

# Improving Teenage Reproductive Health in Zimbabwe

Summary of an Intervention Study on Selected Aspects of  
Teenage Reproductive Health

With

## Policy and Programme Implications

COMMONWEALTH REGIONAL  
HEALTH COMMUNITY SECRETARIAT  
for East, Central and Southern Africa



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The principal investigators for the Zimbabwe component of the study were **Dr M.T. Mbizvo**, **Prof. J. Kasule** and **Dr V. Gupta** and they are the authors of the report on which this summary is based. The summary was written by **Dr Wangoi Njau** and it is based on a format developed during a consultative meeting

involving **Dr Winnie Mpanju-Shumbusho** (the technical advisor to the multi-centre study) and **Lawrence Gikaru** from the CRHCS and two consultants on adolescent health issues - **Dr Wangoi Njau** and **Ms Rehema Mwateba**. This booklet is an attempt to make results generated from research widely accessible to decision makers, programme planners and those who participated in this study among others.

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## Background

**A**vailable information from Eastern and Southern Africa suggest that teenagers lack adequate knowledge of their own sexuality and reproductive health. This lack of knowledge puts them at serious health risks of unwanted pregnancy, sexually transmitted diseases (STDs), and HIV infection.

In Zimbabwe like other African countries, historically, the society had well established traditional systems for preparing the youth for adult sexual roles and responsibilities that were mediated by aunts, uncles and other relatives.

Today these systems are weak and in some cases they no longer exist. They have been eroded by various forms of modernization such as urban migration and schooling that provide a less conducive environment for providing guidance about sexual responsibility to young adults.

Failure to meet the diverse reproductive health needs of adolescents predisposes them to the risk of HIV and STDs infections, and among girls, unintended pregnancy. Babies born to adolescent mothers are not only high risk births from the perspective of both mother and child, but they are also high-cost births when the associated negative effects on the quality of life and role of women in society are considered.

In 1991, the Commonwealth Regional Health Community Secretariat commissioned studies in four countries - Tanzania, Seychelles, Uganda and Zimbabwe - to assess the effects of health education intervention strategies on selected aspects of teenage reproductive health. The intervention consisted of formal lectures, focus group discussions, film shows, leaflets, posters and advice on appropriate referral services.

In Zimbabwe, the study was conducted amongst 1,689 teenage pupils drawn from rural, urban, co-educational, single sex, boarding and day secondary schools. This was carried out through a self-administered questionnaire that assessed some aspects of their knowledge and behaviour related to reproductive biology, sexual practice, contraception, unwanted pregnancy and STDs including AIDS.

Out of the 1,689 teenagers 1,159 pupils were in the intervention group while 530 pupils were in the control group. The effects of the intervention were measured five months after the beginning of the study to assess changes in levels of knowledge in both groups.

This booklet summarizes the findings of the study and offers programme and policy implications from that study.

# Introduction



Adolescent sexual and reproductive activities have far reaching social, economic, moral, health and demographic effects in Sub-Saharan Africa. Studies in the region indicate that young people frequently engage in early sexual activities and have multiple sexual partners. These occur in the absence of sexual information and knowledge of contraceptive use. This results in high incidence of pregnancies, school drop-out rates, abortions, and the risk of infection with STDs and the deadly HIV/AIDS.

Apart from the health problems associated with physical immaturity of pregnant teenagers, they are often unstable and financially incapable of looking after themselves and the baby. Teenage pregnancies are also associated with higher rates of school drop-outs, abortion, maternal and infant morbidity and mortality. The cost of these problems are immense in both qualitative and quantitative terms. They result in wastage of limited financial and material resources and have negative social and psychological impact on the individual, household, community and the nation.

Adolescent sexual and reproductive health problems have been associated with early puberty, economic hardships, urbanization, schooling and the weakening of traditional structures that informed on and regulated young people's sexual behaviour. A significant explanatory factor for these adolescent problems has been their limited knowledge of reproductive biology. As a result, adolescents mature with little factual information and too little guidance on how to manage sexual relationships.

To meet these diverse needs, it is critical that adolescents be provided with information to equip them with knowledge and skills that will enable them to postpone their initiation of sexual activity which predisposes them to many health risks, social and economic hardship. In many African countries, programmes to provide this knowledge are few and their implementation is often hampered by un-informed opponents. Yet research shows that information programmes for young adults do not lead to more frequent or earlier sex as opponents of such programmes fear.

