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Investigating the Impact of Gender and Social Norms on Adolescent Sexual and Reproductive Health and Rights Among Out-of-School Adolescent Girls and Boys.

A youth-led research conducted in Kasenengwa, Chadiza, and Mambwe Districts, Eastern Province, Zambia.

May 2023

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KEY TERMINOLOGIES

1. Adolescent: As defined by the World Health Organization (2023), an adolescent refers to an individual between the ages of 10 and 19. This period signifies a transitional phase from childhood to adulthood, during which adolescents encounter various health and social challenges.
2. Sexual reproductive health and rights services (SRHR): This term encompasses a comprehensive approach that promotes sexual health, ensures the ability to have safe and fulfilling sexual experiences, guarantees the right to make informed decisions about reproduction, and facilitates access to healthcare services supporting reproductive choices (ibid).
3. Gender and social norms: Social norms, as described by UNICEF (2018), denote the rules and behavioral expectations prevailing within a cultural or social group. They represent widely observed patterns of behavior that individuals conform to. Social norms are dynamic and can evolve over time, with new norms emerging to replace old ones.

Gender norms pertain to the accepted attributes and characteristics associated with male and female gender identities within a specific society or community at a given time. They establish the standards and expectations to which gender identity typically adheres, within a range that defines a particular society, culture, and community at that specific moment (ibid).

UNICEF (2018).'Gender Toolkit: Integrating Gender in programming for every child.https://www.unicef.org/rosa/sites/unicef.org.rosa/files/201812/Gender%20Toolkit%20Integrating%20Gender%20in%20Programming%20for%20Every%20Child%20UNICEF%20South%20Asia%202018.
World Health Organisation (2023).Adolescent Health. Retrieved April 28,2023, from http://www.who.int

Preface

This report presents the findings of a youth-led research study conducted by Restless Development in three districts of Eastern Province, Zambia- Mambwe, Chadiza, and Kasenengwa. The study aims to investigate the impact of gender and social norms on adolescent sexual and reproductive health rights and services among out-of-school adolescent girls and boys. Through focus group discussions and key interviews, a total of 1,442 adolescents participated as respondents, revealing that accessing Sexual and Reproductive Health and Rights (SRHR) services remains challenging for adolescents and young people in most communities in Zambia, especially for out-of-school adolescent girls.

A total of 1,442 adolescents participated as respondents in focus group discussions and key interviews, providing valuable insights into the challenges faced by adolescents and young people in accessing Sexual and Reproductive Health and Rights (SRHR) services.

The findings revealed that, particularly for out-of-school adolescent girls especially those without children, accessing these services remains challenging in most communities in Zambia.

The report begins with an Executive Summary, providing a concise overview of the study's key findings.

The Introduction highlights the difficulties in accessing SRHR information and services in Zambia, with a particular focus on out of school adolescent girls. It also outlines the SHE SOARS program, a 7-year initiative implemented by Restless Development and Care International in Zambia, Kenya, and Uganda, aimed at addressing these challenges.

The main section of the report presents the study's findings, including the levels of knowledge on SRHR, access to SRHR services, perceptions of young people accessing these services, and the constraints they face. Additionally, the report highlights suggestions made by adolescents and young people to address gender and social norms that influence access to SRHR services.

Finally, the report concludes with a call to action, emphasizing the urgent need to address the challenges faced by adolescents and young people in accessing SRHR information and services. It recommends specific actions that can be taken, such as implementing peer-to-peer approaches, combating stigma and discrimination, promoting condom use, providing comprehensive sexuality education, increasing access to contraceptive services, and improving youth-friendly spaces.

The intended audience for this report includes policymakers, program managers, and other stakeholders involved in enhancing access to SRHR services for adolescents and young people in Zambia. It is our hope that this report will contribute to ongoing efforts to address the obstacles faced by young people in accessing SRHR services and rights.

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World Health Organisation (2023).Adolescent Health. Retrieved April 28,2023, from http://www.who.int

Acknowledgements

Restless Development, on behalf of the SHE SOARS Zambia Team, expresses sincere gratitude for the invaluable assistance and support provided by the following individuals and partners who contributed to the Youth-Led Research on the impact of gender and social norms on adolescent sexual reproductive health rights and services among out-of-school adolescent girls and boys in Kasenengwa, Chadiza, and Mambwe Districts of Eastern Province.

Global Affairs Canada (GAC): We extend special thanks to GAC for their generous grant support, which made this study possible.

Stakeholders: We are grateful to the community stakeholders who actively participated as respondents, as well as the dedicated staff from all participating government ministries and Civil Society Organizations. Your collaboration and insights greatly enriched the research process.

Youth Researchers: A key aspect of this assessment was the meaningful involvement of young people as active contributors, going beyond being mere subjects of the assessment. We appreciate the exceptional contribution of the diverse youth research team consisting of 12 young individuals selected through a competitive process from the project's target districts.

Their involvement throughout the assessment, including the review of reports, documents, and recommendations, was instrumental in ensuring the research's integrity and relevance.

To all those mentioned above, we extend our heartfelt appreciation for your unwavering commitment and significant contributions to the success of this assessment. Your valuable time and expertise dedicated to addressing the needs of young people are truly commendable.

The data collection conducted through your meaningful engagement with young people from diverse communities will have a lasting impact, inspiring action and generating momentum for adolescent sexual and reproductive health and rights priorities, not only in Zambia but also in other countries where the SHE SOARS Project is being implemented.

You are an invaluable resource, and we eagerly anticipate your continued support in promoting the sexual and reproductive health and rights of young people. Together, we can make a difference in the lives of adolescents, empowering them to lead healthy and fulfilling lives.

Executive Summary

Accessing sexual and reproductive health and rights (SRHR) services poses significant challenges for adolescents and young people across communities in Zambia, irrespective of their backgrounds. However, out-of-school adolescent girls face unique obstacles in accessing SRHR services and information due to prevailing gender and social norms, limited literacy levels, insufficient life skills, and inadequate service availability in their communities. These challenges result in detrimental consequences, including an inability to delay sexual debut, heightened risks of violence, neglect, sexual abuse, discrimination, denial of rights, and susceptibility to HIV and other related sexually transmitted infections.

To comprehensively examine the impact of gender and social norms on adolescent sexual and reproductive health and rights and services among out-of-school adolescent girls and boys, Restless Development conducted a youth-led research study in three districts of Eastern Province Zambia: Mambwe, Chadiza, and Kasenengwa. The study employed focus group discussions, structured interviews, and key informant interviews, engaging a total of 1,442 adolescents as respondents.

The findings of the study indicate that 78% of adolescents are aware of their SRHR, with a significantly higher proportion among those aged 15-19 compared to the 10-14 age group. However, it is concerning that 22% of adolescent girls and boys lack sufficient information regarding their sexual reproductive health and rights.

Approximately 67% of the respondents reported accessing SRHR services and cited friends, community awareness sessions, radio, parents, and schools as their sources of information. The most utilized services included condom use, HIV testing, antenatal care, family planning, emergency contraceptives, and counseling. The primary reasons cited by adolescents and young people for seeking access to SRHR services were to prevent unwanted pregnancies, safeguard against sexually transmitted diseases (STIs), access counseling services, obtain contraceptives, and manage menstrual hygiene.

The study also reveals that 41.6% of adolescent boys and girls access SRHR services from district health facilities, 17.4% from community centers, 15.7% from youth centers, 15.4% from community centers, and 8.8% from village health teams. However, 75% of respondents reported that the delivery of SRHR services did not align with their specific needs, while 22% expressed satisfaction with the alignment. Young people highlighted community perceptions towards their utilization of SRHR services, limited awareness of available services, lack of confidentiality, and inadequate service provision as the primary barriers to accessing SRHR services.

The focus group discussions further unveiled prevailing perceptions that influence young people's access to SRHR, including stigmatizing adolescents who seek SRHR services as morally deficient or promiscuous. Additionally, there are discouraged to use of condoms or any other contraceptives as it believed they cause infertility. However, perceptions towards SRHR services tend to be more positive in urban and peri-urban communities, where they are recognized as essential for preventing HIV and unwanted pregnancies.

Adolescents and young people proposed various strategies to address gender and social norms that impede access to SRHR services. These include implementing peer-to-peer approaches, leveraging family and parental support to influence access to services and information, combating stigma and discrimination, promoting condom use for pregnancy and HIV prevention, expanding access to contraceptive services, advocating for comprehensive sexuality education, and addressing social and cultural factors contributing to unplanned pregnancies.

Additionally, enhancing youth-friendly spaces by increasing youth participation in the design, delivery, and evaluation of services is crucial. By presenting these findings, it is our intention to inform policymakers, program managers, and stakeholders working towards enhancing access to SRHR services for adolescents and young people in Zambia.

We hope this report will contribute to ongoing efforts in addressing the challenges faced by young people in accessing SRHR services and rights.

Together, we can strive for positive change and empower young people to lead healthy lives with their rights protected.

Introduction

Zambia is home to a significant number of adolescents, comprising 25% of the total population. However, a concerning proportion of adolescents, with 32% aged 15-17 and 60% aged 18-19, engage in sexual activity, exposing themselves to the risk of HIV and other sexually transmitted infections (STIs). Disturbingly, only 40% of sexually active adolescents consistently use condoms for protection.

Furthermore, 28.5% of girls aged 15-19 have experienced pregnancy or given birth, particularly in rural areas where the figure rises to 37%, compared to 20% in urban areas. These disparities arise due to barriers in accessing Sexual and Reproductive Health and Rights (SRHR) information and services, compounded by socio-cultural and economic factors such as poverty and limited education.

In response to this critical situation, Restless Development, in collaboration with CARE International, Livewell, the Center for Reproductive Rights (CRR), and the Youth Coalition for Sexual and Reproductive Rights (YC), is implementing the SHE SOARS (Sexual and Reproductive Health & Economic Empowerment Supporting Out of School Adolescent Girls' Rights and Skills) program in Zambia, Kenya, and Uganda. This evidence-based and evidence-generating program spans seven years and adopts a holistic and multi-sectoral approach, specifically targeting out-of-school adolescent girls who are often overlooked in conventional adolescent SRHR initiatives.

SHE SOARS aims to enhance the enjoyment of health-related rights for extremely vulnerable and marginalized women and girls, particularly out-of-school adolescent girls aged between 10 and 19 years, in the three project countries.

The program delivers comprehensive sexuality education (CSE) through skills and training packages for youth groups, while also providing training and support for educators and healthcare providers to improve access to high-quality, evidence-based SRH services.

