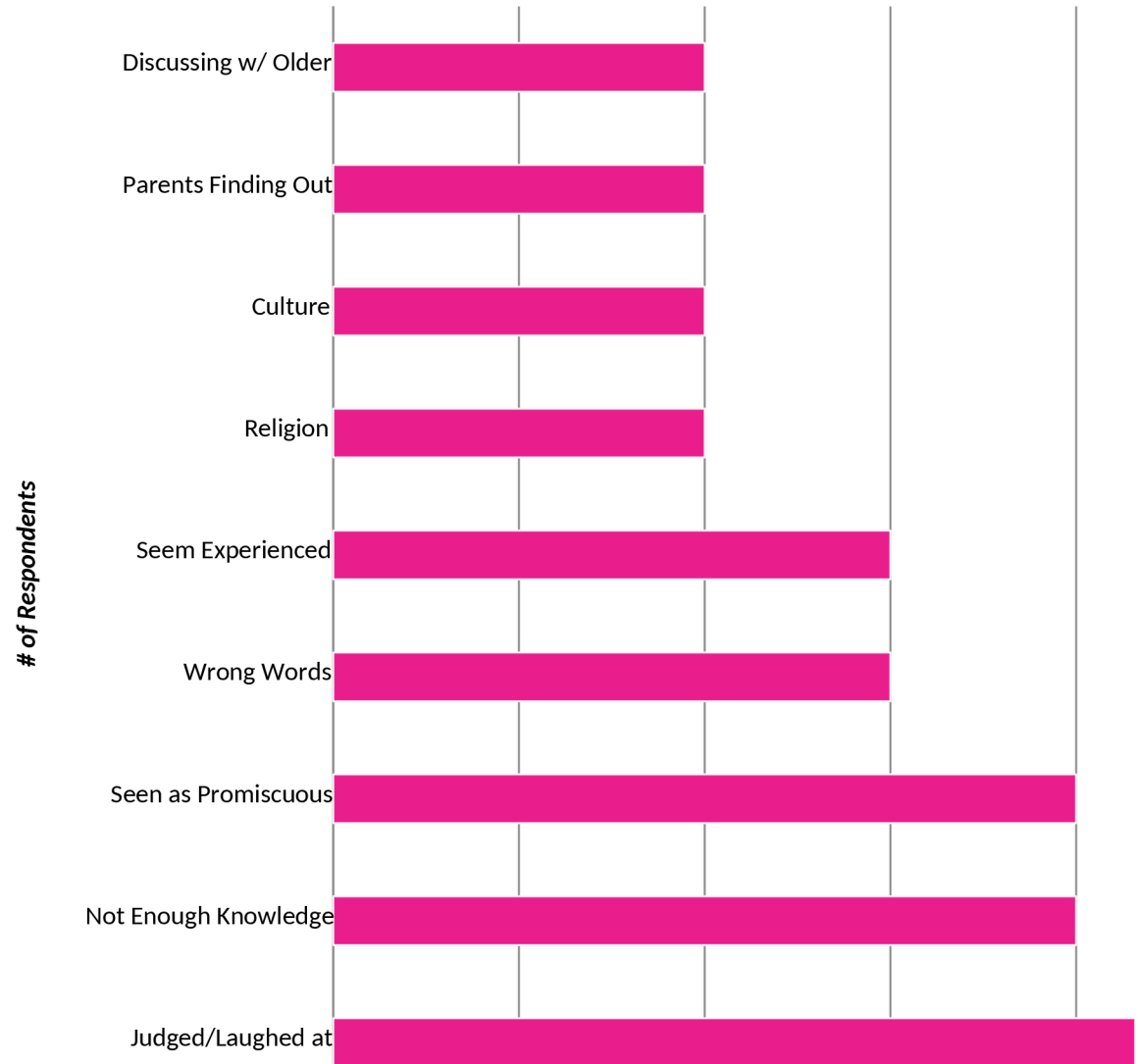
Barriers & Fears

What Scares Respondents Most About Talking About Sex

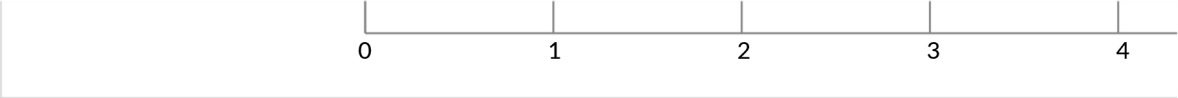
Fear / Barrier	Responses (n)	% of Respondents
Being judged or laughed at	5	100%
Not knowing enough to give correct info	4	80%
Being seen as promiscuous or loose	4	80%
Saying the wrong words/embarrassing language	3	60%
People thinking I am sexually experienced	3	60%
Going against religion or faith	2	40%
Disrespecting culture or traditions	2	40%
Parents or elders finding out	2	40%
Discussing with someone older	2	40%
Talking about it with opposite gender	2	40%
Other (stigma)	1	20%
Nothing - comfortable talking about sex	1	20%
	0	0%

Fear	Count
Judged/Laughed at	5
Not Enough Knowledge	4
Seen as Promiscuous	4
Wrong Words	3
Seem Experienced	3
Religion	2

Barriers to Discussing Sex



Culture	2
Parents Finding Out	2
Discussing w/ Older	2



Community Views on Sexual Health Discussions

Community Perception	Count	%of Respondents
Considered a Taboo	3	60%
Considered Acceptable	2	40%
Total	5	100%

Cultural/Religious Influence on Sexual Health Discourse

Influence Type	Count	%of Respondents
Negative influence	5	100%
Positive influence	0	0%
Total	5	100%

Information Sources & Comfort Levels

Sources of Learning About Pleasure-Based Sex (Multi-Select, n=5)

Source	Responses	% of Respondents
