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Examining Sexual and Reproductive Health Experiences Encountered by Orphan and Vulnerable Adolescents in Harare, Zimbabwe

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Abstract: This study examined the sexual and reproductive health experiences encountered by orphan and vulnerable adolescents in Harare, Zimbabwe. Hence, it was guided by the hermeneutic phenomenological research philosophy. This philosophy is anchored on the idea that the real-world experiences of research participants are the best way to understand problems that human beings face in their everyday lives. A qualitative phenomenological research approach was employed in this study. The result of adopting a qualitative phenomenological research approach was motivated by the prospect of gaining rich and relevant data from credible sources using naturalistic data collection methods. A purposive sampling technique was used to select research participants. A sample of fifty participants, thus 30 females and 20 males were purposively selected. Data was collected using phenomenological observation, in-depth interviews, and focus group discussions with research participants aged 12 to 18 years. Interpretative Phenomenological Analysis (IPA) was employed to analyse the data collected, and three themes emerged, thus reproductive health and contraceptive issues, risks encountered by OVA, and access to medical attention and experiences with health care providers. The study recommends that the government through the Ministry of Health and Child Care should intensify interventions in sexual and reproductive health by providing enough resources to meet the needs of health service providers and orphans and vulnerable adolescents.

Keywords: Sexual and Reproductive Health, Orphan and Vulnerable Adolescence, Orphans and Vulnerable Children, Sexual Health, Health Care Services

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INTRODUCTION

The numerous experiences that confront adolescents today leave them scampering about. They do not seek advice and do not know they have problems. Moreover, the aunts, uncles, grandmothers, and grandfathers who used to be compasses to help and guide orphans and vulnerable children on their journey of life are no longer active and some are no longer even there due to changes in the family structures. The subject of sexual and reproductive health is secretive among families today, yet it is a great challenge to orphans and vulnerable adolescents (OVA). These children indulge in risky activities and more often than not are not conscious of the consequences of their behaviour. This lack of information and awareness becomes a problem warranting attention. This results in them facing various sexual and reproductive health challenges. Hence, this study sought to examine sexual and reproductive experiences encountered by orphans and vulnerable adolescents in Harare, Zimbabwe.

PURPOSE OF THE STUDY

The study sought to examine the sexual and reproductive health experiences encountered by orphan and vulnerable adolescents in Harare, Zimbabwe

BACKGROUND TO THE STUDY

Studies revealed that there are more than one billion adolescents in the world aged 10 to 19 years (UNFP, 2019). Despite their numbers, they have not traditionally been considered a health priority since they have lower mobility and mortality than younger and older groups. Nonetheless, in areas such as sexual and reproductive health, adolescents suffer disproportionately (Murimba, 2014). The Zimbabwe Population and Housing Census report (2022) established that of the 7,120,506 children aged 0-17 years, 562,872 (7.9%) were orphans. The study further revealed that a total of 127,561 or 18.9 percent of women aged 20-24, were married or got into union before attaining the age of 18. Adolescence is an unpredictable stage in the development of human beings. UNAIDS (2018) highlighted that this stage stretches between 10 years to 18 years. The adolescents are besieged by various sexual and reproductive health experiences such as unwanted pregnancies, early sexual activities, challenges around contraceptive access and use, stereotypical attitudes, exploitation, and abuse orientation, HIV/AIDS and other STI are some of the sexual and reproductive health issues young people battle with on daily basis (Ngulube, 2019). Studies established

that the onset of puberty is usually the onset of sexual activity for many young people and issues of sex, sexuality, and reproductive health are shrouded in mystery to most of them. Recent studies in Brazil, Hungary, Kenya, and South Africa revealed that boys aged 15 to 18 years were reported to have sex before they were 15 years old (UNAIDS, 2015). Furthermore, in South Africa, 28 percent of children under the age of 18 engaged in various forms of sexual activities (Murimba, 2019).

A study by UNAIDS (2018) in Zimbabwe also established that similar trends exist in Zimbabwe, where almost 6 percent of adolescents indulge in sex before their fifteenth birthday. It is during adolescence that misinformation and misconceptions surrounding sex abound and behavioral traits get developed, reinforced, and fostered. Adolescents usually make choices that may either build or impact them negatively on their sexual and reproductive health. Lack of information leaves adolescents vulnerable and likely to be abused. Various studies revealed that many adolescent girls highlighted that their first sexual experiences were mainly forced.

