

THE SEXUAL REPRODUCTIVE HEALTH AND RIGHTS PLIGHT FOR ADOLESCENTS DURING THE COVID-19 PANDEMIC FACT SHEET



WITH SUPPORT FROM



INTRODUCTION

The COVID-19 pandemic sporadically spread across the whole world within the first few months of 2020. This presented the most serious global health crisis and high socio-economic costs and Zimbabwe is not spared. Its impact on the world's health facilities continue to rise and the economic toll remains unclear as there is continuous unprecedented recession due to partial and complete lockdowns of economies. This has curtailed access to social and health services in Zimbabwe especially Sexual and Reproductive Health and Rights (herein referred to as SRHR) and Gender-Based Violence (herein referred to as GBV) with a disproportionate impact on our adolescent girls, boys and young persons.¹ In response to this crisis Justice for Children (herein referred to as JCT) being supported by Sexual Reproductive Health Rights Africa Trust (SAT) started implementing a project titled: **Fighting gender based violence through increasing access to information and Sexual Reproductive Health Services (SRHS) by adolescents and young persons in the COVID-19 pandemic.** The project is targeted areas in Harare inclusive of Mbare, Epworth, Caledonia, Hopely, Chitungwiza, Budiriro, Glenview, Mufakose, Dzivarasekwa, Kambuzuma and Kuwadzana in a bid to identify issues around SRHR and GBV in the various communities so as to find ways in protecting adolescents from GBV through the promotion of their Sexual and Reproductive Health Rights. This fact sheet therefore provides a brief summary of the key findings of the plight of the adolescents in the said areas during the crisis, why there is need for a quick uptake of SRHS amongst adolescents and in addition a set of recommendations for key decision makers.

THE PLIGHT OF YOUNG PERSONS

Increased concerns of exposure to gender based violence continue to be recorded in various parts of the country due confinement as schools are closed.² From July to September 2020, Justice for children under the **Fighting gender based violence through increasing access to information and Sexual Reproductive Health Services (SRHS) by adolescents and young persons in the COVID -19 pandemic** project targeting Mbare, Epworth, Caledonia, Hopely, Chitungwiza, Budiriro, Glenview, Mufakose, Dzivarasekwa, Kambuzuma and Kuwadzana recorded 274 cases of sexual gender based violence in nature, a worrying number as cases of this nature are relatively not very high in times of normalcy.³ Many people, including young people, are facing high levels of anxiety and stress related to COVID-19. Young people are also affected by closures of formal education opportunities, depriving them of social engagement with their peers and educators. This has led to additional emotional unrest and anxieties as some of these young people continue engaging in voluntary and involuntary sexual activities due to idleness thereby putting themselves at the risk of unwanted teen pregnancies, STI's, HIV and AIDS and abortions etc. Furthermore, access to GBV services is constrained due to limited freedom of mobility and reduced availability of public transport thus, most -cases are being swept under the carpet. There is poor access to information on how the adolescents should protect themselves during this time of the novel corona virus pandemic as service provision is restricted to urban setups and service centres in rural communities as a result of lockdown restrictions on the service providers.

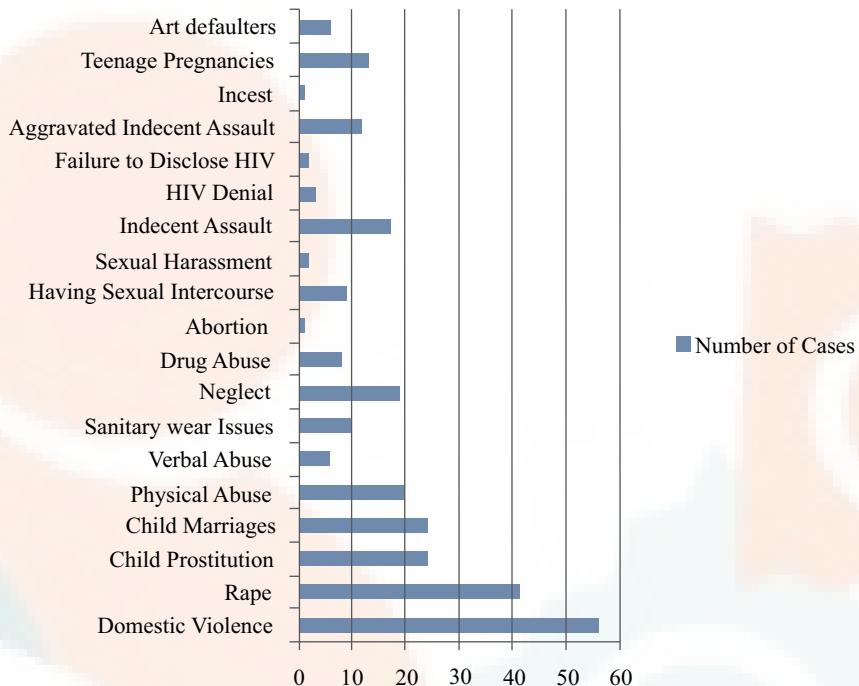
In areas like Hopley, Mbare, Glennview, Chitungwiza, Epworth, Budiriro and Kambuzuma young people are spending the day queued up at boreholes in order to fetch water for domestic use which has become a scarce commodity in these areas due to poor provision by city authorities. Some children are spending the night at these community water points such as borehole in a bid to access water thereby exposing these children to further abuses. In Hopley, Epworth, Caledonia etc some girls has resorted to prostitution due to escalated poverty so as to provide food for themselves and their families since some of the families are child headed as their parents succumbed to the deadly HIV/AIDS pandemic. Sexual abuse cases such as rape cases have been on the rise as most children are locked up with potential abusers thereby further exposing them to sexual gender based violence. Children are spending more time on their mobile phones thereby exposing them to a greater risk of cyber violence being perpetrated amongst themselves and from adults due to unmonitored online activities from their guardians. While the lockdown is necessary to contain the spread of the disease, there is need to put in place measures to cushion vulnerable children against the secondary effects of the pandemic. Thus, there is need for continuous support and consented collaborative efforts from all key players so as to provide requisite SRH services provisions to the adolescents and young people in this Covid-19 era.