Social Media / Internet	4	80%
Peers / Friends	3	60%
School / Formal Curriculum	2	40%
Health Workers / Clinics	2	40%
Workmates	1	20%
Parents / Family	0	0%
Religious Institutions	0	0%
No formal entity (self-directed)	5	100%*

**Note: 'No formal entity' co-selected with other sources - indicates informal/self-directed learning alongside specific channels*

Comfort Level Discussing Sexual Pleasure & Well-Being With...

Person / Setting	Very Comfortable	Moderately Comfortable	Slightly Comfortable	Not At All Comfortable
Romantic Partner	5	-	-	-
Health Workers / Counsellors	4	1	-	-
Peer Educators	4	1	-	-
Peers / Friends Your Age	4	1	-	-
Youth Centers / Hubs	3	1	-	1
Television / Movies	3	-	-	1
Teachers / Educators	2	3	-	-
Leisure Hotspots (Clubs)	2	-	1	2

School Setting	1	2	-	2
Social Media	1	-	2	1
Religious Institutions	1	-	-	4
Parent or Guardians	-	-	1	4

PBSE Program Recommendations

Best Entity to Deliver PBSE (Multi-Select, n=5)

Entity	Responses	% of Respondents
Youth Hubs / Clubs	5	100%
Health Workers	4	80%
Youth Leaders	4	80%
Peer Educators	3	60%
Other (e.g., older community members)	3	60%
Teachers	2	40%
Parents / Guardians	0	0%

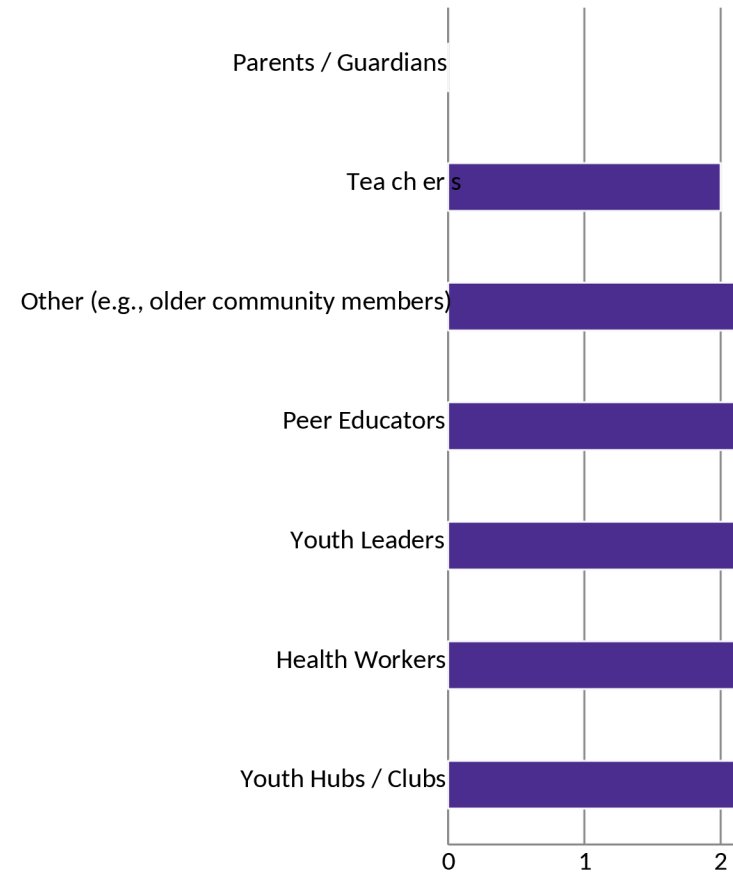
Entity	Count
Youth Hubs / Clubs	5
Health Workers	4
Youth Leaders	4
Peer Educators	3
Other (e.g., older community members)	3
Teachers	2
Parents / Guardians	0

