

Adolescent perspectives on sexual and reproductive health and services

Adolescents in Zambia share their experiences



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“When I went to a health facility to test for HIV, they asked me questions like why I wanted to test. That made me feel uneasy and I didn’t go ahead and have never gone back there again.”

- Boy in focus group discussion



Publisher

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Background

Adolescents in Zambia have long been excluded from conversations about their own health. They are also given limited decision-making power on the type of services and ways in which they are offered through the health system. This has dire consequences on the uptake of services and on the health of our young populations, which ultimately affects all domains of life in our society, including school, work, family and community.

Activity Description

This activity was undertaken by Medicines Research and Action Platform (MedRAP) and Health Action International (HAI) as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. Twelve Focus Group Discussion (FGD) leads, consisting of six boys and six girls of 18-21 years of age, received a training on how to moderate and conduct FGDs. During this training, the leads developed a list of questions to be asked during the group discussions. Questions covered the following topics:

1. Definition and understanding of sexual and reproductive health (SRH).
2. Awareness on products and services offered at health facilities.
3. Places where SRH information and services are sought.
4. Perspective on health facilities efforts to engage adolescents in SRH services.
5. Motivations for accessing/not accessing SRH information and services.
6. Experiences and challenges when accessing SRH information and services.
7. Influence and attitudes of opinion leaders (e.g., government officials/healthcare providers).
8. Recommendations to improve access to SRH services for adolescents.

In total, 12 group discussions of 1-1.5 hours (six with boys and six with girls) were held in Southern- (Livingstone, Kazungula) and Luapula (Mansa) province of Zambia. For each discussion, participants were a diverse group of six to eight adolescents of 18-19 years of age. Discussion facilitators (leads) worked in pairs: group discussions for boys were each moderated by two male leads, and

discussions for girls were moderated by female leads. The 12 group discussions were audio recorded and reported on anonymously. Consent was sought from the participants before the activity.

Findings

1. Understanding of SRH

Most of the girls had heard about the term SRH. When asked about its meaning, in two groups girls focused on very specific aspects of SRH or used general terms to describe its meaning, for example saying that it relates to hygiene and ‘taking care of yourself’, or that it is about sex, and the way to protect yourself from disease when you reach puberty. In three groups several girls gave more encompassing explanations, for example describing it as physically and emotionally growing into adulthood, the total wellbeing of the reproductive system in the human body, how to keep safe when having sexual intercourse and how to have healthy babies. Many of these girls also referred to the dangers of sex:

“When one is experiencing sexual feelings, they should be careful not to have sex anyhow, they should be careful because it comes with serious sexual issues in general and the bad outcomes that arise from not doing it the right way.” - Girl

One group of girls was hesitant to answer what they understood SRH to mean. The girls heard about it most often from school, sometimes from health facilities and in few cases from friends, cousins or older sisters.

When the boys were asked about what SRH meant to them, the majority referred to protection against sexually transmitted infections (STIs) during sexual intercourse, a few said it meant entitlements or rights we have concerning SRH and some also referred to protection against unwanted pregnancy. One group of boys mostly referred to bodily changes, such as changes in voice or hair growth. Finally, another group of boys gave very elaborate examples in which they referred to pressures to have sex, in particular those faced by girls:

“What I understand is if a boy and girl are in a relationship, they can’t date without having sex. So a guy will ask a girl for sex to prove her love. Hence a girl is forced to have sex and can end up falling sick or getting pregnant.” - Boy

“For example, I might be dating someone and she starts to envy the things that her friends have, gifts given to them by their boyfriends. I might not have the money to buy her those things and she might end up being forced to go and find someone who can give her money. Having done that, she might not even know whether that person is sick or not. This is the reason that a lot of young adolescents are getting sick, because they are looking for money. So it’s better that you stick to one partner and before you engage in sex, find out the health status first.” - Boy

2. Awareness of Family Planning Products Offered at Health Facilities

The girls in all six groups knew about several family planning methods. Including, most often condoms, injectables and the morning after pill. Some girls also mentioned the oral contraceptive pill, intrauterine device (IUD), and a few girls mentioned abstinence and female condoms. Boys generally also knew about multiple contraceptive methods, and most often mentioned condoms and the morning after pill. Some boys mentioned abstinence or the oral contraceptive and injectables, and few mentioned implants and IUDs.