Effective solutions to these problems, however depend first on an empathetic understanding of the environment in which adolescents are operating in. This



includes the recognition of the interrelatedness of the underlying factors and consequences and requires the adoption of holistic policy and programmatic intervention strategies guided by the social norms of the individual community.

To provide more light on this, The Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa (CRHCS) commissioned studies to assess the effects of health education intervention strategies on selected aspects of teenage reproductive health. The intervention's aim was to improve adolescent reproductive knowledge and subsequent behaviour outcomes.

Results from the study strongly indicated that interventions increased adolescents knowledge levels and as a result increased their capacity to manage their sexual and reproductive behaviour. Highlights of these findings are presented in topical summaries in this booklet that cover Knowledge on Reproductive Biology, Sex and Sexuality, Family Planning Knowledge and Use, Pregnancy and Child Birth, and Sexually Transmitted Diseases and HIV/AIDS. The summaries are followed by a discussion on programmatic and policy implications on adolescent reproductive health.

To address the problems faced by young people as they mature and became sexually active, it is important that leaders in politics, religion, government, NGOs, the community, parents, the youth and professionals, work together to design and implement programmes that meet the diverse needs of adolescents within the social norms of each community.

## Knowledge of Reproductive Biology



Early maturity, in the absence of adequate correct knowledge of reproductive biology predisposes teenagers to risky reproductive health problems. The study's assessment of teenage reproductive information showed that the adolescent's level of knowledge of reproductive biology was influenced by age, sex, and type of school attended.

The following were the major findings:

- There was incongruity between what teenagers said they knew about reproductive biology and their actual knowledge of the subject. Overall, 67 percent of teenagers reported high levels of reproductive health knowledge with older students and those from rural schools reporting higher levels than their urban counterparts.
- Compared to boys, girls had more information on menstruation; conversely more boys had higher knowledge of wet dreams than girls. However, despite the high levels of teenage knowledge of menstruation and wet dreams, many of them had incorrect information on menstruation and wet dreams before the intervention.
- About 23 percent of the students thought that menstruation was an illness, 26 percent thought it was dirty while 29 percent thought it was a punishment. Further, fewer students associated wet dreams with the capacity of boys to make girls pregnant.
- Teenagers experienced menstruation and spermarche at early ages. The mean age at menstruation was 13.5 years while it was 14.5 years for spermarche indicating an early onset of the teenagers reproductive capacity.

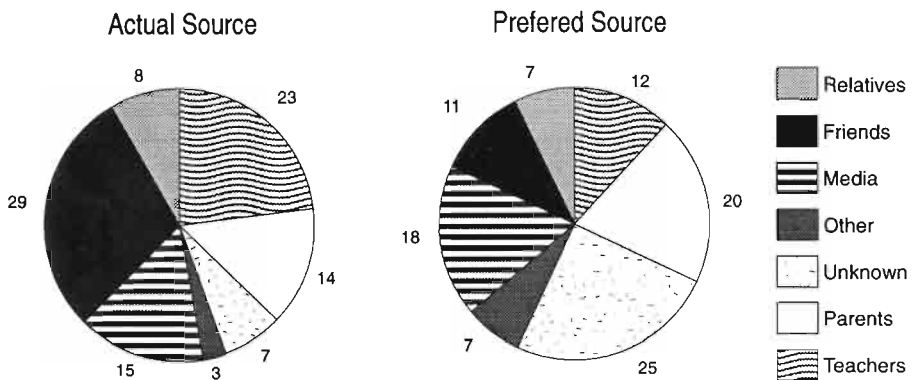




- Teenagers preferred to first receive information on menstruation and wet dreams from their parents. However the majority had received this information from friends, teachers, the media, relatives and other sources. This could explain why some of them had incorrect knowledge

FIGURE 1

**Actual first source of information on menstruation or wet dreams and preferred sources**



Total number 1,689

(The values above are in %age)

A significant finding was that the health education intervention increased the level of correct knowledge of menstruation by 18.5 percent. It also increased the teenagers' awareness that boys experiencing wet dreams could make a girl pregnant.



## Sex and Sexuality

Teenage sexual activities pose serious social, economic, cultural, religious, health and moral problems. Not only do they question the moral fabric of society but they also predispose teenagers to risks of unwanted pregnancies and related consequences, as well as infection with sexually transmitted diseases including the deadly HIV/AIDS.

The study showed that teenage sexual activities were mainly determined by age, early maturity and levels of knowledge on reproductive biology. The levels of sexual knowledge were further related to the sources of and access to relevant information, location of the school and teenagers' sex.

