

# STATUS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN ZAMBIA

## Comprehensive Sexuality Education and Adolescents Sexual and Reproductive Health

*This brief is Part 2 of a three-part series entitled “Status of Sexual and Reproductive Health and Rights in Zambia,” reporting on progress, gaps, and existing challenges in SRH&R.*

In 1994, the International Conference on Population and Development (ICPD) affirmed that Sexual and Reproductive Health and rights (SRH&R) are human rights. Pursuant to this, several international instruments contributed to global consensus on how reproductive health rights are intrinsically linked to other fundamental human rights. The Government of the Republic of Zambia (GRZ) has fully committed to fulfilling the SRH&R of all people by ratifying 11 international instruments of law (seven global and four regional treaties) (see Table 1).

In addition to ratifying global and regional treaties, Zambia has also committed to achieving Sustainable Development Goals (SDGs). Some SDGs directly relate to SRH&R. These are: ensuring healthy lives and promoting well-being for all at all ages (Goal 3); ensuring quality education for all (4); achieving gender equality and empowering all women and girls (5); reduced inequalities (10); and enhancing partnerships to achieve SDGs (17). Other SDGs have an indirect effect on SRH&R. These include decent work (8), and peace, justice, and strong institutions (16). Government is therefore obligated to ensure that it respects, protects, and fulfils every person’s rights.

Using a human-rights-based approach, the Government of Zambia under the leadership of the Human Rights Commission, and in collaboration with the United Nations Population Fund, Office of the High Commissioner for Human Rights, Women and Law in Southern Africa, and with technical facilitation by the Population Council, conducted an assessment of the status of SRH&R in the country guided by a global assessment framework (see Table 2). The aim was to assess Zambia’s commitment to fulfilling government obligations on seven SRH&R–related themes. The themes, selected through a consensus-building approach, are:



(1) access to contraceptive information and services; (2) access to safe abortion and postabortion-care services; (3) maternal health care; (4) prevention and treatment of HIV; (5) comprehensive sexuality education; (6) violence against women and girls; and (7) rights of marginalised populations, particularly adolescents and sex workers. The working questions were:

- a) Do national SRH indicators show that Zambia is meeting the sexual and reproductive rights of all of its people?
- b) Are the country's existing laws, policies, financing mechanisms, budgetary allocations, implementation measures, monitoring and evaluation, and remedial and redress mechanisms respecting, protecting, and upholding SRH&R in Zambia?

## KEY FINDINGS

Overall, under each theme, based on the assessment framework and informed by desk reviews and consultative processes, Zambia is making steady progress in fulfilling SRH&R, although challenges still remain.

## Comprehensive Sexuality Education

### Human Rights Considerations and Government Obligations

All people have a right to scientifically sound information on SRH&R. Comprehensive Sexuality Education (CSE) guarantees that opportunity. CSE empowers adolescents by enabling them to make informed SRH decisions and choices that will help prevent teenage pregnancy, sexually transmitted infections, and ill health in general. The African Charter on the Rights and Welfare of the Child (Articles 11 and 27) protects young people from exploitation and provides for their right to education and information. The government has an obligation, therefore, to provide CSE to both in- and out-of-school adolescents.

### Legal and Policy Environment

In 2011, GRZ enacted Education Act No. 23. In Section 108(1)(i), the Act empowers the Minister of Education to amend the curriculum to introduce CSE. In 2014, GRZ completed the development of the CSE curriculum, and it has been rolled out to all schools, targeting children aged

10–24 in grades 5–12. In 2015, a curriculum for out-of-school adolescents was developed and plans were made to roll it out by the end of 2016. To ensure the successful implementation of CSE, teacher-training colleges are including it in their curricula. To make it accessible to adolescents, CSE has been integrated into various subjects such as Home Economics, Sciences, Social Studies, and languages.

### Gaps and Challenges

An analysis of in-school CSE shows that there is a discrepancy between what is stated in CSE as an expected outcome and what is in the policy at the school level. While one of the stated outcomes of CSE is preventing teenage pregnancy, CSE activities for achieving that outcome among girls in school have avoided discussions of the actual use of protection or contraceptives to meet the goal, instead it focuses on abstinence and delaying sexual debut (Birungi 2015).

Although CSE empowers adolescents by providing information and knowledge about reproductive health and rights, linkages between CSE and demand for and supply of SRH services to adolescents are limited. Lessons from HIV prevention indicate that information alone is not enough. Adolescents must not only learn about sexuality, but should have access to reproductive health services. This requires developing a comprehensive school health policy that provides guidance to the Ministry of General Education and the Ministry of Health on how sexually active adolescents can access reproductive health services, including contraceptives.

Some of the classes in which CSE has been integrated, such as Home Economics, are optional. The integration of CSE into both optional and compulsory subjects at higher grade levels raises questions about whether the “dose” of CSE offered will vary according to a subject's categorization as “optional” or “compulsory.” There is a need to monitor this situation and how CSE is integrated in the school curriculum, so it is not diluted as a result of infrequent teaching.