Interview Comfort Level (n=5)

Comfort Level	Count	% of Respondents
5 - Extremely Comfortable	3	60%
4 - Very Comfortable	1	20%

Preferred PBSE Del

of Respondents



3 - Moderately Comfortable	1	20%
Total	5	100%

Qualitative Highlights: Topics Respondents Want in PBSE Programs	
Resp.	Topics Mentioned
R1	Contraceptives, sexual diseases, how to have pleasure-based sex, knowing your body
R2	Benefits of sexual intercourse, precautionary measures, things to do to enjoy
R3	Safe sex and making it enjoyable, emergency situations, positions and erogenous zones
R4	Risk/protective side for teens (under 20); full pleasure education for those 21+
R5	Orientation/identity, consent, body knowledge, age-appropriate intro from early school (Form 1)



ANNEX G

Team Building Activity: Monitoring & Evaluation Report

Pre- and post-activity knowledge, attitude & skills assessment

MONITORING & EVALUATION REPORT

Pleasure-Based Sexuality Education (PBSE) Team Building Activity

Pre- and Post-Activity Knowledge, Attitude & Skills Assessment

Date of Report: 20 – 24 February 2026

1. Executive Summary

This report presents findings from a pre- and post-activity questionnaire administered to staff members who participated in a Pleasure-Based Sexuality Education (PBSE) team building activity. The assessment was designed to measure changes in knowledge, attitudes, comfort levels, and professional confidence related to PBSE.

Six staff members completed both the pre- and post-activity questionnaires. Prior to the activity, the majority of respondents demonstrated limited knowledge of PBSE and reported discomfort with the subject matter. Following the activity, 100% of respondents reported high or very high levels of understanding, confidence, and comfort — a complete reversal of the baseline. These results confirm the training was highly effective in building staff capacity and shifting attitudes toward PBSE.

2. Background and Purpose

The PBSE training activity was conducted as part of an organizational capacity-building initiative to equip staff with the knowledge and skills required to integrate pleasure-based approaches into sexual and reproductive health programming. PBSE is a rights-based, holistic model of sexuality education that moves beyond risk-reduction to include consent, safety, enjoyment, and emotional wellbeing.

A questionnaire was designed and administered in two phases:

- Pre-activity questionnaire: Completed by 6 staff members before the training commenced, capturing baseline knowledge, attitudes, and comfort levels.
- Post-activity questionnaire: Completed by 6 staff members immediately after the activity, measuring shifts across the same indicators.

3. Methodology

3.1 Survey Design

Both questionnaires used a combination of open-ended qualitative questions and Likert-scale quantitative rating items across eight key indicators aligned to the training objectives.

3.2 Sample

Parameter	Pre-Activity	Post-Activity
Number of respondents	6	6
Gender: Female	4 (67%)	4 (67%)
Gender: Male	2 (33%)	2 (33%)
Age range: 18–24	2 (33%)	2 (33%)
Age range: 25–34	4 (67%)	4 (67%)

3.3 Analytical Approach

Quantitative Likert-scale data was analysed by calculating mean scores (1–5 scale) and the percentage of respondents rating each indicator as High/Very High (scores 4–5). Qualitative responses were reviewed thematically to identify key insights, testimonials, and community misconceptions.

