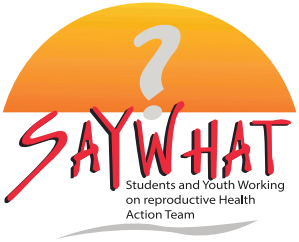
# STIGMA, SAFETY & SUPPORT

Improving the unmet Sexual and Reproductive Health and Rights needs of Adolescents Girls and Young Women.




**1st Edition |Stigma, Safety & Support: Improving the unmet SRHR needs of Adolescent Girls and Young Women**



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**Participants and Respondents**

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This book would not have been possible without the collective efforts of these individuals and organizations. We hope that our research contributes meaningfully to the discourse on abortion and informs policies and programs that promote reproductive health and rights.

## Zvinaishe Tanya Mwayera

Zvinaishe Tanya Mwayera is a zealous researcher, advocate and social worker. She holds a bachelor's degree in social work from Zimbabwe Ezekiel Guti University and is currently pursuing a Master of developmental social work from Midlands State University in Zimbabwe. Zvinaishe was recently employed at Family Aids Caring Trust. She worked at the organization from 2023 to 2024 as a graduate intern. Prior to this, Zvinaishe worked as a student intern at the Department of Social Development from 2021 to 2022 where she gained exposure to field social work and later found her topic motivation for her first research paper. In 2024, Zvinaishe was selected to write a research paper with Students and Youth Working on reproductive Health Action Team (SAYWHAT) focusing on self-managed abortion by adolescent girls.

## Martha Mupariwa

Martha Mupariwa is a dedicated youth advocate and researcher who holds a Bachelor of Science Media and Society Studies Honors Degree. Currently she is pursuing a Master of Science in International Relations degree. Driven by a passion to empower and uplift young people. Through her research and community work, Martha aims to amplify the voices and perspectives of young people, particularly those from marginalized communities. She is committed to creating inclusive and supportive environments that foster positive youth development and social change. “Committed to creating positive change, Martha has worked with various organizations, schools, and community groups to design and implement programs that promote youth leadership, education, and well-being. Her research focuses on exploring innovative solutions to address the complex challenges faced by young people, including abortion-related Stigma and social exclusion. She is dedicated to co-creating a brighter future with and for young people, and is always seeking new opportunities to collaborate, learn, and grow."

## Tatenda Ngocho

Tatenda Ngocho is distinguished professional whose academic and practical experiences converge to tackle urgent issues related to climate change, social behavior, and public health. With a Bachelor of Science in Political Science, an Executive Certificate in Humanitarian Assistance and Program Management, and a postgraduate qualification in Labor Law from the University of Zimbabwe, Tatenda is deeply committed to advocating for marginalized groups, particularly women. Currently pursuing a Master of Science in Business Administration, his educational journey underscores a steadfast dedication to social justice and policy reform. His academic background has equipped him with vital skills for designing, implementing, and evaluating humanitarian programs, which are essential in his current role as a researcher. As a youth researcher with Say What, he investigates critical issues surrounding public health and sexual rights, with a particular emphasis on abortion laws. This focus is timely, reflecting the global discourse on reproductive rights and women's autonomy. His research aims to analyze existing legal frameworks governing abortion, assess their implications for women's health and rights, and identify potential avenues for legal reform. His commitment to human rights and constitutionalism shapes his approach to research and advocacy. He strongly believes that the protection of women's rights is intrinsically linked to broader human rights principles and constitutional law. His work highlights the necessity of constitutional guarantees that safeguard individual freedoms and promote gender equality. Engaging with various stakeholders, including policymakers and community organizations such as CAMFED, Tatenda fosters dialogue on the need for constitutional reforms that enhance women's rights. Recognizing that effective advocacy

requires not only a comprehensive understanding of legal frameworks but also the ability to communicate complex ideas to diverse audiences, Tatenda envisions a future where women's rights are universally acknowledged and protected. He aspires for legal frameworks that support reproductive health choices and public health policies informed by a commitment to gender equality.

Through his research and advocacy efforts, Tatenda seeks to influence public opinion and legislative action, emphasizing the critical intersection of health, law, and gender equality. As he advances his education and professional endeavors, Tatenda Ngocho's work is poised to significantly impact the landscape of women's rights and public health advocacy, contributing to the creation of a more just and equitable society.

## Davidzo .E Dhumbura

Davidzo is a PhD student in International Law at the Geneva Graduate Institute and a research assistant for the SNSF Ambizione project, Law by Color Code: Locating Race and Racism in International Law. Her research interests include critical approaches to international law, particularly Third World Approaches to International Law (TWAIL), international environmental law, and the legal implications of indigeneity. She is also passionate about social justice issues in Zimbabwe relating to the exercise of human rights.

She is an editor for Völkerrechtsblog, which focuses on public international law. She co-chairs the South Africa Branch of the International Law Association (SABILA) Network for Young Scholars and Practitioners, fostering collaboration among emerging scholars.

She holds an LLB cum laude and an LLM from the University of KwaZulu-Natal, South Africa.

## Godfrey Mwaurayeni

Godfrey Mwaurayeni is a passionate researcher driven by a desire to understand and address the complexities of global inequality. Throughout his academic journey, Godfrey has demonstrated a commitment to academic excellence and a drive to make meaningful contributions to the field of international relations. A profound alumnus of the University of Zimbabwe, Godfrey holds a Bachelor of Science Honors degree in Political Science, which he completed in December 2021. Building on this foundation, he pursued his Master of Science degree in International Trade and Diplomacy, graduating in September 2024. Godfrey's research interests crystalized during his postgraduate studies, with a particular focus on global inequality. Through his research and academic pursuits, he aims to contribute to a deeper understanding of the complex dynamics that shape our increasingly interconnected world.

## Mentor

### Dr. Rongedzayi Fambasayi (Ph.D)

Dr. Fambasayi is a passionate champion of children and youth rights, with a outlook having previously worked with leading international and pan-African child rights organizations driving law and policy reform, campaigns, and advocacy across African. He is appointed an Extra-ordinary Research Fellow at the Faculty of Law, North-West University. Dr Fambasayi previously served as an independent External Expert in the Working Group on Children's Rights and Climate Change of the African Union's Committee of Experts on the Rights and Welfare of the Child. He currently serves as a board member of the Association of Children's Museums.

## SAYWHAT TEAM

The SAYWHAT TEAM deserves immense gratitude for their tireless efforts and unwavering dedication to the development of this book. From the inception of this project, the team has demonstrated exceptional commitment, expertise, and passion, which has been instrumental in shaping this comprehensive resource. Their contributions have not only enriched the content but also ensured that the book remains a valuable tool for advocates, policymakers, and healthcare providers working to advance reproductive rights and improve abortion care in Zimbabwe.

We extend our sincerest appreciation to each member of the SAYWHAT team for their hard work, creativity, and collaborative spirit. Your contributions have made a significant impact on this project, and we are deeply grateful for your commitment to promoting reproductive justice and advancing the health and well-being of women and girls in Zimbabwe. Thank you for being an integral part of this journey, and we look forward to continuing our work together to create positive change.

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# Chapter 1

## An exploration of self-managed abortion by adolescent girls

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## Abstract

The study explored self-managed abortion among adolescent girls in Rusape urban, Zimbabwe. Adolescent girls with unplanned pregnancies are not accessing abortion services and end up turning to self-managed abortion which end up leading to prolonged health conditions and even death. The research conducted in 2024 aimed to understand the factors that influence self-managed abortion and evaluate the available abortion services for adolescent girls. The study used a qualitative approach, employing phenomenological design, and utilizing semi-structured interviews to collect data from 15 primary participants and 10 key informants. Data was analyzed using thematic analysis. The Reproductive Justice theory, propounded by Ross, was used to explain issues related to women's reproductive rights. The three core values of the Reproductive Justice Theory are the right to have a child, the right not to have a child, and the right to parent a child or children in safe environments. The findings reveal that fear of stigma, poverty, and lack of knowledge about sexual and reproductive health and services are factors that lead to self-managed abortion. The evaluation of available abortion services stated that these services are inaccessible and heavily restricted. A new theme of affordable abortion services emerged as a way to improve access to abortion services. Abortion services that will be introduced without financial barriers will make seeking the services easier and will do away with self-managed abortion services. The study concludes that factors that influence self-managed abortion are interconnected. More than one factor may influence adolescent girls to perform a self-managed abortion. The study recommends that the Government, under the

Ministry of Health, must ensure all adolescent girls access abortion services by increasing funding for abortion services, including support services such as contraception and introduction of safe abortion clinics for adolescent girls.

***Key Words:*** *Adolescent girls, self-managed abortion, sexual and reproductive health, unplanned pregnancies*

## Introduction

Adolescent girls with unplanned pregnancies are not accessing abortion services and have turned to self-managed abortion (Madziyire, 2018). The government of Zimbabwe estimates that more than 80,000 illegal abortions happen every year (Government of Zimbabwe, 2018). In 2017, Doctor Bernard Madzima estimated that illegal abortions cause 16% of maternal deaths, half of whom were adolescents (Madzima, 2017). Adolescent girls suffer due to a lack of knowledge and end up facing circumstances like death and prolonged health conditions. Adolescence is the phase of life between childhood and adulthood from ages 10 and 19 (WHO 2023). A self-managed abortion is one that occurs outside the formal health care settings and comprises a spectrum of methods, including abortion medications (mifepristone and/or misoprostol), herbs and botanicals, and self-harm (Moseson, 2020). This paper explores self-managed abortion by adolescent girls.

The study looks at the factors leading to self-managed abortion by adolescent girls. Avoiding talking about abortion and referring to it as taboo and illegal has not stopped self-managed abortions from being done. Instead broadening the access of legal abortion to adolescent girls and making sure sexual and reproductive health is taught to them by social workers and health professionals through education sessions can decrease the number of self-managed abortions. Overlooking abortion has made it led to many maternal deaths. Technology has evolved in a way where children now have access to knowledge about

sexual intercourse and at times end up experimenting on what they see yet there are no safe spaces for children to access sexual and reproductive health knowledge to keep up with the changing world. This has resulted in delayed access to health when an adolescent girl performs a self-managed abortion due to fear of stigma and discrimination. The delayed access to post-abortion services leads to prolonged health conditions in which some teenagers have to go for uterus removal due to post-abortion complications. Abortion should be a topic to be talked about so that children will gain knowledge on the subject. Adolescent girls must know that it is safe to talk about a problem rather than turning to self-managed abortion

To add on, the study will look at the available abortion services. Thirty-one percent of the African regional population are adolescents, and their well-being can affect the development of the Zimbabwe and the Southern African Development Community as a whole (WHO, 2024). A healthy population is a necessary catalyst for economic and social development. As Southern Africa improves its industrial capacity and economy, the health of the citizens remains paramount in ensuring a sustainable future (SADC, 2021). The Ministry of Women Affair introduced a centre to take care of sexual and gender-based violence abuse in 2010 called the One Stop Centre. Under section 52 of Zimbabwe's Constitution, everyone has the right to bodily and psychological integrity, including reproductive rights. This policy is also relevant to the issue of abortion as it includes reproductive rights. Despite some pregnancies not being able to meet the criteria of the three recognized conditions for abortion under the Termination of Pregnancy Act which state that if the pregnant woman's life is in danger or cases of rape, incest, or fetal impairment, this makes the legal abortion services difficult to obtain resulting in clandestine abortions which is unsafe (Sully, 2018). There is a thin line between gender-based violence and abortion, in which one's emotional way of thinking and physical state are affected throughout the whole abortion process. The study below is exploring self-managed abortion by adolescent girls.

The aim of the research is to explore self-managed by adolescent girls. The objective of the study is to understand the influence and drive to self-managed abortion in young people in Zimbabwe and evaluate abortion services available to them. In addition, it poses these key questions: what are the factors that influence self-managed abortion and what are the available abortion services? This study is using a case of One Stop Centre, which is based in Rusape to get a better understanding of the issue.

## Methodology

This study employed a qualitative approach whilst employing phenomenological design. This study's approach is partly influenced by the efficiency of the research approaches harnessed by previous studies to get the lived experiences of adolescent girls (Madziyire, 2018). The study's target population is made up of adolescent girls who live in Rusape Urban who receive services from One Stop Centre Rusape. The researcher also targeted key informant experts and opinion leaders who work with young adolescents in need of abortion services at One Stop Centre, Rusape, as well as human rights experts without ties to One Stop Centre. Purposive sampling was used for recruiting participants. In purposive sampling, a sample is selected based on knowledge of a population, its elements, and the purpose of the study (Leavy, 2017). The study selected a sample of 15 primary participants and 10 key informants. The benefit of purposive sampling is it allows for the selection of participants who are more relevant to the research question. This targeted approach ensures that the data collected is rich and directly linked to the study's objectives, leading to more meaningful and focused findings. The researcher conducted semi-structured interviews through use of interview guides that comprise of open-ended questions. To analyse data, thematic content analysis was used. The researcher conducted the following stages in succession, familiarisation, identification of a thematic framework, indexing followed by charting then mapping and lastly interpretation. To familiarise with data, the researcher organised the different data sets and repeatedly went through the data sets. Having done this,

initial codes were generated by analysing specific statements and categorising them into themes that explore self-managed abortion by adolescent girls.