## Recommendations

Since CSE has just been rolled out in schools, it will be important for the government to evaluate its effectiveness—especially how it contributes to improved health outcomes for adolescents, including reduced teenage pregnancy, new HIV infections, and child marriage, and how it empowers adolescents and young people with life skills such as communication, assertiveness, and conflict-resolution skills.

## Adolescents Sexual and Reproductive Health

### Human Rights Considerations and Government Obligations

Adolescents have the right to an education, health, dignity, nondiscrimination, and quality of life. The Convention on the Rights of the Child (in Article 24) and the African Charter on the Welfare and Rights of the African Child (ACWRAC) (in Article 14) call on governments to “recognize the right of the child to the enjoyment of the highest attainable standard of health.” The ACWRAC (in Article 4) states, “In all actions concerning the child (person below age 18) undertaken by any person or authority, the best interest of the child shall be the primary consideration.” The government has an obligation to take into account the



evolving capacities of the adolescents and to provide services and empowerment programs that ensure their sexual and reproductive health and rights.

### Legal and Policy Environment

The government enacted the Education Act of 2011, which in Sections 14 and 15 provides that a person has the right to education and that basic education shall be free for every child. In Section 18, the Education Act prohibits child marriage and it does so for the purpose of ensuring that all children spend sufficient time in school.

The National Youth Policy and the National Plan of Action of 2015 aim to create an enabling environment that promotes the rights and obligations of adolescents and youth and to foster their participation in national development. In Section 4.3, the policy provides for the right of adolescents and youth to sexual and reproductive health. It pledges to increase access to a broad range of youth-friendly health services; to increase access to comprehensive, youth-friendly, gender-sensitive sexuality (family life) education; and to promote healthy living and responsible behavior among adolescents and youth. A national Plan of Action for the period 2015–2019 has been developed to implement the National Youth Policy.

The government has also rolled out the National Standards and Guidelines for Adolescent Friendly Health Services, defining the minimum package that health facilities should offer in order to provide friendly services to adolescents. The reentry policy, which was launched in October 2007, aims to ensure that girls who become pregnant while in school can return to school and continue their education.

### Indicators of Progress

In spite of the positive legal and policy environment, adolescents—and in particular adolescent girls—face many challenges as they transition from childhood to adulthood.

### *Child Marriage and Adolescent Pregnancy*

Although child marriage has declined from 42% in 2002 to 31.4% in 2014, it is still too high. It affects more girls than boys. Although the Marriage Act prescribes 21 years as the legal age for marriage, the practice of customary law



allows child marriages. Under customary law, the age of the person is immaterial for marriage. As long as a person has reached puberty, they are eligible to marry.

Similarly, adolescent pregnancy is high: 28.5% of girls aged 15–19 have ever been pregnant or had a live birth. In rural areas, 37% report ever being pregnant or having a live birth, compared with 20% in urban areas. Pregnancy leads to school dropout among girls. Between 2007 and 2014, a total of 120,024 in-school girls (103,621 in primary school and 16,403 in secondary school) became pregnant, and for many that marked the end of their education. Of the 103,621 girls who dropped out of primary school, only 38,948 (37.6%) returned to school, whereas of the 16,403 girls who dropped out of secondary school, only 9,712 (59.2%) returned. Pregnancy may lead to other complications such as unsafe abortions, which may cause injury and disability, fistula, and maternal death. Adolescents have no direct access to reproductive health services. Those who are under the age of 16 and are not married require parental or guardian consent to access SRH services, which is a barrier for many adolescents.

### Gaps and Challenges

- The majority of girls who become pregnant while in school (86%) are in primary school (10–14 years). This suggests that CSE and SRH services are not reaching that large section of adolescents—a problem requiring immediate remedial action.
- There is a need to make consistent the definition of a “child” under the law. Section 266 of the 2016 amended Constitution defines a child as a person below the age of 18, while an adult is defined as a person who has attained or is above the age of 19. It is not clear what the status of the person who is 18 years and 6 months is: an adult or a child? Government should expedite the amendment of several laws to align the definition of the child to the Constitution. For instance, Penal Code, the Anti-GBV Act of 2011, and the Juvenile Act Chapter 53 of the laws of Zambia define a child as a person below the age of 16, but the Employment of Young Persons and Children’s Act defines a child as a person below the age of 14. For purposes of adopting a child, the Adoption Act in Section 2(1) defines a child as a person who has not attained the age of 21 years, but does not include a person who is or has been married.



- The definition of marriage both in customary law and statutory law should exclude child marriage. Marriage must be defined by law as that which happens to a person above 18 years of age and must be voluntary and consensual.