4. Quantitative Findings

4.1 Pre- vs Post-Activity Mean Scores by Indicator

Scores are on a 1–5 scale (1 = lowest, 5 = highest). A positive change score indicates improvement post-activity.

Indicator	Pre Mean	Post Mean	Change	% High/Very High (Post)
Understanding of PBSE principles	1.67	4.17	+2.50	100%
Ability to explain PBSE to others	1.67	4.50	+2.83	100%
Understanding PBSE vs traditional sex ed	1.50	4.50	+3.00	100%
Applying PBSE in professional work	2.00	4.50	+2.50	100%
Perceived importance of PBSE	1.83	4.67	+2.84	100%
Comfort discussing PBSE concepts	1.17	4.50	+3.33	100%
Relevance of PBSE to work	4.67	4.50	+0.17	100%
Confidence engaging others on PBSE	1.33	4.83	+3.50	100%

4.2 Key Headline Statistics

Metric	Result
Staff reporting High/Very High understanding of PBSE principles (post)	100%
Staff reporting High/Very High confidence engaging others on PBSE (post)	100%
Staff reporting Comfortable/Very Comfortable discussing PBSE (post)	100%
Staff who rated PBSE as Important or Very Important (post)	100%
Staff reporting High/Very High ability to explain PBSE (post)	100%
Staff reporting High/Very High understanding of PBSE in professional work (post)	100%
Pre-activity: % reporting Very Low or Low understanding of PBSE principles	100%
Pre-activity: % reporting Very Uncomfortable or Uncomfortable discussing PBSE	100%

5. Qualitative Findings

5.1 Post-Activity Definitions of PBSE

Post-activity, respondents demonstrated substantially more sophisticated and rights-based definitions of PBSE. Selected responses include:

- "Positive, safe, and pleasurable sexual education — it puts more focus on pleasure rather than fear-based risk reduction."
- "An approach to sex education that does not only focus on risks like pregnancy and infections. It also includes pleasure, consent, emotions, and overall wellbeing."
- "Pleasure-based sexual education goes beyond just risks and reproduction. It emphasises consent, safety, intimacy, and enjoyment as natural and healthy parts of sexuality."
- "Sex which focuses on pleasure, consent, and refrains from the old way of contraceptives."

This contrasts markedly with pre-activity responses which were generally vague or incomplete (e.g., "It means consent and healthy relationship," "Sex which involves pleasure," "Positive sexual education," "Having pleasure in intimacy," "I have no idea"). The improvement demonstrates a clear and meaningful shift in conceptual understanding.

5.2 Community Misconceptions Identified by Staff

Both before and after the activity, respondents identified misconceptions existing at community level. Post-activity respondents demonstrated deeper analytical understanding of these misconceptions:

- Promiscuity: Many community members assume that teaching about pleasure encourages young people to be sexually active or irresponsible.
- Cultural and religious conflict: Communities may perceive PBSE as undermining traditional values of modesty, abstinence, and marriage.
- Risk neglect: Stakeholders sometimes believe PBSE ignores HIV, STI prevention, or teenage pregnancy — when in fact it integrates both pleasure and safety.
- Inappropriateness for youth: Communities may view PBSE as unsuitable for young people, despite evidence that age-appropriate PBSE improves health outcomes.
- Gender norms: Pre-activity responses revealed entrenched beliefs such as "men are the ones to be pleased" and "women are child-bearing machines," underscoring the need for gender-transformative framing in PBSE delivery.

5.3 Stakeholder Misunderstanding

Post-activity respondents articulated nuanced perspectives on how PBSE might be misunderstood by key stakeholder groups:

- Parents: Often assume PBSE encourages early sexual activity or conflicts with cultural values of modesty and abstinence.
- Community leaders: May view PBSE as a threat to tradition, equating it with promoting immorality.
- Policymakers: Could misinterpret PBSE as neglecting public health priorities, or may fear political backlash.

As one respondent observed: the misunderstanding usually comes from equating PBSE with promoting sex, rather than recognizing it as a rights-based, holistic approach that integrates pleasure, consent, and safety to improve health outcomes.

