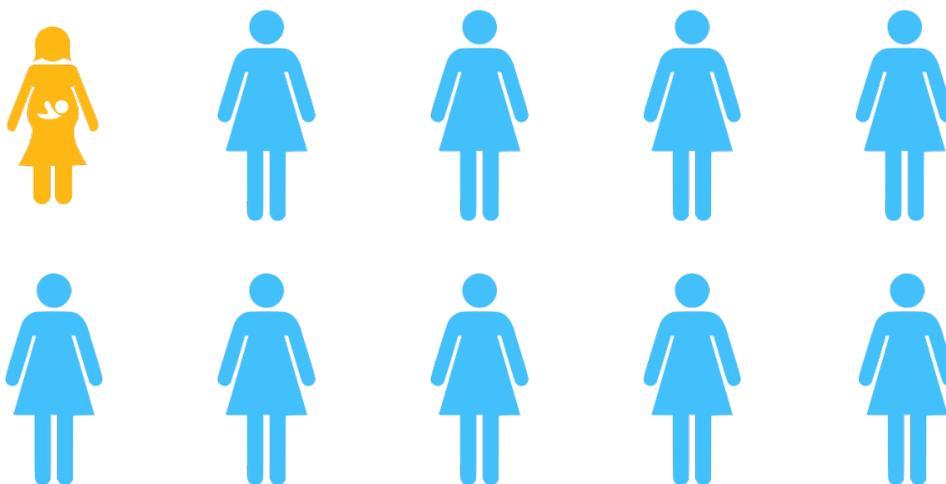


Adolescent Sexual and Reproductive Health

ZDHS 2015 Key Findings

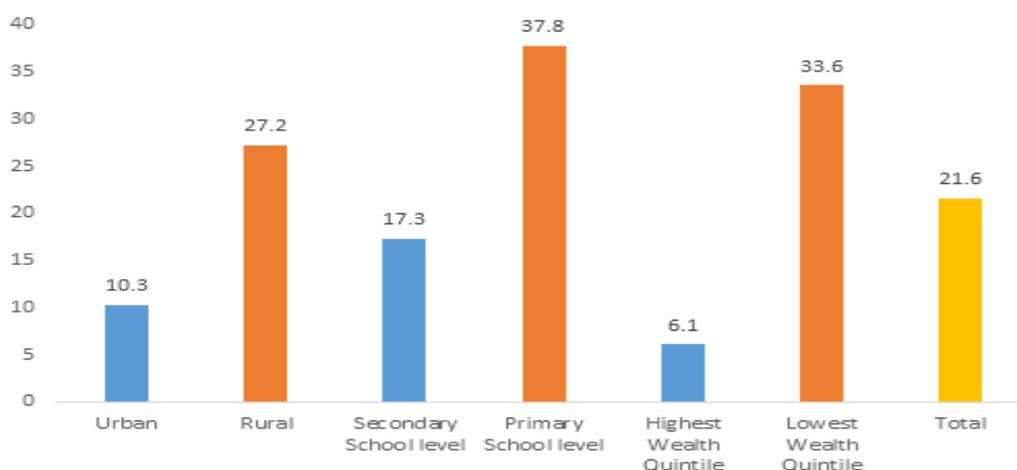
Adolescent Fertility Rate Remains High Among Young Girls 15-19 Years Old in Zimbabwe



Nearly 1 in 10 adolescent girls give birth every year

However, the fertility rate among 15 - 19 year old women has slightly decreased since 2010 (from 115 to 110)

Percentage of 15-19 year old women who have begun child bearing



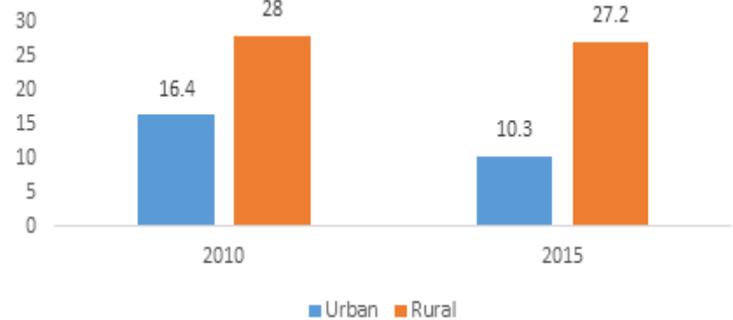
Adolescent pregnancy varies widely according to wealth, geographic location and education. It is more than twice higher among girls with primary education than among those who attended secondary school.