Below were the study highlights:

- Teenagers reported significantly high levels of knowledge on sexuality; 89 per cent knew of what was involved in sexual intercourse while 90 per cent had correct knowledge of the process leading to pregnancy in a girl.
- The levels of correct knowledge were higher among older teenagers. Older youth and those from urban schools had higher levels of correct information on sexual intercourse than their younger and rural counterparts.

With regard to sexual practice the study showed that:

- overall, only about one out of every five teenagers were sexually active. Boys reported more sexual experience than girls;
- teenagers engaged in early sex. The reported mean age for sexual experience in boys was 12 years while for girls it was 13.6 years. The median age for first sexual experience was 13 years for boys and 15 years for girls;
- most of the teenage sexual activities were spontaneous. Sixty four per cent of those who engaged in sex had not planned for it.



## Family Planning Knowledge and Use

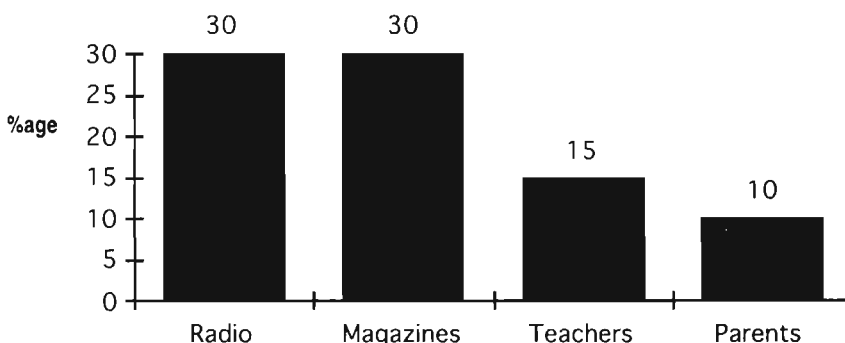
Knowledge of Family Planning methods was related to availability of correct and adequate information. The correctness of this information was further related to its sources.

Results from the study showed that:

- Teenagers had high levels of family planning knowledge. About 70 per cent were familiar with methods of preventing pregnancies. The condom and the pill were the widely known methods. However, when correct knowledge of contraceptive use was summed up and scored against incorrect knowledge, only one out of every four pupils in intervention schools had correct knowledge before intervention.
- The radio and magazines were the most frequently quoted sources of family planning information (30 per cent), followed by teachers (15 per cent), clinics (11 per cent) and parents (10 per cent). After intervention, magazines and teachers became the most important sources (22 per cent).

FIGURE 2

Quoted sources of family planning information before intervention





From the study it is clear that use of contraceptives among teenagers depends on several factors. Among the key ones are their availability, correct and adequate knowledge, accessibility and safety. It further depends on teenagers' knowledge of their reproductive biology.

According to the study:

- The proportion of students reported to have ever used a contraceptive was as high as 67 per cent. About 59 per cent of sexually experienced students had used condoms.
- The sexually active teenagers who did not use these methods attributed their non-use to ignorance, their assumed incapability of becoming pregnant, difficulty in obtaining contraceptives, disapproval of partners, fear of side effects, desire to have a baby and to prove their ability to become pregnant.
- One out of every two students knew where contraceptives could be obtained. However, one out of every three students were uncomfortable with visiting family planning clinics. They considered family planning clinics and doctors as the most convenient sources of contraceptives.

The study indicated that while intervention positively increased the teenagers' levels of family planning knowledge, their level of use declined slightly from about 70 per cent to 64 per cent after intervention. One possible explanation for this effect could have been the teenagers' increased awareness of reproductive biology which might have reduced the need for contraceptive use among the intervention group.



## Pregnancy and Childbirth

Teenage pregnancies and childbirth were associated with early biological maturity, early sexual activity in the absence of adequate and correct knowledge of their reproductive biology, as well as lack of contraceptive information and services.

The Study indicated that levels of knowledge on pregnancy and child birth were mainly determined by type of school, intervention, age and sex.

Below were the highlights of the study:

- Teenagers reported high levels of knowledge on issues related to pregnancy such as when boys were likely to make girls pregnant or when a girl was likely to become pregnant. For example, 95 per cent knew that boys aged between 13 and 19 years could impregnate a girl while about 80 per cent of the teenagers knew that a girl could get pregnant on her first sexual encounter. However, fewer males than female students knew that pregnancy could occur during the first sexual encounter.
- Pupils from rural schools reported higher levels of knowledge on pregnancy than those from urban schools. Further, 83 per cent of the rural students were more likely to know that a girl could get pregnant on her first sexual encounter.

