



Facing the
CHALLENGE
of Adolescent
Pregnancy in
ZIMBABWE





THIS BOOKLET

- Presents the current status of adolescent pregnancy in Zimbabwe
- Explains the drivers and psycho-social, economic, development and health costs of adolescent pregnancy
- Offers recommendations for addressing adolescent pregnancy and leveraging demographic dividend in promoting socio-economic growth



The full report, *Zimbabwe National Adolescent Fertility Study*, is available from Permanent Secretary for Health and Child Care, 4th Floor, Kaguvu Building, corner Central Avenue and Fourth Street, Harare, Zimbabwe.

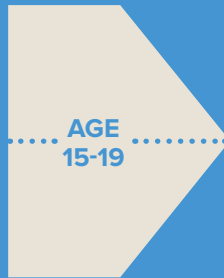
(Zimbabwe Demographic and Health Survey 2010/11).



ADOLESCENT FERTILITY

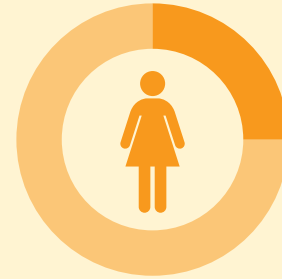
has been on the increase in Zimbabwe from

99
LIVE BIRTHS
PER
1000
WOMEN
(ZDHS 2005/6)

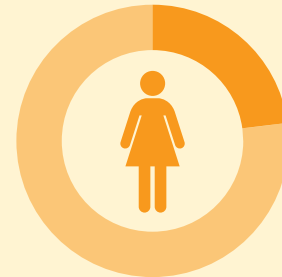


115
LIVE BIRTHS
PER
1000
WOMEN
(ZDHS 2010/11)

There are disparities in the distribution of adolescent pregnancy by geographic location, and huge differentials exist between rural and urban areas, and across provinces.



A quarter of female adolescents were married or in union by age 18 years



while 24% of adolescents age 15-19 years had begun childbearing (Multiple Indicator Cluster Survey 2014)



ADOLESCENT PREGNANCY

severely curtails girls and young women's opportunities, and hinders their ability to reach their full potential.

EARLY SEXUAL DEBUT AND SEXUAL ABUSE

of female adolescents increase the girls' risk to unintended pregnancies, HIV/STIs, and psychosocial challenges in their lives

13%

of female adolescents age 10-19 had a sexual encounter (ever had sex)

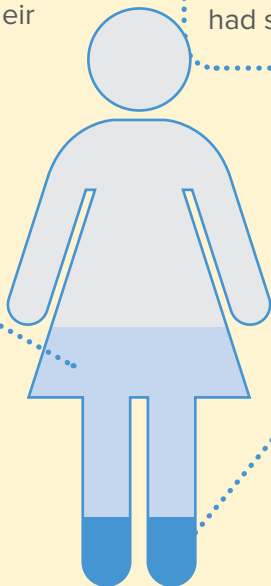


54%

of girls age 10-14 years who had ever had sex experienced rape or forced sex on their first sexual encounter.



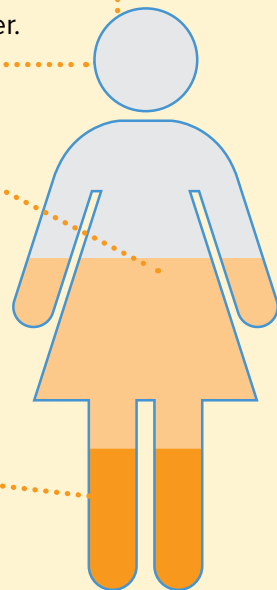
ALMOST HALF
46%
were girls age 18-19 years.



MORE THAN A QUARTER

26%

of all girls age 10-14 years were not confident that they could refuse sex or being touched sexually if they did not want.





THE MOST CITED REASONS FOR FIRST PREGNANCY

among female adolescents age 15-19 years were unplanned (48%), wanted a child (45%), did not think I would fall pregnant (23%), early marriage (19%), did not know about condom use / contraceptives (10%), and sexual violence/abuse/rape (8%).

CULTURAL AND RELIGIOUS PRACTICES

also play a strong role in driving adolescent pregnancy, and sacrifice lives of female adolescents at the “altar” of religion and tradition. Some of cultural practices that put adolescents at risk of pregnancy are:

- Child / early marriage
- Traditional cleansing
- Wife pledging / kuzvarirwa
- HIV cleansing

23%

Adolescents aged 15-19 years who belonged to the Apostolic Sect

AND

37%

Adolescents aged 15-19 years of No Religion (None)

**MORE
LIKELY
TO BE
PREGNANT
THAN**

9%

Adolescents aged 15-19 years who belonged to Traditional Religion

AND

10%

Adolescents aged 15-19 years belonging to the Roman Catholic

($p < 0.001$).