When asked about the methods they would prefer to use, most girls preferred using a male condom, generally because it was affordable and easy to get:

“I don’t like pills and injections, I prefer using a condom. Condoms are easy to find unlike pills and injections. You have to buy a pill which is somehow costing and for the injection you have to go to the clinic to get injected. That’s not comfortable because everyone will see you and say you have started having sex at a tender age. People will judge you.” - Girl

The large majority of boys also preferred male condoms as contraceptive method for similar reasons, with a few of the boys preferring abstinence or the morning after pill. However, some also mentioned they did not use condoms:

“Even though we are told to put on socks [condoms], some of us do not and feel like we will sort out the repercussions in the future [Participants all laugh].” - Boy

About female condoms two girls said they were hard to find:

“I use the male condom because the female condom is rarely found. So I just get the condoms for men.” - Girl

For girls, the most preferred contraceptive after male condoms was the injectable and a few preferred the IUD. For these two contraceptive methods, girls gave similar reasons, which mostly related to the ease of use and not having to think about it daily:

“Of all the contraceptives I like to use the Loop [IUD] because it is convenient with my school schedule. I do not have to worry about getting pregnant because the Loop is a long term contraceptive.” - Girl

In addition, a few girls mentioned the morning after pill or abstinence as their preferred contraceptive method. Finally, some girls also mentioned they had concerns about the safety or effectiveness of contraceptive pills and in one group of boys no-one preferred condoms, saying they did not trust them.

3. Experience Accessing Family Planning Services

Across groups, girls had different experiences accessing family planning. In two groups most girls said they had never obtained contraceptives. Some explained that they would leave getting condoms up to their boyfriends. In the other four groups, girls had experience accessing contraceptives. In two of these, girls often reported positive experiences, saying that healthcare providers were kind or welcoming and that they felt comfortable.

“Yes, and I was quite happy, ‘cause what I went for wasn’t what I expected. The nurses were jovial and laughed a lot. They made me feel at ease. They shared some information on sex.”

- Girl

In the two other groups, however, most girls had negative experiences, saying that healthcare workers found them too young for family planning or engaging in sex, that they shouted at them or chased them away, or questioned their need for contraceptives. Being young was always mentioned as the main reason for the negative healthcare worker attitudes.

“The experience was not good because they shouted at me saying that I am young, so I will never come here again. I am scared.” - **Girl**

“I was told that 16 years is too young to access such services, instead, I was told to abstain.”

- Girl

Girls mostly found that how they experienced the services depended on the reaction of the healthcare worker encountered, which could vary greatly. The boys also had mixed experiences with accessing contraceptives. Just under half of the boys said they had no issues in accessing contraceptives, and that they were easy to obtain. But only two boys described service providers as kind and welcoming.

“When I visited the clinic, I was received very well. I thought people who use condoms are dull but I did not know that I was the one who lacks information. At the clinic, they taught me how to know if the condom is okay and can be used, also how to use the condom correctly.”

- Boy

However, more than half of the boys had had negative experiences when accessing contraceptives, which were similar to those of the girls. Again, some were told they were too young to get contraceptives, were asked questions which made them feel uncomfortable, were refused access to services, or described fear of going to the health facility. Several boys described that the experience was so bad, that they would not return to the health facility again:

“Yes [I did attempt to access condoms], but they asked me a lot of questions, like why I needed the condoms at my age. I got scared, which stopped me from going back again.”

- Boy

A few boys referred to the challenges when encountering healthcare providers of different gender or age:

“It depends on the type of gender of personnel you find at the clinic. I can get condoms freely with a man who is of my age. If I find an old man and woman who are my parents age, I ask myself ‘should I trust these people? Won’t they report to my parents?’ When I see that, I turn around, dig out and hastily walk away. After some time I might go back with the hope that I will find someone of my age.” - **Boy**

Most of the boys got their condoms from the health facility, while a few reported going to shops, bars, markets, a barber shop, or receiving them from a social worker.

