

# Abortion Incidence and Unintended Pregnancy Among Adolescents in Zimbabwe

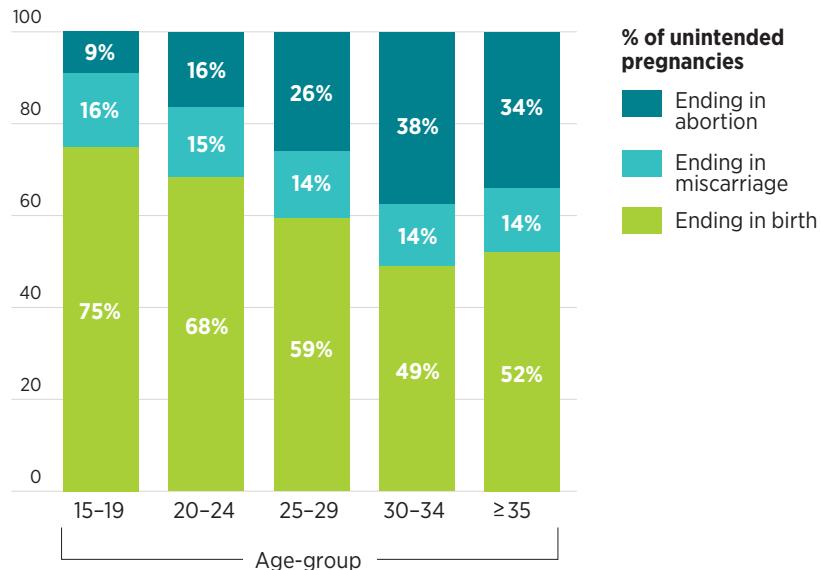
Access to safe abortion in Zimbabwe is only legally permitted to save the woman's life or preserve her physical health, or in cases of rape, incest or fetal impairment. The country has one of the lowest abortion rates (17 per 1,000 women) in Sub-Saharan Africa and one of the highest rates of contraceptive use. However, there are disparities in access to sexual and reproductive health care across age-groups.

Adolescents often face a multitude of challenges in obtaining sexual and reproductive health services, including social stigma, judgmental attitudes of health care providers, financial constraints and lack of information. Adolescents are a diverse group; their sexual and reproductive health needs and ability to meet those needs vary based on their life circumstances, including marital status and urban or rural residence. Barriers that keep adolescents from meeting their sexual and reproductive health care needs put these young people at risk for unintended pregnancy and increase the chances that they will need to seek an abortion. While adolescents account for almost one-quarter of the female population in Zimbabwe, little is known about their experiences with abortion.

## Unintended pregnancy

- Adolescent women in Zimbabwe had an estimated 45,000 unintended pregnancies in 2016, accounting for 17% of all unintended pregnancies in the country.
- The proportion of pregnancies that were unintended was twice as high among unmarried adolescents (63%) as among married

**Among women in Zimbabwe experiencing an unintended pregnancy, adolescents carry the highest proportion of such pregnancies to term**



Note: Percentages may not add to 100 because of rounding.

adolescents (32%). The proportion was also higher among adolescents living in urban areas (53%) than among those in rural areas (35%).

## Abortion

- An estimated 4,100 induced abortions occurred among adolescent women in Zimbabwe in 2016.
- Adolescents had the lowest abortion rate (5 per 1,000 women) of all age-groups. Even after adjusting for their lower levels of recent sexual activity, and therefore lower risk of unintended pregnancy, the abortion rate among adolescents remained the lowest.

- Although women of all age-groups had similar levels of unintended pregnancy, adolescent women had the lowest proportion of unintended pregnancies that ended in abortion (9% compared with 16–38% among other age-groups). These findings suggest that adolescent women in Zimbabwe carry a higher proportion of unintended pregnancies to term than older age-groups.
- A higher proportion of unintended pregnancies ended in abortion among unmarried adolescents (13%) compared with married adolescents (6%), and among adolescents living in urban areas (25%) rather than rural areas (1%).

## Delays in care

- Postabortion care can be lifesaving treatment for women with abortion complications. In 2016, postabortion care patients in Zimbabwe experienced similar levels of complications, regardless of age or marital status. But when it came to seeking care, adolescents were 21% more likely than patients aged 20–49 to experience delays.
- In addition, married adolescents were 45% more likely than those who were unmarried to experience delays in seeking care.

## Recommendations

The relatively high proportion of adolescent women carrying an unintended pregnancy to term suggests that many adolescents may be experiencing social, educational and economic hardships as a result of unplanned childbearing. High levels of unintended pregnancy among adolescents in Zimbabwe, particularly unmarried adolescents and those living in urban areas, call for effective, tailored policies and programs to address the diverse needs of adolescents who want to avoid pregnancy.

- Sexual and reproductive health information and services should

reach all young people and target the diverse needs among adolescents. Zimbabwean policymakers should use a multisector approach to break down barriers to these services and information, such as social stigma and cost.

- Such policies should focus on ensuring the provision of comprehensive sexuality education in schools; reaching youth through community health workers and parental education; increasing accessibility to services, tailored to the differing needs of adolescents living in rural versus urban areas; and conducting trainings for health care providers on how to offer respectful and nondiscriminatory reproductive health services to young people.
- Adolescents should be provided with information on the legal criteria for abortion and provided with safe abortion services to the full extent of the law.
- Youth-focused sexual and reproductive health policies and programs should also ensure equitable access to the services adolescents need to decide whether and when to become pregnant.

## Source

The information in this fact sheet can be found in Riley T et al., Estimating abortion incidence and unintended pregnancy among adolescents in Zimbabwe, 2016: a cross-sectional study, *BMJ Open*, 2020, 10(4):e034736, doi:10.1136/bmjopen-2019-034736.

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