

Module 4: Adolescent pregnancy - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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Is adolescent pregnancy a public health priority in Zimbabwe?

One could argue that it is a public health priority but not much has been done to curb the problem because recently, the government of Zimbabwe made a controversial decision to grant parental leave of 3 months after delivery to schoolgirls who fall pregnant together with boy involved. An organisation called Culture opposed it arguing that the government is promoting teen sex, although the Minister of Education David Coltart hailed the idea as he argued that expelling them would contribute to illiteracy. This retaliation shows that not much has been done to sensitize communities; most people are not ready to support policies that enable young people to have access to contraceptives and be taught about sexuality.

There is need for more reproductive health education because in The Zimbabwe 1977 Termination of Pregnancy Act states that "abortion is only permitted when the mother's life is threatened or the mother's physical health is threatened with permanent impairment, the child will be born with serious physical or mental handicaps or the pregnancy reasonably resulted from unlawful intercourse".

This makes it difficult for adolescents to have an abortion but will resort to back street abortion which endangers their life. In such a scenario, there is need for more reproductive health education and make it comprehensive, accessible and equitable.

One could also argue that most relevant work that has been done has been on HIV and AIDS in relation to adolescents but there are no ongoing programmes for adolescent health on their own. Adolescent pregnancy seems to be incorporated in HIV programmes, it could be that it is quite acceptable in the society for an adolescent to get pregnant and eventually get married, so one can say that it is not really an issue as it should be.

What are the three main factors that contributed to this?

- Lack of reproductive health knowledge.
- Young and inexperience.
- Lack of income.

What can be done by families and communities to prevent this happening to other girls?

- Communities should share knowledge and attitudes relating to the risk of unwanted pregnancies, abstinence and awareness of contraceptives.
- They should also promote delay in sexual initiation and explain the benefits of education to women and also weigh it against becoming a young mother.
- Communities can do their advocacy through dramas, plays, music or appointing women who are able to talk to young girls about them growing up and changes that come by.
- Churches could also organise to have their youth leaders and other adults in the church talk to the youth about the how early unwanted and unintended pregnancies could ruin their lives. Although church organisations are known to exclude use of contraceptive, they could help preach on delay of sexual initiation.
- Support by families during pregnancy, delivery and post partum is also essential.
- Families can help their young women by supporting their pregnant daughters with support for the baby so that the young mother can go back to school.
- Families can also talk to the pregnant mother to avoid second pregnancy by advising on the available contraceptive methods and how to use them.

What can the Ministry of Health do to reorient the health care system to meet the needs of girls such as the one who story you have heard?

- Train health officials on how to respond to the sensitivity needs of adolescents.
- It should make sure adolescent health services are decentralised to cater for everyone.
- It should advocate for dual protection.
- It should make sure that the facilities are well equipped, well stocked, provide skilled care for complications.

Assignment document

1. [Camacho AV, Chandra-Mouli V. Adolescent pregnancy: a global perspective. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 18; Geneva.](#)