4. Experience Accessing Youth-friendly Health Facilities

When asked about the availability of youth friendly services, in five out of the six group discussions with girls, the girls said they were available at the nearest health facility. For the boys, in four group discussions all boys said they were available, while one group did not know and one group gave mixed responses. Boys and girls described very similar positive and negative factors to these services. Positive factors were that they have peer-to-peer sensitisation, that the environment is friendly, that they provide comprehensive SRH services and that services are easy to access, for example, due to a walk-in policy. However, negative factors described by some adolescents were that their youth friendly space was not conducive as services and information were provided outside in an open space with lack of privacy, that it was inside the clinic and therefore still hard to visit for youth as older people could see them, that they did not give sanitary towels and, and that it had inconsistent service provision (on and off) due to lack of coordination and professionals. When asked about the distance, the majority of girls and boys across the groups said that the

distance to the health facility was not an issue for them. However, some recognised it was an issue for other adolescents. Three girls said there was a distance but they managed to go anyway. Three other girls and two boys said it was far for them and not convenient to visit:

“I come from a very far place and sometimes I fail to visit the health facility. I would like to see the young people from the health facility to come and teach us at my village because many youths want this information but distance is a challenge.” - Boy

5. Barriers to Accessing SRH services

While distance to the health facility was not a major issue for most of the participants, they did mention other barriers that made it hard for them to access SRH services, which were similar across the group discussions with boys and girls. They most often mentioned privacy issues, gossip and fear as an important barrier to access:

“I think many people are just afraid that people gossip. For instance, [...] there are specific dates where everyone has to come at once just to get their family planning jab, and some feel shy because of the age difference. So [they] don’t feel comfortable to go and access the family planning because they are scared of being judged.” - Girl

Other commonly mentioned issues relate to a shortage of medicines, which forces people to buy them privately, and a lack of awareness about the services that exist and where they can be accessed.

“Sometimes you will go to the health facility to seek services, and maybe you will be diagnosed with some ailment, but they will tell you that they don’t have the medicine. They will tell you that they only have Panadol and tell you to go and purchase from a pharmacy.” - Boy

“Sometimes it is difficult to know what services they offer at the clinic, even if you go there to ask them about the services, they seem not to be sure about it. So there is no awareness of the SRH services.” - Boy

Parents or elders were also perceived as a barrier by some adolescents, either because healthcare providers required the adolescents to bring them or because parents would try hinder access to SRH services for their children:

“I was told to go with my parents [to the health facility] because they said I was too young. But I secretly went to a drug store to buy a pregnancy test and I tested myself and found that I was not pregnant.” - Girl

A lack of healthcare facilities and providers was also mentioned by a few, and the attitude of healthcare professionals came up again:

“We only have one health facility and it can’t cater for everyone in the community. For example, for pregnant women you find that they all come to one health facility and the wards become full, so other mothers are sent back home and they end up giving birth at home.” - Girl

6. Barriers to Accessing HIV testing

Many of the adolescents mentioned that it was not hard to access HIV testing, as the service was often provided at the health facility and was free. Only three girls found the distance to the clinic to be an obstacle to HIV testing. However, even in the situation where physical and financial access was good, the adolescents still faced major obstacles to access HIV testing. The majority of girls and boys said testing was not easy. Stigmatisation and privacy issues were again mentioned as the most important barriers to accessing HIV testing, while another major issue was worries about the outcome.

“Some nurses here even know some of us because we stay in the same area so they might tell their other friends or our parents that we came to test for HIV. And end up even telling them our status.” - Girl

A few described that the health facility required them to bring their guardians, questioned their request, or that they were simply denied HIV testing because of their age:

“I went to the clinic for testing and I found a female health officer in the room who told me that ‘you can’t test as you are still young, [because] where can you get diseases from? Here we serve only mature old people.’ I replied and told her that I was told that I should come and test here. She said ‘no, we don’t deal with children here so please leave’. I feel that they should welcome anyone no matter what age they are.” - Boy

However, a few girls and one boy did not experience those issues and said that their health facilities had privacy for HIV testing:

“It’s easy, because testing for HIV is important to me, and the people who are found at the testing centres are trained and they have confidentiality, so I don’t even feel shy. I have made it a routine to have myself checked for HIV/AIDS.” - Boy

What made it easier were confidentiality and facing well-trained healthcare providers. Some adolescents also mentioned awareness on the importance of knowing their status, which made it easier for them to get tested.