By partnering with local groups, health providers, and government ministries, the project strives to build capacity and advocate for sustainable transformations in the social, economic, and legal domains to facilitate improved access to SRH services and the exercise of sexual and reproductive rights.

As part of the program's initiatives, Restless Development conducted a youth-led research to comprehend the impact of community knowledge levels, attitudes, and norms on young people's access to SRHR services.

Led by youth researchers, the study focused on identifying the aspirations and needs of adolescent girls and boys, as well as the prevailing gender and social norms hindering out-of-school girls and boys from fully enjoying their SRHR rights in the districts of Kasenengwa, Mambwe, and Chadiza in Eastern Province.

The research methodology empowered young people to drive the inquiry process and effectively captured the perspectives of individuals similar to themselves. Notably, the methodology stands out due to its unique incorporation of both staff and young researchers, ensuring maximum youth leadership with adequate support from the staff. The six-step methodology equips young people with the skills to design relevant questions, collect and analyze data, and stimulate discussions and actions based on the findings.

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Research Methodology

8.1 Research focus

The research aimed to capture the perspectives of young people aged 10-19 years by focusing on the following four key themes and corresponding questions:

1. Understanding and awareness of Adolescent SRHR services in the community: The research sought to explore how young people perceive and comprehend the importance of SRHR services in their own lives.
2. Access to SRHR services among adolescents: The research aimed to investigate how existing community practices and social norms impact the access to and utilization of SRHR services among young people.
3. Community practices and SRHR support to adolescents: The research sought to identify the most effective ways to support young people in accessing youth-friendly SRHR services within their communities.
4. Future aspirations of adolescents: The research aimed to uncover the medium to long-term aspirations held by adolescent young people regarding their sexual and reproductive health.

By addressing these themes and questions, the research aimed to provide a comprehensive understanding of the impact of gender and social norms on adolescent sexual reproductive health rights and services among out-of-school girls and boys.

8.2 Research design

To address the various research questions, our study utilized a youth-led research approach with a mixed methods design. This involved combining quantitative data obtained from a survey with qualitative data gathered through Focus Group Discussions and in-depth interviews. These research methods were implemented in the specific impact areas identified by the project, ensuring a comprehensive understanding of the impact of gender and social norms on adolescent sexual reproductive health rights and services among out-of-school girls and boys.

8.3 Sampling technique

The study included a total sample size of 1,442 respondents, comprising both males and females, selected from the Chadiza, Mambwe, and Kasenengwa Districts of the Eastern Province in Zambia. These respondents were chosen to represent a broader population of adolescents within the three districts. In the survey portion, respondents were selected using a simple random sampling method, which ensured that each member of the population had an equal chance or probability of being included in the study.

For the Focus Group Discussions and Key Informant Interviews, a purposive sampling method was employed. This method involved selecting participants based on the researchers' judgment, ensuring that the chosen individuals possessed the necessary requirements and characteristics most relevant to the research objectives. This approach allowed for a targeted and focused exploration of the research topic.

By employing a combination of simple random sampling and purposive sampling techniques, the study aimed to capture diverse perspectives and gather comprehensive insights into the impact of gender and social norms on adolescent sexual reproductive health rights and services among out-of-school girls and boys.

8.4 Data collection

The data collection process began with a survey conducted in English and in local languages, utilizing a combination of mobile devices and paper-based forms. The quantitative data obtained from the survey served as a foundation for the subsequent qualitative components of the research. The survey results provided overarching insights into the four thematic areas of interest, which were further explored and examined in greater detail through the qualitative phase of the study.

To delve deeper into the four thematic areas identified in the research questions, young researchers focused on primarily collecting qualitative data through a combination of focus group discussions (FGDs) and key informant interviews (KIIs). The young researchers facilitated FGDs among their peers, employing participatory facilitation methods for an interactive and inclusive environment. These FGDs took place in person, allowing young people to engage in open discussions, share their experiences directly with their peers, and highlight both commonalities and variations in their perspectives within a specific thematic area.

Additionally, key informant interviews were conducted to gather more in-depth personal experiences from individual participants. This approach provided a greater level of confidentiality and allowed for a more focused exploration of individual experiences than what could be achieved through FGDs alone.

By employing a combination of survey, focus group discussions, and key informant interviews, the research aimed to gather comprehensive and diverse data, capturing the impact of gender and social norms on adolescent sexual reproductive health rights and services among out-of-school girls and boys from various perspectives.

8.5 Analysis of the findings

An intensive week-long analysis workshop was organized, led by the young researchers themselves, to analyze the data they had collected during fieldwork. Content analysis was employed, allowing the young researchers to identify and develop themes based on the data they had gathered. These themes formed the foundation of the research report, providing a comprehensive overview of the findings.

Following the qualitative analysis, a more in-depth quantitative analysis was conducted on the survey data to identify any statistically significant correlations. This analysis was performed using SPSS version 16.0. The resulting tables from SPSS were then exported to Excel 2019, where the data was further analyzed, synthesized, and presented through the creation of graphs and tables.

The combined qualitative and quantitative analyses provided a robust and comprehensive understanding of the impact of gender and social norms on adolescent sexual reproductive health rights and services among out-of-school girls and boys. By involving the young researchers in the analysis process, the research ensured their active participation and ownership of the findings, contributing to a more inclusive and youth-led approach.

8.6 Validation of the findings

Following the compilation of the initial draft report, the youth researchers carried out a validation process to ensure the accuracy and reliability of the research findings. This validation involved presenting the preliminary findings to a selected group of adolescent girls and boys from all three districts where the initial data collection took place.

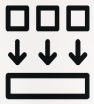
During the validation process, the researchers engaged with the respondents, presenting and discussing the findings in detail. The purpose was to gather feedback and perspectives from the target population to confirm the accuracy and resonance of the findings.

The respondents had the opportunity to provide their input, share their experiences, and offer insights that further enriched the analysis.

By involving the target population in the validation process, the research ensured that the findings were grounded in the lived realities of the adolescents themselves. This participatory approach enhanced the credibility and validity of the research, as the findings were confirmed and validated by the very individuals whose experiences the study sought to understand.

8.7 Summary of the six-step led research process:

Restless Development Youth-led research is unique in that it involves clearly defined roles for staff and young leaders, with the aim of maximizing youth leadership throughout the research process. Below is a summary of the process



S etting the framework

Designing the questions

Collecting the data

Analysing the findings

Conducting validation exercises

Convening conversations for action

1. Setting the framework:

The staff works with young people to determine the research focus, provide feedback, and ensure the study reflects their priorities.

2. Designing the questions:

Young researchers define key research questions and design questionnaires, while staff provide foundational training and technical oversight

3. Collecting the data

Young researchers identify respondents and conduct all data collection (e.g., surveys, focus groups, interviews), while staff provide support, supervision, and assist in troubleshooting.

4. Analyzing the findings

The staff works with young people to determine the research focus, provide feedback, and ensure the study reflects their priorities.

5. Conducting validation exercises

Young researchers present and clarify findings with respondents. They may also collect any additional data needed to fill in gaps. Staff guide on outstanding questions and provide support and supervision.

6. Conducting validation exercises

Staff guide on packaging and presenting findings. Young researchers facilitate discussions and calls to action.

The research adopted Restless Development's Youth-Led research approach because of the organization's commitment to power shifting and implementing a peer-to-peer approach, which allows young people to speak to their peers and capture rich data and perspectives of young people like themselves. Furthermore, this approach allows young people to conduct research on the issues that matter to them.

8.8 Limitations and methodological innovations:

- Rain/Farming Season: The data collection process faced challenges and delays due to the rainy farming season. During this time, many individuals were unavailable for interviews, affecting the availability of participants. To address this issue, interviews had to be rescheduled or replaced with other eligible participants to ensure a representative sample could be obtained.

Social Norms, Values, and Beliefs: The research encountered limitations related to social norms, values, and beliefs that prevented some respondents from providing answers to certain questions, particularly those related to sexual topics. To address this challenge, the questionnaire included an option for participants to select "prefer not to say" if they felt uncomfortable or unable to respond to specific questions.

This allowed participants to maintain their privacy and adhere to cultural norms while still participating in the study.

These limitations highlight the contextual factors that can impact data collection and participants' willingness to engage in discussions on sensitive topics. Despite these challenges, the research team implemented methodological innovations to overcome these limitations and ensure the collection of comprehensive and meaningful data. By rescheduling interviews and providing alternative response options, the research aimed to minimize the impact of these limitations and encourage open participation while respecting the cultural context.

UNICEF (2018).'Gender Toolkit: Integrating Gender in programming for every child.https://www.unicef.org/rosa/sites/unicef.org.rosa/files/201812/Gender%20Toolkit%20Integrating%20Gender%20in%20Programming%20for%20Every%20Child%20UNICEF%20South%20Asia%202018.
World Health Organisation (2023).Adolescent Health. Retrieved April 28,2023, from http://www.who.int