## Accountability Framework

As part of accountability on SRH&R, Zambia's state party to the international conventions is obligated to report to the international community on its compliance with international human rights law. However, Zambia reports very late to relevant treaty bodies. For example, Zambia ratified CEDAW on 21 June 1985; the first report to the CEDAW committee at the United Nations was due 21 July 1986 but was submitted on 6 March 1991. Since then, Zambia has submitted two other reports, the most recent on 5 January 2010 after two reminders from the CEDAW committee. Similarly, Zambia ratified the Convention on the Rights of the Child (CRC) on 6 December 1991, and its first report to the CRC Committee was due on 4 January 1994. The report was submitted in November 2001, and the second report which was due on 4 June 2009 was submitted in August 2013. To ensure accountability, it is important that Zambia reports in a timely manner to relevant treaty bodies.

To accelerate the fulfilment of SRH&R of all people in Zambia, there is a need for government to increase the budgets for services and ensure that there is an accountability framework that holds government accountable to its commitments. Although the national budget for health reached 11.3% of the total national budget in 2013, it has dropped to 9.9% and 9.6% in the 2014 and 2015 budgets, respectively. These figures fall short of the Abuja Declaration in which African governments, including Zambia, committed to allocating at least 15% of their national budget to health. Zambia must work toward achieving that goal so that more resources are allocated to health and to SRH in particular.

The accountability framework does exist in the form of parliamentary committees, the High Court, the Human Rights Commission, and civil society organisations. However, it is fragmented and not well coordinated, which leaves the national accountability framework for SRH&R weak. There

is a need to strengthen the accountability framework to ensure that duty bearers are held accountable to their commitments to SRH&R in Zambia.

## Conclusion

In general, progress has been made in meeting government obligations to respect, protect, and fulfil the SRH&R of all people in Zambia. In most thematic areas assessed, statistics show improvements. For example, maternal deaths and HIV prevalence have significantly reduced; knowledge and use of FP services has improved, and postabortion-care services are available. Comprehensive Sexuality Education has been introduced in schools and progress is being made to ensure that CSE reaches out-of-school adolescents. National policies have been developed, and progressive laws have been enacted. There are bills (Marriage Bill and Child Code Bill) pending enactment into law that will contribute to improvements in meeting people's SRH&R needs in Zambia. In spite of these achievements, progress is very uneven across geographic locations and population segments. Women and girls in rural areas are disadvantaged—especially those who have limited education. Progress is too slow among rural populations and uneducated women and girls with regard to such issues as use of modern contraceptive methods and access to information on SRH, including FP, maternal health, and gender stereotyping. While urban areas enjoy relatively easy access to health and justice, this is not the case in rural areas where distances to health facilities and judicial services hinder people, particularly women and girls, from seeking services and redress in cases of abuse and rights violations.

Zambia must do much more to guarantee the rights of vulnerable populations. This report has established that data are limited regarding the numbers and needs of all vulnerable population groups present in the country. Data collection, and research into the SRH&R of these vulnerable groups, will be an essential step toward improving SRH&R. The involvement of vulnerable groups, through participation and enhanced accountability, can also play a role in improving SRH&R. Adolescents are a subset of vulnerable population groups that need attention. High teenage pregnancy, HIV prevalence, and child marriage are

all issues that require immediate attention to ensure that adolescents' SRH&R needs are met.

Examining barriers through the human-rights-based approach helps identify actions that need to be taken to improve SRH&R in Zambia. There is therefore a need to strengthen the accountability framework that will utilise human-rights-based approaches and hold GRZ accountable for fulfilling its human-rights obligations. This framework would monitor and ensure that the government is complying with international and national commitments while also using various national institutions, and government and nongovernment actors, to ensure implementation of the recommendations identified in the assessment, and ultimately achieve progressive attainment of SRH&R for all individuals in Zambia.



**Table 1: Global and regional treaties ratified by Zambia**

<b>Global treaties</b>		
	Treaty	Date of ratification
1.	International Convention on the Elimination of All forms of Racial Discrimination	4 Feb 1972
2.	International Covenant on Economic, Social, and Cultural Rights	10 Apr 1984
3.	International Covenant on Civil and Political Rights	10 Apr 1984
4.	Convention on the Elimination of All Forms of Discrimination Against Women	21 Jun 1985
5.	Convention on the Rights of the Child	6 Dec 1991
6.	Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	7 Oct 1998
7.	Convention on the Rights of Persons with Disabilities	1 Feb 2010
<b>African regional treaties</b>		
8.	African Charter on Human and People's Rights	1 Oct 1984
9.	Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa	2 May 2006
10.	African Youth Charter	16 Sep 2009
11.	SADC Protocol on Gender and Development	26 Nov 2012



**Table 2: Assessment Framework**

Themes assessed	Indicators of progress	Local laws guaranteeing SRH&R	Gaps and challenges in progressive realisation of rights
Access to contraceptive information and services Access to safe abortion and postabortion-care services Maternal health care Prevention and treatment of HIV Comprehensive sexuality education Violence against women and girls Rights of vulnerable populations	On each of these themes:  Are indicators showing improvements toward upholding the rights of all people in Zambia?	On each of these themes:  Are there laws and policies respecting and protecting the SRH&R of all people?  Are these laws and policies being fully enforced and implemented?	On each of these themes:  What are the legal and human rights gaps and challenges that should be addressed?

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