## Ethical considerations

All respondents were informed about the purpose of the study and consent was obtained the interviews. The researcher also helped the participants access psychosocial support services, if necessary, by referring them to the SAYWHAT Organisation toll-free number (577).

## Findings and Discussions

### Findings on factors that influence self-managed abortion

#### Fear of stigma

All the adolescent girls highlighted their fear of stigma from family, health care providers and community led to self-managed abortion. Participants reported that they feared to open which made them turn to self-managed abortion. Many adolescent girls argued that due to lack of follow-up, they experienced problems such as access to basic needs in the form of medicine for evacuation after pregnancy termination. According to some of the participants, fear of stigma was also a factor that made many adolescents not gain full healing.

One of the participants who had a self-managed abortion in 2023 was afraid to tell her parents and her uterine rotted and became sick, her family realized this later on, "I was afraid to tell my mother because I thought she would be angry with me but the delayed evacuation services led to my uterine rotting."(17 years old, Participant 8)

One participant mentioned that health facilities did not offer a welcoming gesture to adolescent girls when pregnant "After I got pregnant, I went to a health facility and was told to keep the baby and that it was my fault for opening my legs which resulted in that pregnancy.'(15 years old, Participant 10)

Another participant mentioned that people in the community would gossip and name-call if one does an abortion, "I had no one to turn to for help and guidance and ended up turning to self-managed abortion.'(19 years old, Participant 3)

These narratives illustrate that stigma is a factor that influences self-managed abortion. Stigma is also associated with adverse attitudes toward abortion care policies when measured at the community level (Cuttler, 2021). An adolescent girl performing an abortion may result in her being labelled deviant and an outcast in the community. Abortion stigma experienced by both providers and abortion seekers can serve as a barrier to safety and quality in abortion care and has consequences for the psychological and emotional health of abortion seekers as defined by the World Health Organization (Biggs, 2020). Hence, fear of stigma is a factor that leads to self-managed abortion.

## Poverty

Most adolescent girls were concerned that instead of receiving help whilst pregnant this leads to school dropouts and becoming a parent at a young age. The adolescent girls would have to pay for the self-managed abortion bills alone, which they felt was better than having to take care of the child who would require money from birth they did not have.

To substantiate the above claims, one adolescent girl indicated, "I found out the person who had impregnated me was married and I had nowhere to go or money to rent my place and ended up aborting the pregnancy". (19 years old, Participant 6)

One adolescent girl also raised the poverty issue when she said, "My parents cannot afford to take care of me, bringing another child into the house will only add to the financial burden which is why I ended up aborting.'(16 years old, Participant 2)

To add on, the One Stop Centre admin also mentioned that "Most of the adolescent girls who visited did not have money for uterus evacuation. When an adolescent girl seeking post-abortion care services is not a case of sexual abuse. She would have to pay the hospital and most of them did not have the money to pay."(OSC Admin, Key informant 5)

A SAYWHAT case management officer believes that poverty contributes to self-managed abortion when she said, "Accessibility of the post-abortion services is an issue as some adolescent girls have to travel long distance and cannot afford to pay for transport money. An adolescent girl who had travelled all the way from Rusape to access the SAYWHAT voucher services reacted to the medicine, and it was a bit difficult to communicate through WhatsApp as she had no money to travel back to Harare" (SAYWHAT CPCM, Key informant 9)

The above narratives show that poverty leads to self-managed abortion in adolescent girls. Women who had an abortion typically feel that they had no other choice, given their limited resources and existing responsibilities to others (Finer, 2019). Adolescent girls are still in school and under the care of their parents, leading to choices like self-managed abortion. Whilst in search of abortion services adolescent girls would look for affordable methods of abortions which had consequences for their health. It is in many ways affront to suggest to women, who are compelled to have an abortion out of poverty and an inability to afford childcare, that they have chosen their abortion (Godlee, 2019). The adolescent girls are struggling to get three meals a day which will affect the pregnancy diet and end up turning into self-managed abortion. Therefore, poverty is a factor leading to self-managed abortion.

Lack of knowledge about sexual and reproductive health and services
Participants highlighted that despite having access to sexual and reproductive health from the internet, not all information would be given fully compared to being educated by adults and professionals. The adolescent girls could not access contraception and reproductive

health care as they were considered young and not sexually active. Self-managed abortion is the only service they could access as they had limited knowledge about safety and legal abortion services.

Supporting the above claims on lack of knowledge on sexual and reproductive health, one participant pointed out, "I just had sex with my boyfriend once as a way of having fun and did not know that it would result in pregnancy and had to end up looking for ways to get rid of the pregnancy whilst it was still in its early stage."(15 years old, Participant 4)

Another adolescent pointed out, "I did not know any place that offers abortion services as it results in one being arrested and ended up looking for ways to terminate the pregnancy on my own." (17years old, Participant 1)

One participant highlighted that " I had no idea that after abortion uterus evacuation had to be done and my placenta ruptured and I ended up in the emergency room where my uterus had to be removed.'(14 years old, Participant 5)

The One Stop Centre nurse indicated that "Some adolescent girls do not know about contraception, it would be wiser for the adolescent girls to be taught contraception methods to avoid another unplanned pregnancy." (OSC Nurse, key informant 7)

It is transparent from the above narratives that lack of knowledge on sexual and reproductive health and services being offered in one's area is a factor that influences self-managed abortion. The most common causes of unintended pregnancy are contraceptive failure and never use of contraceptive methods (Habib, 2017). Some adolescent girls do not know where to access contraceptive pills and how they are used to prevent pregnancy. The repeated high incidence of abortion complications and resulting hospitalizations, especially from the urban setting highlights the need to adequately train providers to treat complications resulting from abortions, whether

these abortions or induced (Rominski, 2020). Adolescent girls will only be given pills to induce abortion, and no follow-up is done if the termination goes well leading to post-abortion complications that are expensive and at times lead to permanent health conditions. Hence, a lack of knowledge about sexual and reproductive health is a factor that influences self-managed abortion.

To evaluate the available abortion services
The abortion services are inaccessible

Many participants stated that no abortion services are being offered which then resulted in self-managed abortion. Even if there is a way one can access abortion services, they are unaffordable or inaccessible to adolescent girls. The health staff is unfriendly and unapproachable if one wants to have an abortion as it is considered illegal.

One adolescent girl summarized the mentioned issue by highlighting that, "there are no abortion services I know of as one is always advised to keep the baby, and no other decision will be made after that." (15 years old, participant 10)

Another participant also noted that "mentioning the issue of abortion in public will make one secluded as it results in one being arrested and no one would want to be associated with such a matter."(15 years old, Participant 9)

The One Stop Centre victim-friendly unit said," Abortion services at the one-stop centre are accessible when one has been sexually abused, it's a process that takes about one week when everything is in place and a scan from the doctor is done. The termination of pregnancy is granted by the magistrate court."(OSC victim friendly unit)

From the above narratives, participants highlighted that no abortion services are offered. Due to the lack of abortion services of abortion services, self-managed abortion patients would be treated as care for miscarriage management (Raifman, 2021). The adolescent girls would

be treated as someone who has had a miscarriage as they would not want the health providers to know that they would have had an abortion. Some would admit after serious complications that would require the doctor to have more knowledge so that the correct treatment is offered. Crouthamel states that providers have knowledge of and experience with self-managed abortion but are often concerned that individuals lack appropriate information and support (Crouthamel, 2021). Adolescents' girls know that abortion services are offered under limited circumstances, making it difficult for them to access proper information from health providers on abortion.

Hence abortion services are inaccessible.

The abortion services are heavily restricted

Many adolescents indicated that abortion in Zimbabwe is available under limited circumstances. Key informants reported that there is a standard of procedure to be considered before the pregnancy is terminated. The adolescents pointed out that the circumstances that lead to unplanned pregnancies are outside the Termination of Pregnancy Act. The feeling by many participants was to be able to obtain abortion services legally. This made the adolescent girls find it hard to obtain services and information to do with abortion leading to self-managed abortion.

One of the lawyers stated that "there is a procedure that has to be followed before the legal abortion is offered in which two doctors have to assess if the patient fits in the required circumstances to perform an abortion." (Lawyer, Key informant 3)

One of the participants also stated, "I did not go to seek legal abortion as my pregnancy did not fit the circumstances stated in the termination of pregnancy act." (14 years old, Participant 1)

The one-stop centre nurse mentioned that "Most adolescent girls come with post-abortal complications at a later stage. The delay due to the fear of criminalization will lead to more financial costs and put the adolescents' health at risk. When abortion is performed in a proper

environment with medical personnel these complications, for example placenta rupture will be avoided."(OSC Nurse, Key informant 7)

The narratives show the abortion services being offered under the law are limited to certain circumstances. Any circumstance not mentioned under the law is not considered for legal abortion services. People seeking abortion outside the law and individuals who help them can be subject to arrest or prosecution for their involvement in abortion care, even in places where abortion is legal (Huss, 2022). These restrictions have led to self-managed abortion and at times delayed post-abortion care due to fear of being criminalized. Therefore, abortion services are heavily restricted.

## Affordable abortion services

Most adolescent girls suggested that affordable abortion services would enhance abortion services. This would be done by introducing abortion services that are not expensive. Adolescent girls voiced that even if abortion services were made accessible, they would not be able to afford them as they would end up in debt after the abortion process. Therefore, the financial issue would have to be also taken into consideration as it will also act as a barrier.

One participant recommended that abortion services should be offered for a reasonable amount, "the abortion services must be made affordable. I could not afford to pay USD 100 for the backyard abortion pills. I used a traditional and unauthorized concoction as the pregnancy was still in its early stages." (16 years old, Participant 13)

Another participant said, "After I was given the abortion pills to induce the pregnancy, I could no longer afford the uterus cleaning pills, and I developed a stomach infection." (17 years old, Participant 15).

Another participant claimed that "If abortion is made accessible but still requires one to pay large amounts of money it will still be the same as adolescent girls will still turn to self-managed abortion."(16 years old, Participant 7)

SAYWHAT case management officer also indicated that "Feedback mechanism is also important. An adolescent girl who accessed post-abortion services at SAYWHAT was in so much pain and could not communicate as she had no phone. So, checking up on the client must be part of the services and support groups as getting information from people who had the same experiences is more comforting."**(SAYWHAT CPCM, Key informant 9)**

The narrative above shows that affordable abortion services would enhance abortion services. Abortion services that will be introduced without financial barriers will make seeking the services easier and will do away with self-managed abortion services. Participants stated that even though some of the post-abortion services are offered at the hospital without much questioning, lack of money led to delayed health consultation. Hence, affordable abortion services would enhance the abortion services.

## Conclusion and recommendations

Self-managed abortion among adolescent girls has made an impact on maternal health due to unwanted pregnancies. The researcher presented, analyzed and discussed the findings of the study. This study aimed to explore self-managed abortion by adolescent girls. The findings of this study are that the factors that influence self-managed abortion are fear of stigma, poverty and lack of knowledge on sexual and reproductive health and services being offered. The findings highlighted that under the available abortion services, abortion services are inaccessible and heavily restricted. In addition to available services, the findings state that abortion services should be affordable as it is one of the barriers to accessing services.

Factors that influence self-managed abortion by adolescent girls are seen to have a bearing on the adolescent girl not accessing sexual and reproductive health services before and after the unplanned pregnancy. A conducive family environment guards against self-managed abortion and promotes early disclosure of the pregnancy to the parents hence the services must include the family

members. The study concludes that factors that influence self-managed abortion by adolescent girls work hand in hand. More than one factor may influence adolescent girls to perform a self-managed abortion.

The findings on the available abortion services state that they are inaccessible and heavily restricted leading to self-managed abortion. Self-managed abortion applies to those countries where abortion is criminalized and can be addressed through amendment of the laws and policies to include more people. This will bring a great change in tackling issues of self-managed abortion and the consequences associated with it that can be avoided if the process is done in a formal health centre.