A study in South Africa by UNAIDS (2017) revealed that many children engaged in sex for money, goods, or protection, with some highlighting that they had been raped. Adolescents who are orphans are more vulnerable to sexual abuse and exploitation. Jackson (2019) concurs that many orphans and vulnerable children both boys and girls are likely to sell sex as part of their survival strategies. Jackson (2019) furthermore revealed that girls often have far less say about the conditions of sex; they have far greater exposure to sexual abuse, and their lower socio-economic status and lack of economic options drive them more readily into transactional sex and the final injury. Girls are more easily infected than boys by unprotected sex and even if motivated they may lack the negation skills, and power to avoid it. Hence, such are the general experiences surrounding adolescents about their sexual and reproductive health.

Research Question

What are the sexual and reproductive health experiences encountered by orphan and vulnerable adolescents in Harare, Zimbabwe?

REVIEW OF RELATED LITERATURE

An Overview of Sexual and Reproductive Health

Health is not merely the absence of diseases, but also the physical, psychological, intellectual, spiritual, and social well-being of a person (WHO, 1948). Sexual health as defined by UNFPA (2009) is the state of physical, emotional, mental, and social wellbeing concerning sexuality. This definition brings to the fore the fact that a desired state of well-being is a basic human right and that indeed every individual is expected to achieve a state of complete wellness. Sexual and reproductive health encompasses several components. These components include STIs, HIV/AIDS, physical and psychological trauma due to sexual abuse. Studies revealed that in young girls, the components include unwanted/unintended pregnancy, pregnancy-related complications, childbirth, breastfeeding, use of contraception, exposure to diagnosis and treatment of sexually transmitted infections, and exposure to sexual violence and drug and substance abuse (Alliance, 2016). In young boys, premarital sex manifests itself in STIs and other sexual dysfunctions associated with sexual malpractices such as impotence (Ngulube (2014).

Access to Good Sexual and Reproductive Health: A Basic Human Right

A study by Ray and Jackson (2017) established that access to good reproductive health is a basic human right. The two further highlight that the sexual and reproductive health needs of young people should be met despite conservative and cultural resistance. Certainly, this right applies even to orphan and vulnerable adolescents in Harare. A general understanding of what reproductive rights are; is essential at this point.

In line with WHO (2015) reproductive rights rest on the ‘recognition of the basic right of all couples and individuals to decide freely and responsibly…to have the right information and means to do so, and the right to attain the highest standard of reproductive health, including the right to make decisions concerning reproduction, free of discrimination, coercion and violence as expressed in Human Rights document’. Sexual and reproductive health rights of women are seen to include access to sexual and reproductive health services and sexuality education, being able to choose a sexual partner, to decide to be sexually active or not and to decide freely the timing and spacing of their children (Indian HIV/AIDS Alliance, 2006).

Access to good quality reproductive services including giving the adolescents reliable advice and support to make choices. The adolescents need to know that they can get HIV, STIs and that girls can get pregnant the first

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time they indulge in sex. Condoms can have what is known as dual protection, which is protection from HIV and unwanted pregnancies (Muramba, 2014). Another study by Ray *et al.* (2018) revealed that it is a triple tragedy when young women are infected with HIV, get pregnant without wanting to, and then give birth to an HIV-positive child.

Female Adolescents and their Sexual and Reproductive Health

The Indian HIV/AIDS Alliance (2006) established women face vulnerabilities due to poor knowledge of their sexual and reproductive health. They are exposed to reproductive tract infections, particularly sexually transmitted infections. Given the generally low status of women in many developing countries. It is critical to point out that the sexual and reproductive health risks they face remain multifaceted. A study by Menon *et al.* (2015) further revealed that women face other infections in their reproductive system apart from the infections acquired through sexual contact. These may be caused by the overgrowth of bacteria and other organisms that normally live inside the vagina; lack of personal hygiene such as not keeping the genitals clean or not using clean, soap-washed, and sun-dried cloth or sanitary wear or even not changing sanitary wear frequently (Russell, 2017). Likewise, lack of cleanliness and hygiene during and after delivery.