8.9 Respondent Demographics

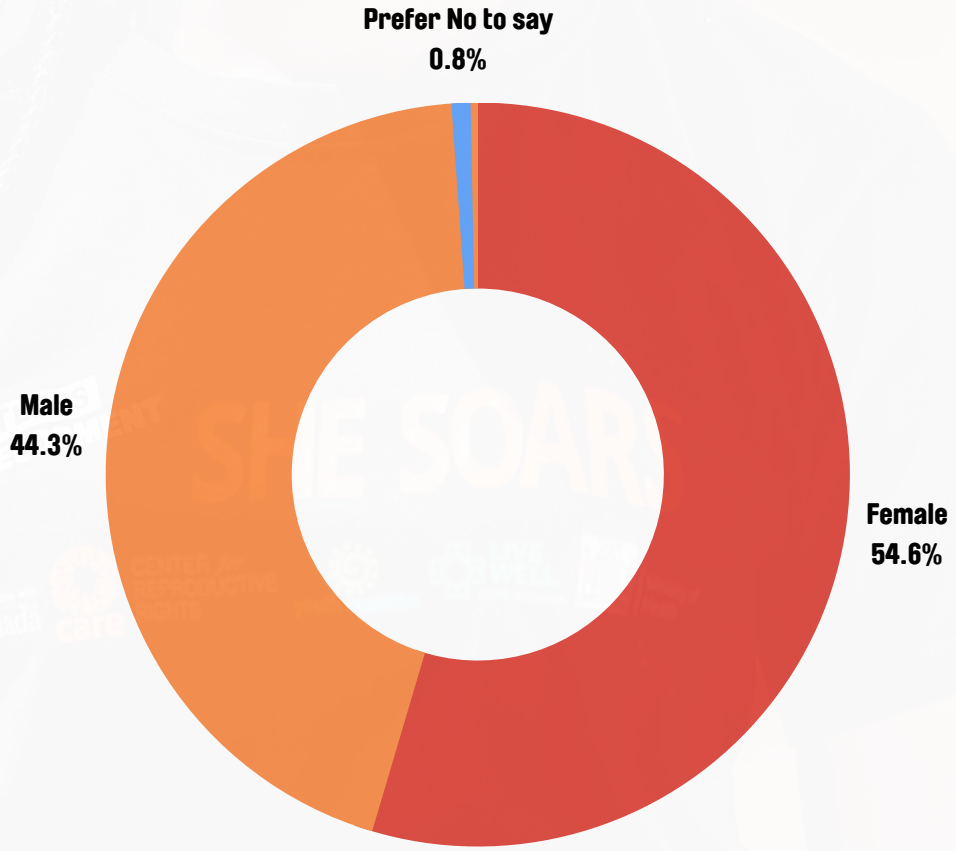
Phase 1: Survey

The first phase of the study involved reaching out to a total of 1,161 adolescent boys and girls from Chadiza, Mambwe, and Kasenengwa Districts in the Eastern Province of Zambia. Among these respondents, 34.8% were from Kasenengwa, which had the highest percentage, followed by Chadiza with 34.1%, and Mambwe with 30.5%. Additionally, 0.6% of the respondents were not affiliated with any district.

The survey also examined the respondents' geographic distribution, revealing that 83.3% came from rural areas, 12.1% from peri-urban areas, and 4.6% from urban areas. The locations of 0.1% of the respondents remained unidentified.

Furthermore, the majority of the survey participants belonged to the age group of 15–20, with 53.5% being young mothers, 45.2% being young men, 0.5% representing young people with disabilities, and 0.8% preferring not to disclose their information.

Figure 1: Respondents by gender



Ambresin, A. E., Bennett, K., Patton, G. C., & Sanci, L. A. (2013). When general practitioners meet adolescent boys with concerns about their sexual health: Reflections from the actors in the process. Journal of Adolescent Health, 52(5), 588–594. https://doi.org/10.1016/j.jadohealth.2012.12.017
Frost, M., & Forster, R. (2019). Youth-friendly health services: A systematic review. Routledge.

Phase 2: Focus Group Discussions

In the second phase of the research, 250 young people participated in focus group discussions, with each group consisting of 10 individuals. The majority of the respondents were male, representing 52.4% (131), while females accounted for 47.6%. The FGDs encompassed two age groups: 10–14 and 15–19. The age group of 10–14 comprised the majority of participants, accounting for 56%, while the age group of 15–20 accounted for 44%.
Out of the 250 respondents who took part in the FGDs, 40.4% were from Kasenengwa District, 35.6% were from Chadiza District, and 24% were from Mambwe District.

Phase 3: Key Informant Interviews

The third and final stage of the research involved conducting key informant interviews with 39 young people. Of the 39 respondents who participated in the KIIs, 43.6% were male, and 43.6% were female. Chadiza District had the highest percentage of young people who took part in the KIIs, accounting for 35.9%, followed by Kasenengwa District with 33.3% and Mambwe District with 30.8%.

Ambresin, A. E., Bennett, K., Patton, G. C., & Sanci, L. A. (2013). When general practitioners meet adolescent boys with concerns about their sexual health: Reflections from the actors in the process. Journal of Adolescent Health, 52(5), 588–594. https://doi.org/10.1016/j.jadohealth.2012.12.017
Frost, M., & Forster, R. (2019). Youth-friendly health services: A systematic review. Routledge.

9. Findings and Analysis

9.1 Understanding and Awareness of Adolescent SRHR Services in the Community:

This section presents findings related to young people's understanding and awareness of SRHR services, sources of information on SRHR services, the importance of SRHR services to adolescent boys and girls, the concept of youth-friendly services, and young people's perceptions of SRHR services.

9.1.2 Understanding and awareness by gender and age:

The survey results by gender indicate that the majority of both male and female respondents are aware of the available SRHR services in their communities. Among adolescent girls, 78% indicated having knowledge of SRHR services, 14.9% reported lacking knowledge, and 7.1% preferred not to disclose their knowledge. Similarly, among adolescent boys, 77% indicated having knowledge of SRHR services, while 14.9% expressed a lack of knowledge, and 8% preferred not to disclose.

Further analysis of the findings revealed a relationship between age and knowledge of available SRHR services in the communities. The study found that 80.4% of adolescent boys and girls in the age group 15-19 were aware of available SRHR services, compared to only 42.6% in the age group 10-14.

Therefore, these findings suggest the need to strengthen awareness and access to SRHR information and services among very young adolescents in the age group 10-14, as the majority lack knowledge of these services. Additionally, the findings highlight the importance of exploring social and cultural beliefs among older adolescents in the age group 15-19 and finding solutions, as many in this age group preferred not to disclose their SRHR knowledge due to these beliefs.

Analyzing the findings by district, it was found that Kasenengwa had the highest percentage (85.1%) of aware adolescent girls and boys among the three districts, followed by Chadiza with 76.3% and Mambwe with 70.3%. This is illustrated in Figure 1.

The analysis also revealed that a significant proportion of respondents from all three districts are aware of SRHR services in their respective communities. However, Mambwe had the lowest percentage of respondents reporting awareness of these services and the highest number of those who preferred not to disclose their SRHR knowledge. This finding underscores the need to address social and cultural beliefs that hinder young people, especially those in the age group 15-19, from expressing their SRHR needs in Mambwe District.

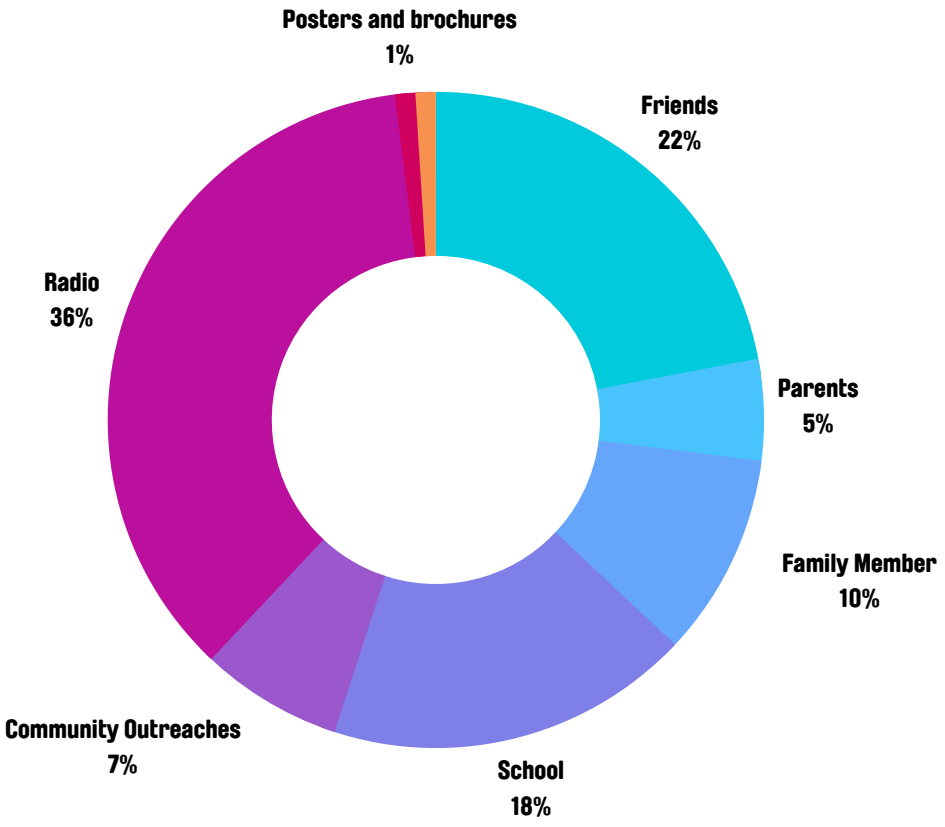
The survey results suggest the need to enhance awareness of SRHR services among adolescents from rural areas, as respondents from these areas had the lowest percentage of awareness compared to urban and peri-urban areas. Furthermore, respondents from rural areas were more inclined to prefer not to disclose their knowledge of SRHR services. Interventions should be developed to address the social and cultural beliefs that hinder young people from advocating for their sexual rights.

According to the findings, the majority of respondents from the three districts reported awareness of various SRHR services, including oral and injectable contraceptives, HIV testing, male circumcision, antenatal care, Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP).

9.2 Adolescent boys and girls common source of information on sexual reproductive health services

The findings of the survey indicate that a significant proportion of adolescent girls and boys obtained information on available SRHR services in their communities from various sources. The most common source of information was the radio, which accounted for 36% of respondents.

Following that, 22% of respondents received information from friends. Additionally, 18% obtained information from school, 10% from family members, 7% from community outreaches, while both posters/brochures and those who preferred not to disclose their source of information on SRHR services constituted 1% each, as shown in Figure 2.



These findings highlight that radio, friends and school are the preferred and effective ways for adolescent girls and boys to learn about SRHR services. This preference may be attributed to the fact that a significant number of respondents were from rural areas where access to information through radio is easy.

Furthermore, the findings suggest that posters/brochures are less preferred and less effective means of communicating SRHR information to out-of-school adolescent girls and boys, likely due to challenges in reading. Therefore, there is a need to develop youth-tailored programs on radio that aim to raise awareness of SRHR services and are conducted in local languages to ensure accessibility and effectiveness. These programs can effectively reach a wider audience, particularly in rural areas where other forms of media may not be as accessible.

9.2.1 Importance of SRHR services to adolescents;

The findings of the research indicate that slightly more than half (57%) of the interviewed young people emphasized the importance of adolescents' access to SRHR services. Meanwhile, 10% reported that these services are not important, and 33% preferred not to share their views. The reasons cited for the importance of accessing SRHR services include:

- Prevention of unintended pregnancies, unsafe abortions, and reduction of maternal deaths among adolescents. A respondent from a girls' focus group discussion (FGD) in the 10-14 age group from Mambwe, Eastern Province, stated;

  "It protects us from getting pregnant."

