SHE SOARS ZAMBIA KEY BASELINE FINDINGS

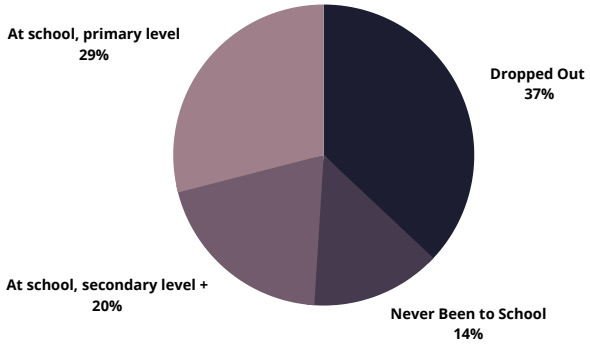
The SHE SOARS baseline survey was conducted between January and February 2022 in Chadiza, Kasenengwa and Mambwe districts of Eastern province with 963 households participating. A household coverage survey was employed targeting adolescent girls (15-19 years) in-school and out-of-school and their household members.

Photo credit: CARE/Peter Caton

IN ZAMBIA GIRLS 15-19:

- 24% are mothers
- 9% are married
  73% have a partner
- 54% do not have contraceptive needs met
- 48% can make their own SRHR choices

GIRLS' 15-19 ACCESS TO EDUCATION

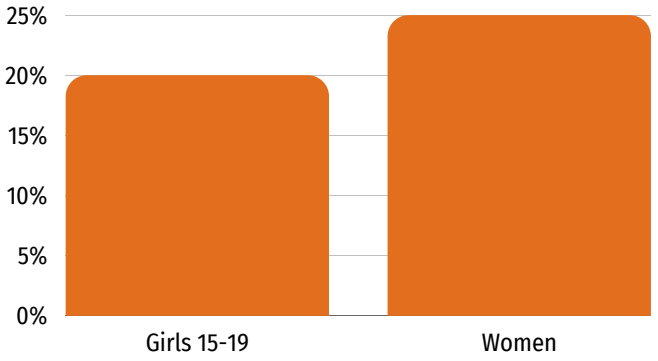


ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH & RIGHTS SERVICES & INFO

- 45% of girls and 40% of boys satisfied with SRHR services at health facility
- 34% of girls feel comfortable talking about contraception with their mother
- 19% of boys feel comfortable talking about contraception with their father
- 23% of girls own a mobile phone

AUTONOMY TO MAKE HEALTH DECISIONS

% total who strongly agree/agree women can go to health facilities and take contraceptives without permission from parents or partner:



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RESTLESS DEVELOPMENT

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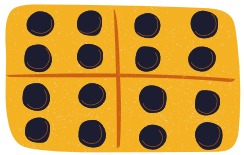
SHE SOARS ZAMBIA KEY HIGHLIGHTS GENDER & POWER ANALYSIS

The SHE SOARS Gender & Power Analysis accompanies and augments the baseline quantitative household survey and explored current knowledge, beliefs, attitudes, behaviors, and practices related to sexual reproductive health and gender equality among adolescents, particularly those out-of-school, and how this influences behaviors and practices. Multiple data collection methods, were used including in-depth interviews and focus group discussions.

ACCESS TO SERVICES

Adolescents are perceived by the community as too young to access SRHR services and adolescents said they feared being reported to their parents.



Contraceptives are perceived to be for those who are married or have children. Widespread myths and misconceptions prevail related to contraception and infertility. Adolescents with disabilities and out of school adolescents faced greatest barriers to services.

FACILITY BARRIERS

In general, mainstream health facilities were often not setup for adolescent needs, health worker attitudes discouraging their access, and confidentiality and privacy rights not adhered to.

GENDER BASED VIOLENCE

Violence was reported by both girls and boys as being prevalent in their communities, including intimate partner violence, sexual violence, child marriage, early and forced marriage, and harmful traditional practices.

"There are instances where you ask a girl out and she accepts you. She asks for money and you give her, but when you ask to have sex with her, she refuses. So you will entice her to go to a place where you are just alone and sexual assault her. If she reports you to the community, you beat her up." Adolescent Boy, Kasenengwa, Zambia

MOTHERS AS ALLIES

While adolescent girls and boys were supported in these endeavours by teachers, religious leaders, friends, and siblings, it was their caregivers (especially mothers) who were consistently named as their biggest supports.

BURDEN OF PREGNANCY

The volume of chores facing adolescent girls was also found to be an impediment to their access to public space and engagement with formal services.

BODILY AUTONOMY

Adolescent girls appear to have limited control over when and with whom they have sex, as well as who they will get married to. Transactional sex was a significant part of life for adolescent girls.

"A man is the only one who makes decisions on whether to have sex or not. A girl just listens to a man." Adolescent Girl with a Disability, Kasenengwa, Zambia.

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SHE SOARS ZAMBIA KEY HEALTH FACILITY ASSESSMENT FINDINGS

The SHE SOARS Health Facility Assessment was carried out between February and April 2022. The main goal was to inform interventions and indicators about availability of comprehensive ASRHR services, as well as infrastructure, personnel and training, and environmental considerations such as medical waste management and infection control. A cross-sectional study with mixed approaches was conducted in 41 primary health facilities in the districts of Chadiza, Kasenengwa and Mambwe districts of Eastern province, Zambia.

AVAILABITY OF YOUTH FRIENDLY SRHR SERVICES

- 7% of Health facilities currently providing youth-friendly services*
- 9% with full availability of contraceptive methods on the day of assessment
- 46% of facilities required parental consent to access SRH services by adolescents
- 12% of facilities had a copy of the National ASRH guidelines
- 21% of female and 31% of male Health Care Providers trained on ASRH service provision

GOVERNANCE STRUCTURES

19% of facilities had governance structure with participation of adolescents and other community members

INFRASTRUCTURE

59% (24 out of 41) of the facilities surveyed in Zambia have an available source of power 24 hours a day

83% of facilities have regular access to clean water

OUTREACH TO ADOLESCENTS

A total 3,148 adolescent girls and 2,259 adolescent boys 15-19 reached through outreach activities over last 12 months

Photo Credit: CARE/Shantelle Spencer

*youth-friendly services were evaluated by assessing whether separate consultation spaces were available for adolescent clients, providers' obligations and adolescents' rights are clearly posted, whether a separate or discreet entrance for adolescent clients existed, and whether communication between reception staff and visitors cannot be overheard.