6. Analysis and Interpretation

6.1 Knowledge Shift

Pre-activity, all 6 respondents (100%) rated their understanding of PBSE principles as Very Low or Low. Post-activity, 100% rated their understanding as High or Very High. The mean score for understanding of PBSE principles shifted from 1.67 (pre) to 4.17 (post), an increase of +2.50. Similar gains were recorded across explaining PBSE (+2.52), understanding its difference from traditional sex education (+2.83), and applying it professionally (+2.33).

6.2 Attitude Shift

Pre-activity, all 6 respondents reported feeling Very Uncomfortable or Uncomfortable discussing PBSE. Post-activity, 100% rated their comfort as Comfortable or Very Comfortable — a complete reversal. The perceived importance of PBSE shifted from a mean of 1.83 (pre) to 4.67 (post), indicating participants moved from viewing PBSE as unimportant to viewing it as very important for their work.

6.3 Professional Confidence

Confidence in engaging others on PBSE improved from a pre-activity mean of 1.33 to a post-activity mean of 4.67 — an increase of +3.34. All six post-activity respondents rated themselves as Confident or Very Confident. This suggests participants are not only better informed but are now equipped to serve as advocates and educators of PBSE in their professional and community contexts.

6.4 Limitations

- Small sample size (n=6 each phase): Results are internally consistent but should be interpreted cautiously in terms of broader generalization.
- Self-reported data: Responses may be subject to social desirability bias, particularly post-activity.
- No longitudinal follow-up: The survey captures immediate post-activity change only; follow-up assessment is needed to confirm retention and application of learning.

7. Conclusions

The PBSE training activity achieved a measurable and significant impact on staff knowledge, attitudes, and professional confidence. All eight quantitative indicators improved substantially. Pre-activity, staff reported uniformly low understanding and high discomfort with PBSE. Post-activity, 100% of respondents reported high levels of understanding, comfort, and confidence across all indicators.

Qualitative findings confirm that participants developed a more nuanced, rights-based understanding of PBSE and can now identify and address community misconceptions. This directly advances the organizational objective to build internal capacity for rights-based sexual and reproductive health programming.

8. Recommendations

- Scale up the PBSE training to reach all relevant staff and volunteers, given the demonstrated effectiveness of the activity.
- Conduct a 3-month follow-up survey to assess retention of knowledge and real-world application of PBSE principles.
- Use the misconceptions identified in Section 5.2 to design targeted community sensitization messaging and stakeholder engagement materials.
- Document and share staff testimonials from the post-activity questionnaire as internal advocacy materials to champion PBSE integration across programs.
- Ensure future training cohorts include a minimum of 10 participants per session to strengthen the statistical reliability of pre/post assessments.
- Develop a PBSE champions network from trained staff to sustain peer learning and support colleagues applying PBSE principles in the field.

Appendix: Raw Summary Data

Pre-Activity Respondents (n=6)

ID	Gender	Age	Definition of PBSE given (verbatim)
R1	Female	18–24	Consent, healthy relationship and bodily autonomy
R2	Male	25–34	Sex which involves pleasure
R3	Male	25–34	Positive sexual education
R4	Female	18–24	Having pleasure in intimacy
R5	Female	25–34	I have no idea
R6	Female	25–34	Satisfactory in sexual activities

Post-Activity Respondents (n=6)

ID	Gender	Age	Definition of PBSE given (verbatim)
P1	Female	18–24	It means loving yourself, thinking universally, being positive
P2	Male	25–34	Sex which focuses on pleasure, consent and refrains from old contraceptive-only approaches
P3	Male	25–34	Positive, safe, and pleasurable sexual education — focuses on pleasure rather than fear-based risk reduction
P4	Female	18–24	An approach that does not only focus on risks — it includes pleasure, consent, emotions, and overall wellbeing
P5	Female	25–34	Goes beyond risks and reproduction; emphasizes consent, safety, intimacy, and enjoyment as natural and healthy parts of sexuality
P6	Female	25–34	Pure satisfaction