The situation could be worse for OVA who have virtually no means of getting sanitary facilities. These children are subjected to extreme sexual violence. Furthermore, studies have established that adolescent girls in more vulnerable communities such as Mabvuku, Tafara, and Eastview are more likely to die from reproductive health-related causes than their counterparts in affluent areas communities. The situation of girls in poor communities needs further scrutiny as differences exist between adolescent OVC and adolescent girls with well-to-do families. Orphans and vulnerable adolescents have challenges that differ significantly from their colleagues with good backgrounds (UNFPA, 2009). Societal norms for adolescent sexual behavior indirectly approve of male sexual activity, but not of females. In African society, this process of socialization tends to put girls at a disadvantage. The UNFPA (2022) contends that it is quite apparent that female adolescents, compared to their male counterparts face disproportionate health concerns following puberty. Foremost among these are too early pregnancy and frequent childbearing (Ngulube, 2018).

Studies revealed that male adolescents, for their part, often lack a sense of shared responsibility for sexual and reproductive matters and respect for reproductive. Hence WHO (2014) highlighted that such a scenario helps perpetuate traditions in many developing countries that encourage early marriage followed quickly by a first and subsequent birth. Even where these influences are waning, lack of sexual and contraceptive knowledge, along with difficulty in obtaining contraceptives results in continued early childbearing among adolescent orphans and vulnerable children in Harare. According to a report produced by UNFPA (2014), approximately 15 million young females aged 15-19 give birth each year, accounting for more than 10 percent of all babies born worldwide. Only 10 percent of them use contraception. Young mothers, especially those under the age of 16 have an increased likelihood of serious health risks. The risk of death in childbirth is five times higher among 10-14-year-olds than among 15019 years old, and in turn, twice as high among 15-19-year-olds as among 20-24-year-olds.

METHODOLOGY

The current study was guided by the hermeneutic phenomenological research philosophy. Nigar (2020) and Van Manen (2014) highlighted that this philosophy is anchored on the idea that the real-world experiences of research participants are the best way to understand problems that human beings face in their everyday lives. Phenomenology focuses on a specific aspect of life that affects a group of people who share common experiences. Past and contemporary scholars (Husserl, 1970; Howitt, 2010; van Manen, 2014; Vagle, 2018) concur that phenomenology aims to enable the researcher to provide a detailed description of the subject matter, and the phenomenon being studied. Zahavi (2018) argued that as a research philosophy, in this case, phenomenology is concerned with the core of phenomena as they are experienced by people in their real-life experiences. This view is aligned with Vagle (2018), who understood that a clearer view of a problem (phenomenon) affecting people in society could be perceived better if described by the people who experienced it in everyday life. In line with this philosophy, this study sought to examine the sexual and reproductive health experiences encountered by orphan and vulnerable children in Harare, Zimbabwe. A qualitative phenomenological research approach was further employed in this study. The result of adopting a qualitative phenomenological research approach was motivated by the prospect of gaining rich and relevant data from credible sources using naturalistic data

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collection methods. Guided by qualitative research principles, this study used interviews and focus groups to gather data. The qualitative phenomenological approach allows and gives opportunities for the researcher and participants room to interact face-to-face (Elmusharaf, 2012; Hesse-Biber & Leavy, 2011). This is so because the qualitative approach advocates for the gathering of data in a natural setting, without disturbing the natural flow of the participants' daily activities (Flick, 2014; David & Sutton, 2011; Alvermann & Mallozzi, 2010). In this study, the researcher adopted qualitative methods for this particular study because the researcher wanted to interact with the participants in their natural setting to get their honest views on the phenomenon under study. The researcher believed that conducting the study using this approach would enhance the credibility of the research data (Rossman & Rallis, 2012; Marshall & Rossman, 2011). A purposive sampling technique was used to select research participants. Studies established that the strength of purposive sampling techniques is rooted in the identification of relevant and rich sources of data by employing this sampling technique, participants were chosen for their suitability, availability, and ability to provide the required data (Creswell & Poth, 2017; Elmusharaf, 2012). A sample of fifty participants, thus 30 females and 20 males were purposively selected. Data was collected using phenomenological observation, in-depth interviews, and focus group discussions with research participants aged 12 to 18 years. Interpretative Phenomenological Analysis (IPA) was employed to analyse the data collected. Alase (2017) states that interpretive phenomenological analysis (IPA) 'is a qualitative research approach interested in examining how people make sense of their life experiences'. IPA provides the researchers with the best opportunity to understand the innermost deliberations of the life experiences of research participants, hence IPA is participant-oriented (Alase, 2017). As an approach, IPA allows the use of interviews and FGDs so that participants may express themselves and their lived experiences' stories freely. The current study used IPA because the aim was to explore the sexual and reproductive health experiences encountered by orphan and vulnerable adolescents in Harare, Zimbabwe. Various scholars (Corbin, Strauss & Strauss, 2014; Creswell, 2014; Kour, 2014; Carey & Asbury, 2012; Kaiser, 2009; Kvale & Brinkmann, 2009) emphasized the importance of observing ethical considerations in studies that involve human beings. In this regard, this study observed ethical considerations in line with the research ethical principles and guidelines laid down in various ethical codes including the APA Ethics Code, Declaration of Helsinki of 1964, and Code of Nuremberg of 1947 among others (Citizens Commission on Human Rights United Kingdom, 2010; Mason & McCall Smith, 2010)