- Similarly, a respondent from a girls' FGD in the 15-19 age group from Kasenengwa said, "To protect your life" (from pregnancy, STIs, HIV). Additionally, a male respondent from a boys' FGD in the 15-19 age group from Chadiza mentioned;

  "It also promotes child spacing in our homes."

- Prevention of sexually transmitted infections (STIs), including HIV/AIDS. A respondent from a boys' FGD in the 15-19 age group from Chadiza, Eastern Province, mentioned;

  "Prevention of diseases (sexually transmitted infections, HIV)."

- Another respondent from a girls' FGD in the 15-19 age group from Mambwe District added;

  "It protects from getting diseases (HIV, STIs)".

- Empowerment of young people to make informed decisions about their sexual and reproductive health.
- Provision of accurate and comprehensive information on sexuality and reproductive health.
- Ensuring young people's rights to access healthcare services are respected and upheld.

The research findings also indicate that a significant proportion of adolescent boys and girls, particularly those in the 10-14 age group and some in the 15-19 age group, do not perceive sexual and reproductive health services as important. This perception is primarily influenced by the prevalence of myths and misconceptions within their communities. For instance, some community members believe that contraceptives can cause physical deformities, while there is a misconception that the jelly in condoms can lead to cancer. Additionally, in certain communities, it is wrongly believed that contraceptives can result in female infertility.

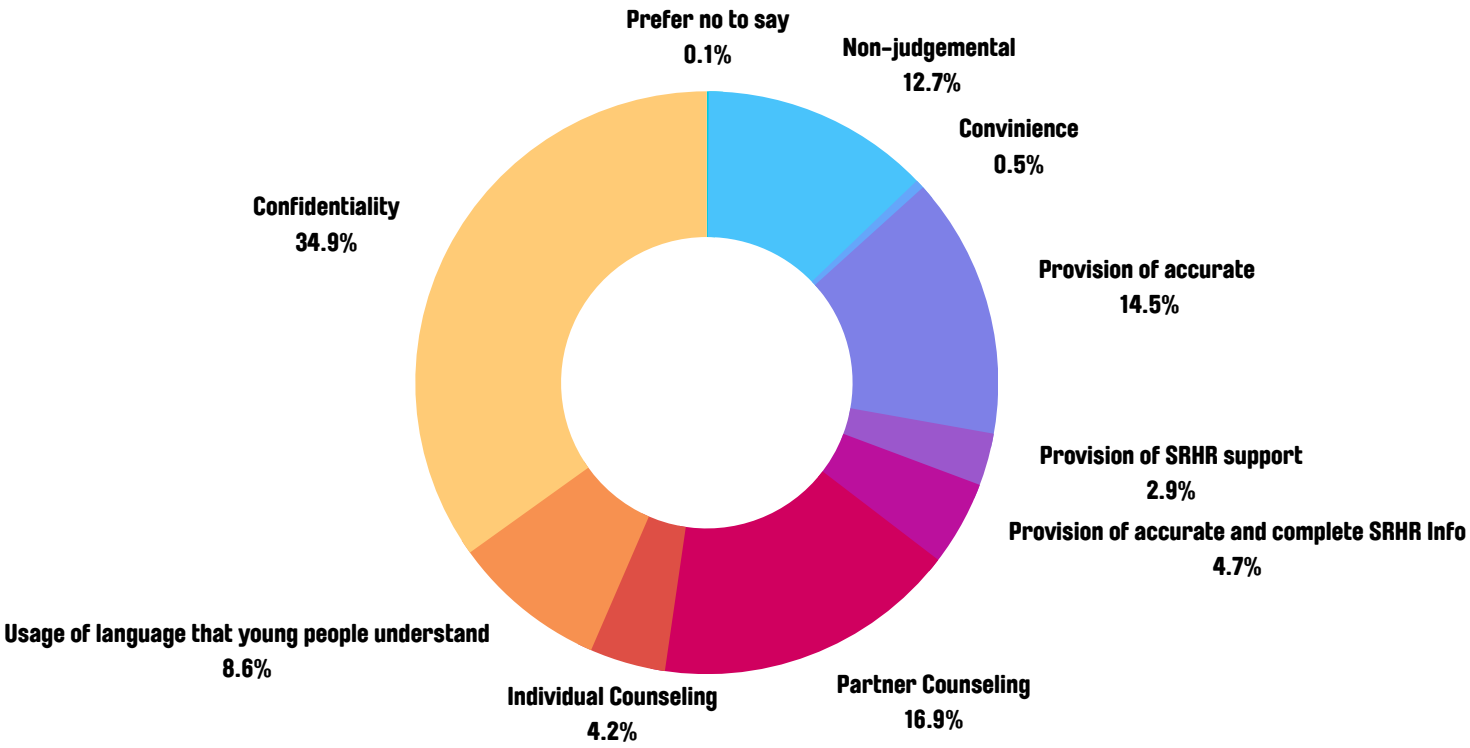
The research revealed that a significant proportion of adolescent boys and girls, particularly those in the 10-14 age group and some in the 15-19 age group, do not perceive sexual and reproductive health services as important. This perception is primarily influenced by the prevalence of myths and misconceptions within their communities. For instance, some community members believe that contraceptives can cause physical deformities, while there is a misconception that the lubricant in condoms can lead to cancer. Additionally, in certain communities, it is wrongly believed that contraceptives can result in female infertility.

Overall, the findings suggest that a significant number of young people recognize the importance of accessing SRHR services. However, there is a need to address social norms, myths, and misconceptions that influence some adolescents' perception of the importance of these services. It is crucial to promote open discussions on SRHR issues to dispel myths and provide accurate information.

9.3. Features of youth friendly services

Through the survey, we asked adolescent girls and boys to identify the most important features of a youth-friendly service. The findings revealed that confidentiality (34.9%) was considered the most crucial aspect, followed by partner counseling (16.9%), provision of inclusive access to SRHR services (14.5%), and non-judgmental access to services. Figure 3 provides a visual representation of the other mentioned features.

Figure 3 . Key features of youth friendly services.



During the focus group discussions, young people reiterated the significance of confidentiality as a fundamental characteristic of youth-friendly services. One participant from Chadiza District emphasized;

"Confidentiality is key for us to freely access these services, along with the provision of SRHR support."

Analysis of the findings on confidentiality, categorized by gender, reveals that 59.4% of males identified confidentiality as a key feature of youth-friendly services, while 40.6% reported not considering it as such.

Among females, 58% considered confidentiality to be a key feature, while 42% did not.

Furthermore, when analyzing the data by age group, it is observed that 60.5% of respondents in the age group 15-19 perceived confidentiality to be a key feature of youth-friendly services, whereas 39.5% did not consider it as such. In the age group 10-14, 52.7% considered confidentiality to be a key feature, while 47.3% reported not perceiving it as such.

The analysis suggests a notable relationship between gender and the perception of confidentiality as a key feature of youth-friendly services. Both males and females express a significant consideration for confidentiality, with slightly higher proportions among males.

Moreover, a similar pattern emerges when examining the relationship between age and the perception of confidentiality. In both age groups, the majority of respondents recognize the importance of confidentiality in youth-friendly services, though the percentage is slightly higher among the older age group (15-19).

These findings underscore the significance of maintaining confidentiality in the provision of youth-friendly services, as it is valued by both genders and across different age groups. To ensure effective and responsive SRHR services, it is crucial for service providers and policymakers to prioritize confidentiality and create an environment that safeguards privacy and confidentiality for adolescents seeking these services.

These findings highlight the importance of prioritizing confidentiality in the design and delivery of youth-friendly services. Adolescents value services that respect their privacy and ensure that their personal information remains confidential. Additionally, the inclusion of partner counseling, provision of inclusive access to SRHR services, and non-judgmental service delivery are also critical components in creating a supportive and accessible environment for adolescent girls and boys.

By addressing these key features, service providers and policymakers can enhance the quality and effectiveness of youth-friendly SRHR services, ultimately improving the overall sexual and reproductive health outcomes for young people.

9.4. Adolescent access to youth friendly sexual reproductive health services

Research has consistently shown that youth-friendly services play a crucial role in improving health outcomes among adolescents. For instance, a systematic review conducted by Frost and Forster (2019) revealed that youth-friendly health services were associated with increased uptake of contraception, enhanced screening for sexually transmitted infections, and overall improved health outcomes among adolescents. Similarly, a study conducted by Ambresin et al. (2013) found that when general practitioners provided youth-friendly services, adolescent boys were more inclined to seek care for sexual health concerns. These findings emphasize the importance of ensuring that services are considered youth-friendly, meaning they should be accessible, appropriate, and welcoming to young people, taking into account their unique needs and concerns.

In the context of this youth-led research, when asked about the youth-friendliness of the available SRHR services in their communities, only a little less than half (46%) of the surveyed adolescent girls and boys expressed their belief that the services were youth-friendly. Conversely, 19% of the respondents reported that the SRHR services in their communities were not youth-friendly, while 35% preferred not to express their opinion on the matter.

These findings highlight the need for further attention and improvement in ensuring that SRHR services are genuinely youth-friendly. Efforts should be made to enhance accessibility, appropriateness, and the overall welcoming nature of these services to cater to the specific needs and concerns of adolescents. By addressing these aspects, we can strive to create an environment where young people feel comfortable and empowered to seek the sexual and reproductive health services they require.

9.4.1 Lack of privacy makes the services not youth friendly;

The lack of privacy was identified as a significant factor that contributes to the perception of services not being youth-friendly. During the research, the youth researchers discovered that young people feel uncomfortable accessing services because there are no designated spaces that offer privacy for them.

"We don't have youth-friendly spaces, and we feel shy accessing these services in the same room with other community members." FGD Respondent- Kasenengwa district

This finding underscores the importance of creating dedicated and confidential spaces where young people can access sexual and reproductive health services without feeling exposed or embarrassed. By addressing the issue of privacy and establishing youth-friendly environments, we can help ensure that adolescents feel more comfortable and empowered to seek the services they need. It is crucial to consider the specific needs and preferences of young people to create an inclusive and supportive environment that promotes their sexual and reproductive health rights.

9.4.2 Services and products are not offered in adolescent preferred quantities;

The unavailability of services and products in preferred quantities is identified as another aspect that contributes to the perception of services not being youth-friendly. The youth researchers discovered that young people feel dissatisfied with the services because they are not offered in the quantities they desire. A respondent from a focus group discussion explained,

"For some of us, we do not get these products according to the quantities we want."

