



ZIMBABWE RAPID ASSESSMENT OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRHR)

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Youth marching - Beitbridge Municipality, Zimbabwe.

Photo: Gender Links

Zimbabwe's local authorities have made progress in providing Adolescent Sexual and Reproductive Health Services (ASRHR) to its youth. However, there is room for improvement. Over half (54%) of young people stated that they received services without their parents or guardians' presence. Local authorities provide these services at an average of USD\$3 per visit, higher than the regional average of USD\$2, with rural councils being the most expensive.

These are part of the findings of the ASRHR Rapid assessment undertaken in Botswana, Eswatini, Lesotho, Madagascar, Mauritius, South Africa, Zambia and Zimbabwe from November 2019 to December 2020. The research aims to strengthen youth-led efforts

to promote ASRHR through gender and youth responsive local governance. Overall, the study included 13,395 young people between ages 10 and 19 (52% female and 48% male). In Zimbabwe, 2,998 youths participated in the survey (52% female and 48% male). Gender Links Zimbabwe conducted the study in thirteen Centres of Excellence for Gender in Local Government - Bindura Rural District Council (RDC), Bulawayo City, Gweru City, Harare City, Kadoma City, Makoni RDC, Masvingo City, Murehwa RDC, Mutare City, Mvurwi Town, Umguza RDC, Zibagwe RDC and Zvimba RDC. This pamphlet should be read together with the detailed report of the eight-country study that includes the objectives, methodology and recommendations.

KEY DATA FROM THE RAPID ASSESSMENT OF ASRHR SERVICES IN ZIMBABWE

Indicator	Region	Zimbabwe	Bindura RDC	Bulawayo	Gweru	Harare	Kadoma	Makoni RDC	Masvingo	Murehwa RDC	Mutare	Mvurwi	Umguzo RDC	Zibagwe RDC	Zvimba RDC
Total sample	13 395	2 998	250	401	15	594	146	515	90	100	202	40	146	136	163
% female	52%	52%	53%	50%	56%	51%	52%	51%	56%	54%	50%	50%	54%	53%	49%
% gender non-conforming	0.3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% male	48%	48%	47%	50%	44%	49%	48%	49%	44%	46%	50%	50%	46%	47%	51%
Logistic information on health facilities															
Health facility 10km from your home %	71%	68%	57%	85%	74%	79%	59%	47%	72%	52%	77%	95%	69%	62%	55%
The facility opens after school? %	57%	63%	54%	87%	45%	54%	53%	79%	22%	62%	50%	95%	72%	54%	61%
The facility opens on weekends? %	62%	77%	76%	71%	76%	78%	74%	93%	94%	92%	37%	95%	84%	68%	79%
Comfortable waiting and consultation area? %	82%	78%	80%	75%	65%	83%	79%	76%	79%	90%	80%	85%	73%	79%	80%
Does the facility charge a fee? %	29%	65%	38%	78%	75%	93%	44%	43%	92%	75%	73%	45%	48%	93%	16%
Average fee in USD	\$2	\$3	\$2	\$4	\$5	\$2	\$3	\$5	\$1	\$2	\$1	\$4	\$6	\$7	\$1
Quality of care															
Peer counsellors available %	53%	72%	54%	83%	65%	85%	81%	51%	64%	76%	78%	92%	67%	74%	79%
Young people treated with respect %	89%	82%	92%	85%	60%	78%	90%	79%	88%	90%	90%	97%	88%	88%	81%
Young people treated without parent present %	58%	54%	47%	49%	50%	47%	54%	68%	74%	60%	75%	63%	57%	41%	28%
Young people have privacy %	85%	74%	74%	70%	66%	80%	81%	63%	96%	79%	83%	98%	67%	71%	83%
Young people have confidentiality %	89%	84%	84%	87%	64%	87%	90%	78%	97%	88%	84%	100%	80%	84%	93%
Sufficient time with young people %	75%	68%	76%	66%	46%	65%	74%	72%	88%	56%	84%	79%	72%	60%	63%
Appropriate information %	74%	73%	77%	61%	63%	74%	87%	70%	91%	69%	84%	95%	75%	76%	80%
Sexual and reproductive health services (%)															
Maternal health															
% young people who requested contraceptives	31%	27%	23%	32%	23%	18%	35%	32%	32%	15%	46%	25%	41%	13%	15%
% requested contraceptives that received contraceptives	79%	80%	76%	79%	73%	81%	75%	85%	90%	53%	93%	70%	80%	76%	46%
% young women requested a pregnancy test	29%	27%	25%	11%	24%	31%	29%	25%	24%	20%	38%	30%	32%	20%	47%
% young women who received a pregnancy test	70%	52%	64%	57%	44%	15%	52%	86%	44%	55%	89%	50%	80%	47%	32%
% young women who were pregnant	9%	9%	2%	14%	4%	2%	5%	20%	2%	2%	20%	5%	13%	1%	3%
Menstrual health															
% young women who requested pads	14%	29%	38%	27%	18%	27%	39%	27%	23%	28%	22%	25%	34%	13%	59%
% of those who requested pads that received pads	64%	65%	76%	64%	56%	70%	59%	85%	55%	67%	50%	40%	96%	64%	20%
HIV and AIDS and STI															
% young men who requested male circumcision	40%	50%	61%	35%	26%	51%	65%	54%	24%	50%	51%	75%	66%	39%	73%
% of those who requested male circumcision received	87%	90%	93%	100%	73%	97%	93%	84%	89%	87%	92%	73%	86%	62%	93%
% who requested HIV test	45%	38%	39%	23%	39%	48%	50%	16%	33%	51%	39%	58%	39%	36%	79%
% of who received HIV test	83%	87%	90%	98%	82%	82%	83%	93%	96%	90%	85%	91%	85%	83%	85%
% who requested STI test	17%	14%	14%	6%	16%	8%	24%	10%	10%	27%	21%	13%	20%	12%	36%
% who requested who received STI test	83%	78%	72%	82%	90%	77%	69%	86%	50%	78%	76%	80%	79%	88%	78%
% who requested anti-retrovirals (ARVs)	6%	8%	5%	9%	2%	3%	17%	14%	8%	20%	8%	8%	7%	6%	5%
% who requested who received ARVs	64%	85%	92%	94%	100%	100%	88%	89%	83%	70%	50%	33%	70%	100%	75%

