



**Medicus Mundi Switzerland**

Netzwerk Gesundheit für alle  
Réseau Santé pour tous  
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## **MMS Bulletin #163**

*Teenage pregnancies: a challenge for communities and governments*

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### ***Evolution on teenage pregnancy in Zimbabwe***

# **Expand access to sexual and reproductive health and rights to reduce teenage pregnancy**

By Joanne Amara Sinei

*It is a devastating situation in Zimbabwe when it comes to teenage pregnancy. According to UNFPA report 2020, the country has a high adolescent fertility rate of 108 per 1,000 among young women aged 15 to 19 years (32% of teenage pregnancies involve young people aged 15-17). Doctors of the World's interventions has driven this path to another level by having Sexual and reproductive health and rights (SRHR), Gender-Based Violence (GBV) and mental health (MH) intervention to reduce and being part of the evolution on teenage pregnancy in Zimbabwe.*



Beneficiaries waiting in front of the Muchadziya rural health center. Photo: © Maëlle Redois

## ***Teenage pregnancy: a major challenge in Zimbabwe***

Globally, teenage pregnancy remains a major challenge and is a major contributor to maternal/child mortality and to the vicious cycle of ill-health and poverty. This pregnancy takes an enormous toll on a girl's education, income-earning potential, health, and well-being of her child. Approximately 83% of teenage pregnancies occur in low- and middle-income countries such as Zimbabwe.

Most of the reported gender-based violence and sexual abuse involve pre-dominantly young girls of teenage age. Zimbabwe has a high adolescent fertility rate of 108 per 1,000 among young women aged 15 to 19 years (UNFPA, 2020). The law of marriage does not protect the girl child in Zimbabwe. Teenage pregnancy subjects' girls to socio-economic hardships, drop out of school, diminishing their future economic and employment prospects. The cultural, religious norms and poverty level subjects the girls to coerced sex leading to unwanted pregnancies, unsafe abortions, vulnerability to infections like HIV/AIDs, STIs and other complications, which can be fatal.

## ***Rising teenage pregnancies during Covid-19 pandemic***

Teenage pregnancies drastically increased during the Covid-19 induced lockdown which came in 2021. According to Kubatana net, for the period January and February 2021, about 4 959 teenagers fell pregnant in those 2 months of lockdown, and about 1 774 entered into matrimonial union. This was a double tragedy as girls not only lost their right to education, but also became subjected to worsened poverty, forced marriages, and GBV. Lack of access to health facilities due to the restrictions of overcrowding and the measures of social distancing. Defaulters of family planning clients was common; many teenagers became pregnant. Doctors of the World managed to continue its activities of prevention of SRHR/GBV with the communities in deprived areas in the era of Covid-19 and all activities while we implement measures to strengthen the national effort in the fight against the virus.

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*A woman and her child waiting at Nyanyadzi health center. Photo: © Maëlle Redois*

## ***Collaboration with the national and state government***

Doctors of the World works in collaboration with the Zimbabwe Ministry of Health (MOH). Collaboratively we build the capacity of health care personnel on sexual reproductive health topics and gender-based violence in the health clinics we support, to reduce the unwanted

teenage pregnancies, STIs, unsafe abortion, early marriages in Chimanimani. The new marriage bill-chapter 5:15, which was passed on 27<sup>th</sup> May 2022, was due to the emerging reports from health actors on high teenage pregnancies. The civil society advocated for the bill to be revised because the previous bill had several types of marriages e.g., traditional marriage, where there was no specified age limit. Doctors of the World was part of health actors, who participated through the Head of Agency meeting, to bring inputs for the revision of the bill.

Doctors of the World works with a local partner and District Ministry of Health (DMOH) on advocacy through meetings with traditional and religious leaders in order to enlighten them on topics surrounding SRHR/GBV/MH. Before having these meetings, the DMOH & local partner seeks approval from the community making it possible for us to conduct our activities at community level.