To add on, affordable abortion services would enhance abortion services and prevent self-managed abortion. The study concludes that the provision of affordable contraceptives and abortion services is beneficial as it helps prevent unplanned pregnancies in the future. The adolescent girls will no longer turn to using concoctions as they will be safer methods for abortion.

A model is presented as a process from when one is not pregnant to prevent unplanned pregnancies to offering adolescent abortion services. The government must enhance the termination of pregnancy policy to include adolescent girls in affordable abortion services and prevent self-managed abortion. The Department of Social Development will also advocate for inclusive abortion services for adolescent girls. After this non-governmental organization would do further case implementation by availing of funding for free abortion services for adolescent girls. The non-governmental organizations would also generate programmes that tackle the factors that lead to self-managed abortion. This is how the inclusive model is implemented.

The study concludes that self-managed abortion is a problem with factors impacting on being fear of stigma, poverty and lack of

knowledge on sexual and reproductive health and services being offered. The findings highlight that under the available abortion services being offered, abortion services are inaccessible and heavily restricted.

The findings of this study reveal that the abortion services that can make a difference if made available are social and psychosocial support with social workers, provide comprehensive reproductive health services, including contraception and safe abortion clinics. The study recommendations states that:

## Government

The government must ensure all adolescent girls access abortion services even through the introduction of sexual and reproductive health programmes in line with adolescent girls. An amendment of the Termination of Pregnancy Act to include adolescent girls would make a difference.

The Government under the Ministry of Health must increase funding for abortion services, which encompasses support services such as contraception and safe abortion clinics. This can also be done by training healthcare providers in evidence-based abortion care and bereavement support and increasing access to affordable safe and legal abortion services, especially in underserved areas. This will enhance the efficiency of such programmes for adolescent girls.

The government must establish more sexual and reproductive health centres to accommodate adolescent girls and help adolescent girls grow in a nurturing environment that shields adolescent girls from unplanned pregnancies by obtaining sexual and reproductive health services and knowledge.

## Department of Social Development

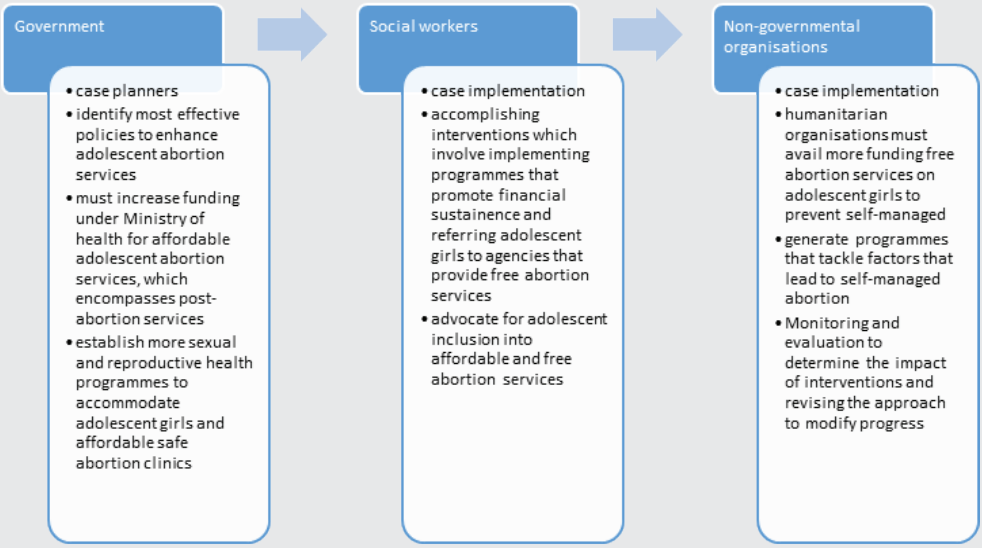
The Department of Social Development should engage in positive parental environment training with families of adolescent girls to encourage open and honest dialogue about abortion and reproductive

health to reduce cases of unplanned pregnancies.
The Department of Social Development should advocate for, plan, facilitate, and implement programmes that promote affordable abortion services such as the provision of contraception and access to affordable abortion services. Social workers can also provide psychosocial services. These actions may assist in allowing adolescent girls to break from the barriers like poverty that lead to self-managed abortion.

## Non-Governmental Organisations

Non-Governmental Organizations must avail more funding to provide comprehensive reproductive health services, including contraception and safe abortion clinics that offer free abortion services under the supervision of the Government. Psychosocial support by social workers must also be offered. Doing so they can also reassess the adolescent girls' progress to determine the impact of interventions and revise the approach to modify progress.

## Inclusive abortion model as a recommendation



Recent years have brought about a discussion about the factors that lead to self-managed abortion by adolescent girls focusing on the development of best ways of managing abortion services through the provision of effective and balanced comprehensive supervision and assistance through a collaboration of the health sector, social workers and non-governmental organizations Some of the programmes actively seek family involvement and help the family become more participant in the prevention of unplanned pregnancies and provide morale support during the process of abortion. The research study recommendations stated above have brought about the inclusive abortion model propounded by the researcher to ensure that adolescent abortion services can be enhanced. Recommendations are being made to the government, social workers and non-governmental organizations.

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# Chapter 2

## UNCOVERING ABORTION-RELATED STIGMA: PROMOTING REPRODUCTIVE HEALTH AND ACCESS TO SAFE ABORTION FOR YOUNG WOMEN.

Martha Mupariwa


### Abstract

Abortion-related stigma is a significant barrier to reproductive health and the accessibility of safe abortion services, particularly for young women. This stigma often leads to discrimination, judgment, and isolation of individuals seeking abortions. This paper explores the impact of abortion stigma on young women in Glen Norah, emphasizing its adverse effects healthcare

access. By examining societal attitudes and healthcare policies, the paper highlights how stigma perpetuates misinformation and fear, discouraging young women from seeking timely and safe abortion services. Evidence-based recommendations focus on reducing stigma through community education, policy reform, and youth-centered reproductive healthcare that prioritizes confidentiality, safety, and empowerment. Promoting awareness, combating stereotypes, and fostering supportive environments are essential to ensure young women can exercise their reproductive rights without fear of stigma or judgment. Addressing abortion-related stigma is crucial to advancing reproductive justice and promoting equitable access to safe abortion care for all young women. Abortion-related stigma is a complex issue that intertwines with broader societal, cultural, and individual beliefs, often leading to profound consequences for young women's health, rights, and personal well-being. At its core, the stigma surrounding abortion reflects deeply ingrained attitudes and norms about reproductive health, gender roles, and morality. These attitudes can shape the policies that govern healthcare, restrict access to safe abortion, and perpetuate misinformation about the

procedure. Ultimately, reducing abortion-related stigma is crucial to promoting reproductive justice and achieving equity in healthcare access. By fostering understanding, dismantling harmful myths, and providing supportive policies, societies can create an environment where young women are empowered to make choices about their reproductive health without fear or shame. Addressing stigma is not only about healthcare but about affirming the rights, dignity, and well-being of all young women.

***Keywords:*** Abortion-related stigma; Reproductive health; Safe abortion; Young women

## Introduction

This study examines abortion-related stigma in Glennorah and proposes initiatives to promote reproductive health and improve access to safe abortion services. Abortion is a controversial and highly stigmatized issue in many parts of the world, with laws, cultural norms, and societal attitudes often restricting access to safe and legal abortion services (Coastal et, 2019). Significantly young women face significant barriers when seeking reproductive health services, including abortion, due to stigma and lack of information.

From a global perspective, the promotion of reproductive health and access to safe abortion for young women is crucial in ensuring their autonomy and well-being. The World Health Organization (2020) estimates that approximately 25 million unsafe abortions are performed globally each year, leading to serious health complications and even death. Additionally, the stigma surrounding abortion can have detrimental effects on young women's mental health and overall quality of life.

On a continental level, different regions face unique challenges in addressing abortion-related stigma and promoting reproductive health for young women. In some regions, such as Africa, restrictive abortion laws and limited access to sexual education and reproductive health services exacerbate stigma and perpetuate harmful beliefs about

abortion (Norris & Besset, 2018). In other regions, such as Europe and North America, access to safe abortion services may be more readily available but stigma and moral judgments persist.

In Zimbabwe, like many other countries in Africa, abortion is heavily stigmatized and restricted by law. The Termination of Pregnancy Act of 1977 only permits abortion under limited circumstances, such as to save the woman's life or preserve her physical or mental health. This restrictive legal framework, combined with societal attitudes that view abortion as morally wrong, creates significant barriers for young women seeking safe and legal abortion services (Harris & Davis, 2017).

Possible reasons why young women residing in Glennorah, Zimbabwe are prone to abort include financial instability. This means that they may not have the financial resources to support a child, especially if they are still in school or early in their careers. The cost of raising a child could be prohibitive, leading some women to seek abortion as a more viable option. There is lack access to healthcare, there is limited access to affordable healthcare, including contraception and prenatal care in GlenNorah, Zimbabwe. Additionally, there is significant social stigma attached to being a young, unmarried mother. The fear of judgment from peers, family, or the community may lead some young women to consider abortion.

This study aims to explore the impact of abortion-related stigma on young women's reproductive health and access to safe abortion services in Zimbabwe, using GlenNorah as a case study. The chapter also uses other regions of the world with a view to the effects of abortion related stigma on young women. By examining the factors contributing to stigma, the study seeks to identify effective strategies for reducing stigma, improving access to reproductive health services, and promoting the autonomy and well-being of young women globally. It is easy for a culture to be adapted regionally if it is recognized globally. The chapter recommends a change in society’s attitude and interventions that prioritize young women's reproductive rights and health.

## Methodology

The research used a phenomenological research design to get lived experiences from the community. Methodically, the researcher used semi structured interviews, focus group discussions as well as open ended questionnaires for various parents, guardians and friends of abortion related stigma victims as well as healthcare service providers. Qualitative research enabled the researcher to study the respondents' social and material circumstances, experiences, views and perspectives on safe abortion and stigma extensively benefiting from the subjectivity therein in an objective way. A purposive sampling was used to find participants to respond questions on strategy, effectiveness and the challenges they have encountered while trying to have abortions. The purposive sampling targeted parents, guardian and friends of young women who had sought reproductive health services in the region. This targeted approach aimed at gathering insights from individuals who have directly experienced abortion-related stigma and barriers to accessing safe abortion services. Participants were recruited through healthcare facilities, community organizations, and local youth groups, ensuring a diverse representation of experiences and perspectives. This intentional selection process enabled the researcher to gain a comprehensive understanding of the challenges young women face in accessing safe abortion services and promoting reproductive health in Glennorah.

The research design allowed a comprehensive understanding of the factors contributing to abortion-related stigma and the effectiveness of interventions aimed at reducing stigma and promoting reproductive health among young women in Glennorah.It is noted that a qualitative approach is effective in exploring complex social issues (Creswell, 2014). Qualitative data was collected through in-depth interviews and focus group discussions with participants. The interviews and focus groups explored experiences of abortion-related stigma, barriers to accessing safe abortion services, and perceptions of reproductive health care providers in Glennorah. They aimed at assessing knowledge, attitudes, and practices related to abortion and reproductive health. This data collection approach is best to use when studying reproductive health issues.

Thematic analysis was used to analyze the qualitative data collected from interviews and focus group discussions. Data was categorized based on key themes related to abortion stigma, reproductive health, and access to safe abortion services. Thematic analysis has been widely used in social science research to identify patterns and themes in qualitative data (Braun & Clarke, 2006).

## Ethical Considerations

Ethical considerations are a fundamental pillar of research design as such, the study adhered to ethical guidelines for research involving vulnerable populations, ensuring informed consent, confidentiality, and voluntary participation. All the participants were provided with information about the study aims and objectives, and their rights to withdraw at any time without consequence. Ethical considerations are essential in research involving sensitive topics such as abortion stigma (Bruyn, Hendriks, & Van den Branden, 2019).