BACKGROUND AND CONTEXT



Young people constitute 60% of the population of the Southern African Development Community (SADC), yet face the most challenges in accessing SRHR services particularly outside capital cities. Cultural, religious, and other barriers to ASRHR services are reflected in high levels of teenage pregnancies; unsafe abortion; early marriages; GBV; and HIV and Aids, especially among young women. Youth-led advocacy to challenge social and gender norms on ASRHR needs to be strengthened. Despite considerable progress since the International Conference on Population and Development (ICPD) 25 years ago, millions of people especially youth, and mostly disadvantaged youth and adolescents still lack access to ASRH information and services. Zimbabwe has an *Adolescent and Youth Sexual and Reproductive Health Implementation Strategy II 2016-2020* which is now dated.

FINDINGS

Logistic information on health facilities

The study found that 68% of youth have a health facility within 10 kilometres of their home, lower than the regional average of 71%. These varied from 47% in Makoni RDC to 95% in Mvurwi Town. Youths in rural areas travel longer distances to access services compared to their urban counterparts. In Zimbabwe, 63% (compared to 57% in the study) of youths said they could access facilities after school and over three quarters (77%) accessed services during weekends. Access to ASRHR services during weekends was very high amongst youths in Zimbabwe, with Mutare City being

the only exception. On average councils charge USD\$3 per visit, a dollar more than is charged in other countries.

Quality of care

In Zimbabwe, the quality of care for young people seeking health services is relatively satisfactory. Eighty-four percent of youths said they were treated confidentially compared to 89% in the study. In the same vein, 74% of young people reported that they received services in a private space. Eighty-two percent of youths reported being treated with respect compared to 89% in the study. Seventy-three percent of youths received appropriate health information (compared to 74% in the study). Seventy-two percent of youths reported the presence of peer counsellors and 68% said health workers spent sufficient time with them. However, over half (54%) of youths indicated that they received services without either a parent or guardian present compared to 58% in the study. These figures vary across each locality. For example, in Zvimba RDC, only 28% of youths were treated without a parent or guardian present. In Makoni RDC, 51% of youths reported meeting with a peer counsellor. More can be done to improve the quality of services in local authorities.

