



Policy Brief

From Research to Reality

The need to expand sexual reproductive health options for adolescent girls

Tackling adolescent girls' unmet need for contraception and HIV prevention requires clear and targeted policy and programming. This policy brief addresses key service and policy barriers and provides recommendations to overcome them. Easier access to contraception now will pave the way for emerging HIV prevention interventions for women in the near future.

Expanding Contraception Access to Young Women

International agreements affirm that adolescents have a right to age-appropriate sexual and reproductive health (SRH) information. The Zimbabwe National Reproductive Health Policy section 3.2.4 has one of the strategies as to capacitate health workers to serve sexually active adolescents. The Family planning guidelines also make reference to this in section 1.5.2. They are a special group that need targeted interventions in order for them to secure their sexual and reproductive health rights, as stated in Zimbabwe's own National Adolescent Sexual and Reproductive Health Strategy 2010–2015, section 1.3.1. However, the country still lacks a clear policy and subsequent programming allowing this population to access contraception.

In Zimbabwe, most contraceptive services are targeted at married and older women who are specifically considering child birth. An estimated 40% of young women have at one time used a modern contraceptive method. Worldwide, approximately 40% of all pregnancies are unintended. Four out of five unintended pregnancies in the developing world occur among women who want to use contraceptives but do not have access to them.

Even when adolescent women are able to obtain contraceptive services in Zimbabwe, they may not do so due to fear of confidentiality breaches and judgmental health providers. They may not use contraceptives correctly and consistently because of limited or incomplete knowledge of how to use them or they may harbor misconceptions about their effects e.g., failure to conceive later on in life.

Zimbabwe's Adolescent Sexual Reproductive Strategy defines adolescents as ranging from 10 – 24 years. This age range is too wide. The median age of sexual debut for girls in the country is 19 years. Their needs are clearly different than early adolescents.

Main barriers to contraceptive access:

- Lack of access to contraceptives due to:
 - Lack of youth friendly services
 - Lack of availability
 - Lack of affordability
 - Lack of acceptability of
- Stigma in contraceptive use for unmarried and adolescent women who are not in unions
- Need for age appropriate contraception methods

Strategies to increase access to contraception:

- Implement comprehensive, integrated SRH/HIV services for young people
- Make current contraceptive options widely available to adolescent women
- Consider how to improve current contraceptive access now to ensure easy introduction for future options
- Provide spaces and opportunities for peer and mentor support networks
- Have in place policy allowing for adolescent women aged 16 and above to access contraception without restrictions and clear, age – specific guidelines for those below the age of 16
- Prepare regulators and health service providers for the introduction of microbicide gels and rings to be offered in SRH facilities for adolescent women

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Approaches to increase contraceptive access

To determine why adolescent women report such high rates of unintended pregnancy (Adolescent birth rate 120 births per 1000 women, early child bearing at 22.4%), with a teen mortality rate of and do not access contraceptive services in Zimbabwe, Pangaia Zimbabwe AIDS Trust (PZAT) and AVAC held consultations on contraception with adolescent women. The aim of the consultations were to understand why there are high rates of teenage pregnancies while Zimbabwe has a robust contraceptive method-mix accessed by a relatively high number of women (58%). Available contraception includes the combined oral pill, male and female condoms, diaphragm, spermicides, intra-uterine device, hormonal injectables, implants, tubal ligation and vasectomy.

These consultations built on an earlier study - Shaping the Health of Adolescents in Zimbabwe (SHAZ!) that looked at increasing access to SRH services to young people. Part of how SHAZ! sought to increase access to SRH services for young people was through provision of economic support to these adolescent women. Main study findings conclude that:

- If services are not brought to adolescent women, they will not actively seek health services, bringing services to where the adolescents are will aid service uptake among this population.
- Adolescent women want youth-friendly services responsive to their needs. They want SRH services that are centered around their immediate needs eg. contraception
- Adolescent women do not want to wait long periods of time before accessing services at a health facility.
- Adolescent women want privacy when accessing SRH services at a health facility
- Adolescent women excel where there is family or partner support

Zimbabwe commits to Family Planning 2020

Family Planning 2020 is a global partnership that supports the rights of women and girls to decide freely and for themselves whether, when, and how many children they want to have. The goal is to enable 120 million more women and girls to use contraceptives by 2020. More than 20 governments, Zimbabwe included, made commitments to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies. Zimbabwe as a country will need to come up with strategies and targets to meet this goal.

Recommendations for Contraceptive delivery

- Develop guidelines and training for health workers on the counselling and SRH service provision for adolescents aged 16 and above.
- Codify Zimbabwe's Adolescent Sexual Reproductive Health Strategy into policy.
- Avail Zimbabwe's Adolescent Sexual Reproductive Strategy with the proper financial and human resources needed to properly implement its objectives.

Additionally,

- Disaggregate the age range of 10–24 years, and implement age-appropriate programs and education accordingly: Allow for adolescent women, aged 16 and above, to access contraception without restrictions and clear age-specific guidelines for those under 16.
- Develop targets and strategy for Family Planning 2020 goal