The study showed that intervention led to an increase in some aspects of pregnancy related knowledge and a decrease in others.

For example:

- Knowledge on pregnancy increased among females, older



adolescents, and in intervention schools.

- The intervention generally resulted in a slight increase in knowledge concerning conception and pregnancy especially among students attending rural schools. The adolescents' knowledge of when pregnancy could first occur during a girl's pubertal development increased slightly after intervention in the intervention group from about 81 per cent to around 87 per cent but decreased in the control group from about 84 per cent to around 82 per cent.
- Although many adolescents reported high knowledge levels of when pregnancy was most likely to occur, these levels decreased significantly with intervention from around 84 per cent to 32 per cent.



## Sexually Transmitted Diseases and HIV/AIDS

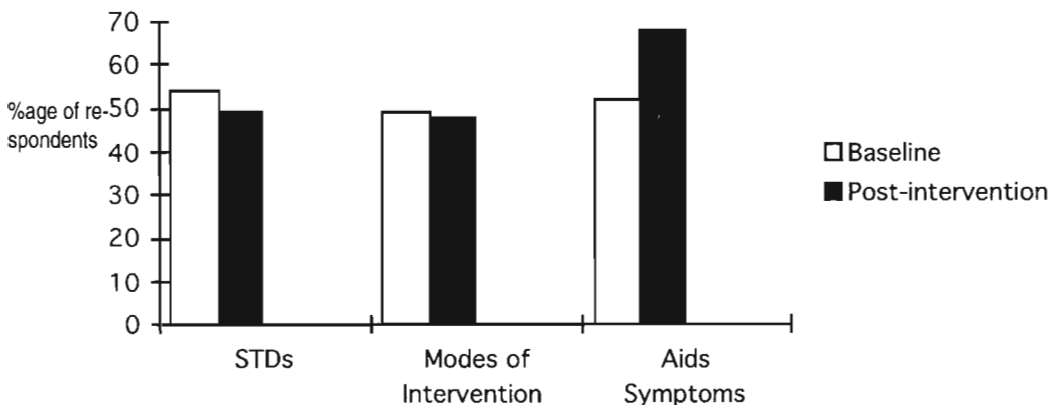
Sexually transmitted diseases and AIDS among young people are associated with early frequent sex with multiple partners, inaccessibility to accurate and sufficient information on sexuality and lack of STD treatment services. These diseases pose major threats to teenage reproductive and sexual health. The study showed that young adolescents had less knowledge on HIV/AIDS compared to their older brothers and sisters.

According to the findings:

- About four out every five teenagers reported high levels of knowledge on HIV/AIDS. Pupils between 15 and 19 years old and those from intervention schools gave the most correct responses to AIDS related questions. Intervention increased knowledge for the 10-14 year olds.

FIGURE 3

Responses to selected attributes of knowledge, attitude and practices at baseline and after intervention (females)



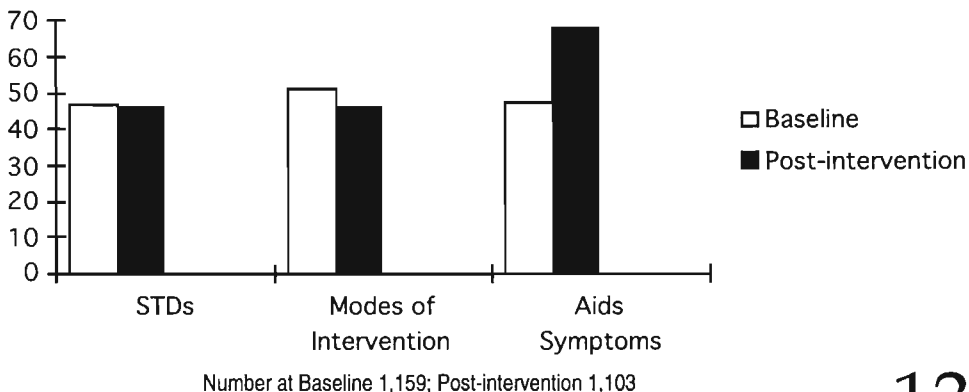
Number: 1,159 at baseline; 1,103 after intervention



- While teenagers' knowledge on HIV/AIDS was high, their knowledge on STDs, their symptoms and related problems were less than 50 per cent for all school types. Pupils aged 10-14 years had the least knowledge. About 64 per cent did not know the symptoms of STDs.
- Intervention slightly increased the knowledge levels of symptoms, consequences and how to avoid contracting STDs. However, the intervention had little effect on the teenagers' overall knowledge levels of HIV/AIDS and STDs.
- While friends were the major source of information on STDs, the proportion of teenagers who discussed STDs with their parents increased slightly after intervention - from 36 percent to 40 percent in intervention schools.
- The number of students who reported having contracted an STD doubled from 3 per cent to 6 per cent after intervention, an indication that the intervention helped the students recognize symptoms of STDs.

