

Country Factsheet

Zambia

Sexual and Reproductive
Health and Rights



Country context

Situation and trends

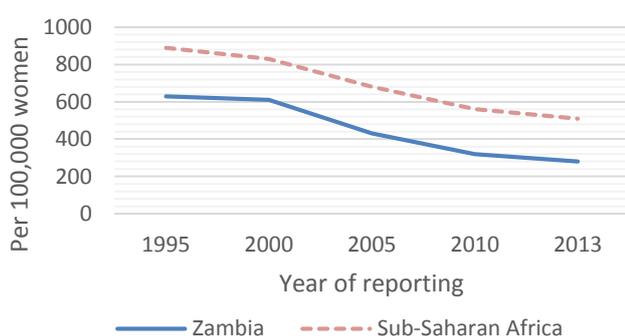
Legislature committees and the current national health strategic plan report increasing incidence of teenage pregnancies, persistence of customary child marriages, low secondary education completion rates amongst girls (17.4% in 2009) and infrequent use of contraceptives, in addition to a relatively high rate of HIV prevalence in the Zambian population.^{1,2,3} Rates of HIV prevalence are higher in urban areas compared to rural areas (19.7% and 10.3% in 2009), and there is a high rate of TB/HIV co-infection (74%).^{4,5,6,7}

Healthcare infrastructure and access

Zambia faces severe sexual and reproductive health (SRH) and HIV-related health challenges with variable access to healthcare. For example, the proportion of births attended by skilled birth attendants varies widely according to the interconnected variables of household wealth (27% of women in the lowest income quintile compared with 91% in the highest quintile) and environment (31% in rural areas and 83% in urban areas).⁸ Although there is provision for free basic health care, user fees are applied in secondary and tertiary level public health care, where services are also more expensive. Although 30 district hospitals are under construction in various parts of the country⁹, improvement through wide-scale expansion of infrastructure and services in many rural areas is not seen as feasible in the short and medium term.

Service delivery is largely dominated by the public sector which controls 90% of health facilities, either directly, or through agreements with the Churches Health Association of Zambia.¹⁰ In 2011, Zambia became one of six African countries to meet their Abuja Declaration commitment to spend a minimum of 15% of their national budget on health, although funding allocation to the health budget has fluctuated since (9.9% 2014 and 9.6% 2015).^{11 12}

Maternal mortality trends



Health Statistics

Demographic statistics

Total population	14,538,640 (2013) ¹³
Urban population % of total	40.03% (2013) ¹⁴
Net official development assistance received (current US\$)	9,57,720,000 (2012) ¹⁵
Public health expenditure as total of health expenditure	64.13% (2012) ¹⁶
Income share held by the lowest 10%	1.49% (2010) ¹⁷
HDI score female	0.53 (2013) ¹⁸
HDI score male	0.54 (2013) ¹⁹

SRHR statistics

Maternal mortality ratio (out of 100,000)	280 (2013) (adjusted) ²⁰
Infant mortality rate (per 1000 live births) (deaths in the first year of life)	56 (2013) ²¹
Child mortality rate (per 1000 live births, in the first five years)	87 (2013) ²²
Proportion of Births Attended by Skilled Birth Attendants	47% (2009-2013) ²³
Antenatal care coverage (at least one visit)	94% (2009-2013) ²⁴
Total fertility rate	5.73 (2012) ²⁵
Adolescent birth rate (births per 1000 girls aged 15-19)	151 (2008-2012) ²⁶
Contraceptive prevalence rate (% of women aged 15 to 49 years reporting that they use any method of contraception)	47% (2014) ²⁷
Unmet need for family planning (% of women of reproductive age (aged 15-49))	27% (2007) ²⁸

HIV and AIDS

Number of people living with HIV	1,100,000 (2013) ²⁹
Adults aged 15 to 49 prevalence rate	12.5% (2013) ³⁰
Women Living with HIV as proportion of total prevalence	54% (2014) ³¹
Young women (15-24) prevalence	4.5% (2013) ³²
HIV positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission	86% (2014) ³³

Challenges in SRHR

Young people

There exists a two year service gap between the minimum legal age for sexual consent (16, though customary law permits marriage earlier, after puberty) and to access sexual health services without parental consent (18). In 2009, 15,497 teenage pregnancies were reported and, at that time, 22% of girls aged 15-19 already had a child and 6% were pregnant. 9% of girls are married by 15 years (customary law); whilst 42% are married by 18 years.^{34,35,36,37,38} Within a broader context of gender inequality, this may contribute to high rates of induced abortion, low prevalence of contraception, relatively high rates of HIV, and low rates of secondary school completion amongst teenage girls. Successive Zambian governments have been aware of the issues and have taken some measures to address them such as a commitment to introduce comprehensive sex education in schools.