7. Best Place to Access SRH Services

Most girls and boys in all the groups thought the best place to access SRH services was the health facility. Different reasons given were that ‘everything is found there’, it’s a more private or secretive place compared to marketplaces, it has trained professionals that can give you important information, and that ‘they will be able to diagnose accurately and give the right treatment’. Four adolescents said they got contraceptives at marketplace pharmacies, and in single cases a boy preferred school and a girl said she preferred a traditional healer. Her reason was the following:

“Why I say traditional healer is because when I come here [health facility], I get shouted at by the nurses. That is why I would rather go to a traditional doctor.” - Girl

8. Experiences of Unprotected Sex

Just under half of the girls in the group discussions and just over half of the boys said they had an experience of unprotected sex. Boys sometimes described how they thought this happened, which also shows some of their attitudes and beliefs towards girls.

“Yes, sometimes even if you have a condom, because of over-kissing it can lead to sex, because she might have refused but you want to arouse her and once she is ready you want to quickly do it and putting on a condom might give her a chance to change her mind. Afterwards you get scared because you don’t know if she has an STI or maybe she could fall pregnant.” - Boy

“Usually, a girl will be the one to pursue a boy to have sex. She might refuse to have protected sex thinking that maybe you stopped loving her or you are planning on seeing others. But it’s rare for boys to have sex unintentionally.” - Boy

Most of the adolescents who had such an experience described worries about the consequences afterwards. While most had worries, only about half of the adolescents undertook any action. This often involved going to the clinic to be tested for STIs, HIV/AIDS and, for girls, pregnancy too. Some received PrEP (pre-exposure prophylaxis) or went to a drug store for a pregnancy test or the morning after pill.

“Yes, but I didn’t do anything about it because I thought that HIV/ AIDS and STIs can only be found in bars. Then I was told that HIV/AIDS is found everywhere. Due to that, the second time I had unprotected sex I went to the clinic to access PrEP.” - Boy

Unfortunately, some also took ineffective action:

“I found myself in a situation where I did not even think of having sex that day. But I met this girl who tempted me with the way she was seated and dressed. I had unprotected sex with

her and just after sex, I gave the girl fresh milk because I was told that fresh milk can kill the sperms and other sex related infections.” - Boy

“I didn’t take any action because someone told me paracetamol prevents pregnancy so I took paracetamol but ended up getting pregnant.” - Girl

9. Affordability of Menstrual Products

There was a mixed response on whether menstrual products were affordable. Girls described their approaches to obtaining menstrual products. They most often mentioned receiving money from their parents or guardians to buy menstrual products. However, the second most common way was by improvising sanitary towels with cotton, wool or cloth. Some of them said they learned how to make them at school, church or from television. Further, a few girls described wearing a lot of pants when they were on their periods, asking money from their (boy)friends, taking jobs to buy them, or even buying diapers as they are cheaper compared to menstrual pads. Two girls mentioned they were sometimes given pads at school.

“We go and do small jobs so that we can be paid, or use improvised sanitary towels made from cotton, wool and cloths.” - Girl

“If our parents don’t have money we ask from our boyfriends but if they also don’t have then we do some community work to earn money and buy.” - Girl

10. Communication with Parents

When asked whether they could talk to their parents about SRH issues, about three quarter of girls said they were not comfortable to discuss these issues with their parents. Not being old enough for sex according to their parents and not being married were given as the major reasons why discussing SRH topics with their parents was problematic. The girls further said that it does not show respect, that parents would feel provoked or would scold them.

“No, it is not easy. For me even when I just leave the house to visit a friend, they warn me not to come back pregnant because they would disown me. So I have decided to be clever about it and not tell them anything, but I go to access contraceptives.” - Girl

When the girls could talk with their parents about SRH issues, it was mostly with their mother only or other female members of the family, such as sisters or grandmothers. Sometimes they would only discuss specific topics like menstruation, but sometimes they discussed other issues too:

“Yeah as for me I am comfortable to ask my mom whatever I want to know because she’s a woman like me and she has to tell me before I go in accidents so that I can be able to know the do’s and don’ts.” - Girl

The same findings came up in the groups with boys. The large majority of boys, about 9 in 10, said they couldn’t discuss SRH issues freely with their parents. The most common reasons given were fear or shame, that parents would shout at them, that it’s taboo, and in some cases that parents would judge them, and would think they lack manners.