## Findings and Discussion

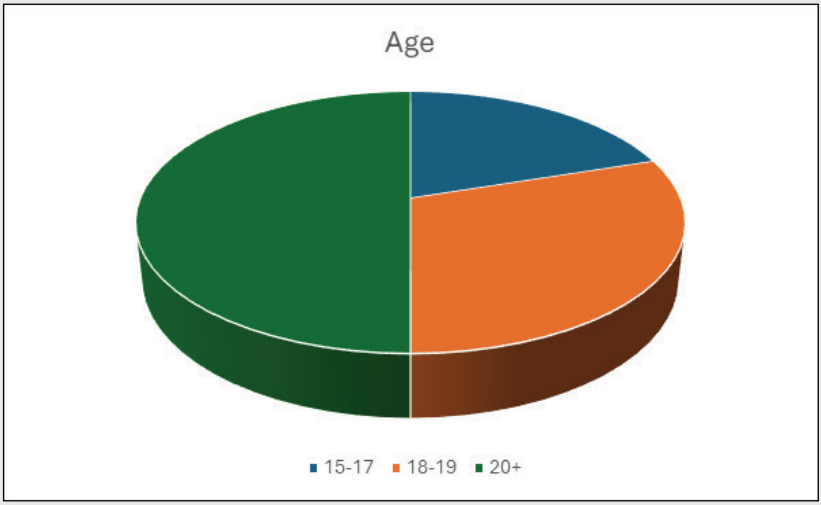
The findings of this study provide valuable insights into the factors contributing to abortion-related stigma among young women in Glennorah and could inform the development of interventions to reduce stigma and promote access to safe abortion services. The research may contribute to the existing literature on reproductive health and contribute to efforts to improve reproductive health outcomes for young women in Glennorah and beyond. By using a mixed-methods approach and incorporating perspectives from multiple stakeholders, this study generated robust evidence to guide policy and practice in addressing abortion-related stigma and promoting reproductive health among young women.

## Biographical data of the Respondents

The study included an equal representation of various ages between 18 to 30 years. This balanced age distribution was important to ensure an

unbiased representation of opinions on promoting reproductive health and access to safe abortion for young women in Glennorah.

## Distribution by age




## Age distribution of study respondents

The analysis of the age distribution of the respondents in the study revealed that most of the respondents are 20 years and above. This was followed by the category of between 18 to 19 years. Another category is between 15 to 17 recorded. According to Smith et al. (2018), age distribution is an important factor to consider in research studies as it can impact the results and conclusions drawn from the data. Additionally, Johnson and Brown (2019) found that age can influence individuals' experiences, attitudes, and behaviors, making it a significant variable to analyze in research.

The prevailing attitudes and beliefs surrounding abortion and their contribution to stigma against young women seeking abortion care
There is a common belief that abortion is immoral and that young

women who seek it are viewed negatively by society. This stigma can prevent young women from seeking the necessary care and support they need. During an interview session one of the respondents revealed that "There is a lot of stigma surrounding abortion, particularly for young women. Many people believe that abortion is morally wrong and that young women who seek abortion are irresponsible or promiscuous. This can lead to judgment and criticism from others, making it difficult for young women to access the care they need without fear of judgment or shame." (Participant 1)

Societal expectation for young women to prioritize the needs of others over their own, which can contribute to the stigma surrounding abortion care. This pressure to conform to traditional gender roles can hinder young women to seek care without experiencing shame or guilt.
"There is a conviction that young women who have abortions are selfish and only thinking about themselves. This can lead to feelings of guilt and shame for young women who are already facing a challenging choice. The idea that young women should prioritize the needs of others over their own can contribute to the stigma surrounding abortion care." (Participant 2)

"Some people believe that young women who seek abortion care are taking the easy way out and not taking responsibility for their actions. This can further perpetuate the stigma surrounding abortion and create barriers for young women seeking care. It's important to understand that seeking abortion care is a tough choice that young women make after carefully considering their options." (Participant 2)

This response highlights the misconception that seeking abortion care is an easy decision for young women and that they are not taking responsibility for their actions. This can further stigmatize young women seeking care and create barriers to accessing the support they need.

Prevailing attitudes and beliefs contribute to the stigma against young women seeking abortion car

"It can be challenging for young women to get the care they require because of the prevalent attitudes and ideas around abortion, which foster a culture of guilt and condemnation. Because of this stigma, young women may experience emotions of dread and loneliness and be discouraged from getting the help and information they need to make decisions about their reproductive health" (Participant 3)

This response highlights how prevailing attitudes and beliefs contribute to the stigma against young women seeking abortion care by creating a culture of shame and judgment. This can prevent young women from accessing the care they need and can lead to negative emotional and psychological consequences.

*" Sexual harassment and discrimination against young women seeking care can result from the stigma associated with abortion. Young women may be put at risk of damage and increased marginalization because of obstacles to safe and legal abortion services being created. Encouraging young women to make informed decisions about their reproductive health requires challenging these prevalent attitudes and beliefs."* (Participant 5).

This response emphasizes the harmful effects of stigma on young women seeking abortion care, including discrimination and harassment. Access to safe and authorized abortion services may be hampered as a result, putting young women at risk of harm. Challenging prevailing attitudes and beliefs is crucial to support young women in making informed and empowered decisions about their reproductive health.

Barriers to accessing safe abortion services and their impact to young women on reproductive health outcome. During an interview session one of the participants revealed that

*"One of the biggest barriers young women face when trying to access safe abortion services is restrictive laws and policies. In many places, abortion is heavily regulated or even illegal, making it difficult for young women to access safe and legal services. This can lead young women to seek unsafe and potentially life-threatening methods of abortion, putting their health at risk."* Participant 6

This highlights the impact of restrictive laws and policies on young women's access to safe abortion services. When safe options are limited, young women may resort to unsafe practices that can have detrimental effects on their reproductive health outcomes.

*"Another barrier young women face is stigma and judgment from healthcare providers. Some providers may refuse to perform abortions or provide information on abortion services due to personal beliefs or societal pressures. This can leave young women feeling ashamed and uncertain about where to turn for care, ultimately impacting their reproductive health outcomes."* (Participant 1)

This therefore underscores the role of stigma and judgment from healthcare providers as a barrier to young women accessing safe abortion services. When healthcare providers refuse to provide necessary information and care, young women's reproductive health outcomes may be negatively affected.

*"Cost is also a significant barrier for many young women seeking abortion services. Even in places where abortion is legal, the high cost of the procedure can be a major obstacle for young women, especially those from low-income backgrounds. This financial barrier can force young women to delay or forgo abortion care, leading to negative reproductive health outcomes."* (Participant 2)

Hence this highlights the impact of financial barriers on young women's ability to access safe abortion services. When cost is prohibitive, young women may be unable to access timely care, which can have long-term consequences on their reproductive health outcomes.

*"When young women face barriers to accessing safe abortion services, they may delay seeking care or resort to unsafe methods, such as self-induced abortion. This can result in complications, infections, and even death, putting young women's reproductive health at serious risk. Delayed or unsafe abortion procedures can also have long-term effects on fertility and overall reproductive health."* (Participant 3)

This therefore emphasizes the immediate and long-term impact of barriers to accessing safe abortion services on young women's reproductive health outcomes. Delayed care and unsafe methods can lead to serious health complications and affect young women's fertility and overall reproductive health.

*"In addition to physical health consequences, barriers to accessing safe abortion services can also have mental health implications for young women. The stress and uncertainty of not being able to access safe care can lead to anxiety, depression, and trauma. These mental health effects can further impact young women's overall well-being and reproductive health outcomes."* (Participant 4)

This highlights the mental health implications of barriers to accessing safe abortion services on young women. The stress and uncertainty surrounding seeking care can have significant negative effects on young women's mental health, which in turn can impact their reproductive health and overall well-being.

*"To address these barriers, it is important to advocate for policies that prioritize young women's reproductive rights and ensure access to safe and legal abortion services. Healthcare providers should be trained to provide non-judgmental and compassionate care to all patients seeking abortion services. Increasing funding and resources for reproductive health services can help eliminate financial barriers that prevent young women from accessing safe abortion care."* (Participant 5)

The importance of advocating for policies that prioritize young women's reproductive rights and access to safe abortion services. Training healthcare providers and increasing resources can help address the barriers young women face in accessing safe care and improve their reproductive health outcomes.

The perceived benefits and challenges of implementing stigma reduction interventions aimed at promoting reproductive health and safe abortion access for young women in Glennorah

*"One of the benefits of stigma reduction interventions is that they can help create a more supportive and non-judgmental environment for young women seeking reproductive health services. By challenging stigma and misconceptions surrounding abortion, these interventions can empower young women to make informed decisions about their reproductive health without fear of discrimination or shame."* (Participant 1).

Stigma reduction interventions can create a supportive and empowering environment for young women in Glennorah. By addressing stigma, these interventions can promote a safe space for young women to access reproductive health services and make choices about their bodies.
*"Implementing stigma reduction interventions can also lead to increased awareness and education about reproductive health rights and options. By providing accurate information and promoting open discussions, these interventions can help young women understand their reproductive rights and access safe abortion services without facing stigma or misinformation."* (Participant 2)

The role of stigma reduction interventions in increasing awareness and education about reproductive health rights for young women in Glennorah. By providing accurate information and fostering open discussions, these interventions can empower young women to make informed choices about their reproductive health.
*"One challenge could be the resistance from community members who hold traditional or conservative views on reproductive health and abortion. Overcoming deeply ingrained beliefs and attitudes may require ongoing education, dialogue, and advocacy to foster understanding and support for stigma reduction interventions in Glennorah."* (Participant 3)

The potential challenge of addressing resistance from traditional or conservative community members when implementing stigma reduction interventions. Overcoming deeply held beliefs may require strategic efforts to provide education and promote dialogue to shift perspectives.
*"Another challenge may be the lack of resources and funding to sustain stigma reduction interventions in promoting reproductive health and safe abortion access for young women. Without adequate fina*ncial support, it

*may be difficult to implement and expand these interventions to reach a broader population in Glennorah."* (Participant 4)

The importance of resources and funding in sustaining stigma reduction interventions for promoting reproductive health and safe abortion access for young women in Glennorah. A lack of financial support could hinder the effectiveness and reach of these interventions, impacting their overall impact.

Overally, the responses highlight the potential benefits of implementing stigma reduction interventions. They also acknowledge the challenges that may arise, such as resistance from conservative groups and limited resources. Addressing these challenges through education, advocacy, and securing funding is essential in ensuring the successful implementation of stigma reduction interventions to support young women's reproductive health outcomes.

Community stakeholders, healthcare providers, and policymakers eliminate abortion stigma and improve access to safe abortion services for Glennorah youth

*"Community stakeholders can play a crucial role in reducing abortion-related stigma by promoting education and awareness within the community. By organizing workshops, campaigns, and events to address misconceptions and promote understanding, stakeholders can help create a more supportive environment for young women seeking abortion care in Glennorah."* (Participant 1)

The importance of community stakeholders in promoting education and awareness to reduce stigma around abortion.Engaging in initiatives that foster understanding and support, stakeholders can help create a more inclusive environment for young women accessing safe abortion services.

*"Healthcare providers can contribute to reducing stigma by offering non-judgmental and compassionate care to young women seeking abortion*

*services. By providing accurate information, counseling, and support, healthcare providers can help young women make informed decisions about their reproductive health in a safe and supportive setting."* (Participant 2)

Therefore, the critical role healthcare providers play in reducing stigma around abortion through the provision of compassionate care. Offering accurate information and support, healthcare providers can play a key role in improving access to safe abortion services for young women in Glennorah.

*"Policymakers can work with community stakeholders and healthcare providers to advocate for policies that prioritize reproductive health rights and access to safe abortion services for young women. By engaging in dialogue and collaboration, policymakers can support initiatives that aim to reduce stigma and ensure young women have access to comprehensive reproductive health services."* (Participant 3)
The importance of collaboration between policymakers, community stakeholders, and healthcare providers in advocating for policies that support reproductive health rights. Working together, these stakeholders can ensure that young women in Glennorah have access to safe and respectful abortion services.

*"Community stakeholders, healthcare providers, and policymakers can also work together to increase resources and funding for reproductive health services in Glennorah. Advocating for increased support, these stakeholders can strengthen the availability and accessibility of safe abortion services for young women, ultimately reducing barriers and stigma."* (Participant 4)

The collective efforts needed from community stakeholders, healthcare providers, and policymakers to secure resources and funding for reproductive health services. Collaborating, these stakeholders can ensure that young women have access to the necessary support and care they need for their reproductive health.

Therefore, the critical role of community stakeholders, healthcare providers, and policymakers in reducing abortion-related stigma and

improving access to safe abortion services for young women in Glennorah. Working together to promote education, provide compassionate care, advocate for supportive policies, and secure necessary resources, these stakeholders play a key role in creating a more inclusive and supportive environment for young women seeking reproductive health services

## Coherent stories

In the community of Glennorah, young women face significant barriers when it comes to accessing safe abortion services due to the pervasive stigma surrounding abortion. This stigma not only prevents young women from seeking the care they need but also contributes to a lack of understanding and support for their reproductive health choices. As a result, it is crucial that efforts be made to challenge this stigma and promote access to safe abortion for young women in Glennorah.

One participant in our research study expressed the impact of abortion stigma on her own experience, stating, "I felt like I had to hide my decision to have an abortion because I was afraid of being judged by others. This made it difficult for me to seek out the necessary support and information I needed."