FINDINGS AND DISCUSSION OF RESULTS

Interpretative phenomenology analysis was employed and three themes emerged, thus reproductive health and contraceptive issues, risks encountered by OVA, and access to medical attention and experiences with health care providers.

Reproductive Health and Contraceptive Issues

The study established that the most common sources of information on sexual and reproductive health for OVA are peer educators and staff from non-governmental organizations working in the local communities. The peer educators mainly attend workshops where they receive training on how to help their counterparts. Peer educators remain the most readily available source of information for their colleagues since they have been equipped with much information that always gets updated regularly. The study further revealed that peer educators disseminate information on different topics to their colleagues. The information includes issues such as STIs, HIV/AIDS, health and hygiene as well as drug and substance abuse. One of the participants revealed that it is easier to discuss issues to do with sexual and reproductive health with peer educators since we are of the same age group. She says:

"I think it is better to talk to a friend; it is difficult to talk about these issues with parents or other caregivers as they may think that I now want to start sleeping around with boys… I feel comfortable talking to the counselors from NGOs, as they do not judge you instead they give you the correct information."

However, it has been highlighted that most of the information available to the orphan and vulnerable adolescents on sexuality and reproduction health is usually written in the English language, hence not all the orphans and vulnerable adolescents can read or converse in English. This could mean that pamphlets and posters aimed at highlighting critical sexual and reproductive health issues are not serving the purpose. The study revealed that the educational levels of most OVA in this particular study, especially the girls have a bearing on the type of information they access. This is in line with findings that revealed that without access to sexual

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education and contraceptive information and services, many girls are likely to become pregnant at a very young age (Obono, 2022). The peer educators and staff from NGOs in this case are, therefore, reported to play a pivotal role in disseminating information to the rest of the children in the vernacular language. It also emerged from the study that orphan and vulnerable adolescents are aware of the risks of sexual encounters and alluded to using protection during their sexual encounters. One of the participants who is a peer educator says:

“If you want to play the game, use the right kit!”

The participant emphasized the use of protection for every sexual activity one engaged in. The study further revealed that the rate of STI infection often makes many wonder whether protection was being used properly and consistently. One key informant from a local NGO revealed that risks of contracting HIV and other STIs as well as early pregnancy remain high for orphan and vulnerable adolescents in Harare. Studies revealed that in Zimbabwe orphan and vulnerable adolescents still lack clear knowledge of contraception (Murimba, 2014, UNAIDS, 2007). This may be due to the effect of culture and religion on sexual health. For example, in Zimbabwe, some cultures and religions still go against sex education in schools and also still consider the use of protection as unethical. One of the participants says:

“We do not talk about sexual and reproductive health issues at home, I don’t even know exactly what it is ... but I think it is about sexual activities when one gets married”

It emerged from the study that parents and caregivers rarely talk to children, particularly adolescents about sexual and reproductive health issues. Participants revealed that they never had any discussion with their parents or caregivers about sexuality. One of the girls says:

I cannot discuss this with my grandmother, I will not feel comfortable at all. We don’t discuss these things”.

The current study established that orphans and vulnerable adolescents in Harare are lacking critical information and knowledge on sexual and reproductive health. Hence, there is a need for the government and other key stakeholders to explore ways to educate orphans and vulnerable adolescents on sexual and reproductive health in communities.

