Adolescent pregnancy, a public health priority in Zimbabwe

Adolescent pregnancy is a public health priority in Zimbabwe, despite all the predicaments and shortfalls arising from the political, social and economic scenario in recent years.

The 1990s saw quite a significant improvement in the amount of sexuality based education, as well as provision of adolescent friendly health facilities, the training of educators and health providers to deal with health issues concerning young people, among them adolescent pregnancies and HIV infection.

Where it used to be taboo for adult people to talk publicly to young people about sex and pregnancy, a lot more has been done to bring the message across. Peer educators spread the word in communities and schools, condoms are distributed amongst the youth, though a measure of resistance still exists in some of the very conservative social and religious sectors.

Media, both electronic and print has played a major role in educating young people, with the Ministry of Health and Child Welfare using this as a platform to communicate to the youth on the dangers of early as well as unprotected sex. As can be seen from the comparative survey by Monica Akinyi Magadi et al, the 1999 figures show that Zimbabwe is not the Sub-Saharan country with the highest prevalence of teenage pregnancy, at 21.9%, lower than Chad, Mozambique and Madagascar, and a lower prevalence of teenage premarital births than Cote d’Ivoire and Kenya. We also read from their analysis that Zimbabwe and Benin had the lowest proportions of non-facility deliveries and unskilled attendance from the 1999 survey.

I can safely conclude that Zimbabwe is making an effort in making adolescent pregnancy a public health priority.

Assignment story

According to the presentation, three main factors contributing to the problem of adolescent pregnancy are:

1. A lack of adequate sexuality education, that can empower adolescent girls to make decisions concerning indulging in sexual activity, leading to unintended pregnancy.

2. Health problems arise in young girls, as well as infant mortality due to unpreparedness in the young person, physically and emotionally, as well as financially, therefore being unable to fend for the child.

3. Lack of access to health facilities and antenatal support results in both child mortality and death in the young people themselves. Fear of castigation results in pregnant adolescents not visiting health facilities.
What families and communities can do to prevent this from happening to other girls?

- They should give proper education to young girls, give them all the information they should know about sexuality, sexual and reproductive health.

- For those girls who get pregnant, families and communities should support them financially and emotionally so that the child can be well fend for and the mother can have peace of mind and will be able to carry on with her life and her schooling.

- These groups should also be taught about the effects of discrimination as it destroys the moral of young girls.

- Families and communities must acknowledge any policies made for the benefit of the young children. They should accept change if it benefits their children, rather than sticking to their oppressive cultures.

- They should give the girl child an equal opportunity with the boy child. They should not keep the girl child off school like some communities do.

- They ought to assist the health sector in implementing some policies.

What the Ministry of health can do to reorient the health care system to meet the needs of girls such as the ones in the story?

- It should conduct some studies and keep the statistics up to date so that it can identify some areas to focus on and areas to improve. The results can also have an impact on young children and can encourage them to positively improve their behavior. These results should be easily accessible to anyone.

- It should conduct some workshops to educate the community about sexual and reproductive health.

- The Ministry of health is responsible for providing some friendly forums for young girls to discuss their fears and concerns.

- Its other responsibility is to provide adequate training for peer educators so that information can be disseminated appropriately and accurately.

- It should also focus on providing intensive counselling to the pregnant teenagers, the boys responsible and their families.

- Health care centres ought to be increased so that teenagers will not have to travel long distances to get the services they require. Since teens do not like queuing, this can help reduce health care centres from having an influx of clients, and attendance can improve.

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