This sentiment is reflected in the experiences of many young women in Glennorah, highlighting the need for greater awareness and acceptance of abortion as a valid reproductive health choice.

By addressing and challenging abortion stigma in Glennorah, we can help young women feel more empowered to make informed decisions about their reproductive health. As another participant shared, "When we break down the barriers of stigma, we can create a community where young women feel supported and respected in their choices regarding abortion." This underscores the importance of promoting a culture of understanding and acceptance to ensure that all individuals have access to the care they need.

Furthermore, reducing abortion stigma can have broader implications for the overall health and well-being of young women in Glennorah. Stigma surrounding abortion can lead to feelings of shame and isolation, which can in turn impact mental health and self-esteem. Creating a more supportive and non-judgmental environment, we can help young women feel empowered to prioritize their own health and well-being.

## Conclusions and Recommendations

In conclusion, this study has shed light on the complex issue of abortion-related stigma and its connection to reproductive health and access to safe abortion for young women in Glennorah. It is evident that stigma surrounding abortion continues to pose significant barriers to young women seeking reproductive health services in the region. The lack of accurate information and support from healthcare providers and community members further exacerbates the problem, leading to unsafe abortion practices and negative health outcomes.

There is need for education and awareness campaigns by responsible stakeholders like the Ministry of Health and Childcare targeting healthcare providers, community leaders, and the public on abortion related stigma. This can be achieved through community outreach and engagement through workshops, support groups and educational events. The study also suggests education through peer-led seminars and social media campaigns. This chapter is also calling for the establishment of youth-friendly abortion services, including confidential and non-judgmental care.

The study recommends for improved access to abortion services, particularly for marginalized communities and foster a supportive environment for individuals who have had or are considering an abortion as well as improve access to safe and legal abortion services, including medication abortion and increase the number of trained healthcare providers offering youth-friendly abortion services. There is need for an increased awareness, knowledge and understanding of abortion as a reproductive health issue among adolescent girls and young women in Glennora.

To address these challenges, there is a need for comprehensive education and awareness programs aimed at dispelling myths and misconceptions surrounding abortion. Young women in Glennorah and beyond must be equipped with accurate information about their reproductive rights and access to safe abortion services. Healthcare providers should also be trained to provide non-judgmental and compassionate care to young women seeking abortion services, ensuring they feel supported throughout the process.

Furthermore, efforts to reduce abortion-related stigma should involve engaging with community leaders and religious organizations to foster a more supportive and understanding environment for young women. Promoting open and honest conversations about reproductive health and abortion, stigma can be gradually dismantled, leading to improved access to safe and legal abortion services for young women in Glennorah. Purcel (2017) shows that partnerships with local Non-Governmental Organizations and advocacy groups can help amplify the voices of young women and advocate for policies that protect their reproductive rights. This study recommends that policymakers should prioritize the implementation of comprehensive sexual and reproductive health education programs in schools and communities in Glennorah. These programs should cover topics such as abortion related stigma. Additionally, government funding as well as from development partners should be allocated towards expanding access to safe abortion services and ensuring that healthcare facilities are equipped with trained providers and necessary resources.

Furthermore, safe and legal abortion involves advocating for laws that guarantee access to services that are economical, safe, and legal. Education on abortion care and stigma reduction for medical professionals. The article recommends policies that facilitates effective implementation and monitoring of policies addressing abortion stigma, it also recommends the use of inclusive language such as local languages in policies and healthcare settings. These recommendations will help in addressing socioeconomic barriers to safe abortion access.

Further research and training programs are needed to address provider attitudes towards abortion and to ensure that all women have access to safe and legal abortion services. By promoting awareness and education around abortion-related stigma, healthcare professionals can help reduce barriers to safe abortion care for young women. By working together to address the root causes of abortion-related stigma, healthcare professionals, policymakers, and advocates can help ensure that all young women have access to safe and compassionate abortion care they need.

Overall, addressing abortion-related stigma among young women in Glennorah requires a multi-faceted approach involving education, advocacy, and policy change. By working collaboratively with stakeholders at all levels, it is possible to create a more supportive and inclusive environment for young women seeking reproductive health services, ultimately improving their overall well-being and health outcomes.

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# Chapter 3

## An Investigation of Possible circumstances to be incorporated in the Termination Pregnancy Act in Zimbabwe.

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### Abstract

The study sought to investigate Possible circumstances to be incorporated in the Termination Pregnancy Act in Zimbabwe. Zimbabwe's Termination of Pregnancy Act, enacted in 1977, is becoming increasingly inadequate for addressing contemporary reproductive rights and health needs in terms of abortion. The research objectives were to identify possible additional circumstances to be considered for inclusion in the Termination of Pregnancy Act in Zimbabwe, and to promote clear and actionable policy recommendations for amending or expanding the Termination of Pregnancy Act. Utilizing a qualitative methodology, the research involved semi-structured interviews with 15 to 25 participants, including young women, healthcare professionals, legal experts, and NGO representatives, all of whom emphasized the need for legislative amendment of the Act. Consent was obtained, and data was analyzed thematically. The findings revealed that 78% of respondents advocate for amendments in the Act that would expand access to safe and legal abortion beyond the current limitations of cases involving rape, incest, fetal impairment, or threats to the woman's life. Despite the Act limiting abortion to these specific cases obtaining a legal abortion remains challenging under these conditions. Respondents recognized the necessity for amending the Act to include broader circumstances for legal abortion, advocating for provisions related to mental health issues, contraceptive failures, and advancements in reproductive technology. The findings of the study showed that there is need to incorporate possible circumstances in the Termination of Pregnancy

Act. The inclusion of possible circumstances will enhance safe access to abortion that will enhance reproductive healthcare while still being consistent with modern society norms.

## Introduction

The Termination of Pregnancy Act marked a significant step forward in the country's regulation of abortion operations. However, with changing societal norms, medical developments, and women's rights campaigns, there is a rising acknowledgement of the need to update and broaden the scope of the legislation. For over 40 years, Zimbabwe's Termination of Pregnancy Act of 1977 has governed abortion. However, its limitations have fuelled ongoing debates and demands for reform. According to the Population Reference Bureau (2019), out of four abortions committed by women in Zimbabwe, only one is safe. This shows the extent of the limited options in the Act that allow safe abortion leading women to commit unsafe abortion. Molokele (2024), Hwange's central Member of Parliament advocated for the repeal of the law in a hot debate in the parliament of Zimbabwe, citing its violation of the constitution on the promotion of gender equality, he stated that the law is long, and it needs to be repealed, (Chronicle news, 2024). From Molokele's point of view, it is crucial to note that the Termination of Pregnancy Act needs to be amended rather than repealed to include other circumstances that guarantee safe abortion to women.

This research aims to explore and identify possible circumstances that could be incorporated into the Termination of Pregnancy Act to solve issues current issues such as unsafe abortions and ensure comprehensive reproductive healthcare services in Zimbabwe. From the community level to the national level, this research seeks to contribute to a deeper understanding of the complex dynamics surrounding abortion rights in Zimbabwe and provide evidence-based insights for policymakers and advocates working towards improving women's reproductive health and rights in Zimbabwe. This study aimed to support and trigger advocacy in a direction to inform the legislature with evidence-based research to push the law reform/amendment of the Termination of Pregnancy Act.

## Methodology

This study employed a qualitative methodology. The researcher conducted semi-structured interviews with a sample size of about 15 to 25 people in Guruve including young women, healthcare professionals, legal experts, policymakers, and representatives from non-governmental organizations (NGOs) that promote women's health and rights on how reforms and amendments can be implemented under the termination of Pregnancy Act in Zimbabwe. The study used Guruve as a case study noting that it is marginalized district of Guruve in Mashonaland Central in which many women commit unsafe abortions due to limited safe abortion options. Health Times (2024) supports this, pointing out that since lock down in 2021, there has been an increase in unsafe abortions in Guruve. Due to the increasing number of Early Unintended Pregnancies (EUPs) among girls of school age, this has resulted in the establishment of backyard traditional abortion clinics in Guruve. This is also supported by the Population Reference Bureau of Zimbabwe (2019) which states that many unsafe abortions are being committed in marginalized communities within Zimbabwe. These interviews can shed light on the opinions, difficulties, and real-life experiences surrounding abortion portraying the extent how which unsafe abortions have affected women in different communities around Zimbabwe, thereby leading policymakers to include other circumstances in the Termination of Pregnancy Act. The research employed thematic analysis to uncover patterns and themes in the data, leveraging coding and categorization methods.

Focus Group Discussions (FGDs) was used in the study to gather information about societal attitudes, cultural beliefs, and the effects of the stigma associated with abortion and how best other circumstances for safe abortion can be implemented for women around Zimbabwe. FGDs was arranged with women's groups and community members.
nternational human rights law perspectives

International human rights law provides for the specific protection of women’s rights. For example, the comprehensive provisions of cite in full CEDAW guarantee women's rights, including rights related to

reproductive health. It is important to note that, the right of women to an abortion is not expressly addressed in any paragraph of CEDAW. Articles 12 and 16 ensure the right to sexual reproduction, notwithstanding. State parties are required by Article 12(2) to guarantee women's access to all appropriate measures concerning pregnancy services (Chimbindi et al, 2020).

From the above, it is important to note that claiming and exercising the right to a safe abortion in Zimbabwe can be challenging when using the CEDAW's provisions. According to the Zimbabwe Women Lawyers Report to the CEDAW Committee on 8 March (2024) International women day highlighted that women's reproductive health matters and Governments must ensure protection of women rights, especially considering Zimbabwe's ongoing challenges regarding gender-based violence and women's rights, (Zimbabwe Women Lawyers, 2024). With great concern the Zimbabwe Women Lawyers noted that, Zimbabwe has not fully domesticated CEDAW, nor has she ratified the Optional Protocol to CEDAW. Zimbabwean scholar Nyakabau (2021) point out that although their country is a signatory to many international treaties, protocols, and conventions, some of these agreements have no legal force because Zimbabwean domestic law has not incorporated them. Therefore, there is a need to investigate other possible circumstances that can enhance abortion laws in Zimbabwe.

In addition, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol 2003), which was ratified by African states on July 11, 2003, provides guarantees for women's reproductive health rights in states bound to it. Since Zimbabwe ratified the protocol in 2008, it has been bound by it. The Maputo Protocol mandates that state parties uphold and advance the reproductive health rights of women under Article 14 (1). Furthermore, the protocol requires state parties to permit medical abortion to safeguard women's reproductive rights based on several factors and situations. Article 14.2(c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol 2003) lists instances of sexual assault and pregnancies that put the lives of the mother or the foetus in danger.

African Commission on Human and Peoples' Rights, Comment 2 on Article 14 of the Maputo Protocol, emphasises that women should use family planning/contraception and safe abortion services with their own informed and voluntary consent, and that state parties shall ensure that the necessary legislative framework is in place to ensure that no woman, regardless of her status or any other situation, is forced to undergo an abortion. it is explicitly stated by the African Commission that health professionals should be trained with respect for the autonomy and free and informed consent of women and girls.

Zimbabwe has not modified its domestic laws since it adheres to certain Maputo Protocol provisions. The Termination of Pregnancy Act (1977) is one such example, outlining the specific circumstances under which medical abortion is allowed by law.

## Constitution of Zimbabwe and the Right to Abortion

The right to life is protected under section 48 of the Zimbabwean Constitution of 2013. According to Chin'ombe (2018), this provision imposes a legal obligation on the State to defend and uphold the foetus's (unborn child's) right to life against abortion. section 48(3), which states that a parliamentary act that safeguards the lives of unborn children and stipulates that pregnancy terminations can only be carried out in compliance with such legislation is required

(Constitution of Zimbabwe, 2013).

Although pregnancy abortion is governed by Zimbabwe's highest legislation. Zimbabwe's right to an abortion is not expressly protected by the constitution. Lennington (2010) states that, the Constitution of Zimbabwe should specifically clarify in section 48 whether foetus life is considered a protected life. Subject to a parliamentary act, the supreme law permits a broad and unrestricted interpretation of this right. According to Ngwena (2020), there is a contradiction between the rights of the mother and the foetus when a woman considers her right to an abortion and respects the foetus's right to life. Therefore, one can argue that even

while a foetus has legal rights recognised by the law, this should not be a justification for violating the pregnant woman's rights.