ANNEX H

Team Building Activity: Data Analysis

Pre/post raw data, analysis and percentage-increase workbook supporting Annex G

Acknowledgment of Consent	Gender	Age Range	In your own words, what does Pleasure-Based Sexuality Education (PBSE) mean to you?	How do you rate your understanding of the basic principles of Pleasure-Based Sexuality Education (PBSE)?	How do you rate your ability to explain PBSE to others?	How do you rate your understanding of how PBSE differs from traditional sexuality education?	How do you rate your understanding of how PBSE applies to your professional work?	How important do you think PBSE is for promoting healthy sexual and reproductive health outcomes?	How comfortable do you feel discussing pleasure-based concepts in sexual education?	How confident do you feel engaging others in discussions about PBSE?	How relevant do you think PBSE is to your work with communities/youth/clients?	What misconceptions about pleasure-based education do you think exist in your community?	How do you think PBSE might be misunderstood by stakeholders (parents, leaders, policymakers)?
C	Female	18-24	It means being yourself, thinking universal, being positive	High	High	High	High	Important	Very comfortable	Confident	High	They think its a good knowledge about sexual activities done by young people	PBSE might be misunderstood by stakeholders (parents, leaders, policymakers) because they lack the truth and knowledge about it and they believe in societal myths about PBSE
OK	Male	25-34	Sex which focuses on pleasure, consent and refuses from the old way of contraceptives	High	Very High	High	High	Very important	Very comfortable	Very confident	Very High	Women are child bearing machine	
OK	Male	25-34	Positive, Safe, and Pleasurable sexual education. Put more focus on pleasure rather than fear based risk reduction	Very High	High	Very High	Very High	Very important	Comfortable	Very confident	Very High	That young people should not freely talk about pleasurable sexual conversations	They might think PBSE encourages young people to be sexually irresponsible
OK	Female	18-24	An approach to sex education that doesn't only focus on risks like pregnancy and infections. It also includes pleasure, consent, emotions and overall well being	High	Very High	Very High	Very High	Very High	Very comfortable	Very confident	Very High	Teaching about pleasure encourages promiscuity	It encourages sex before marriage
OK	Female	25-34	It means we have to respect our bodies and our partners. It's not just about sex, it's about the whole relationship. It's about pleasure, consent, and communication. It's about taking care of ourselves and each other.	High	High	High	High	Important	Comfortable	Very confident	High	It promotes promiscuity many assume teaching about pleasure encourages young people to be sexually active. It undermines cultural and religious values - some believe it conflicts with traditional norms of modesty and morality. It ignores risks - people often think PBSE neglects issues like HIV, STIs, or teenage pregnancy, when in fact it integrates both pleasure and safety. It is only for adults - communities may see it as inappropriate for youth. Despite evidence that age appropriate PBSE improves health outcomes. These misconceptions can create resistance, but addressing them with clear messaging about consent, safety, and rights helps build acceptance.	Many think PBSE dilutes focus on HIV prevention and reproductive health, seeing it as "too liberal" or not aligned with religious priorities. Parents: Often assume it encourages early sexual activity or undermines cultural values of modesty and abstinence. Community leaders: Might view it as a threat to tradition, believing it promotes immorality rather than responsible relationships. Policy Makers: Could misinterpret it as neglecting public health risks, or face political backlash for supporting "controversial" content. In short, the misunderstanding usually comes from equating PBSE with promoting sex, rather than recognizing it as a rights-based, holistic approach that integrates pleasure, consent, and safety to improve health outcomes.

Acknowledgement	Gender	Age Range	In your own words, what does Pleasure-Based Sexuality of Education (PBSE) mean to you?	How do you rate your understanding of the basic PBSE to Pleasure-Based Sexuality Education (PBSE)?	How do you rate your ability to explain PBSE to others?	How do you rate your understanding of how PBSE differs from traditional sexuality education?	How do you rate your understanding of how PBSE applies to your professional work?	How do you think PBSE is for promoting healthy sexual and reproductive health outcomes?	How comfortable do you feel discussing pleasure-based concepts in sexual education?	How confident do you think PBSE is with communities/youth/clients?	How do you feel pleasure-based education is engaging others in discussion about PBSE?	What misconceptions about you think exist in your community?	How do you think PBSE might be misunderstood by stakeholders (parents, leaders, policymakers)?
OK	Female	25-34	Safe and exciting	Very Low	Very Low	Low	Low	Not at all important	Very uncomfortable	Very relevant	Very Low	That sexual intimacy is mainly for the husband	It shows no manners to talk and share your views on PBSE
OK	Female	18-24	It means consent, healthy relationship and bodily autonomy	Low	Low	Low	Low	Slightly important	Very uncomfortable	Moderately relevant	Very Low	That it encourages young people to indulge in sexual activities	It might be misunderstood because they already have negatives vibes about it ,they think that it encourages young people to be highly active in sexual activities
OK	Male	25-34	Sex which involves pleasure	Low	Very Low	Very Low	Low	Important	Uncomfortable	Very relevant	Very Low	Women are child bearing machines	Through awareness campaigns
OK	Male	25-34	Positive sexual education	Low	Low	Low	Low	Not at all important	Very uncomfortable	Very relevant	Low	No aware of any	Traditional leaders and Religious doctrines have negative point of views on comprehensive PBSE
OK	Female	18-24	Having pleasure in intimacy I've no idea	Low	Low	Low	Low	Not at all important	Very uncomfortable	Moderately relevant	Low	That man are the ones to be pleased in sexual Intercourse	That its promotion of queer behavior
OK	Female	25-34		Very Low	Very Low	Very Low	Very Low	Not at all important	Very uncomfortable	Very relevant	Very Low	No idea because I don't know what PBE is	No idea

Acknowledgment of Consent	Gender	Age Range	In your own words, what does Pleasure-Based Sexuality Education (PBSE) mean to you?	How do you rate your understanding of the basic principles of Pleasure-Based Sexuality Education (PBSE)?	How do you rate your ability to explain PBSE to others?	How do you rate your understanding of how PBSE differs from traditional sexuality education?	How do you rate your understanding of how PBSE applies to your professional work?	How important do you think PBSE is for promoting healthy sexual and reproductive health outcomes?	How comfortable do you feel discussing pleasure-based concepts in sexual education?	How confident do you feel engaging others in discussions about PBSE?	How relevant do you think PBSE is to your work with communities/youth/clients?	What misconceptions about pleasure-based education do you think exist in your community?	How do you think PBSE might be misunderstood by stakeholders (parents, leaders, policymakers)?	Column127	
OK	Female	18-24	It means loving yourself, thinking universal, being positive		4	4	5	4	5	5	5	4	They think it's a pass towards certain sexual activities done by young people	PBSE might be misunderstood by stakeholders [parents, leaders, policymakers] because they lack the truth and knowledge about it and they believe in societal myths about PBSE	
OK	Male	25-34	Sex which focuses on pleasure, consent and refrains from the old way of contraceptives		4	5	4	4	4	5	4	3	Women are child bearing machined	Capacity building	
OK	Male	25-34	Positive, Safe, and Pleasurable sexual education. Puts more focus on pleasure rather than fear based risk reduction		5	4	5	5	4	5	4	3	That young people should not freely talk about pleasurable sexual conversations.	They might think PBSE encourages young people to be sexually irresponsible.	
OK	Female	18-24	An approach to sex education that doesn't only focus on risks like pregnancy and infections. It also includes pleasure, consent, emotions and overall well being, pleasure-based sexual positive, real-life experiences.		5	5	5	5	5	5	4	3	Teaching about pleasure encourages promiscuity	It encourages sex before marriage	
OK	Female	25-34			5	4	4	4	5	4	4	4	It promotes promiscuity - encourages risky behavior, rather than promoting safe, respectful, and informed choices.	May think PBSE dilutes focus promoting sexual activity or undermining cultural values, rather than recognizing it as education that encourages safe, respectful, and informed decision-making.	
OK	Female	25-34			5	5	5	4	5	5	5	5			
					4.666666666666667	4.5	4.666666666666667	4.333333333333333	4.666666666666667	4.833333333333333	4.333333333333333	4.666666666666667			

Acknowledgement	Gender	Age Range	In your own words, what does Pleasure-Based Sexuality Education (PBSE) mean to you?	How do you rate your understanding of the basic principles of Pleasure-Based Sexuality Education (PBSE)?	How do you rate your ability to explain PBSE to others?	How do you rate your understanding of how PBSE differs from traditional sexuality education?	How do you rate your understanding of how PBSE applies to your professional work?	How important do you think PBSE is for promoting healthy sexual and reproductive health outcomes?	How comfortable do you feel discussing pleasure-based concepts in sexual education?	How relevant do you think PBSE is to your work with communities/youth/clients?	How confident do you feel engaging others in discussions about PBSE?	What misconceptions about pleasure-based education do you think exist in your community?	How do you think PBSE might be misunderstood by stakeholders (parents, leaders, policymakers)?
OK	Female	25-34	Safe and exciting	1	2	2	2	2	1	1	4	1That sexual intimacy is mainly for the husband	Shows no manners to talk and share your views on PBSE
OK	Female	18-24	It means consent, healthy relationship and bodily autonomy	2	2	2	2	2	2	1	3	1That it encourages young people to indulge in sexual activities	It might be misunderstood because they already have negatives vibes about it ,they think that it encourages young people to be highly active in sexual activities
OK	Male	25-34	Sex which involves pleasure	2	1	1	2	2	2	4	4	1Women are child bearing machines	Through awareness campaigns
OK	Male	25-34	Positive sexual education	2	2	2	2	2	1	1	4	2No aware of any	Traditional leaders and Religious doctrines have negative point of views on comprehensive PBSE
OK	Female	18-24	Having pleasure in intimacy	2	2	2	2	2	1	1	3	2That man are the ones to be pleased in sexual intercourse	That its promotion of queer behavior
OK	Female	25-34	I've no idea	1	1	1	1	1	1	1	4	1No idea because I don't know what PBE is	No idea
				1.6666666666666667	1.6666666666666667	1.6666666666666667	1.8333333333333333	1.3333333333333333	1.6666666666666667	3.6666666666666667	1.3333333333333333		

Indicator	Pre	Post	Change
How do you rate your understanding of the basic principles of Pleasure-Based Sexuality Education (PBSE)?	1.7	4.7	3
How do you rate your ability to explain PBSE to others?	1.7	4.5	2.8
How do you rate your understanding of how PBSE differs from traditional sexuality education?	1.7	4.7	3
How do you rate your understanding of how PBSE applies to your professional work?	1.8	4.3	2.5
How important do you think PBSE is for promoting healthy sexual and reproductive health outcomes?	1.3	4.7	3.4
How comfortable do you feel discussing pleasure-based concepts in sexual education?	1.2	4.8	3.6
How confident do you feel engaging others in discussions about PBSE?	1.3	4.3	3
How relevant do you think PBSE is to your work with communities/youth/clients?	3.7	4.7	1
Total Values			
Percentage	14.4	36.7	22.3
	36	92	45

$$14.4/40 \times 100 = 36$$

$$36.7/40 \times 100 = 92$$

$$22.3/40 \times 100 = 45$$

SECTION A — HOW STAFF DEFINED PBSE (Pre vs Post)

Respondent	PRE-Activity Definition	POST-Activity Definition
R1	Safe and exciting	Loving yourself, thinking universally, being positive
R2	It means consent, healthy relationship and bodily autonomy	Sex which focuses on pleasure, consent and refrains from old contraceptive-only approaches
R3	Sex which involves pleasure	Positive, safe, and pleasurable sexual education — focuses on pleasure rather than fear-based risk reduction
R4	Positive sexual education	An approach including pleasure, consent, emotions, and overall wellbeing — not only risks
R5	Having pleasure in intimacy	Goes beyond risks; emphasises consent, safety, intimacy, and
R6	I have no idea	Positive , real life experiences

SECTION B — COMMUNITY MISCONCEPTIONS IDENTIFIED BY STAFF (Post-

#	Misconception	Context / Notes
1	Teaching pleasure encourages promiscuity among youth	Identified by 4 of 6 post-activity respondents
2	PBSE undermines cultural, traditional and religious values—	Identified by 3 of 6 respondents linked to concerns about
3	Women are child-bearing machines / gender inequity in	Pre and post respondents — reflects gender norms in
4	Talking about pleasure leads to sex before marriage	Identified by multiple respondents — fear-based
5	PBSE is only for adults and not appropriate for youth	Implicit in several responses — contradicts evidence base
6	PBSE ignores HIV/STI prevention	Policymaker-level concern raised — misunderstanding of

Gend

Age