This finding highlights the importance of considering the preferences and needs of young people when providing sexual and reproductive health services. It is crucial to ensure that services and products are available in quantities that meet the demand of adolescents. By addressing this issue, we can we can improve the youth-friendliness of the services and enhance the overall experience for young people accessing these services.

Efforts should be made to engage young people in the planning and provision of services to better understand their preferences and requirements. By actively involving adolescents in decision-making processes, we can ensure that services are tailored to their needs and offered in the quantities that are most suitable for them. This approach will contribute to creating a more youth-friendly environment and promote positive health outcomes for young people.

9.4.3 Age of consent:

The age of consent was identified as one of the factors contributing to the perception of services not being youth-friendly. According to the Zambian Adolescent Health Strategy of 2022, the age of consent for accessing Sexual Reproductive Health and Rights (SRHR) services, including HIV counselling and testing, without parental consent in Zambia, is 16.

However, despite this guideline, participants in the focus group discussions within the age group of 15 to 19 highlighted that some adolescent girls and boys, aged 16 to 17, still face barriers in accessing these services due to their age. One participant expressed that;

"Sometimes we are sent back because of our age." Another participant added,

"We are being chased away because of our age, as they consider us too young to be seeking these SRHR services."

These findings highlight the need to address age-related barriers in accessing sexual and reproductive health services. The age of consent to access SRHR services such as HIV counseling and testing without parental consent in Zambia is 16. It is important to ensure that service providers and users understand this as guided by the Ministry of Health and ensure that services are accessible to all adolescents within the guidance of the adolescent health strategy of 2022. Efforts should be made to educate service providers about the rights of young people and the importance of providing inclusive and non-discriminatory care.

Furthermore, it is imperative to promote policies with regional and international standards. By addressing barriers related to age and promoting inclusivity, a youth-friendly environment can be established, where all young people feel embraced and empowered to access the sexual and reproductive health services they require. This approach will create an environment where all adolescents feel welcome and supported in accessing sexual reproductive health and rights services they need.

9.5 Adolescent girls and boys' Perception of the value of SRHR Services to their lives

When asked about their perception of the value of SRHR services in their lives, the findings revealed that 35.3% of adolescent girls and boys consider SRHR services to be very important, while 35.1% mentioned that they are important. On the other hand, 27.9% feel that SRHR services are not important. Figure 4 provides a visual representation of these findings.

Survey data on adolescents' perception of the value of Sexual Reproductive Health and Rights (SRHR) services was analyzed, taking into account gender and age groups. The findings indicate that a significant proportion of females, 36.3%, consider SRHR services to be important. Furthermore, 35% of females perceive these services to be very important, while 28.7% express a lower level of importance for these services.

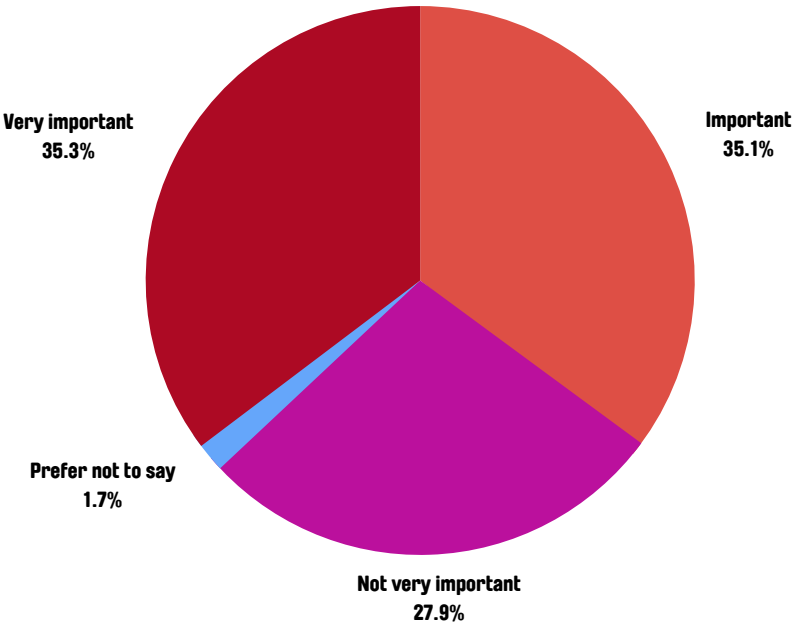
Among males, 36.9% perceive SRHR services to be very important, 35.4% consider them important, and 27.7% do not regard them as very important.

Upon analyzing the perception of SRHR services by age group, it is notable that among respondents aged 15-19, 36.1% perceive these services to be important, and 35.2% consider them to be very important. On the other hand, in the age group 10-14, 40.4% consider SRHR services to be important, 37.1% do not perceive them as very important, and 22.5% still regard these services as important.

These research findings highlight the diverse perspectives of adolescents regarding the value of SRHR services, with variations observed based on both gender and age. Understanding these perceptions is crucial for the development and implementation of targeted interventions that effectively address the needs and preferences of adolescents in accessing and utilizing SRHR services.

It is essential for stakeholders, policymakers, and service providers to consider these findings in order to tailor SRHR programs and initiatives that align with the specific requirements and perspectives of different groups of adolescents. By doing so, they can ensure the provision of accessible and comprehensive SRHR services that truly resonate with adolescents' needs and contribute to their overall well-being and reproductive health.

Figure 4. Adolescent girls and boys perceptions of the value of SRHR services to their lives



The findings demonstrate that adolescents and young people recognize the value of SRHR services for various reasons. They highlight the prevention of pregnancy and learning how to prevent sexually transmitted infections, including HIV. Additionally, they emphasize that SRHR services help them understand their sexual and reproductive health rights, such as making informed decisions about sexual partners, timing of sexual activity, and the use of condoms for STI and pregnancy prevention.

During the focus group discussions, adolescents expressed that SRHR services are highly important to their lives, although a few respondents mentioned they were not as important.

Young people also expressed mixed feelings regarding the value of adolescent access to SRHR services. While some value these services as they provide protection against unplanned pregnancies, others expressed concerns that easy access to services may lead young people to engage in sexual activities without considering the potential consequences. One participant from Kasenengwa District explained,

"The way young people perceive SRHR services varies. Some say they are important because they help us avoid getting pregnant at a young age, while others say they are not important because they may encourage adolescents to engage in sexual activities, assuming they are fully protected by these(SRHR) services."

These findings reflect the diverse perspectives and attitudes among young people regarding the value and impact of SRHR services in their lives. It is essential to consider these varying viewpoints when designing and implementing comprehensive SRHR programs that address the needs and concerns of adolescents while promoting informed decision-making and healthy behaviors.

9.6 Access to Sexual Reproductive Health and Rights services among adolescent girls and boys.

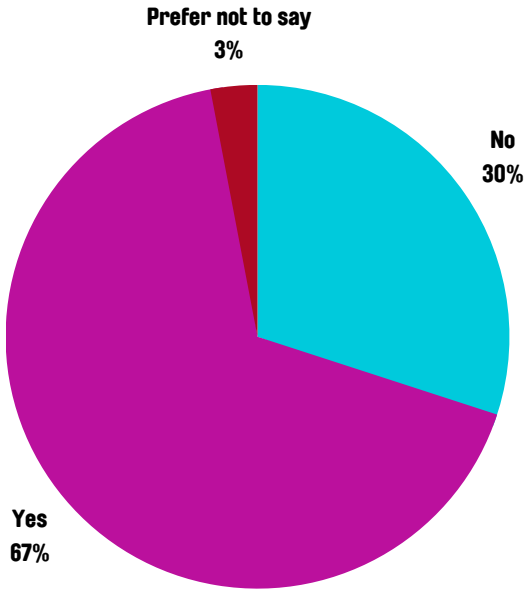
This section presents an analysis of adolescents' access to SRHR services, the delivery of these services, and their alignment with the needs of young people. It also highlights community perceptions of adolescent SRHR and the constraints that affect access to these services.

9.6.1 Adolescent girls and boys accessing SRHR services

The survey phase of the research asked adolescent girls and boys if they had accessed SRHR services. The findings indicate that the majority, 67% of adolescent boys and girls, have accessed available services in their communities. However, further analysis reveals that males (72%) are more likely to access SRHR services compared to female adolescents (64%).

The findings are shown in Figure 5 below

Figure 5. SRHR access

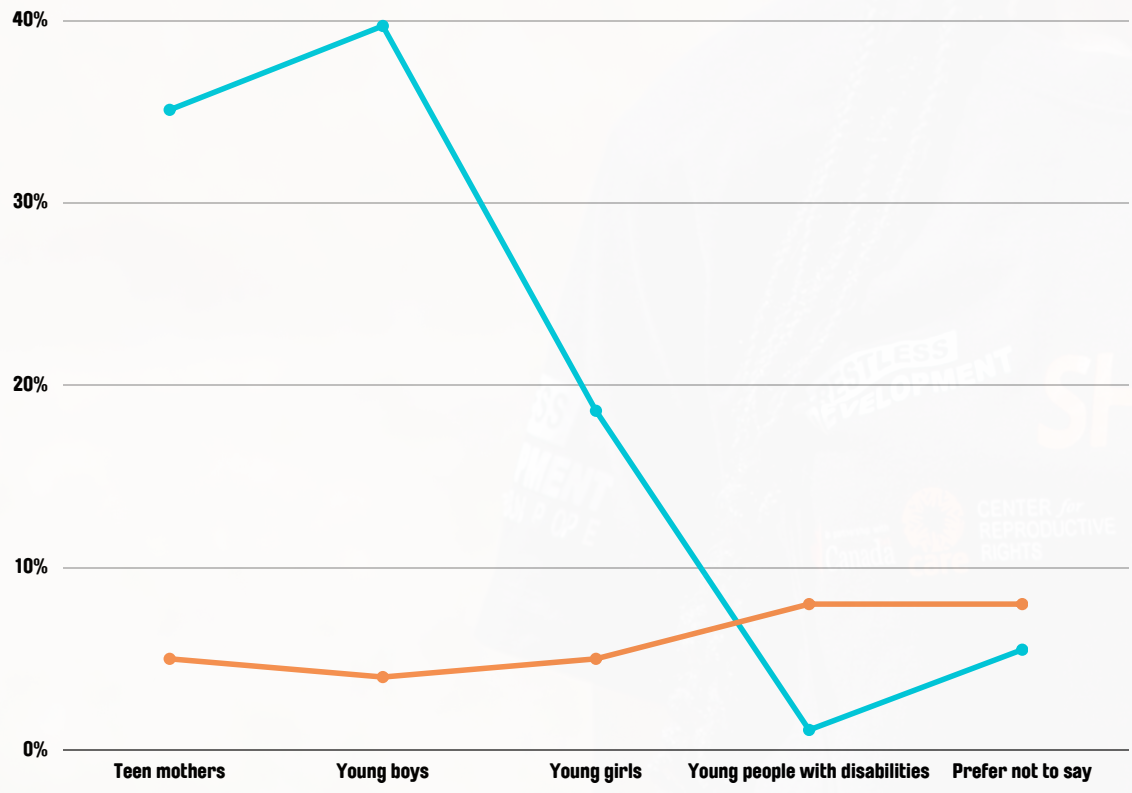


When comparing the awareness levels of SRHR services and actual access to these services among adolescents, it was found that 78% of female respondents reported being aware of SRHR services, while only 64.1% reported accessing them. Similarly, 77% of males reported being aware of SRHR services, while only 72% reported accessing them. This disparity between awareness and access can be attributed to factors highlighted by adolescents, such as long distances to health facilities and existing social and cultural beliefs, for example, that contraceptives cause barrenness.