Although section 76 of the Zimbabwean constitution guarantees sexual and reproductive health, it does not specifically guarantee the right to an abortion. Instead, it guarantees the right to health. Section 76 states that Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services including reproductive health-care services, (Constitution of Zimbabwe 2013). Under many international and regional human rights agreements, including the Maputo protocol, the state is required to grant its citizens access to reproductive health care.
Termination of Pregnancy Act Chapter 15:10

The Termination of Pregnancy Act (TPA) of 1977 is Zimbabwean legislation that governs abortion. It was enacted by the Rhodesian Parliament in 1977 and took effect on January 1, 1978. The law remained in existence when Zimbabwe attained independence in 1980, (Gwenya, 2014). According to the Termination of Pregnancy Act section 3 (1) states that no person is allowed to terminate pregnancy in any form not stipulated in the act, subsection (2) states that "Any person who contravenes subsection (1) shall be guilty of an offence and liable to a fine not exceeding level ten or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment". The Act further explains the circumstances in which pregnancy can be terminated. Section 4 (a) states that pregnancy can be terminated if the continuation of the pregnancy endangers the woman's life or poses a substantial threat of permanent deterioration of her physical health. In such cases, the pregnancy can be lawfully terminated with the approval of two qualified medical practitioners, who must declare that the abortion is necessary and safe.
Section 4(b) of the Termination of Pregnancy Act also states that pregnancy can be terminated, where there is a real possibility that the child to be born will suffer from a physical or mental disability of such a kind that he will be permanently severely handicapped. The physical or mental disability must be severe enough to permanently and significantly impair the child to be born. This implies that if the mental disability is expected to be transient or slight, abortion will not be permitted. The medical superintendent should not allow abortion until two medical practitioners have evaluated the pregnant lady and certified the termination.

Lastly, section 4 (c) of the act states that pregnancy can be terminated If the foetus was conceived because of rape or incest. Unlawful intercourse is described as "rape, other than rape within a marriage, and sexual intercourse within a prohibited degree of relationship like incest.

In essence, anybody who terminates a pregnancy outside of the legal parameters stated in Section 4 is prohibited by the Termination of Pregnancy Act. Furthermore, no medical practitioner or hospital staff member may participate in an unauthorised abortion, nor may anyone else aid in ending a pregnancy without legal authority. No one is permitted to aid in the termination of a pregnancy without legal authority. No one is permitted to accept or provide additional payments in connection with the termination of a pregnancy other than the stipulated fees paid to the institution.

## Criminalisation of Abortion in Zimbabwe

The Criminal Law (Codification and Reform) Act [Chapter 9:23] in Zimbabwe places restrictions on the right to an abortion under section 60, which deals with unjustified pregnancy termination. According to the Criminal Law (Codification and Reform) Act [Chapter 9:23], anyone who intentionally terminates a pregnancy or engages in conduct that poses a real risk of termination is guilty of unlawful pregnancy termination and may face a fine of up to level ten, imprisonment for up to five years, or both. Due to this Act's criminalization and outlawing of abortion, many young women in Zimbabwe end up having risky abortions.

## Safe and Legal Abortion Services in Zimbabwe

A complex interplay of legal, cultural, and health factors shapes the provision of safe and legal abortion services in Zimbabwe, which is a pressing public health concern. This literature review looks at scholarly perspectives on the impact, accessibility, and availability of safe abortion services in Zimbabwe's legal framework. Zimbabwe's abortion regulations are principally controlled by the Termination of Pregnancy Act of 1977, which allows abortion only under certain conditions: when the mother's life is endangered, when there is serious foetal damage, or

when the pregnancy is the product of rape. According to Mavundla et al. (2021), these constraints result in a high rate of unsafe abortions, emphasising the need for legal change to allow more access to safe procedures.

The large number of unsafe abortions in Zimbabwe has serious public health consequences. According to the World Health Organisation (WHO), unsafe abortions are the biggest cause of maternal death in underdeveloped nations. In Zimbabwe, a shortage of safe abortion facilities increases the risk of complications and deaths. Scholars such as Nyakabau (2021) believe that including safe abortion services within current healthcare frameworks is critical for lowering maternal death rates and enhancing overall public health. This shows a need in amending the TOP and include other circumstances that guarantees more safe abortion.

Moyo and Chikanda (2020) emphasise that Community health workers (CHWs) play an important role in increasing access to safe abortion services, they give critical information and support to women, hence reducing stigma and increasing awareness of reproductive health choices. Their presence is especially vital in rural regions where healthcare resources may be limited. Unsafe abortions have a major influence on a mother's health, contributing to high morbidity and death rates. According to the World Health Organisation (WHO) (2021) states that unsafe abortion is the major cause of maternal mortality in low-income countries. According to Nyakabau (2021), poor access to safe abortion services exacerbates these health concerns, necessitating the implementation of integrated reproductive health care in the Termination of Pregnancy Act.

Cultural attitudes and cultural shame continue to be important impediments to getting safe and legal abortion services in Zimbabwe. Chimbindi et al. (2020) observe that these cultural factors might discourage women from obtaining essential treatment, often leading to dangerous behaviours. Addressing these barriers via community education is critical for achieving better health outcomes.

## Informed Consent on Abortion Procedure in Zimbabwe

Informed consent is an important ethical and legal component of medical treatment, especially in delicate areas like abortion. In Zimbabwe, where abortion regulations are restricted, the junction between informed consent and abortion is a delicate problem.

Zimbabwe's abortion regulations, largely controlled by the Termination of Pregnancy Act (1977), allow abortion in certain circumstances, such as a threat to the woman's health or foetal abnormalities. Despite these rules, access is restricted, frequently resulting in dangerous operations. Scholars emphasise the need for informed consent as a legal and ethical imperative, emphasising that women must be fully aware of their rights and the consequences of their decisions. Shows that informed consent is crucial for safe abortion among women in Zimbabwe. However, some barriers hinder informed consent among women.

The literature in Zimbabwe on informed consent and abortion indicates a complex problem with social, ethical, and legal components. Although informed consent is an essential part of moral healthcare, there are still many obstacles that prevent women from making completely informed decisions. Academic literature consistently suggests a multimodal strategy to improve the informed consent procedure and guarantee safer abortion procedures in Zimbabwe. This strategy should include community education, regulatory change, and improved training for healthcare practitioners.

## Unsafe Abortion in Zimbabwe.

All members of Zimbabwean society were brought up to think that abortion is murder and that those who perform it should be imprisoned. The Zimbabwean government has been adamant about re-enforcing these values since law enforcement and religious leaders have both played a significant role in highlighting them. However, discussions surrounding abortion have changed because of globalisation and other factors that have contributed to the introduction of new technology and new mindsets. Some African countries, like those in Kenya and South Africa, have moved

past this moral and cultural narrative and legalised abortion because of shifting circumstances and the impact of other voices in the abortion debate.

Katswe Sisterhood (2020) states that university students have emphasised the importance of abortion services when other methods of pregnancy prevention fail. Students expressed their concern about the stigma and prejudice connected with getting contraception from the school clinic, so if they become pregnant, they would rather seek unsafe abortion services. The anguish of searching for ways to get rid of the baby will have an impact on most girls' psychological well-being and academic achievement.

According to Population Services International (2021), 78% of university students who became pregnant had abortions, up from 48% the year before. It is estimated that 70,000 illegal abortions occur each year. Given the statistics and conditions, it appears that abortion regulations should be revisited, and women's basic health rights granted. Advocates say that abortion is now a public health problem rather than a legal one. While it is controversial whether to approach the issue from a pro-life or pro-choice stance, illegal abortions continue to occur, and a considerable number of young girls lose their lives as a result, necessitating action is needed to include other possible circumstances in the TOP Act to allow safe and legal abortion.

The study began by discussing international and regional human rights instruments that protect women's access to sexual and reproductive health services. The study examined how domestic legal frameworks regulate women's sexual reproductive rights, including the right to abortion. The study explored that translating global and regional human rights instruments into Zimbabwean law can be challenging. Zimbabwe has not made the protocols legally binding to its domestic law. The Termination of Pregnancy Act can greatly improve the health of Zimbabwean women by taking other possible circumstances into account. The law can safeguard women's rights and advance safer reproductive health practices by addressing the many realities that women face.

## Findings and Recommendations
## Figure 1.1 characteristics of respondents.

| Pseudonym | Age | Marital status | Occupation | Educational qualifications | Sex |
|---|---|---|---|---|---|
| **Respondent M** | 34 | Married | Judicial officer | Masters in LLB | Female |
| **Respondent A** | 25 | Unmarried | Public Health Expect | Nurse | Female |
| **Respondent D** | 48 | Married | District Officer | Masters in social work | Male |
| **Respondent G** | 27 | Unmarried | Researcher /Public health practitioner | Postgraduate | Male |
| **Respondent F** | 30 | Unmarried | Restaurant Waiter | O-level | Female |
| **Respondent E** | 30 | Married | Hospital District Administrator | Postgraduate | Female |
| **Respondent H** | 26 | Unmarried | Health worker | Undergraduate | Male |

Fig 1.1 shows respondents' characteristics including their marital status and education qualification. This is to show how different people with different academic background and marital status understand the concept of abortion, the gap within the Termination of Pregnancy Act and the inclusion of other possible circumstances in the Act.

## Typical circumstances under which women seek abortions in Zimbabwe

Throughout my fieldwork, I encountered varying perspectives regarding the factors that contribute to abortion practices among women in Zimbabwe. However, several respondents showed a lack of information and understanding regarding sexual and reproductive health rights (SRHRs), including concerns regarding contraception among single young women. Unintended pregnancy and lack of information on sexual reproductive health rights services is a contributing factor that makes women seek abortion in Zimbabwe. Respondent (A) resorted to unsafe abortion due to a lack of knowledge about SRHRs. She recounted her ordeal as follows:

*"While working in a restaurant, I heard stories about women who had abortions. This prompted me to research how to obtain one. I was given a root to induce an abortion. After two days at home, I experienced contractions while walking down the street rank. I fell and people gathered around me to ensure my well-being. People suspected I had an abortion after noticing my bleeding. They threatened me with death if I did not tell the truth. When I confessed, someone immediately called the police and an ambulance arrived. When I reached the hospital, the nurses would not stop calling me the girl who had the abortion. They had already begun treating me like a criminal and calling me names all the time. I went to court shortly after I was released from the hospital, and I told the judge [magistrate] that I had this baby [pregnancy] unintentionally and my boyfriend denied responsibility. I received a fine and 1080 hours of community service, and the woman who provided me with the roots ran away."* (Interview with Respondent A 14/07/2024)

The above research findings indicate that in Zimbabwe, women often seek abortions due to a variety of circumstances, including the lack of access to contraception, financial constraints, social stigma surrounding unmarried motherhood, and concerns about their educational or career aspirations. Additionally, some women seek abortions in cases of unintended pregnancies resulting from sexual violence or coercion. The decision to seek an abortion is often impacted by the limited availability of reproductive health services, leading women to resort to unsafe methods, posing significant health risks.

Responded A is of the view that contraceptive failure or lack of access to family planning services contributes to women seeking abortion in Zimbabwe, this is common in younger, unmarried women. Rape and Incest allows for legal abortion in cases of rape and incest. Women who become pregnant because of these circumstances often seek abortion services. Foetal Abnormalities also legally permit women to have abortions, when there is a substantial risk that the child would be born with a severe physical or mental disability. Women tend to choose to terminate in these cases. This pose threats to the Woman's Health, abortions are legally permitted accessing the pregnancy would endanger the life of the woman or cause her physical or mental harm. Women may seek services in these medical emergencies. Socioeconomic Circumstances such as financial hardship, lack of social support, or other challenging socioeconomic circumstances that would make carrying the pregnancy to term extremely difficult may contribute to women seeking abortion.

The sex work business has contributed towards women seeking abortion in Zimbabwe. Due to the country's declining economic conditions, most families have long relied on the money from this sector. However, because the act is already rejected, the repercussions that come with the job have not yet received attention. Respondent (B) highlighted her ordeal as follows:

*"Some customers rip condoms during sex or forget to wear them, which puts me in danger of becoming pregnant unintentionally. Also, access to contraception is an issue in this sex business of mine as we sex workers are stigmatised due to the nature of our profession".* (Interview with Responded B 15/07/24)

From the above it is important to note that if the sex worker becomes pregnant, they will seek termination of pregnancy, in most circumstances, they will not even know who impregnated them and will be unable to financially maintain a new baby leading to unsafe abortion.

Respondents were aware of the Termination of Pregnancy Act on the circumstances it guarantees women abortion. The act states that women can be granted abortion if they meet three circumstances such as when there is a real possibility that the child to be born will suffer from a physical or mental disability of such a kind that he will be permanently severely

handicapped if the child conceived is a result of rape or incest and if the pregnancy endangers the life of the mother and the child. However, respondents were of the view that other typical circumstances should be included because if the lover runs away from the responsibility of the child women will sort to abort. 90% of the respondents noted that economic hardship and disappointments of lovers were the major circumstances under which women seek abortion in Zimbabwe

Other Possible Circumstances to be incorporated into the Termination of Pregnancy Act.