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### **Measure and steps taken with the government of Zimbabwe to reduce adolescence pregnancy**

The government of Zimbabwe is enforcing constitutional / legal provisions on child protection, notably to eliminate child marriage. Intense advocacy were made by the education unions and the civil society which lead the government had to amend the Education Act by allowing pregnant girls to attend school. (Amendment act-28/08/202-according to <http://www.ei-ie.org>). Zimbabwe Teachers Association welcomed this positive development, as it contributed to gender equality and the fulfilment of the right to quality education for all. On 31 August 2021 where stakeholders in a workshop on SRHR-discussed topics surrounding statutory rape and teenage pregnancy where experts decried lack of policy implementation to address the crises hence prompted the government to revise policies.

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### **Gender equality and sensitivity**

In many countries, including Zimbabwe, equality between men and women remains a current problem. Unfortunately, gender inequality is often not perceived as a problem by the population, which still favors the male sex in terms of access to services and to education.

Zimbabwe Family Planning strategy 2016-2020 ensures universal access to integrated Family Planning and related SRHR services to reduce the levels of maternal mortality, infant mortality, teenage pregnancies, and unsafe abortions.

Because of the impact of teenage pregnancies, the Marriage Act was revised in 2022. Hence, no person under the age of eighteen years may contract a marriage or enter into an unregistered customary law marriage or a civil partnership.

At national level, Zimbabwe has put in place the Reproductive Health policy that provides the framework for the provision of integrated maternal health, family planning, STI, HIV and AIDS services. The HIV and AIDS policy was updated in 2005 to address some weaknesses such as inadequate attention to teenage-related pregnancies. (According to the ministry of maternal and childcare Zimbabwe)

Furthermore, different ministries are working together to ensure that girls have equal education and health rights like boys. Women should participate and be given leadership roles so that they share ideas and have a chance to represent women. Also, the government should support health actors and other ministries to involve more traditional leaders and religion leaders in participating in SRHR/GBV awareness raising activities, so that they can advocate for change.

Doctors of the World implements all programs and runs all its supported clinics using a gender, protection, and inclusivity lens.

## ***Male involvement***

“Male involvement” is used as an umbrella term to encompass the various ways in which men relate to reproductive health problems and programmes, reproductive rights, and reproductive behavior. Male involvement programmes are designed to address specific impediments e.g., men’s disapproval of their partners' use of contraception, rising rates of STIs/HIV infection and restrictions on condom advertising, promotion/distribution, and underutilization of vasectomy services. In Zimbabwe a man is the head, hence has the traditional rights to make decisions on health issues of the family. Doctors of the World’s program implementation involve men in the awareness raising activities made on SRHR and GBV. Doctors of the World’s community approach have a holistic approach on forming different targeted groups of boys and also men (religion elders and traditional leaders) to participate and even get responsibilities in all SRHR/GBV activities, including teenage pregnancy.

*Community engagement is key to overcoming the crisis: working with parents, caregivers, teachers, faith leaders, who know the situations and know whether or not they have returned to school, thus partnering with them to make sure they get support.*

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## **Sustainability & Consistency**

The ministries of Gender, of Health and of Education developed integration of SRH/GBV programmes into local institutions such as schools and community-based organizations. Community engagement is key to overcoming the crisis: working with parents, caregivers, teachers, faith leaders, who know the situations and know whether or not they have returned to school, thus partnering with them to make sure they get support.

## **Conclusion**

On realizing the demographic dividend in Zimbabwe, it requires facing the challenges of adolescents and young people by promoting their development, putting investment in them and expansion of access to SHRH to reduce teenage pregnancy.

Researchers recommend an increase in community and youth awareness, and action at the root causes of teenage pregnancy, especially in rural communities.



**Joanne Amara Sinei** is the Head of Mission in Zimbabwe for Doctors of the World -Switzerland. I have a bachelor's degree in Nursing/Midwifery specialized in SRH/GBV-Diploma. My motivation is my female gender - it gives me strength to handle SRHR/GBV issues to protect a girl-child. Email

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