The survey data indicates that among the different groups of adolescents, boys have the highest access to SRHR services at 39.7%, followed by teen mothers at 35.1%, young mothers at 18.6%, and young people with disabilities at 1.1%. Additionally, 5.5% of respondents preferred not to disclose any information.

Therefore, it is evident that young girls and young people with disabilities have less access to SRHR services compared to the other two groups of adolescents.

Figure 5. Access to SRHR by category.



Li, Y., Chen, L., Chen, X., Hong, Y., & Liu, M. (2021). Age differences in sexual and reproductive health service utilization among adolescents in rural China. BMC health services research, 21(1), 1-9

UNICEF (2018).'Gender Toolkit: Integrating Gender in programming for every child.https://www.unicef.org/rosa/sites/unicef.org.rosa/files/201812/Gender%20Toolkit%20Integrating%20Gender%20in%20Programming%20for%20Every%20Child%20UNICEF%20South%20Asia%202018.

World Health Organisation (2023).Adolescent Health. Retrieved April 28,2023, from http://www.who.int

9.6.2 Frequently used services by adolescents;

According to the survey findings, condoms are the most accessed SRHR service by adolescents at 57.9%, followed by family planning pills at 15%, HIV testing at 9.6%, emergency contraceptives at 8.5%, counseling at 7.4%, post-abortion care at 1.5%, and SRHR information at only 0.1%.

The findings regarding the frequently accessed services, with the majority mentioning condoms, align with one of the reasons given by the respondents regarding the importance of SRHR services, which is to prevent pregnancies and STIs. However, there is a need to provide young people with adequate SRHR information especially on the use of emergency contraceptives and safe abortion care as these were reported to be the least accessed service.

9.6.3 Adolescent girls and boys preferred SRHR service access points;

The survey findings indicate that the most preferred means for adolescent girls and boys to access SRHR services is through Youth Centers, as suggested by 25% of the young people interviewed. This is followed by 17% of the adolescent girls and boys who would prefer to access services from a Community Health Center. The findings further suggest that District health facilities (11.5%) and community health outreaches (6.8%) are the least preferred SRHR service access points for adolescent boys and girls.

When the data was analyzed by gender, the findings revealed that 36% of females reported preferring a youth center as their preferred access point for SRHR services. This was followed by 24.3% who preferred a district health facility, 17.3% who preferred a community center, 14.3% who preferred a village health team, and 8.1% who preferred community outreaches.

In contrast, among males, 33.7% reported preferring a community center as their access point for SRHR services, followed by 23% who selected a district health facility, 17.7% who preferred a village health team, 14.5% who favored a community center, and 11.1% who preferred community outreaches.

Further analysis of the preferred SRHR access points by age groups revealed that in the age group 15-19, 36% expressed a preference for accessing these services from a youth center. Additionally, 22.9% preferred a community center, 16.4% favored a district health facility, 15.5% chose a village health team, and 9.2% preferred community outreaches.

Among adolescents in the age group 10-14, 29% reported a preference for a community center as their SRHR access point. Furthermore, 26.3% expressed a preference for a youth center, 21.7% favored a village health team, 16% opted for a district health facility, and 7% preferred community outreaches.

These research findings highlight the varying preferences of adolescent boys and girls in terms of their preferred access points for SRHR services. It is important to consider these preferences when designing interventions and programs to ensure effective and accessible SRHR services for different age groups and genders.

The findings show a clear disparity between the preferred SRHR service access points for adolescent girls and boys and where they actually access the services from. When we asked the adolescent girls and boys who have accessed SRHR services where they accessed the services from, the majority (42%) of adolescent girls and boys accessed the services from District health facilities, followed by 17% from community centers, while 15% accessed the services from community outreach events.

9.6.4 SRHR services alignment with adolescent boys and girls needs;

The majority of the respondents, accounting for 75%, responded that the service delivery mode in their communities does not align with their needs. The following reasons were cited by the respondents:
Male-biased services: During the focus group discussions, young people often explained that the health facilities in their communities mostly stock male-related sexual and reproductive health services such as male condoms.

A female respondent from Chadiza District narrated;

"I mostly find male condoms."

A female respondent from Kasenengwa District further added;

"They (services) are biased towards males."

Limited availability of services: Young people further expressed that facilities usually offer the same limited range of services. A focus group discussion respondent narrated;

"The available services are condom distribution, family planning, and male circumcision. I think these are the most common youth-friendly services."

9.7 Community perceptions of adolescent girls and boys who access and utilize SRHR services

During this research, we investigated how the communities of Chadiza, Mambwe, and Kasenengwa Districts perceive adolescents who access SRHR services. The survey findings showed that 40% of the communities believe that SRHR services should not be accessed by certain adolescents, while 30% believe that these services should be accessed by all groups of young people.

Furthermore, 21.2% reported that the communities are of the view that these services should be accessed by only certain adolescents, and 7.9% reported not knowing the community perceptions towards adolescents' access and utilization of SRHR services. Additionally, 0.9% preferred not to express any opinion on community perceptions.

The fact that the majority of community members believe that SRHR services should not be accessed by certain adolescents indicates a gap in SRHR information among community members. This gap can be addressed by strengthening community awareness campaigns.

9.7 Community perceptions of adolescent girls and boys who access and utilize SRHR services

During this research, we investigated how the communities of Chadiza, Mambwe, and Kasenengwa Districts perceive adolescents who access SRHR services. The survey findings showed that 40% of the communities believe that SRHR services should not be accessed by certain adolescents, while 30% believe that these services should be accessed by all groups of young people.

Furthermore, 21.2% reported that the communities are of the view that these services should be accessed by only certain adolescents, and 7.9% reported not knowing the community perceptions towards adolescents' access and utilization of SRHR services.

Additionally, 0.9% preferred not to express any opinion on community perceptions. The fact that the majority of community members believe that SRHR services should not be accessed by certain adolescents indicates a gap in SRHR information among community members. This gap can be addressed by strengthening community awareness campaigns.

Additionally, there is a widespread belief among community members that SRH services are only suitable for individuals aged 18 years and above who already have children. These findings from the focus group discussions align with the survey statistics, which indicate that boys have the highest access to SRH services at 39.7%, followed by teen mothers at 35.1% and young mothers at 18.6%, then 5.5% for respondents who did not have information on access to SRHR services, and 1.1% representing young boys and girls with disabilities.

A female respondent from Mambwe said;

"They perceive us to be too young as most of them believe the services should be accessed by married people who have children and are above 18 years."

Another female respondent from a girls' FGD in Chadiza added;

"They perceive the services to be for people who are married and those with children."

9.7.3 Due to the perceptions, young people eventually shy away from accessing SRHR services:

These community perceptions shape young people's decisions, as they are likely to shy away from accessing SRHR services due to the fear of being perceived as promiscuous or too young to access the services. For example, a male respondent from Mambwe District explained;

"The clinic is in town, and this makes me shy away from accessing condoms because people will perceive me as a promiscuous child."

Another respondent from a boys' FGD in Kasenengwa expressed;

"Yes, what hinders us adolescents from going to the clinic are the questions that imply that we are young children" .

9.7.4 Parents are unsupportive towards young people's access to SRHR services:

Further interactions with the young people revealed that parents are unsupportive when it comes to their children accessing SRHR services. In a focus group discussion for girls in Chadiza, a female respondent expressed;

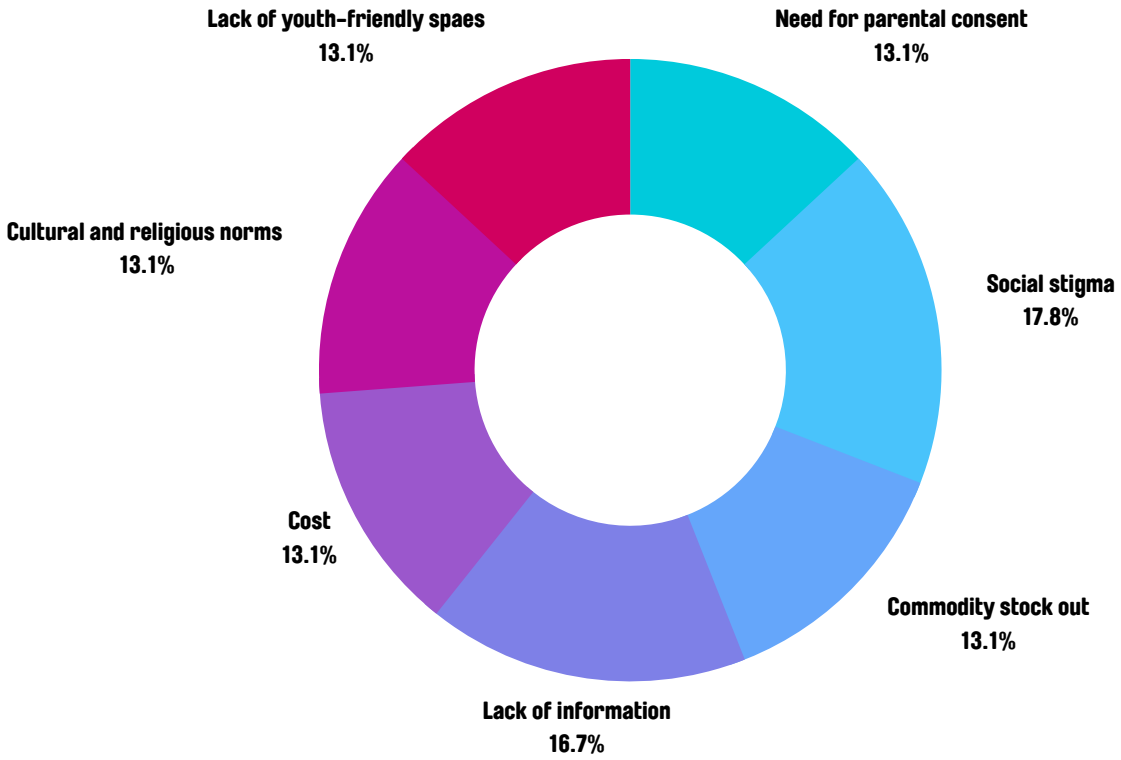
"Parents get angry!" (when they hear that a child is accessing SRHR services). As a result of this fear from their parents, young people often resort to accessing the services in secret.