Respondent A states that efforts have been made to amend the Termination of Pregnancy Act, however, the Constitution, which went into effect in 2013, states that the Act of Parliament must safeguard the lives of unborn children, and that pregnancy may only be terminated in conformity with the law. The issue at hand is that the three circumstances stipulated in the Termination of Pregnancy Act are the only factors that lead women to seek abortion. This also portrays the notion of whether the issue of abortion is a matter of legality or a matter of public health.

Respondents postulate that women in local communities and public health care expect are of the view that the lack of mental preparedness of women to have a baby is the major reason why women resort to abortion. This must be addressed in the Termination of Pregnancy Act. They noted that when a woman is not yet mentally prepared to have a baby that pregnancy is tantamount to be aborted. This was supported by Katswe Sisterhood Research officer (2024) noted that, although the Termination of Pregnancy Act focuses on assessing the mental stability of women before granting abortion, it overlooks the mental preparedness part of the women to have a baby, in essences it fails to answer the question "does the woman want to have the baby".

Respondent B noted that women are the ones who are immediately impacted by matters related to their ovaries and wombs, rather than lawmakers, who are mostly men, the government should provide forums where women may voice their true opinions about the pregnancy termination act. As a result, women who abort frequently face the wrath of the law, but they are never truly allowed to make their own decisions, and

when they are, the procedures are either incredibly costly or highly time-consuming. For example, in CAMFED *"we have a lot of girls who get pregnant during their course of education, we do not have the power to encourage them to abort as we are limited by the Termination of Pregnancy Act, the law must give choice whether such girls wish to keep the pregnancy or abort it."*

Respondent B, public health expert noted that the Termination of Pregnancy Act does not allow abortion in cases where contraception fails, and the person did not intend to become pregnant. This acknowledges the importance of reproductive choice and autonomy when making family planning decisions. Also, the Act fails to recognise socio-economic issues such as poverty, a lack of access to excellent healthcare, or the inability to raise a child as other circumstances to allow women to abort. This acknowledges the multifaceted realities that people and families face and seeks to avoid situations where bringing a child into the world would cause unnecessary hardship. Expanding the grounds to include severe socioeconomic hardship could help address the needs of vulnerable women who indulge in unsafe abortion practices.

Considering the above Respondent D noted that psychosocial support emerges as a crucial instrument that requires undivided attention and money to strengthen the abortion procedure without granting any benefits. This aspect must be addressed in the TOP. Not only does health care improve when women are fully empowered and allowed to make choices, but children are also chosen, not thrown into the world by accident. When abortion fails, some young women turn to baby dumping or infanticide. A female from Chinhoyi University of Technology was claimed to have flushed her newborn baby down the toilet, (Chronicle News 2021). This shows that there is a need to include possible circumstances in the act to allow more legal grounds for abortion. As a result, it may be argued that Zimbabwean law owes women a debt of time on their rights to sexual and reproductive health.

Respondent E was of the view that, the Termination of Pregnancy Act overlooks the Mental Health Considerations, the law permits abortion to protect the woman's physical health, but it does not explicitly recognize mental health as a valid concern. Incorporating mental health risks,

including conditions like severe depression or suicidal ideation, could be an important addition.

In support Responded F was of the view that the mental stability of women is crucial during pregnancy, she was grieved at how some women who are mentally unstable in the streets get pregnant. The major concern was of sexual abuse that these women faced from men ending up pregnant, the Termination of Pregnancy Act overlooks such women leading them to bring souls into the world that are even overlooked by the community and the government. Respondent E noted that it is past time for the Zimbabwean government to not only reconsider the legislation but also include components that reflect what women truly desire. At the end of the day, women want to live, which implies that health services, including abortion care, should be accessible, inexpensive, and tailored to women's needs.

Respondent G noted that the Termination of Pregnancy Act may not currently address certain circumstances that could be considered for inclusion, such as specific situations of age and relationship status. The issue of underage marriages is now prominent in Zimbabwe. Young women from the age of 11- 15 are getting pregnant, the Termination of Pregnancy Act is silent when it comes to abortion pregnancy by women under the age of 18 if the pregnancy is a result of underage marriage or result of child-to-child sexual foreplay. Women often avoid openly discussing abortion due to restricted options, stigma, branding, and limited access to health treatments. They often remark, *"I heard someone say..." rather than, "I did it."* Against this backdrop, these stories appear like fables since they would have originated from grapevine rather than experienced reality, making efforts to sanitise, legitimise, and normalise abortion seem idealistic and less pensive.

Respondents noted that informed consent and confidentiality concerns must also be addressed and included in the amendment of the Termination of Pregnancy Act when it comes to minor pregnancy terminations. Confidentiality is an essential component of medical practice, as is the right to privacy guaranteed by the Constitution of Zimbabwe. The Termination of Pregnancy Act must address issues of informed consent and confidentiality. Informed consent for pregnancy termination is a declaration that a person agrees to a scheduled operation without being coerced or physically

threatened. The individual should also promise not to use the procedure's outcomes against the surgeon, hospital, or each other.

State parties are particularly required under the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (2013), to take the appropriate actions to guarantee that it is illegal to conduct an abortion on a woman without her prior and informed permission. There is a need to amend the Termination of Pregnancy Act in Zimbabwe to align with international standards on informed consent in matters of abortion. To protect the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions, the Committee on the Rights of the Child (CRC) (2013) recommended governments examine existing laws. States are also urged under the CRC to guarantee that girls can make autonomous and informed decisions on their reproductive health.

Health risks or challenges women face when they are unable to access legal abortion services.

Respondent B noted that, when women are unable to get legal abortion services, they may turn to dangerous techniques done by unskilled persons in unclean conditions. This raises the possibility of problems and puts their lives in danger leading to severe physical health risks such as injury, infection, and even death. Respondent C narrates her view as follows:

"After performing unsafe abortions at home. Accessing medical care after an abortion can be challenging. How are you going to explain to the nurses? Documentation confirming pregnancy registration with the local clinic will be required. If you do not provide this information, they will contact the police. The response from health officials and workers often discourages young women from seeking post-abortion medical care".

(Interview with Responded C 17/07/24)

This shows the extent how which the health of women who seek unsafe abortion is compromised due to fear of victimisation and the law in Zimbabwe. Failure to get post-abortion care leads to mortality and removal

of reproductive organs of women posing a great risk to women's Reproductive health. This is supported by the World Health Organisation (2021) which states that 23,000 women die each year as a result of improper abortions due to legally restrictive laws, while tens of thousands more suffer serious health consequences throughout the world. Recent research indicated that prohibiting abortion would result in a 21% increase in total pregnancy-related mortality and a 33% increase among Black women, simply because remaining pregnant is more harmful than getting an abortion. Increased fatalities from unsafe abortions or attempted abortions would be included in these numbers. Abortion should be legal considering other circumstances that cause women to commit unsafe abortions.

Respondent H noted that the stigma attached to abortion and obstacles to legal, safe access to abortion are harmful to a woman's mental health for the rest of her life because they force her to live with the belief that decisions regarding her reproductive health are not her own. An unsafe abortion has serious hazards to one's health, both in the short and long term. Research conducted by MSI Choices Zimbabwe (2023) indicated that Over 9 million women may have problems from unsafe abortions, including permanent harm, severe disability, extensive bleeding, internal organ damage, or the inability to conceive in the future. Among these ladies, 22,800 will perish. With 67 unsafe abortions performed every minute of every day in the world, 96,000 women will risk their lives today to exercise their freedom to choose their destiny this shows the greatest challenges that are faced by women if they are unable to access legal abortion services. This shows the health risks that will affect Zimbabwean women if the Termination of Pregnancy Act if not amended to include other grounds for safe and legal abortion to suit the 21st-century realities of life that women in Zimbabwe are facing.

Respondents highlighted the delay of procedures by the law enforcers for women to access abortion in time. The law impacted women's health and pose challenges to women as they end up carrying unwanted pregnancies or resort to unsafe abortion. A discussion with a Magistrate in the Judicial services highlighted that *"delay in procedures for one to get abortion pose a great risk to women as they end up carrying unwanted children that become a thorn in the flesh in women's* lives". The Magistrate gave reference to the

case of Mildred Mapingure v. Minister of Home Affairs and 2 Others (2014), Judgment No. SC 22/14, Civil Appeal No. SC 406/12 Zimbabwe, Supreme Court. In the case Mildred was raped and a delay in abortion procedures force her to carry a pregnancy and ultimately give birth to a child that could give her memories of being raped. In an analysis of the Court judgement the judge pointed out that the state had a duty to provide the conditions necessary to enable such women to access abortion quickly and safely. The Supreme Court of Zimbabwe underscored that authorities should provide the necessary protocols for the performance of lawful abortion and remove any administrative barriers, including the need for third-party authorisation. Learning points from the above interview show that there is a need to include other possible circumstances in the Termination of Pregnancy Act to avoid challenges faced by women if they are unable to access legal abortion. Stigma and Decision of Abortion in Zimbabwe.

This section looks at young women's experiences, attitudes, and choices regarding safe, medical abortion services and facilities. Abortion stigma is defined in this study as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them as inferior to ideals of womanhood, either internally or externally" (Gwenya 2014). The research findings show that several young women continue to experience various kinds of discrimination and stigma related to unsafe abortions.

In this study, a focus group of six young women and 4 men expressed concern about the stigma surrounding abortion in public spaces. However, society is aware that unsafe abortions continue to occur in private spaces. Respondents highlight the stigmatisation of unsafe abortion in public forums. As one respondent states:

*"When someone discusses abortion with friends or in front of a group of people. People label it as murder and quickly ignore it. On a personal level, though, if someone became pregnant with an unwanted pregnancy, they would certainly consider having an abortion. I have a friend in my part final at the University of Zimbabwe who became pregnant and decided to abort. But before the abortion, she used to consistently declare that she would never do such"*. (Interview with focus group 09/7/2024)

An analysis of the above discussion one can argue that some young women have turned to abortion as a personal decision and are adamant that it remains a private matter that should remain unknown to others. They are afraid of being condemned and lectured about what a horrible and horrific abortion is. This shows that there is a need to amend the Termination of Pregnancy Act to promote and protect women from stigmatisation. The authorities also need to include a clause in the Act that protects women from being shunned after committing an abortion.

The focused group respondents noted that stigma prevents some women from feeling comfortable talking openly about abortion-related topics. Women's agency to challenge restrictive laws on abortion is diminished or non-existent when they experience stigma around abortion. This is supported by one respondent who stated that:
*"In Zimbabwe, there is a culture of "fake conservatism" that prevents people from discussing abortion. This is due to the stigma associated with abortion victims, who are often labelled as abortionists or killers"*. (interview with focused group 12/07/2024)

From the above Respondents in this study conveyed that their communities labelled those who had unsafe abortions as murderers or promiscuous. This comes into play with the need to amend the Termination of Pregnancy Act to protect abortion victims and Sexual Reproductive Rights. The discussion showed that Young unmarried girls who abort are often stigmatised for engaging in sexual activities before marriage. Young men usually view them as murderers and promiscuous. They are also stigmatised for indulging in sexual activities before marriage because usually, it's young unmarried girls who abort.

One respondent shared that having an abortion can lead to negative labelling from society. *"Some may say akarasa mwana* [translated to mean dumping a baby]. Some may interpret akauraya mwana [translated to mean murdering a child]. (Interview with respondent G 12/7/2024)

The focus group responded that: *"Young women who have abortions are stigmatised. Society may perceive you as a woman with questionable loose morals, sleeping with multiple men aiming for do abortion. You are considered*

*an outcast in society. Some will consider you a murderer. Some may call you derogatory names, such as a witch. The stigma associated with abortion prevents young women from discussing it, even in cases of unintended pregnancies"*. (consensus view of the group)

Interviews with a group of young women and men in Zimbabwe confirm that unsafe/safe abortion violates Zimbabwean society's norms and values, leading to public humiliation and shame for both victims and their families. The law needs to be amended to protect abortion victims from society.
Collective efforts to reduce unsafe abortions in Zimbabwe

According to data collected from the field it shows that respondents were aware of local organisations fighting for women's rights and they are still very much involved in pushing for changes to Zimbabwe's restrictive abortion laws. They are collectively seeking amendments to the law to include other possible circumstances to ease the Termination of Pregnancy Act to enhance women sexual rights. Women's organisations have pushed for the reform and decriminalisation of abortion laws even before the new constitution's adoption in 2013. Among these organisations are CAMFED, SAYWHAT, and the Zimbabwe Women Lawyers Association (ZWLA).