FIGURE 4

Responses to selected attributes of knowledge, attitude and practices at baseline and after intervention (Males)







## Policy and Programme Recommendations

### Programme Recommendations

The significant lesson learned from the study was that health education intervention programmes can increase the teenagers' knowledge level on some aspects of their reproductive health, particularly those related to reproductive biology, sex and sexuality, pregnancy and childbirth. Further the study showed that to some extent, correct knowledge positively influenced teenage sexual behaviour.

In order that teenagers' reproductive health problems are arrested and their consequences managed, it is crucial that, they be provided with correct information. This is important since as the study showed, adolescents frequently engage in unplanned sexual activity.

Intervention programmes to increase their level of knowledge and to raise their awareness on reproductive health matters therefore need to be designed.

These intervention programmes should:

- cover education that encourages responsible sexual behaviour in teenagers;
- increase knowledge that promotes chastity, abstinence and postponement of sexual intercourse;
- help those who are already sexually active avoid unwanted pregnancies and its related social and economic problems, STDs and HIV infection;
- increase knowledge and symptoms of STDS, HIV/AIDS;



- increase knowledge of and access to contraceptives for the sexually active in order to prevent undesired reproductive health outcomes such as pregnancies, and infection with STDs and HIV/AIDS;
- improve social and economic prospects of teenagers by encouraging girls' education and curbing school drop-out rates.

To achieve the above intervention goals, programmes should be designed to target the following:

- adolescents below 14 years old;
- the urban teenagers;
- the boys;
- the out of school youth;
- the rural youth; and
- the parents, since teenagers preferred to receive sexuality and reproductive information from them. Parents need to be equipped with skills that will enhance their capacity to provide appropriate information to their children.



## Adolescence Reproductive Health Services

Adolescents' knowledge of reproductive health must be accompanied with availability of and accessibility to appropriate services. This includes creation of youth-friendly services to promote:

- development of life coping skills;
- STD screening and treatment;
- pregnancy screening, ante-natal care and child care;
- guidance and counselling;
- contraceptive services for the sexually active.

To make contraceptives accessible to youth, establishment of special clinics specifically catering for adolescents should be considered. Kenya has successfully run an Adolescent High Risk Clinic that provides service exclusively to adolescents and could provide lessons on this. There is also need for research to develop contraceptives appropriate for the youth.

## Research Implications

Based on the success of this intervention, there is need for further research to develop appropriate interventions for specific problems. As demonstrated by the study, the integrated intervention did not influence knowledge levels of STDs and AIDS. Studies are also needed to identify the most effective interventions to raise knowledge levels on STDs and AIDS among adolescents. Such studies should be more rigorous in the management of interventions and control groups so that the differences in behaviour outcomes can be systematically analyzed.

## Policy Implications and Recommendations



Unresolved conflicts have marred efforts to provide the youth with reproductive health information and services. To provide information and create an environment that will help young people lead a healthy reproductive life, there is need for a supportive policy and religious environment. To create such an environment, leaders and policy makers should:

- support and promote policies that enhance provision of reproductive health education to the young people;
- remove legislative and policy barriers that hinder access to reproductive health information and services for the young people;
- provide funding for further research to clarify the issues raised in this study and for the development of comprehensive health education programmes for the youth;
- support provision of reproductive health education in and out of schools;
- provide resources for provision of these services;
- formulate and support youth friendly policies that will encourage promotion of reproductive health education programmes;
- support policies and programmes that increase access to high quality and appropriate counselling and family planning services for the sexually active adolescents to avoid pregnancy, STDs and their related problems;
- ensure that the youth are involved in programmes aimed at improving their reproductive health and welfare.

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- ensure that the youth are involved in programmes aimed at improving their reproductive health and welfare.



## Advocacy

Non-governmental organizations, private voluntary organizations, youth organizations and other bodies promoting the welfare of youth should design advocacy programmes to create a common ground among religious, political, community and other groups that will:

- raise awareness of the special needs of teenagers;
- influence action and policy changes that will address the problems identified by this study;
- generate more resources to support health education programmes for the youth.