"But at the clinic, you just have to go with a bag"- Female respondent from a girls' FGD in Kasenengwa district.

9.8 Constraints adolescent girls and boys face to accessing SRHR services

The study also examined the constraints faced by young people in accessing SRHR services. Sexual and Reproductive Health and Rights (SRHR) services play a critical role in promoting the overall health and well-being of young people, and constraints act as an impediment to this.

Figure 8. Constraints faced in accessing SRHR services



The study examined the constraints faced by adolescents in accessing Sexual Reproductive Health and Rights (SRHR) services. The majority of the respondents (represented by 17.8%) indicated that social stigma is a constraint they face, while lack of information was chosen by 16.7%. Additionally, cost, commodity stock-outs, and the need for parental consent were reported to have an equal distribution of 13.1% each, as shown in Figure 8 above.

SRHR services delivery

Interactions with young people through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) revealed several constraints:

- Distance: The young people explained that the long distances they have to cover to access SRHR services act as a constraint. For example, a male FGD respondent from Mambwe district stated:

"The main challenge is the long distance we have to walk to get to the health facilities where we can access SRHR services."

- Lack of youth-friendly spaces/corners: Youth-friendly spaces/corners provide non-judgmental and confidential spaces for young people to access information and services related to their sexual and reproductive health. In this research, it was reported that most communities do not have them. For instance, a female respondent from Kasenengwa District stated:

"We do not have youth-friendly spaces, and we feel shy accessing these services from the same place as our parents."

- Limited staff in health facilities: Findings indicate that there are long queues at health facilities, with limited staff to attend to the adolescents. This often results in some young people going back home without being attended to.

- Cost: Although most SRHR services are offered free of charge at public health facilities, young people explained that services such as emergency contraceptives (morning-after pills) can only be accessed from drug shops, and they are expensive.

- **Commodity stock-outs:**
- Young people also pointed out commodity stock-outs as a constraint to SRHR access. They explained that sometimes when they go to health facilities to access SRHR services, they do not receive them due to stock-outs or because the services are not offered at certain health facilities, such as inadequate contraceptive supplies.

- Social stigma: In most communities, young people who access SRHR services are perceived to be promiscuous. Therefore, social stigma acts as an impediment to young people's access and utilization of the services.
- Lack of inclusivity: Findings show that people with disabilities face challenges in trying to access SRHR services because most of the buildings that offer these services are not accessible to them, as they are not user-friendly. For example, a female respondent from Mambwe District said:

"I have never seen any young person with disabilities accessing SRHR services, and I think it is hard for them to access buildings that offer these services because they are not user-friendly to most of them."

- Parental consent: Adolescents in the age group of 10-14 explained that when they want to access SRHR services at health facilities, they are told that they are too young for such services and that they need parental consent to access them. They highlighted that the need for parental consent makes it hard for them to access these services because they feel shy and uncomfortable talking to their parents about sexual-related issues.

For instance, a 14-year-old female respondent from Kasenengwa District said:

"When I want to access SRHR services, they say I am too young."

9.8.1 Suggested solutions to the constraints.

1. Young people suggested the need for community awareness campaigns to address SRHR knowledge gaps and social norms and practices that hinder young people from accessing these services. The campaigns would focus on educating the community on the importance of SRHR services for young people.
2. Another recommendation is to improve supply chain management in order to address the issue of commodity stock-outs and ensure the availability and accessibility of common Sexual Reproductive Health and Rights (SRHR) services for young people. Adolescents expressed their desire for female condoms, emergency contraceptives, STI screening test kits and drags and HIV self-test kits to be consistently available. Therefore, implementing effective supply chain management strategies can help meet these demands and improve overall SRHR services for young people.
3. Young people also suggested increasing manpower at health facilities by training peer educators who can help in SRHR service delivery for certain services as well as ensure that youth-friendly services are provided. This would help address the issue of limited staff and long queues at health facilities.
4. The government should also partner with non-governmental organizations that can help provide SRHR services to young people. This would make these services available to young people who may not be able to access them through public health facilities.
5. Young people further suggested that youth-friendly spaces should be built in communities around health facilities.

9.9 Community practices and SRHR support to adolescents

This section focuses on community practices and support for sexual and reproductive health rights (SRHR) among adolescents. It explores the social norms and practices associated with SRHR within the community, the existing structures supporting SRHR, the preferred structures for delivering SRHR support, and the role of young people in promoting changes in social and cultural norms. Additionally, the section addresses the question of who is best positioned to provide SRHR support to young people.

9.9.1 Community social norms/values, beliefs and practices related to SRHR;

In Chadiza, Mambwe, and Kasenengwa districts, harmful community norms, values, and practices were discovered that expose adolescents to a lot of risks. The study respondents identified the following social norms and practices as hindering young people from accessing and enjoying SRHR services:

- People Accessing Family Planning are at Risk of Experiencing Infertility: From discussions with young people, it was noted that communities believe contraceptives cause barrenness. A female respondent from Chadiza District mentioned:

"There is a belief that if you use contraceptives, you might not have a child because the chemicals found in the contraceptives are harmful to the body."

- Some Churches Condemn the access of Contraceptives: Young people explained that some churches do not allow their members to use contraceptives. A male respondent from Mambwe District mentioned:

"Some churches do not allow their members to use contraceptives."

- Belief that Condoms and other contraceptives cause infertility: There is discouragement towards the use of condoms or contraceptives due to beliefs that they cause infertility. . Furthermore, initiation ceremonies teach adolescent girls to have unprotected sex to determine fertility. A female respondent from Mambwe District shared;

"During initiation ceremonies, they teach us that we are supposed to try unprotected sex to see if we can have children. There is a belief that using contraceptives, you cannot know if you can give birth or not."

The findings on community norms, values, beliefs, and practices suggest the need for community awareness campaigns targeting all community members regardless of age, gender, or social status. This will help address knowledge gaps among community members because most of these beliefs and practices hinder sexually active young people from accessing SRHR services, exposing them to risky sexual encounters resulting in unwanted, early and unintended pregnancies and sexually transmitted infections.

9.9.2 SRHR Support accorded;

According to the survey, 51% of the respondents reported receiving support in accessing SRHR services, while 46% reported that they have never received support, and 3% preferred not to say if they have been supported before or not. Further analysis of the survey findings indicates that out of the 67% of the respondents who reported accessing SRHR services, only 51% were supported to do so.

Therefore, interventions are needed to ensure that parents, community leaders, teachers, and other community gatekeepers support young people in accessing SRHR services, especially for the 46% of respondents who reported a lack of support. This can be achieved through increased awareness and education about SRHR services to reduce social stigma in the communities.

Analysis of the support provided to adolescents based on gender reveals that 53.3% of males reported receiving support to access SRHR services, while 46.7% reported not receiving any support. In contrast, 52.8% of females reported receiving support, with 47.2% reporting no support.

Furthermore, a closer examination of the data by age group indicates that 54.3% of young people aged 15–19 reported receiving support, while 45.7% stated they did not receive any support. Conversely, among young people in the age group 10–14, 29.7% reported receiving support to access SRHR services, while a majority of 70.3% reported not receiving any support.

These findings highlight variations in support provision based on both gender and age. It is crucial to consider these factors when developing strategies and interventions to ensure adequate support and access to SRHR services for adolescents.

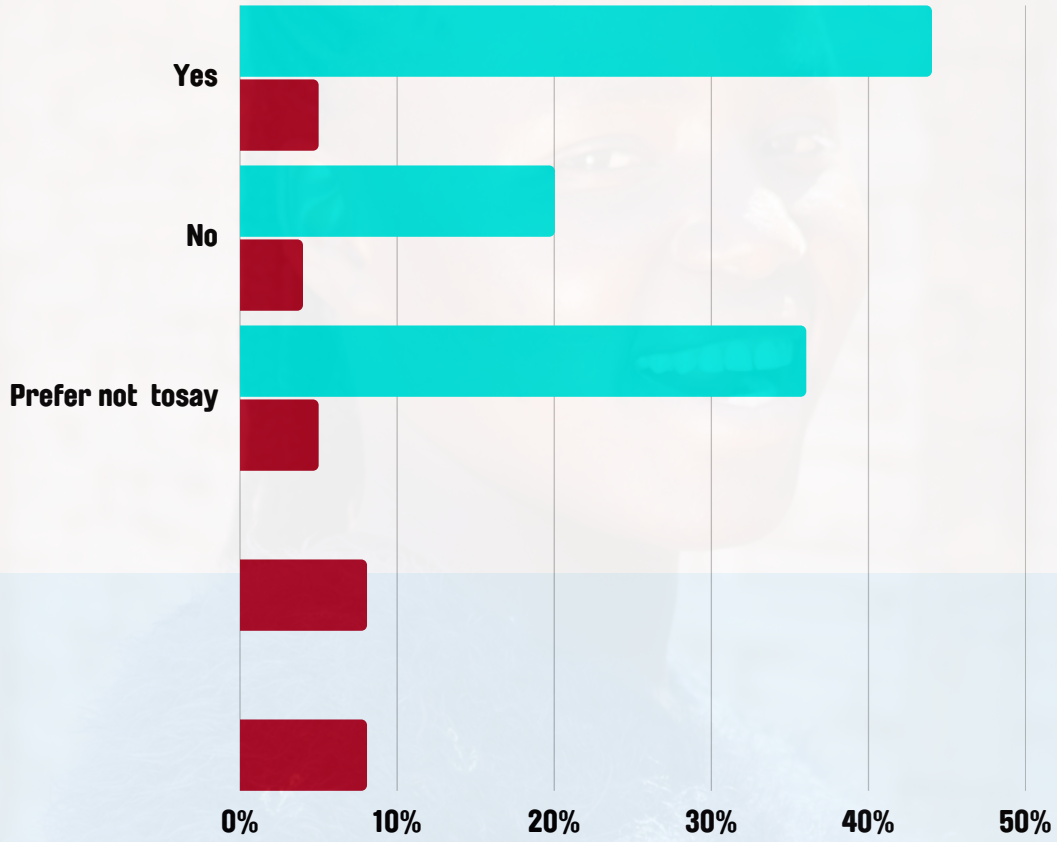
In addition, for the respondents who reported receiving support, the majority of them (46.7%) reported receiving support from peers, followed by 15.1% from family members, 10.2% from parents/guardians/caregivers, 9.3% from Non-Governmental Organizations (NGOs), 6.1% from healthcare providers, 4.4% from community leaders, 0.9% from caregivers, and 7.3% preferred not to say who supported them. These findings indicate that peers are instrumental in offering support using a peer-to-peer approach in a youthful and non-judgmental way.