Teenage Pregnancy has Dropped in Urban Areas but not in Rural Areas



Percentage of 15-19 year old women who have started child-bearing



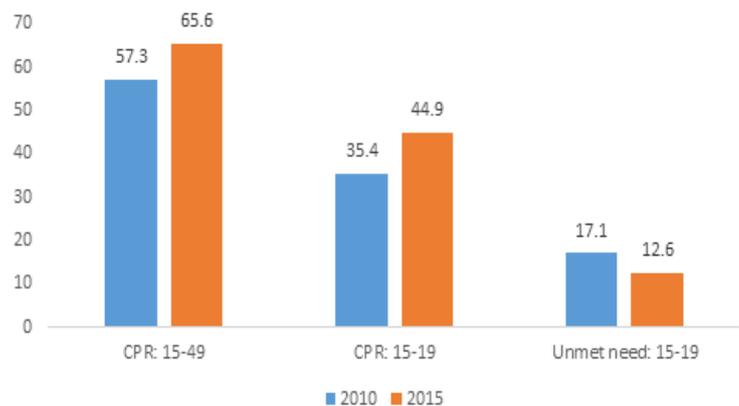
More Young Girls Use Modern Contraception and the Unmet Need has Decreased Significantly

Between 2010 and 2015, the proportion of women aged 15-19 currently married using modern contraceptives increased.



Unmet need for contraception among young girls decreased by 27% between 2010 and 2015.

CPR (modern methods) and Unmet Need

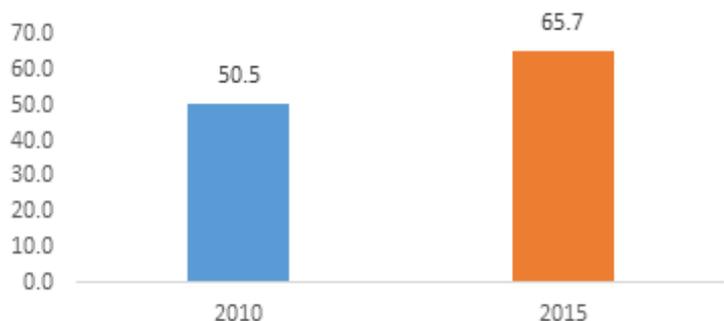


Young People are Protecting Themselves Better Against HIV



In 2015, young men at high risk were 30% more likely to use condoms than in 2010.

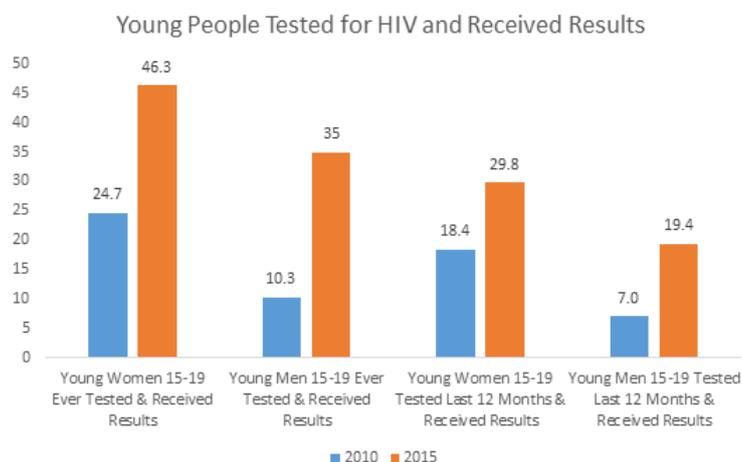
Percentage of young men 15-24 who had more than one partner in the last 12 months using a condom at last sexual intercourse



HIV Testing: The Percentage of Women 15-19 Who Tested Last Year and Received Results Increased by 61%.