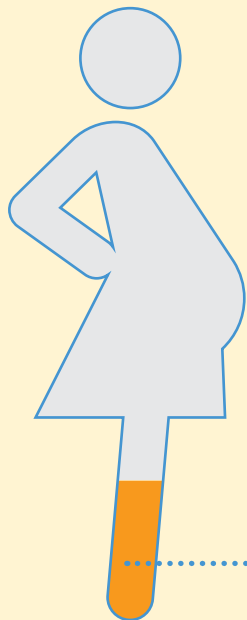
“Some men in these churches [Apostolic] claim to have dreamt being married to you, they say “you were given to me in spirit” and you are forced to go to him” (Rural Girl Respondent)

“...our parents tell us that culture does not have laws that prohibit early marriages. So even a 14 year old can get married. Culture can be used when my sister fails to have a boy and my sister’s husband is wealthy, the parents will push that I get married to the sister’s husband because they would want to keep the lobola [dowry] that they were given. I can’t deny because the lobola has already been used so even if I am 14, I can be married off to my sister’s husband. Some might say this practice has ended because of the new laws we have but this is still happening (Rural Girl Respondent)



**CHILD
MARRIAGE
VIOLATES
THE RIGHTS
OF GIRLS**

LET THEM BE CHILDREN, PROTECT THEM



ALMOST A
FIFTH
19%

of female adolescents
age 15-19 years were
pregnant as a result
of early marriage

LIMITED KNOWLEDGE INCREASES RISKS OF PREGNANCY AMONG ADOLESCENTS



ONLY
4%

of female adolescents
age 10-19 years had
comprehensive
knowledge on
pregnancy.



ONLY
12%

of female adolescents
age 10-19 years were
able to identify the
correct period when
a girl is most likely to
fall pregnant, "halfway
between the end of
one period and the
beginning of the next
menstrual period".

FAVOURABLE ATTITUDES TOWARD ADOLESCENT PREGNANCY AND OBJECTIONS TO UPTAKE OF FAMILY PLANNING CONTRIBUTE TO ADOLESCENT PREGNANCIES

The majority of female adolescents demonstrated poor attitudes toward sexual and reproductive health (SRH) services. Approximately 77% of the female adolescents agreed that “contraceptive (condom and pills) use is a sign of promiscuity”.





PARENT-CHILD COMMUNICATION

PARENTS WHO DO NOT DISCUSS WITH THEIR CHILDREN ABOUT SEXUALITY

expose their children to risks of pregnancy and affect their confidence to refuse sex.



43%

of adolescents had parents who did not talk to them about sexuality issues.



67%

of female adolescents could not identify a comfortable and friendly place to access sexual and reproductive health service.



More than half of the girls aged 10-19 years who ever had sex did not have access to family planning services.

“Parents don’t accept girls getting pregnant before they get married, and sometimes they will chase their daughter away...they will be saying we told you but you did not listen. So many girls just go to n’angas (traditional healers) or drink Surf (washing powder) to get rid of the pregnancy [abortion] because they will be afraid to be chased away from home, especially if the person responsible for the pregnancy is unwilling to accept responsibility” (Urban Girl Respondent)

**SYSTEMS FOR THE PROTECTION OF GIRLS
AND SAFETY NETS ARE NOT WORKING WELL,**
and this is reflected by proportion of girls dropping out of school and reporting
sexual abuse



THEREFORE, ADOLESCENT PREGNANCY HAS HUGE PSYCHO-SOCIAL, ECONOMIC AND HEALTH CONSEQUENCES

including emotional stress, low self-esteem, dropping out of school, expulsion from school, stigmatization of single mothers, forced marriage, promiscuity, abandonment, unsafe abortions, suicide, poverty, and negative health outcomes for both the mother and baby etc.

“When my friend fell pregnant, her parents sent her away saying she has to be on her own despite the fact that she had nothing she owned herself. She was forced into prostitution in order to be able to look after her child” (Urban Girl Respondent).

Each adolescent pregnancy poses risks of maternal and child morbidity and mortality. The health risks include maternal deaths, pregnancy complications such as obstetric fistula, uterine rupture, and unsafe abortions.

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Adolescent pregnancy is also associated with poor child health outcomes such as child mortality, low-birth weight, pre-term births, malnourished babies, and malnutrition etc.

ADOLESCENT PREGNANCIES CONTRIBUTE TO MORE SPENDING ON MATERNAL AND CHILD HEALTHCARE.



LEVERS FOR CHANGE

Strengthen Protection of Girls

- Enforce constitutional and legal provisions on child protection
- Eliminate child marriage
- Strengthen the legal framework
- Prevent gender-based violence (GBV), and improve services for GBV survivors
- Engage religious and traditional leaders, and at-risk communities in addressing child protection violations
- Eliminate harmful cultural practices

Keep the Bigger Picture in Mind

- Adolescent fertility is a multi-sectoral challenge needing multi-sectoral responses and coordination.
- Harmonize policy and legislation across sectors to address drivers of adolescent fertility and strengthen empowerment of female adolescents

Support girls to navigate and go through adolescence with adequate knowledge, skills and services to make good decisions regarding their sexuality:

- Comprehensive Sexuality Education
- Parent-child communication
- Youth empowerment especially in rural areas
- Adolescent sexual and reproductive health and rights (ASRHR) information and services (e.g. Prioritise family planning for young mothers after first pregnancy before age 18)

Strengthen evidence-based programming and tailored interventions to suit local context – “one-size-fits-all approach” is problematic

- Hotspot mapping and targeted interventions in areas with evidence of drivers of adolescent pregnancy



“REALISING THE DEMOGRAPHIC DIVIDEND IN ZIMBABWE

requires facing the challenges of adolescents and young people by investing in them, promoting their development, and expanding access to Adolescent sexual and reproductive health services to reduce teenage pregnancy. In increasing the proportion of educated and productive young people, the country can boost its development”

- Cheikh Tidiane Cisse, UNFPA Representative



Integrated
Support Programme

for Sexual and Reproductive Health and
Prevention of HIV and Gender Based Violence



Ministry of Women Affairs, Gender
and Community Development