However, there is also a need to actively involve caregivers, parents, and community leaders because of their influence so that they can help to raise awareness and offer SRHR support to adolescents.

9.9.3 Community structures;

The suitability and location of community structures play a vital role in supporting access to SRHR services by young people. We asked young people about their preferences for community structures, and below are their responses:

Figure 9. preference for a community structure.



According to Figure 9 above, 44% of the respondents indicated a preference for accessing SRHR services from a particular community structure, 20% reported not having a preference for a community structure, and 36% preferred not to state their preference. These findings suggest that in order for the majority of young people to freely access SRHR services, community structures must be put in place that meet their needs.

However, it is important to note that some respondents did not have a preference for a specific community structure, while others preferred not to share their preference. This highlights the need for a variety of options to be made available to young people so that they can choose the option that best fits their needs.

9.9.4 Preferred community structures;

Survey statistics on young people's preferred locations for accessing Sexual Reproductive Health and Rights (SRHR) services reveal that 42.3% of the respondents prefer accessing them from a youth center, with an additional 30.8% indicating a preference for accessing these services from a village center. Moreover, 10.7% of respondents expressed a preference for accessing SRHR services from a community center, while 10.1% opted for a community health facility. A smaller percentage of 5.4% indicated a preference for accessing these services from a district health facility. Notably, 0.7% of respondents indicated a preference for alternative locations outside their communities, specifically those exclusively catering to young people.

These findings highlight a clear trend, with the majority of respondents expressing a desire for SRHR services to be accessed from a youth center, emphasizing the importance of providing these services in a manner that appeals to the youthful population.
Interactions with young people also revealed that appropriate structures like youth-friendly corners are needed for them to access SRHR services better.

"They must build youth-friendly spaces or provide tents in our communities where we will be accessing SRHR services," said a female respondent from Chadiza District.

Additionally, young people explained that these structures should be located away from public places like clinics and hospitals because they feel shy and uncomfortable accessing SRHR services from there.

"I can choose other structures, unlike getting from the clinic because I feel shy and uncomfortable. I would like to access them from structures that are away from the clinic premises," expressed a female respondent from Chadiza District.

"Like here in our village, they should build for us a room or a house where we can be accessing these services from because we feel shy and uncomfortable accessing them from the clinic," added a male respondent from Mambwe District.

Other young people expressed that it is better to have these structures in places where only young people are found, like a football pitch, so that they are free from elders who judge and ridicule young people who access these services.

"They need to look for a place where adolescents will be accessing SRHR services in a youthful way. At that particular place, boys should offer SRHR support to boys, and then girls to fellow girls," suggested a male respondent from Kasenengwa District.

"At football pitches, they should build shelters where we will be accessing SRHR services from," proposed a male respondent from Mambwe District.

Furthermore, young people explained that these preferred structures should offer services such as emergency contraceptives like morning-after pills. They also stated that injectable contraceptives and female condoms should always be readily available. Young people further emphasized the importance of these structures providing HIV self-testing kits. Based on these findings, health facilities and youth-friendly corners need to have an adequate supply of injectable contraceptives, female condoms, emergency contraceptives, and HIV self-testing kits to meet young people's SRHR needs.

Young people also have a role in changing social and cultural norms and harmful practices. They expressed the need to have well-trained peer educators who can raise awareness of SRHR services using a peer-to-peer approach.

For young people's voices to be heard on various issues affecting them in their communities, they highlighted the need to establish Youth Advisory Committees linked to the village headmen and chiefs' committee.

These committees should enable young people to participate in decision-making and contribute to the development of bylaws that abolish harmful practices and beliefs hindering young people from accessing SRHR services. The young people also proposed the formation of drama groups to raise awareness of SRHR services and other issues affecting young people, utilizing poetry, cultural dances, songs, and other innovative approaches.

9.10 Future aspirations of adolescents

This section focuses on the future aspirations of adolescents. The aim was to understand their aspirations by asking young people where they want to be in the next 5-7 years. The main purpose is to gain a comprehensive understanding of the medium and long-term aspirations of adolescents.

During discussions with the young people about their future aspirations, it was found that some aspirations were unrealistic. For example, some young people who had dropped out of school expressed a desire to become medical doctors in the next 5-7 years. Conversely, other young people had more realistic aspirations, such as becoming medical practitioners, police officers, teachers, soldiers, and lawyers. These young people planned to achieve their goals by returning to school.

For instance, one respondent from a focus group discussion in Chadiza District stated;

"I want to go back to school and continue from where I left off so that I can become a nurse when I finish school."
Similarly, a respondent from Kasenengwa District said, "In the next 5-7 years, I want to be either a teacher or a medical doctor, and right now, I am planning to go back to school."

Another group of adolescents expressed a desire to become farmers in the next 5-7 years and are currently engaging in small-scale farming to work towards their goals. One respondent from Mambwe District said,

"I want to be a farmer, and I am currently practicing small-scale farming so that I can become a commercial farmer in the next 5 years."

Similarly, a respondent from Kasenengwa added,

"In 5 years' time, I want to own a large farm where I will grow different types of crops for sale."

Some adolescents explained that in the next 5-7 years, they aspire to be parents and are waiting for suitable life partners. For example, one respondent from Mambwe District said;

"I want to be a mother, and I am waiting for the right person to marry me."

Overall, the findings on the future aspirations of adolescents reveal where young people want to be in the next 5-7 years. It is interesting to note that some are already taking steps towards their goals. However, for some adolescents, their community's cultural norms limit their future aspirations to waiting for marriage. This finding highlights the need to educate young people about other opportunities that can improve their lives while they are still young, rather than solely focusing on waiting for marriage.

10. Recommendations for Programme Improvements and Calls to Action:

1. Strengthening youth-friendly services at health facilities is crucial to ensure that young people have access to appropriate Sexual and Reproductive Health and Rights (SRHR) services. This can be achieved through various measures, including the use of age-appropriate materials, the establishment of youth-friendly waiting areas, the provision of privacy and confidentiality, extended hours of operation, training of health workers on the specific needs of young people, and the involvement of peer educators and youth leaders in service delivery. SHE SOARS should collaborate with the government to implement these measures, ensuring that health facilities provide age-appropriate materials, establish youth-friendly waiting areas, offer privacy and confidentiality, and extend their operating hours. Health workers should also be trained to address the specific needs and concerns of young people, and peer educators and youth leaders should be actively involved in service delivery. It is recommended that youth-friendly spaces be incorporated into the facility plans for all new buildings developed by the ministry.
2. Increasing youth participation is essential in designing, delivering, and evaluating SRHR services. To achieve this, SHE SOARS should work with the government and its partners to enhance the involvement of young people in the design, delivery, and evaluation of SRHR services. This can be done by actively engaging young people in the service design process, implementation, and evaluation.
3. Expanding counseling services is crucial, as data shows that counseling plays a significant role in accessing SRHR services. Therefore, there is a need to ensure that counseling services are readily available, confidential, and tailored to the needs of young people. SHE SOARS should collaborate with the government to expand counseling services, making them easily accessible, confidential, and youth-friendly. This will enable young people to access the necessary support they require.

4. Addressing unwanted pregnancies is another important aspect, considering that it is a prevalent reason for seeking SRHR services. It is necessary to increase access to contraceptive services, promote comprehensive sexuality education, and tackle social and cultural factors that contribute to unplanned pregnancies. SHE SOARS should collaborate with the government to expand access to contraceptive services, advocate for comprehensive sexuality education, and address the social and cultural factors that contribute to unwanted pregnancies.

5. Partnering with local media, such as radio stations, can be an effective way to reach young people with relevant information on SRHR services. By creating youth-focused programs in local languages, SHE SOARS can ensure that information on SRHR services is accessible to young people.

6. Negative perceptions about SRHR services among communities and young people hinder their willingness to access these services. It is essential to develop targeted campaigns and education programs to dispel myths and misinformation surrounding SRHR services. SHE SOARS should create such campaigns and programs to address negative perceptions and provide accurate information about SRHR services.

7. Strengthening referral mechanisms for young people in need of additional counseling or specialized services, such as mental health support or HIV & AIDS testing and treatment, is crucial. SHE SOARS should collaborate with the government to improve and strengthen referral mechanisms, ensuring that young people have access to the necessary support services they require.

11. Looking forward

Implementing the recommendations outlined in this report will go a long way in addressing the critical needs of young people regarding their Sexual and Reproductive Health and Rights. However, it is crucial to ensure that these recommendations are followed through with action.

The SHE SOARS Project team, in partnership with the government and its partners, should take the lead in implementing these recommendations and ensuring their integration into the existing health systems.

One significant way to achieve this is by strengthening youth-friendly services at Health Facilities. This will require a collaborative effort from health workers, peer educators, and youth leaders to create a welcoming environment that provides the necessary support and information young people need.

Expanding counseling services, increasing youth participation in service design and evaluation, and addressing negative perceptions of SRHR services will also require concerted efforts from all stakeholders involved. Furthermore, partnering with local media channels and strengthening referral mechanisms will be critical in ensuring that young people have access to the information and support they need.

To make these recommendations a reality, significant investments in resources, such as funding, human resources, and time, will be necessary. Therefore, it is vital to prioritize the needs of young people and ensure their full integration into existing health systems. This will require the buy-in of all stakeholders involved, including the government, civil society organizations, and young people themselves

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