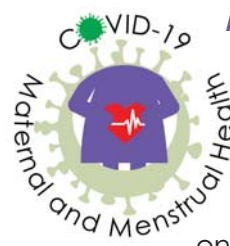
Sexual and reproductive health services

Access to contraception: In Zimbabwe and in the eight countries where this study took place, substantially less than one third (27% and 31% respectively) of youths requested contraceptives. Youths in Zibagwe RDC (13%), Murehwa RDC (15%), Zvimba RDC (15%) and

Harare City Council (18%) seldom asked for contraceptives. This is a key concern since access to contraception is a key objective of ASRH services. Moreso in Zimbabwe, where some of the key challenges faced by youths are high rates of unplanned pregnancies, early childbearing, adolescent marriages and HIV and AIDS. However, 80% of youths who sought contraception services received them. Two councils (Masvingo City and Mutare City) registered 90% or more positive response rates to requests for contraceptives. Only Zvimba RDC recorded a response rate below half (46%).

Teenage pregnancies: Less than one third (27%) of young women surveyed in Zimbabwe requested a pregnancy test compared to 29% in the study. This varied from 47% in Zvimba RDC to 11% in Bulawayo City. Over half (52%) of young women in Zimbabwe received a pregnancy test upon requesting one. The response rate by councils varied from a low of 15% in Harare City to a high of 89% in Mutare City. Pregnancy testing is key to improving access to maternal health services. In Zimbabwe and the eight countries where the study took place, nine percent of all young women surveyed reported being pregnant.

In addition, young women (73%) in Zimbabwe (compared to 65% in the study) requested an ante-natal check-up and 97% received these services with Bindura RDC, Bulawayo City Council, Gweru City, Harare City, Murehwa RDC, Umguza RDC, Zibagwe RDC and Zvimba RDC, all recording a 100% response rate. This is clear evidence of the efforts made to reduce the maternal mortality rate which is currently 462 deaths per 100,000 live births in Zimbabwe.¹



Menstrual health: Zimbabwe removed VAT on sanitary pads. Despite this, the cost of sanitary ware remains beyond the reach of most women and girls. Less than one-third of young women (29%) (compared to 14% in the study) asked for pads and over half (65%) (compared to 64% in the study) received pads. Providing free pads through clinics would be another route to ending period poverty.

HIV and AIDS and Sexually Transmitted Diseases (STI's)

Over one-third (38%) of the sample in Zimbabwe requested an HIV test, compared to 45% in the survey overall. The HIV prevalence in Zimbabwe among adolescent girls (ages 15-29 years) is 3.8% and 2.1% for boys.² The 87% response rate to requests for HIV tests in Zimbabwe shows that the nation is well on course for "zero infections". This is also reflected in the minimal requests for anti-retroviral treatment (8% as compared to 6% in the study). Over three quarters (85%) of youths received anti-retroviral treatment from those who requested it. These varied widely from 100% (Gweru City, Harare City and Zibagwe RDC) to 33% in Mvurwi Town. Additionally, only 14% of youths requested STI tests in Zimbabwe (compared to 17% in the study), 78% of those who asked for the tests got them (compared to 83% in the study). Fifty percent of young men (compared to 40% in the study) who were surveyed requested male circumcision, with 90% (compared to 87% in the study) receiving the service. Male circumcision has been shown to significantly reduce HIV and AIDS transmission. More awareness-raising and working with men is required.



¹ Zimbabwe Multiple Indicator Cluster Survey 2019. [https://www.unicef.org/zimbabwe/media/2536/file/Zimbabwe 2019 MICS Survey Findings Report-31012020_English.pdf](https://www.unicef.org/zimbabwe/media/2536/file/Zimbabwe%2019%20MICS%20Survey%20Findings%20Report-31012020_English.pdf)
² Zimbabwe Population-Based HIV Impact Assessment ZIMPHIA 2020. <https://zw.usembassy.gov/wp-content/uploads/sites/178/ZIMPHIA-2020-Summary-Sheet-FINAL.pdf>

FOR MORE INFORMATION go to:

<https://genderlinks.org.za/what-we-do/governance/local-action-for-voice-and-choice/>

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