



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

JANUARY 2022



Zambia ASRHR training group.

Photo: Albert Ngosa

Zambia is making progress in delivering Adolescent Sexual and Reproductive Health Services (ASRHR) services to its youth but there are still gaps to be addressed. Zambia has progress in ensuring that ASRHR services are provided at no cost. Eighty percent of health facilities visited have safe space and youth friendly facilities in both rural and urban areas. However, access to contraceptives remains a challenge and clinics do not provide free sanitary wear.

These are among the findings of the ASRHR Rapid assessment undertaken in Zambia, Botswana, Eswatini, Lesotho, Madagascar, Mauritius, South Africa and Zimbabwe from

November 2019 to December 2020. The research aims to strengthen youth-led and focused 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 Zambia, 1,813 youths participated in the survey (51% female and 41% male). Gender Links Zambia conducted the study in 3 Centres of Excellence for Gender in Local Government - Kasama, Kitwe and Rufunsa councils. 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 ZAMBIA

Indicator	Region	Zambia	Kasama	Kitwe	Rufunsa
Total sample	13 395	1 813	595	583	634
% female	52%	51%	50%	51%	51%
% gender non-conforming	0.3%	0%	0%	0%	0%
% male	48%	49%	50%	49%	49%
Logistic information on health facilities					
Health facility 10km from your home %	71%	89%	82%	99%	86%
The facility opens after school? %	57%	76%	84%	56%	88%
The facility opens on weekends? %	62%	94%	98%	97%	86%
Comfortable waiting and consultation area? %	82%	80%	87%	75%	78%
Does the facility charge a fee? %	29%	0%	0%	0%	0%
Average fee in USD	\$2	None	None	None	None
Quality of care					
Peer counsellors available %	53%	63%	67%	70%	52%
Young people treated with respect %	89%	94%	93%	98%	92%
Young people treated without parent present %	58%	49%	78%	10%	59%
Young people have privacy %	85%	98%	97%	98%	98%
Young people have confidentiality %	89%	98%	97%	97%	99%
Sufficient time with young people %	75%	94%	90%	96%	96%
Appropriate information %	74%	75%	50%	95%	80%
Sexual and reproductive health services (%)					
Maternal health					
% young people who requested contraceptives	31%	28%	24%	42%	20%
% requested contraceptives that received contraceptives	79%	84%	81%	94%	71%
% young women requested a pregnancy test	29%	28%	18%	28%	38%
% young women who received a pregnancy test	70%	73%	76%	77%	68%
% young women who were pregnant	9%	1%	0%	3%	2%
Menstrual health					
% young women who requested pads	14%	7%	3%	14%	3%
% of those who requested pads that received pads	64%	81%	75%	85%	70%
HIV and AIDS and STI					
% young men who requested male circumcision	40%	56%	40%	72%	57%
% of those who requested male circumcision received	87%	96%	95%	94%	99%
% who requested HIV test	45%	59%	46%	73%	59%
% of who received HIV test	83%	99%	100%	98%	100%
% who requested STI test	17%	15%	12%	25%	9%
% who requested who received STI test	83%	93%	100%	92%	88%
% who requested anti-retrovirals (ARVs)	6%	3%	0%	7%	1%
% who requested who received ARVs	64%	91%	0%	90%	100%

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 is reflected in high levels of teenage pregnancies; unsafe abortion; early marriages; GBV; and the resurgence of 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. Zambia has a stand-alone *Adolescent Sexual and Reproductive Health Implementation Strategy 2012-2016* which is now dated.

FINDINGS

Logistic information on health facilities

The Zambian government has thrived to ensure an increase in access to SRHR facilities. All facilities sampled in Zambia are free. In terms of access to ASRHR services after-hours, 94% of clinics remain open on weekends. All health facilities sampled in Zambia provide free ASRHR services,

compared to an average of \$2 per visit charged in other countries in the study.

Quality of care

Overall, Zambia scored well on quality of care at 63% regionally. Ninety-four percent of youths said that health workers spend sufficient time with them when they visit the health centres. Almost all the youth (98%) reported to have privacy at health facilities compared to 85% in the study overall. Sixty-three percent reported the presence of peer counsellors compared to 53% in the study overall. However, only 49% said that they could not access services particularly on contraceptives as the health centres required parental consent. This is one issue encountered across all the councils sampled. This suggests that there is still much to be done in standardising the quality of services.

Sexual and reproductive health services

Access to Contraception: In Zambia, only 28% of the young people requested for contraceptives. This shows that there is still gaps in addressing the negative stereotypes around contraceptives in Zambia fuelled by culture and religious norms. This is a concern, since access to contraception is a key objective of ASRHR services. However, it is encouraging to note that, (84% compared to 87% in the region) of the youth who sought contraceptives received the service. Where

contraceptives are not accessible, the risk of teenage pregnancy, unsafe abortion as well as HIV and AIDS is higher. What is encouraging is that in Zambia (28% compared to 31% in the region) the youth who sought contraceptives received them.



Teenage pregnancies:

Twenty-eight percent of the young women surveyed in Zambia requested a pregnancy test compared to 29% overall. This varied widely from 18% in Kasama to 38% in Rufusa. Seventy-three percent of those who asked in Zambia received a pregnancy test compared to 70% in the study overall. Pregnancy testing is a critical component of SRHR services, especially in countries where this can be linked to safe abortion services. One percent of all the young women surveyed in Zambia reported being pregnant, compared to 9% in the study overall.



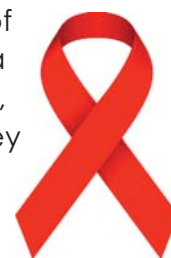
Menstrual health:

Zambia is yet to remove VAT on sanitary pads and make these freely accessible in schools and public toilets. Only 7% of the sample (compared to 14% in the study overall) asked for pads and above half of the young people 81% (compared to 64% in the study overall) received pads. There is still no policy nor legal provision which man-

dates health facilities and local authorities to provide free sanitary pads. This is a concern especially in rural councils as most young women lack the financial ability to access sanitary wear. Providing free pads through clinics would be another route to ending period poverty.

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

More than half of the (59%) of the sample in Zambia requested an HIV test, compared to 45% in the survey overall. The 99% positive response rate to requests for HIV tests in Zambia (compared to 83% in the survey overall) shows that the health system is well geared for HIV testing. Interestingly, 96% (compared to 87% survey overall) requested and received male circumcision appointments. This shows that Zambia has made progress in raising awareness amongst young men on the benefits of male circumcision. However, there still much to be done on providing information on PREP and PEP to young people. Sadly, only 2% (compared to 8% survey overall) requested for PREP. Similarly, only one percent (compared to 7% survey overall) requested for PEP. This is an indication that young people do not have adequate information on PREP and PEP. Lack of knowledge and access to PREP and PEP has contributed to a rise in HIV infections across the councils sampled. Youth friendly corners in health facilities and local authorities need to raise more awareness on the use and access to PREP and PEP.



FOR MORE INFORMATION go to:

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

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