¹ <https://reliefweb.int/report/zimbabwe/wellbeing-young-zimbabweans-depends-access-youth-friendly-sexual-and-reproductive>

² ussp.org/sites/default/files/Talent%20Tapera%20Presentation%20Covid19%20%26%20SRH%20in%20Zimbabwe.pdf

³ www.jct.org.zw

SGBV CASES FOR SELECTED AREAS



WHY THE QUICK UPTAKE?

Although Section 76 of the Constitution of Zimbabwe guarantees access to health services for all citizens⁴ and specifies non-discrimination based on age, the National HIV Testing Guidelines of 2014 and the Public Health Act of 2018 limits the age to accessing Reproductive Health Services to HIV testing and counselling to 16 years. This has been cited as a major barrier in acquiring such services as parental consent is a requirement for service provision in all these guiding legal frameworks. With such reproductive Health care policies and legal frameworks that are ambiguous or restrictive in nature, barriers become evident for both adolescents seeking services and health-care service providers after exposure. As a result, adolescents and young persons are largely constrained by the 'parental and third party consent' requirements as defined by the national policies and also the reliance on health-care service providers' judgement to assess their 'capacity or eligibility to consent' in making Reproductive health decisions. The majority of young people still struggle in accessing youth-friendly services at hospitals as most healthcare providers are not prioritising these services during this lock down era. Most health institutions are turning away people in the name of attending to health emergency cases thereby denying young persons access to services⁵. These policies, or lack thereof, have the potential to restrict the capacity of the health-care providers to make critical decisions in fear of legal action. Thus, retention of the right of consent to Reproductive Health-care Services by parents or third parties has prevented access to these services where minors are sexually active and are at risk.

⁴ Constitution of Zimbabwe Amendment (No.20) Act 2013

⁵ <https://www.bmjjournals.org/content/370/bmjm3267>

RECOMMENDATIONS TO POLICY MAKERS

- Prioritize movement of key case management staff to ensure they can support survivors and offer transportation options to survivors who need to reach services.
- Amendment of the Public Health Act of 2018 to repeal restrictions on accessing Reproductive Health-care Services by persons aged 12 years and above, that includes HIV testing, pre and post counselling, access to contraceptives and other pregnancy prevention and management tools for adolescents and young people.
- Ensuring proper administrative measures to monitor and provide clinical and non-clinical SRHR services including community based services for persons less than 12 years together with protection of service providers.
- Inclusions in the Child's Justice Bill of provisions ensuring access to reproductive health services for adolescents and young people aged 12 years and above.
- Realignment of all other appropriate legislation to ensure consistency among policies guaranteeing access to critical and often lifesaving health care services for adolescents and young people.

BIBLIOGRAPHY

- Child Justice Bill, 2019
- Children's Amendment Bill, 2017
- Constitution of Zimbabwe, Amendment (No. 20) Act, 2013
- Justice for Children publication on the Age of Consent, Sexual Intercourse with young persons and Access to sexual reproductive health care in Zimbabwe, Harare, June 2019.
- Medicines and Allied Substances Control (General) Regulations 1991, Statutory Instrument 150 of 1991.
- Public Health Act [Chapter 15:17]
- SRHR Africa Trust (SAT) Global Legal Review on Age of Consent: Zimbabwe Country Report
<https://www.bmjjournals.org/content/370/bmj.m3267>
- <https://reliefweb.int/report/zimbabwe/wellbeing-young-zimbabweans-depends-access-youth-friendly-sexual-and-reproductive>
- ussp.org/sites/default/files/Talent%20Tapera%20Presentation%20Covid19%20%26%20SRH%20in%20Zimbabwe.pdf
- www.jct.org.zw

FOR MORE INFORMATION

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