“It’s not easy, because when you raise that motion at home, it’s the day you are going to be chased out of the house. According to our traditional beliefs, when you start talking about these issues then you have grown and are ready for marriage.” - Boy

Only two boys said they could talk to their parents freely, and a few others said they could talk about it to their father, but not their mother.

“Yes, I asked my parents and they explained to me what causes people to get sick. This is because many young people are not free to ask older people on the topic of SRHR, so they lack information.” - Boy

In addition a few boys said they could talk to their grandmother about SHR and one mentioned his sister:

“No it’s not comfortable [to talk to parents], I prefer talking to grandma about that. Grandmothers are social and not judgemental like parents.” - Boy

11. Beliefs or misconceptions on SRH

Girls had heard of a multitude of beliefs around SRH. A common belief on menstruation was that you should not put salt in your food when you are on your period. Other less commonly mentioned beliefs were that when you are on your periods, you’re not allowed to pick chillies from the plantation because the trees will die, that you’re not allowed to sit on a motor or you shouldn’t play with or talk to boys.

“Some say that when you are on your menses you shouldn’t talk to boys, because the period comes out a lot when you do so. That’s what they usually say but I don’t think it’s true, ‘cause at home I stay with a lot of guys and when I am on my periods, I do talk to them but nothing happens, they are just beliefs.” - Girl

The most commonly mentioned belief on contraceptives, for both boys and girls was that its use will lead to infertility and can damage the sexual organs. Other beliefs were that its use can lead to cancer, the oil in condoms can give you cancer, the contraceptive pill can cause addiction to sex, and abstinence will cause your reproductive organs to not work properly.

“I have heard myths about pills and abstinence. Pills may cause someone to be addicted with sex and when you use for a long time they cause infertility. On abstinence, when I was young they told me that when you are not having sex the reproductive organs won’t be working properly.” - Boy

Beliefs on ways to prevent pregnancy also came up: in groups with girls it was mentioned that paracetamol, the aspirin and caffeine combination pill, or a sugar solution were said to prevent pregnancy. In the groups with boys it was mentioned that Coca Cola and paracetamol can be used to make a girl vomit to prevent her from getting pregnant or STIs, one can terminate a pregnancy by drinking boiled roots with tea, and that fresh milk kills

sperm and STIs. Several girls and boys said they did not believe these things, but others were unsure whether the beliefs were true or not.

“I heard that after having live [unprotected] sex a girl needs to be given Coca Cola and paracetamol to let her vomit to prevent her from getting pregnant.” - Boy

Two boys further shared beliefs on HIV: That when you take PrEP more than three times it will affect your reproductive health, and that HIV symptoms are more severe if you’re infected during your lifetime compared to if you are born with it.

Some girls and boys also mentioned beliefs that are, or can be, true. For example, some girls mentioned that you stop having your menstruation if you take contraceptives, that you will have irregular periods, that contraceptives make people gain weight, that contraceptives can result in rashes, that getting the injectable contraceptive will lead to prolonged episodes of bleeding, that you can have side-effects from using contraceptives, that condoms can give some women discomfort because of the oils, and finally that using the injectable contraceptive can lead you to experience faintness. A belief often mentioned by boys was that sex with a condom is not nice and gives less pleasure, that contraceptives ‘disturb the menstrual cycle’, and that condoms can burst or can irritate the skin.

12. Effective strategies to prevent teenage pregnancies

When asked about effective strategies to reduce teenage pregnancies, most girls and boys said **abstinence** or using **family planning**. One girl thought just promoting abstinence wasn’t a good idea:

“The feelings at this stage are strong and [abstinence] might not work out.” - Girl

Other suggestions given by participants related to improving SRH knowledge. Many reflected on the need of sensitisation, some specified that they believed sensitisation about contraceptives and about the offering of SRH services, sensitisation in communities, schools or homes, peer-to-peer education, sensitisation for youth specifically, and inclusion of boys and parents, would be of great value.

