



THE IMPACT OF TEENAGE PREGNANCY ON GENDER EQUALITY IN ZAMBIA



In Zambia like many other countries, early pregnancy is associated with early marriages, complications for the newborn, discrimination, financial challenges and school dropouts among others. Early pregnancy also poses a huge problem for the health and development of pregnant young girls. Adolescent pregnancies are considerably higher in rural than urban areas and in the lowest wealth groups compared to those who are relatively well to do. Just like in many other countries in the sub-Saharan region, Zambia still records significantly high numbers of teenage pregnancies. For example, in 2021 Zambia's Ministry of Health recorded 29% pregnancies among teens nationally - the leading provinces included Eastern (27.5%), Southern (25.2%) and Central (25.1%) (Adolescent health Annual review report, 2021). Additionally, the 2018 Zambia Demographic Health Survey suggests that 29% of young women between the ages of 15 and 19 are already mothers or pregnant with their first child.

Factors contributing to teenage pregnancy

Population Council, UNFPA, and Government of the Republic of Zambia (2018), believe that factors associated with teen pregnancy are complex and tend to be intertwined and fostered by various social, economic and sexual-relations patterns that are further influenced by other underlying issues such as age, peer-group experiences, gender dynamics, and vulnerabilities that teens find themselves in. Some of the key factors identified included;

Unfriendly youth services: Despite the youths citing health centers as (potential) sources of reproductive health information and services such as contraceptives and abortion, feedback indicated that reproductive health services are not youth friendly. Stigma from health personnel was cited as one factor preventing youths from accessing sexual and reproductive health services. For instance, youths complained that the health waker are often judgmental when youths visit the clinics. They are faced with discouraging remarks from health workers who sometimes share their personal beliefs when offering medical services.

Access to sexual reproductive health services: A recent study by MoH found that many public clinics in Zambia are hard to access especially in rural areas due to long distances and normally youths would need to stand in long queues to get help. Private clinics were found to be too expensive for many youths.

Impacts of teenage pregnancy in Zambia

Globally, maternal mortality is second among the top 5 causes of mortality for girls aged 15-19 (Early childbearing and teenage pregnancy rates by country - UNICEF DATA). Teen pregnancies are considered to be high risk pregnancies because of the physical aspects of a teen being pregnant and the social-economic implication. Depression in a pregnant teen may lead to unsafe abortion, which can result in severe pregnancy complications and maternal death. Low antenatal care attendance which is mostly due to stigma from the community may cause complications and have negative effects on both mother and child.

Associations between Teenage pregnancy and Gender Equality

The association between teenage pregnancy and gender equality is very significant in addressing the adolescent health related issues. Gender is a society's way of assigning roles, functions and responsibilities between women and men. It is the result of socio-cultural construction and can change over time. Gender equality is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviors, aspirations and needs equally, regardless of gender (Sulistiyanto, 2022).

The relationships between teenage pregnancy and gender equality influences the health outcomes of girls. In a community where girls and boys have equal opportunities for education, the number of teenage pregnancies reduces significantly (Sulistiyanto, 2022). As a result, the girl child would not have any interruption in schooling. Adolescent girls' lack of empowerment impacts on sexual activity which contributes to the high teenage pregnancy. The lack of knowledge is also a key factor in accessing services. For example, male adolescents have more perceptions that those who use contraceptives are women

Furthermore, being a parent while still in high school comes with a number of financial and social challenges for young mothers. They are less likely to complete school and enroll in a postsecondary institution of higher learning. Due to their lack of educational success, they would

struggle to obtain suitable jobs. They depend more heavily on government help and have lower incomes. Therefore, teen mothers will not have the equivalent opportunity to specific resources as a result the gender equality is compromised. Children from teenage mothers are likewise at a disadvantage. Boys tend to be more impacted than girls, with lower levels of cognitive functioning and greater behavioral and emotional issues. Teenage mothers' children perform poorly academically and are more likely to become pregnant themselves. Teen women may also have less understanding about child parenting than older mothers and may provide their new-borns with less possibilities for stimulation (Furstenberg & Brooks, 1990).

Interventions to help reduce Teenage pregnancy

Many prevention programmes have been designed to reduce the number of teenage pregnancies and sexually transmitted diseases (STDs) in Zambia. Despite these interventions, teenage pregnancies remain a major public health problem with lasting repercussions. The rates of adolescent pregnancies are higher in rural areas, where 37% report ever being pregnant or having a live birth compared with 20% in urban areas. When analyzed by province, there are significant differences between urban and rural areas in each province. The highest rates are in rural communities of northwestern and western provinces where the proportion of ever pregnant females was 44% and 43%, respectively, while urban areas in these provinces was 34%. Adolescents in the lowest wealth quintiles are more likely to become pregnant than those in the highest quintiles. This suggests that being poor and living in rural areas predisposes adolescents to early pregnancy (zambia.unfpa.org).

Adolescents need regular healthcare services to receive comprehensive sexual and reproductive health counselling. The health care provider plays a key role by engaging adolescent patients in confidential, open and non-threatening discussions of reproductive health, responsible sexual behavior (including condom use to prevent sexually transmitted disease), and contraceptive use (including the use of emergency contraception). If possible, this dialogue should begin before initial sexual activity and continue throughout the adolescent years. Furthermore, health care providers should link prevention of sexually transmitted diseases when counselling sexually

active teenagers. Condom use should be encouraged in all sexually active teenagers, regardless of whether another contraceptive method is used (As-Sanie, 2004).

Call To Action

Ending teenage pregnancy requires work across all sectors and at all levels. All stakeholders need to ensure that girls are aware of their sexual and reproductive health and rights, are protected from abuse and connected to youth friendly education and health services. This will support the key decisions they make about their futures and bodies (plan-international.org). All stakeholders need to demand that the government, through the ministry of health, strengthen national health systems, implement comprehensive education on sexuality, relationships in and out of schools and provide affordable, safe contraception to tackle the root causes of adolescent pregnancy. We also need to do more to support pregnant girls and young mothers to continue and complete their education (Ibid). Additionally, we need to support communities in recognizing, analyzing and deconstructing the social and gender norms that place women and girls at a disadvantage in all societies (Op cit).