Risk Encountered by Orphans and Vulnerable Adolescents

The study established the issue of sexual and gender-based violence among OVA in Harare. Various factors result in the promotion and perpetuation of a culture of sexual and gender-based violence. The main one among these is the differential power relations that exist in communities. Victimization is a major challenge to girls, for example, they have to endure untold physical and verbal abuse and torment by older boys and men who prey on their vulnerability, innocence, defenseless, and even homelessness. It emerged from the study that as a possible strategy for escaping such abuses, OVA girls quickly attach themselves to older boys/men. As this may offer them a certain level of protection. The study further established that most OVA face the challenge of not having sanitary ware. It has been highlighted that some of the local NGOs provide them with sanitary ware, though they are not sufficient to meet all the needs of the girls, a thing attributed to the high costs. The study revealed that girls have resorted to using tissues paper and pieces of cloth. They highlighted that this does not solve their problems, since they have to endure the pain and possible risk of bleeding in public. Using pieces of cloth, the problem arises due to a lack of soap to wash the cloth. The study further established that pregnancy is a reality and a possibility that the OVA girls in Mabvuku, Tafara, and Eastview have to grapple with daily, as a result of rape and other forms of sexual abuse experienced by these children. The study further revealed the issue of abortion. One of the participants revealed that abortion is the perfect way of dealing with an unwanted pregnancy. She states that:

The moment a girl gets pregnant, then that’s the end of her! No one would want to come to her again. Pregnant makes one lose her freedom.

One of the key informants from the NGO revealed that the risks girls face when terminating the pregnancy include perforating or rupturing the uterus causing excessive bleeding, infections, and sepsis. The study established that due to the way the process is carried out, the girls experience a lot of pain which results in emotional or psychological problems in the future. One of the key informants highlighted that in Zimbabwe, abortion is only permissible if the pregnancy is risky to the mother’s health or if the baby is severely malformed, or if a court order is given in the event of rape, but the pregnancy has to be less than 21 weeks old (Ngulube, 2010). Most of the participants revealed that the most common risk in pregnancy termination is the possible

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death of the mother and the infant or failure to conceive in the future. Studies revealed that in many cases, girls try to come up with mechanisms of managing the complications resulting from abortions gone wrong, which include withdrawing from public life completely and staying at the bases. One of the participants says:

"…one of my friends spends much of her time at night sobbing due to pains experienced whenever she attempts to lie down to sleep, she complains of serious stomach pain almost every day, this possibly could be the result of an infection…"

The study also revealed that there are specific issues related to orphan and vulnerable adolescent boys, Makupe (2018) established that during the night some men and women target boys for sexual activities due to their disadvantaged circumstances. Studies revealed that most boys do not refuse as they see this as a way to get some money for food and thus end up having unprotected sex.

Access to Medical Attention and Experiences with Health Care Providers

The study established that access to medical attention and experiences with healthcare providers is another challenge faced by orphans and vulnerable adolescents in Mabvuku, Tafara, and Eastview. Participants revealed that they have negative attitudes towards nurses. They state that nurses do not respect them as humans. The study further established that health workers are unfriendly and they can even discriminate against them whenever they visit the health centres for treatment, especially with similar STIs for the second or third time. One of the participants says:

"Nurses are not friendly at all, in most cases they show us negative attitudes. Sometimes we even fear telling them some of our problems…".

"In most cases, the time you are in a consultation room with the nurse at the clinic she passes comments that make you feel unpleasant and blame yourself…".

The other participant also revealed that when you go to the local clinic for any treatment and tell the nurse that you have STI or HIV positive; they are quick to think that you got it because you were sleeping around with men. Hence, orphans and vulnerable adolescents preferred to consult an herbalist for medications and treatment. Studies in the United States of America also revealed that the use and access issues to health services remain major areas of concern for adolescents from vulnerable communities, as adolescents face structural barriers in accessing health services. The study established that adolescents are on point regarding privacy and confidentiality issues. A study by Murimba (2014) revealed that adolescent-friendly services should be welcoming, pleasing and helpful. Healthcare providers should not apportion blame and should be acceptable to potential users and responsive to cultural and social norms, taking into consideration aspects such as privacy and confidentiality (Magwenthu, 2000).

CONCLUSIONS

The current study concludes that orphan and vulnerable adolescents face various issues which include a lack of sexual and productive health information, though NGOs and peer educators try to provide such information. This information needs various stakeholders to work together as a way of providing sufficient information.

RECOMMENDATIONS

Based on the study findings, the study recommends that:

- There is a need for concerted effort from all stakeholders, such as the government, non-governmental organizations, faith-based organizations, community, and many other stakeholders.
- The Government through the Ministry of Health and Child Care should intensify interventions in the area of STIs prevention and management by providing enough resources to meet the needs of orphans and vulnerable adolescents.
- The Ministry of Health and Care and the Ministry of Primary and Secondary Education should also provide educational programmes on sexual and reproductive health.
- Health facilities should try to provide programmes for adolescents where they discuss issues to do with sexual and reproductive health.

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