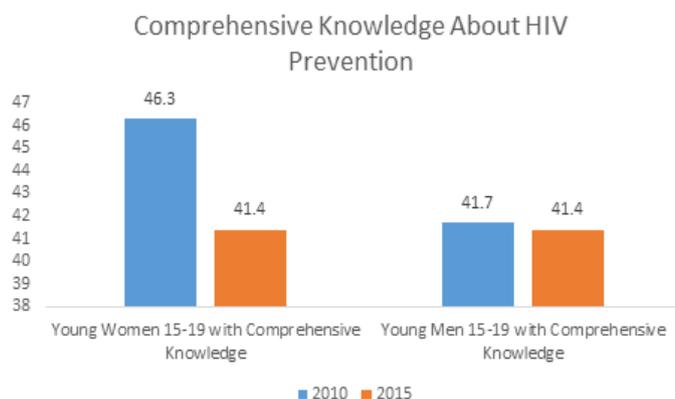


Almost three times more men have been tested in the past 12 months and received the results of the test.



But Less Than Half of Young People Age 15-24 With Primary School Level and of Those Living in Rural Areas Have a Comprehensive Knowledge of HIV Prevention Methods

Between 2010 and 2015, comprehensive knowledge about HIV prevention went down among 15 to 24 year-olds in general, especially among young women with only primary school education and among young people living in rural areas.



Where to Invest More?

The 2015 ZDHS brings good news with regards to the sexual and reproductive health of adolescents, with HIV prevention behavior and contraceptive use dramatically improving. However, the knowledge of HIV prevention methods among the most vulnerable youth is going down, teenage pregnancy is still too high and around half of 15-24 year old men and one third of 15-24 year old women have never tested for HIV. Hence, there is need for more efforts to;

- 1. Leave no-one behind** and reach the most vulnerable youth, especially young girls living in rural areas and those who are poor.
- 2. Keep girls in school** beyond primary level and strengthen comprehensive sexuality education to make sure they are empowered and able to make informed choices regarding their sexual health.
- 3. Conduct research** to understand why young girls use more contraceptives but teenage pregnancy is not decreasing proportionately.
- 4. Advocate on investing** in youth ensuring adolescent and youth are of good health, with access to quality education and decent employment. This is key for Zimbabwe to harness the demographic dividend.

UNFPA Work on ASRH

UNFPA ASRH programme adopts a comprehensive approach to influence behaviour change among young adolescents, tackling factors at individual, community and society levels. With the support of UKaid, Government of Sweden, Irish Aid, SDC and CIDA, UNFPA is able to expand the following interventions;

1. Comprehensive sexuality education (CSE) – Under the Safeguarding Young People (SYP) Program, UNFPA has supported both in and out of school CSE. This included supporting policy and strategy development, technical support to development of syllabi, teacher and learner materials. In 2015 **105 332** learners were reached with sessions on life skills education in schools.

2. Out of school vulnerable adolescent girls (10-19 years) are recruited into girls only clubs and mentored under the Sista2Sista program in order to enable them to make informed sexual and reproductive health decisions. This program has reached over **23 000** girls and recorded a pregnancy rate of less than 1% among the recruited girls.

3. Youth friendly health services were supported through the public sector through the ISP, to encourage uptake of integrated SRH and HIV services including family planning. This included training of specific service providers as well as sensitization of all staff. In 2015, at least **98 000** young women aged 16-24 were reached with family planning services.

4. Working with parents and the community to encourage young people to adopt responsible SRH behavior a parent to child communication program, Let's Chat, is being piloted in Hurungwe district, Mashonaland West in Zimbabwe.

5. The community is mobilized through the involvement of community leadership in establishing youth friendly services and through youth open days promoting adolescent sexual and reproductive health such as condom use and HIV testing.

6. National policy: UNFPA has supported development of various policy documents inclusive of the Primary and Secondary Education Life Skills, HIV and AIDS Education Strategy, National ASRH Strategy as well as research and assessments, including the review of ASRH interventions.



Appreciation goes to the following partners who have provided financial and technical support to the ZDHS:

