

## Meeting the Sexual and Reproductive Health Needs of Adolescents in Zimbabwe

Protecting Zimbabwean adolescents from unintended pregnancy and HIV infection is an important public health priority, and ensuring they have access to reproductive health information and services is central to that effort. Investing in these services is essential in preventing HIV infection, reducing maternal mortality, improving the societal status of women and fulfilling Zimbabwe's long-term development goals.

### SEXUAL ACTIVITY AND MARRIAGE

- In Zimbabwe, 34% of adolescent females have had sex, as have 25% of 15–19-year-old males. This proportion has not changed much over the past decade among women, but it has declined slightly among men.
- Women's median age at first sex (18.9) has changed little since 1999. However, men's age at first sex has risen consistently, from 19.1 in 1999, to 20.0 in 2006, to 20.6 in 2011.
- Nearly one-quarter of all 15–19-year-old Zimbabwean women (23%) are currently married or in an informal union. The proportion in rural areas is almost double that in urban areas (28% vs. 16%). Poorer adolescent women are also more likely than better-off ones to be married (31% vs. 19%).
- As of 2011, 13% of 15–17-year-olds were married. These very early marriages are more common in rural than in urban areas (16% vs. 8%).

### ADOLESCENT PREGNANCY

- The large urban-rural differential in the proportion of adolescent women who are married is echoed in the proportions who have given birth—23% of rural adolescents, but only 12% of their urban counterparts.
- The birthrate among adolescents—115 births per 1,000 women aged 15–19—changed little between 1999 and 2011. Rural adolescents give birth at twice the rate of urban adolescents (144 vs. 71).
- Moreover, the rate of teenage childbearing increased in rural areas (from 120–125 births per 1,000 in 1999 and 2006 to 144 per 1,000 in 2011), whereas in urban areas it declined between 1999 and 2006 (from 93 to 70), and has not fallen since.
- Since Zimbabwean social mores strongly condemn childbirth outside of marriage, many unmarried adolescents' pregnancies are likely to be unintended. Such unwanted pregnancies can lead to clandestine—and therefore likely unsafe—abortions, since the country's penal code legally restricts all abortions, except those needed to save the woman's life or physical health.

### CONTRACEPTIVE USE AND UNMET NEED

- Overall, use of modern contraceptive methods changed little between 1999 and 2011, staying at 35–38% among married 15–19-year-old females. The pill accounts for the vast majority (86%) of this use.

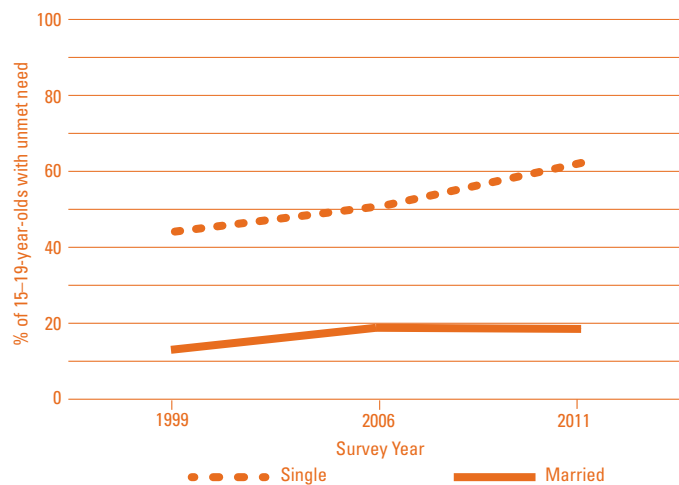
- Two-thirds of married 15–19-year-olds say they do not want to become pregnant for at least two years, yet only about half of them use a modern method.
- Strong taboos against premarital sexual activity, as well as widespread misconceptions regarding legal restrictions on adolescents' access to contraceptives, make it difficult for single, sexually active adolescents to obtain the effective methods they need to prevent unwanted pregnancy. As of 2011, 62% of such 15–19-year-olds had an unmet need, a level three times higher than that of their married peers.
- Unmet need for contraception has increased steadily among single 15–19-year-olds, from 44% in 1999 to 51% in 2006 and to 62% in 2011.
- Approximately 56,500 Zimbabwean adolescents do not want to become pregnant but are not using contraceptives.

### ADOLESCENTS AT RISK FOR HIV AND AIDS

- According to UNAIDS, as of 2012, HIV prevalence among Zimbabwean 15–24-year-olds was estimated to be 6.3% among women and 3.9% among men. This reflects a substantial decline since 2005 for young women (from 14.7%), but no real change for young men (from 4.4%).
- Fewer than half of adolescents in Zimbabwe have comprehensive knowledge about HIV and AIDS, and there is little difference by gender (42% of males and 46% of females).

## Unmet Need and Union Status

Unmet need is much higher—and rising—among single, sexually active adolescents than among married adolescents.



\*Unmet need is defined as being exposed to the risk of pregnancy but not using a contraceptive method despite not wanting a child in the next two years. Sources: references 12, 18 and 19.

- Just one-third of single 15–19-year-old women who reported having had sex in the past year used a condom with their most recent partner. A far lower proportion of female than of male adolescents said they can get a condom on their own (28% vs. 62%).

- Among married adolescents, condom use is far lower, at 5%, which leaves them vulnerable to HIV infection.

### IMPROVING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

- Through at least the first two decades of the AIDS epidemic, national-level policies in Zimbabwe promoted abstinence as the sole strategy for avoiding HIV infection. More recently, there has been a move toward more comprehensive policies to address HIV and pregnancy prevention.

- Recent youth-focused policies on pregnancy and HIV prevention include the promotion of messages on partner reduction, delaying first intercourse and condom use. These newer policies include the National Adolescent Sexual and Reproductive Health Strategy, 2010–2015, and the National Policy on HIV/AIDS.

- However, the National Adolescent Sexual and Reproductive Health Strategy Addendum acknowledges several problem areas that need immediate attention. These include insufficient funding and low use of services by young women, who perceive that services are not “girl-friendly.”

- Outreach to providers is critical to dispel the common misperceptions that age restrictions and parental or spousal consent requirements exist for receiving family planning and HIV services.

- It is critical that health care providers receive training on the importance of maintaining confidentiality and having nonjudgmental attitudes, so that fear of disclosure or ill-treatment does not keep adolescents from seeking the services they need to protect themselves from unwanted pregnancy and HIV.

- Expanding the range of contraceptive options is needed to ensure that adolescent women can choose a method that best meets their needs.

- Education level has been associated with adolescents’ delaying childbearing and remaining HIV-negative. Hence, keeping them in school as long as possible not only increases their scholastic attainment, but also improves their health outcomes.

- However, married adolescent females—who are very vulnerable to HIV infection—are the least likely to be enrolled in school. Non-school-based strategies are needed to reach these women with information on family planning and HIV prevention.

## CREDITS

Unless otherwise indicated the data from this fact sheet are drawn from Remez L, et al., *Sexual and Reproductive Health Needs of Adolescents in Zimbabwe*, In Brief, New York: Guttmacher Institute, 2014 No. 3. <<http://www.guttmacher.org/pubs/IB-Zimbabwe>>

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**University of Zimbabwe**  
Centre for Population Studies

University of Zimbabwe  
P O Box MP167  
Harare, Zimbabwe  
Phone: 263- 4-303211

[www.uz.ac.zw](http://www.uz.ac.zw)



125 Maiden Lane  
New York, NY 10038 USA  
Tel: 212.248.1111  
[info@guttmacher.org](mailto:info@guttmacher.org)

[www.guttmacher.org](http://www.guttmacher.org)