Abortion

Public hospitals reported a dramatic increase in the number of cases of complications from unsanctioned, unsafe abortions: from 5,600 cases in 2003 to over 10,000 in 2008 with a total of 52,791 cases in those six years. This is in contrast to just 616 safe and legal abortions carried out between 2003 and 2008. According to hospital-based records, unsafe abortions are estimated to be the cause of approximately 30% of maternal deaths. Additional research suggests up to 80% of all women in Zambia who seek treatment for complications from unsafe abortions are under the age of 19 years.^{39, 40} Abortion is legally permitted only on highly restrictive grounds, and stigma, cultural attitudes, women's lack of agency, bureaucratic barriers, and limited awareness about the availability of safe abortion contributes to high rates of illegal, unsafe abortion. In May 2009, the Ministry of Health published a series of standards & guidelines for administering comprehensive care around abortion, to address the trend.⁴¹

Gender-based violence

In a recent gender based violence (GBV) study, 89% of the participating women reported experiencing GBV during their lifetime, 90% of which reported experiencing violence from their intimate partners. In the same study, 72% of men reported having perpetrated GBV (including violence against their intimate partners).⁴² Legislation has been enacted to address these very high rates of GBV and their consequences for sexual and reproductive health and right. A four year (2012-16) joint programme of Government of Republic of Zambia and the United Nations worth US\$ 15.5m is also underway to reduce GBV.

Instruments of response

Key laws, policies and strategies

Zambia's health system offers an interesting set of human rights-oriented policies, which have clearly been influenced by the principles of decentralization, community participation, patient centeredness and equity. Health reforms are ongoing and there are still gaps between the principles ("bringing health services as close to the family as possible") and actual implementation.⁴³ Zambia's Constitution places customary law beyond the realm of state legislation, limiting the scope for leverage and legal challenge to some practices such as child marriage.⁴⁴

The Anti Gender-Based Violence Act specifically addresses Gender-Based Violence

National guidelines for the multi-disciplinary Management of survivors of Gender Based Violence in Zambia 2011 and amendments to the Penal Code has created a stronger foundation to deal with the high incidence of rape and improve social protection of women and girls although marital rape is not explicitly covered by any legislation

Termination of Pregnancy Act of 1972 allow abortions in cases where there is threat to the health of the mother, to that of her existing children, and the foetus but procedures to obtain legally sanctioned abortions are arduous

Comprehensive Condom Programming Strategy and Operation Plan 2010-2014 aimed to increase the availability, and use, of condoms amongst sexually active individuals in view of evidence that a substantive majority of individuals did not use them regularly

National Health Strategic Plan 2011-2015 is guided by a mission statement "To provide equitable access to cost effective, quality health services as close to the family as possible" and presents a major departure from the past strategic plans, in that the plan is organised around WHO health system building blocks rather than disease or target group programmes

HIV&AIDS programmes, including the National HIV/AIDS/STI/TB Council (NAC); the National Malaria Control programme; National TB and Leprosy Control Programme; the Child Health and Nutrition Programme; and the Maternal Health Programme form Zambia's main priority health programmes

Key international treaties

<i>African Charter on Human and Peoples' Rights (also known as the Banjul Charter)</i>	Ratified 1984/01/10
<i>United Nations Convention on the Rights of the Child (UNCRC)</i>	Ratified 1992/01/05
<i>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</i>	Ratified 1985/07/21
<i>Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women in Africa</i>	Ratified 2006/05/02
<i>African Charter on Democracy, Elections and Governance</i>	Ratified 2011/05/31

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