ADOLESCENT AND YOUTH SEXUAL REPRODUCTIVE HEALTH – Experience from Zimbabwe

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{Zimbabwe}
Presentation Outline

- Introduction
- Operational Framework
- ASRH Strategy
- Key ASRH Challenges
- Major Drivers of ASRH issues
- Key Indicators for the ASRH Programme
- Conclusions
Introduction

- Young people (10-24 yrs) constitute 30% of the population
- 70% of them are in Rural areas
- Young people are a heterogeneous group with diverse characteristics
- Sexually Active adolescents and NOT Sexually Active
- Young People with disabilities
- Young People Living with HIV
- Married adolescent girls; Married adolescent boys
- Pregnant adolescents
- Young mothers; Young fathers
- Young people living on the streets
- Orphans and vulnerable children (OVC)
- In school & Out of School
Operational Framework

• Programming for young people is guided by International and Regional frameworks and commitments
• Eastern & Southern African (ESA) - Ministerial Commitment on Comprehensive Sexuality Education (CSE) and Sexual Reproductive Health (SRH) services for adolescents and young people
• Laws and policies for protection of Sexual and Reproductive Health & Rights (SRHR) of young people at local level include:
• However there is inconsistency in some of the laws – *(definition of a child, the age of consent to sex and age of consent to marriage)*
  ➢ Interpretation of these inconsistencies continues to pose problems
  ➢ In addition there need for harmonization of laws with the new constitution
Goal

- To reduce morbidity and mortality associated with sexual and reproductive health among adolescents and young people

Strategy Impact:

- “improved sexual and reproductive health of adolescents and young people in Zimbabwe”

Strategic Outcomes

- Outcome 1: Increased safe sexual and reproductive health and HIV practices among adolescents and young people;
- Outcome 2: Increased uptake of quality youth friendly integrated SRH and HIV services; and
- Outcome 3: Strengthened protective environment for adolescents and young people.
ASRH Challenges In Zimbabwe

- 40% girls and 30% boys have had sex before the age of 18 yrs
- 24% of maternal deaths in the country occur among young women
- Knowledge of Family Planning is 41% in young people
- High prevalence of teenage pregnancies and child marriages
- STI prevalence among adolescents is 9%
- A significant number of new HIV infections are occurring in those aged 15-19yrs
- Gender based violence among young women is high
- Drug and alcohol abuse are very common particularly in urban settings
Major Drivers for ASRH Problems

- Socio-cultural and socio-economic issues are the root causes of the challenges affecting young people in Zimbabwe
  - Religious and cultural practices
  - Rural-urban migration
  - Unemployment
- Inadequate implementation of commitments, laws and policies
- Lack of comprehensive sexuality information
- Inadequate and limited availability of services for young people
- Biological and behavioural vulnerability especially among young women
- High risk sexual activities (limited consistent and correct condom use, age mixing, multiple sex partners)
- Lack of empowerment among young people (young girls are less able to refuse sex and/or insist on protected sexual activity)
- Rural youths are at higher risk and have higher burden of SRH problems
Programming for Urban Young People

• Vulnerable and marginalised young people in urban areas were previously not being reached by traditional SRH programmes.
  ➢ Adolescents living in the streets, adolescent inmates, and those in sex work
  ➢ Internal migration has led to peri-urban and illegal urban settlements

• Programming is Multisectoral with Multiple/Combined Interventions
  ➢ **Facility Based** – *Youth friendly integrated SRH/HIV services*
  ➢ **Community Centres** – *Life Skills, Livelihoods, Recreation & Sport, Edutainment & Drama, Peer Education, Social Behaviour Change Communication, Library services*
  ➢ **Outreach** – *Integrated SRH/HIV Services, Musical & Sports Galas*
  ➢ **In & Out of School Youths** – *CSE, Life Skills, Peer Education*
  ➢ **Tertiary Institutions** – *Integrated SRH/HIV services, Life skills, Peer Education*
Key Programme Indicators

- Fertility
- Teenage Pregnancy & Child Bearing
- Family Planning
- HIV/AIDS
- Gender Based Violence
Fertility rate among 15 - 19 year old women has slightly decreased since 2010 (from 115 to 110).

Nearly 1 in 10 adolescent girls give birth every year.
Adolescents Who Have Begun Child Bearing – 2015
(Place of Residence - Education – Wealth Status)

Adolescent pregnancy varies widely according to wealth, geographic location and education. It is more than twice higher among girls with primary education than among those who attended secondary school.
Trends in Teenage Pregnancy 2010-2015: Urban vs Rural

Percentage of 15-19 year old women who have started child-bearing

- Urban vs Rural

2010:
- Urban: 16.4%
- Rural: 28%

2015:
- Urban: 10.3%
- Rural: 27.2%
• Proportion of women aged 15-19 yrs currently married using modern contraceptives increased
• Unmet need among the 15-19 yrs age group was higher than the general unmet need of 10%
2010-2015, comprehensive knowledge about HIV prevention went down among 15-19 year-olds, especially among young women with only primary school education and among young people living in rural areas.
Young Women Who Reported Having a Sexual Partner 10 or more years older, 2010 - 2015

<table>
<thead>
<tr>
<th>Age</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>15.2</td>
<td>17.1</td>
</tr>
<tr>
<td>20-24</td>
<td>14.5</td>
<td>21.2</td>
</tr>
<tr>
<td>Urban</td>
<td>14.9</td>
<td>21.0</td>
</tr>
<tr>
<td>Rural</td>
<td>14.5</td>
<td>20.0</td>
</tr>
</tbody>
</table>

[Graph showing the percentage of young women reporting having a sexual partner 10 or more years older by age group (15-19, 20-24) and locality (Urban, Rural) for the years 2010 and 2015.]
Condom Use Among Young People At last Sexual Encounter – 2010 & 2015

Young People With Multiple Partners Who Used a Condom

- Women 15-24yrs
- Men 15-24yrs
- Urban
- Rural

2010
2015
Male Circumcision – 2010 & 2015

Uptake of Male Circumcision Among Young Men, 2010-2015

- 15-19yrs
- 20-24yrs
- Urban 15-24yrs
- Rural 15-24yrs

2010 vs 2015
HIV Testing – Ever Tested and Received Results – 2010 & 2015


<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 15-19yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men 15-19yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women 15-24yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men 15-24yrs</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Rural</td>
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</tbody>
</table>

Family Planning: It’s Your Choice
HIV Prevalence – 2010 & 2015

HIV Prevalence Trends in Young People, 2010-2015

- Women 15-19yrs
- Men 15-19yrs
- Women 15-24yrs
- Men 15-24yrs
- Urban 15-24yrs
- Rural 15-24yrs

2010
2015
Gender Based Violence - 2015

There is no difference between Urban & Rural Areas

<table>
<thead>
<tr>
<th>Type</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>30</td>
</tr>
<tr>
<td>Sexual</td>
<td>10</td>
</tr>
<tr>
<td>In Pregnancy</td>
<td>10</td>
</tr>
</tbody>
</table>
Conclusion

• Young people in urban areas (except in marginalised communities) generally have better access to information and services.

• A high number of youths suffer illness and death each year mainly due to conditions that are either preventable or treatable, hence protecting young people leads to significant cost savings enabling available resources to be utilised for socio-economic development.

• Young people have a right to receive accurate sexual reproductive health information and services without discrimination.

• Investing in the education and health of young people today will ensure a vibrant and healthy nation in the future, contributing to prosperity and better quality of life.

• Therefore young people programming in the country will be dedicated to ensure realisation of the demographic dividend.
THANK YOU