“Make sure that all the teens and their guardians are educated and also emphasise on how they can use family planning because the world is exposed to sex. It’s difficult to control sexual feelings because when you go online on Facebook, you find pornography.” - Boy

One girl who was a peer educator herself explained the barriers she faced:

“Yes we do [visit the community] but not often because the distances in our communities are far apart which makes it difficult to find transport. [...] Also, resources to brand ourselves are scarce so it becomes difficult to convince people that we are from the health facility. The community sometimes thinks that we go to the community to corrupt their children’s morals.” - Girl [peer educator]

Other recommendations were around improving access to services. They included distribution of condoms, SRH service provision in schools, communities or homes, condom distribution in school, peer-to-peer service provision, and making health facilities more welcoming and have safe spaces for youth. To bridge long distances, some recommended more health facilities to be created or transport to be provided. A few also recommended increasing staff and better privacy provisions in health facilities:

“Clinics should be allowed in schools to treat and guide adolescents with information.” - Girl

“Sometimes it is not even the distance that discourages people from accessing contraceptives, it is shyness that contributes to that [...] But if we can have enclosed spaces with better privacy provision a lot of people would feel comfortable to visit the space to access SRH services.” - Girl

Finally some girls and boys recommended improving communication between adolescents and adults/parents and avoiding peer pressure and early marriage.

“Parents should take up the mantle to educate their children on the realities of life. Parents should educate their children because they are not always with their children.” - Girl

“In most cases that happens with what we call peer pressure [...]. Most [teenagers] are still in school and some are wealthy and some poor. One of them goes with money for instance during the break, and others go with nothing. That one who goes with nothing begins to ask ‘how I am going to get food at the break?’ One guy will approach her and tell her that if she accepts him, she will be given money and she won’t starve. Because of that circumstance she will fall for that, without knowledge about how to have sex and will get pregnant. So, it’s most important to work with parents. Because parents have no time teach their children on how to protect themselves. Children are falling for bad influence. They can’t see good and they only see bad nowadays. If parents can work on that then things can change.” - Boy

Several recommendations were also made to improve access to specific services for HIV. It was recommended to provide peer-to-peer testing services, to continue sensitising people on how HIV is transmitted and the importance of getting tested, to provide safe spaces for HIV testing to avoid people seeing you getting tested, that parents should be supportive, and that people testing for HIV should visit door-to-door. However, one boy did not think this latter recommendation would solve the issue:

“But even door-to-door some will be scared because they don’t want their guardians to know about their status. I heard that when you test from a health facility and they discover that you are positive, they will force you to be on medication[...] that is one thing that is hindering youths.” - Boy

“Some of us who are kids are scared to go and face adults when testing for HIV. I would feel better if we were being tested by our peers. I would be free among fellow adolescents.” - Boy

Conclusions

This activity identified perspectives and experiences of adolescents in accessing SRH services.

Many adolescents had knowledge about SRH, contraceptives and risks of unprotected sex. While a large majority were aware of the importance of contraceptives and condoms, they did have some experiences of unprotected sex, in absence of a supportive environment to access SRH services, and in contexts of peer pressure, relationship expectations, and poverty.

Menstrual pads were generally unaffordable for girls. They depended on financial support of their parents or friends or took jobs to pay for them, but in many cases they also circumvented paying for them by improvising their own pads.

The attitudes of healthcare providers and other adults often put adolescents in uncomfortable situations. They were judged, questioned in their requests, or denied services.

Fortunately, some adolescents reported positive experiences as well. While adolescents encountered sex and sexuality either through their peers, relationships or online, the majority were not able to talk about SRH issues in their home environments, and were met with resistance and judgement from parents. While adolescents also faced other barriers in access, including lack of medicine availability, the foremost barrier seemed to be these attitudes and judgement faced from gatekeepers, such as their parents and healthcare providers, as well as the wider community.

The adolescents gave many recommendations to improve access to SRH services, which often related to a more friendly and welcoming service provision, better privacy measures, large scale awareness raising, peer-to-peer education and service delivery, outreach and service delivery in communities, and better communication between parents and their children.



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