Respondents note that, to combat unsafe abortion in Zimbabwe, there is a need to include other circumstances to ease abortion restrictive law. This can be done through human rights organisations and youth-led organisations that support women to engage in advocacy work, lobbying the parliamentary caucus on gender and women's issues as well as at regional and international human rights forums to ensure the State upholds and protects the rights of women to reproductive health. This demonstrates how important it is for local human rights translators to continue advocating for the realisation of reproductive rights in Zimbabwe. The biggest issue, though, is that Zimbabwe hasn't domesticated CEDAW's protocol to be part and parcel of Zimbabwean law. Adopting the CEDAW protocol in Zimbabwe could help in the amendment of the Termination of Pregnancy Act to fully embrace women's reproductive rights on an international level.

It should be noted that the government has highlighted the necessity of offering post-abortion medical treatment, especially to those who carry out unsafe abortions. The following quotation from the then-Deputy Minister of Health (2012) supports this assertion:

*"We will not report anyone who has had an abortion and seeks treatment to the police as this is not our mandate. We treat everyone, regardless of the circumstances surrounding the abortion. Health workers do not have the authority to enforce laws. Our goal is to prevent death from haemorrhage, post-abortion sepsis, and related complications".*

Minister Henry Madzorera, as cited by Nyathi Africa (2012), emphasises the importance of preventing lifelong infertility for women. Even though the deputy minister of health at the time stated as much in (2012), this study conducted in the year (2024) reveals that young women who had illegal abortions still had to worry about being prosecuted and arrested when they went to get post-unsafe abortion medical care.

As noted from the above, this section began by examining the research findings from interviews regarding the attitudes, perceptions, and experiences of young men and women in Zimbabwe regarding the realisation of their right to a safe abortion. The section continued by examining the obstacles that women in Zimbabwe now face when trying to obtain abortions under the country's existing legal system. Additional circumstances that can be added to the Termination of Pregnancy Act were also highlighted in this section. The section then looked at the efforts being made by both state and non-state actors to reduce unsafe abortions in Zimbabwe. This section has shown that there are a lot of obstacles that prevent or limit young women's access to reproductive health rights in Zimbabwe, especially safe abortion. Therefore, highlighting the need to include possible circumstances to be incorporated in the Termination Pregnancy Act in Zimbabwe.

Based on the sampled population, this section reveals a lack of legal awareness among young women when it comes to asserting and claiming reproductive health rights (including services and facilities). For example, their right to post-abortion services and healthcare. Abortion procedures

and societal stigma are significant barriers to young women's reproductive and human rights, in addition to legal restrictions. The limitations mentioned above continue to result in unsafe abortions for young women in Zimbabwe, therefore showing the need to include possible circumstances to be incorporated in the Termination Pregnancy Act in Zimbabwe.

## Analysis of the Study Key Findings

The study found that young women in Zimbabwe face significant limitations in accessing SRHRs, particularly safe abortion, due to their reliance on judicial and legal spaces which are limited and have long abortion procedures. The study found that restrictive abortion laws limited young Zimbabwean women's access to safe abortions. Showing the need to include possible circumstances to be incorporated in the Termination Pregnancy Act in Zimbabwe.

The study identified non-legal barriers to safe abortion access for young women, which should be addressed by the Termination of Pregnancy Act. As a result, this led to an increase in unsafe abortions for young women in Zimbabwe. Among these factors are abortion stigma, lack of knowledge about abortion services, societal stereotyping, and stigma associated with unsafe practices.

## Recommendations

The study contributed to broader policy efforts in understanding the need to amend Zimbabwe's Termination of Pregnancy Act to include other possible circumstances for safe abortion practice. This research paper's findings enhanced the understanding of global dynamics. This knowledge benefited women's and human rights advocacy efforts. This advocacy is significant in several ways, including pushing for legal and policy reforms such as the amendment of the Termination of Pregnancy Act to include other possible circumstances to ensure safe abortion and protection of women's sexual reproductive rights.

To recommend the judiciary, lawmakers, executive officials, human rights advocates, women's organisations, police, multi-lateral donor agencies, and medical professional, to access various experiences that are being faced by women as far as the Termination of Pregnancy is concerned.

To recommend amendments and realign the Act towards more safe abortion and the protection of women's sexual reproductive rights.

To recommend the Zimbabwe government to incorporate Human rights instruments and frameworks into domestic laws to protect and promote reproductive health rights. In particular, the right to obtain a safe abortion in Zimbabwe.

The findings provide valuable insights for policymakers and stakeholders. Target stakeholders include the judiciary, lawmakers, executive officials, human rights advocates, women's organisations, police, multi-lateral donor agencies, medical professionals and importantly young women themselves. The study has shown various experiences encountered by women as far as the Termination of Pregnancy Act regulates abortion. The study demonstrated the need to amend and realign the Act towards more safe abortion and the protection of women's sexual reproductive rights, including focusing on the inclusion of other circumstances that liberalise how abortion can be performed in Zimbabwe. These circumstances include: the inclusion of mental preparedness of women to have a baby. Incorporating mental health risks, like severe depression or suicidal ideation, could be an important addition. Contraception failure, the Termination of Pregnancy Act does not allow abortion in cases where contraception fails. Mentally unstable, Termination of Pregnancy Act is silent on sexual abuse of mentally challenged women getting pregnant. Informed consent and confidentiality, age and relationship status. Young women from the age of 11- 15 are getting pregnant, the Termination of Pregnancy Act is silent when it comes to abortion pregnancy by women under the age of 18.

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# Chapter 4

A landscape legal analysis of abortion and its impact on Women's Reproductive Health in Zimbabwe

**Godfrey Mwaurayeni**

## Abstract

This contribution investigates the framework of abortion legislation in Zimbabwe and its significant effects on women's reproductive health. The regulatory environment is marked by severe restrictions that hinder women's access to safe and legal abortion services. This analysis delves into the historical, cultural, and socio-economic elements that influence the existing legal context, highlighting the complex consequences the law has on women's health outcomes. It also reviews international human rights benchmarks regarding reproductive health and evaluates Zimbabwe's adherence to these principles. Additionally, the relationship between legal limitations and women's health services including, the rates of unsafe abortions and associated maternal morbidity and mortality is analysed. By utilizing a comprehensive approach that integrates legal, medical, and socio-cultural perspectives, this study calls for a reassessment and reform of current laws to enhance women's autonomy, alleviate health risks, and bring national practices in line with global rights standards. Ultimately, this analysis emphasizes the critical necessity for legal reforms aimed at strengthening women's reproductive rights and protecting their health in Zimbabwe.

Keywords
Abortion, legal framework, women's reproductive health, Zimbabwe

## Introduction

Abortion remains a contentious and legally complex issue globally, with the Zimbabwe's context being particularly intricate. The country's social, cultural, and legal landscape significantly impact women's experiences and outcomes when seeking reproductive health services. Despite global legal and technological advancements in women's rights and empowerment, Zimbabwe's abortion laws remain restrictive, resulting in far-reaching consequences for women's health, autonomy, and human rights. The Constitution of Zimbabwe (2013) guarantees the right to life and dignity; and yet the Termination of Pregnancy Act of 1977 only permits abortion in exceptional circumstances, driving many young women to seek unsafe and illegal abortions. The use of unsafe abortion options has potentially devastating health consequences. Thus, it could be argued that, while the motivation to protect fetal life is commendable, restrictive abortion laws can have a boomerang effect, causing harm to the very lives they seek to preserve.

Zimbabwe has made progress in reproductive health and rights. However, the progress, is limited by the ongoing controversy surrounding abortion, which is shrouded in stigma and discrimination (Coast et al., 2019). Cultural and religious beliefs perpetuate stigma around abortion, exacerbating the challenges women face in accessing safe and legal reproductive healthcare. As such, this sets the stage for a nuanced exploration of the complex issues surrounding abortion in Zimbabwe, highlighting the interplay between legal, social, and cultural factors that shape women's experiences and outcomes.

The legal framework is restrictive, criminalizing abortion in circumstances not stipulated in the Termination of Pregnancy Act. Thus, it limits the protection of women's reproductive autonomy and health. This has resulted in limited access to safe and legal abortion services, perpetuating a cycle on inequality and marginalization as most vulnerable populations, such as poor women, rural communities, and young girls, are disproportionately affected by limited access to safe abortion services, leading to a higher incidence of unintended pregnancies and exacerbating existing health and economic inequalities (Ushie et al., 2019). According to

Madziyire et al., (2017), restrictive laws on abortion in Zimbabwe leads to a crisis, with women facing delayed access to safe care and a high incidence of unsafe abortions, resulting in serious health complications and even fatalities. The study delves into the complexities of Zimbabwe's abortion laws and policies, which have been shaped by a mix of colonial and post-colonial influences (Chiweshe et al., 2020).

As far as could be ascertained, the scarcity of research on the socio-legal analysis of abortion in Zimbabwe is a barrier to a complete understanding of the harm caused by these restrictive laws. This paper aims to address this issue and fill the gap in literature. The central research question for this paper is, what are the legal and policy barriers and opportunities for access to abortion services by women in Zimbabwe? To answer the question, it sets the primary objective with a view to examine the legal framework governing abortion in Zimbabwe. This includes its history, current provisions and implications on women's reproductive health. It also aims to identify gaps in access to safe and legal abortion services, particularly for marginalized populations such as adolescents, rural women, and those living with disabilities. In the end, the paper recommends evidence-based policy changes to improve access to safe and legal abortion services, promote reproductive health education, and reduce, maternal mortality and morbidity in Zimbabwe.

## Methodology

This research study analysed the legal framework governing abortion and its effects on women's reproductive health in Zimbabwe through a comprehensive literature review. The research drew on recent and relevant sources, including academic journals and books, to identify key themes and patterns. By examining the existing body of knowledge, the study provided a thorough understanding of the complex relationships between abortion laws, access to safe abortion services, and women's reproductive health outcomes in Zimbabwe.

This analysis also identified gaps and biases in the existing research, highlighting areas for future study. The study also focuses on document review analysing existing literature related to the subject matter and this

includes, laws, policy documents, and media articles and other relevant sources related to abortion in the context of Zimbabwe. Additionally, the research employed thematic analysis to uncover patterns and themes in the data, leveraging coding and categorization methods. Furthermore, a critical discourse analysis was applied to examine the language, narratives, and power structures embedded in the reviewed literature and documents, revealing potential biases and ideologies. As such, the research study made use of literature review to gain deeper understanding of the subject matter thereby, ensuring the dependability and reliability of the research findings.

Theoretical Framework

This part undertakes a comprehensive review of the legal landscape surrounding abortion in Zimbabwe, examining the current laws, policies and practices that shape women's reproductive health in Zimbabwe.

## Legal and policy frameworks

As a fundamental human right, reproductive autonomy is enshrined in international and African regional law, such as the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol). Ratified by Zimbabwe, all these instruments protect the rights of women to reproductive health rights and autonomy. Article 14 of the Maputo Protocol, for example, declares that signatory states must respect and promote women's reproductive health rights, including their right to control their fertility and make decisions about having children. Additionally, the Protocol allows for medical abortion in cases of sexual assault or when a pregnancy endangers the life of the mother or foetus.

Zimbabwe has domesticated fundamental rights and freedom through constitutional and legislative provisions. Zimbabwe's Constitution (2013) guarantees the right to health, ensuring that every individual has access to the highest possible standard of physical and mental well-being. Section 76 notes that "\every citizen and permanent resident of Zimbabwe has the

right to have access to basic health-care services, including reproductive health-care services".

Section 48(3) of the Constitution places a legal duty on the State to protect and guarantee the right to life, including that of the unborn child. However, this provision does not explicitly address the right to abortion, leaving it open to interpretation. As such, this ambiguity creates a conflict between the rights of the foetus (right to life) and those of the pregnant mother (Ngwena 2010). According to Chin'ombe (2014), this clause puts a legal duty on the state to protect and guarantee the right to life of the unborn child against termination. Chin'ombe further argues that, while the law recognizes the rights of the foetus, it should not infringe on the rights of the pregnant woman. Although the Constitution does not explicitly guarantee the right to abortion, it does provide for the Right to Health under Section 76, which includes reproductive health-care services, abortion included. One can therefore argue that the 2013 Zimbabwean Constitution prioritizes the right to life, including that of the unborn child but, it leaves the right to abortion ambiguous and open to interpretation as such, there is a conflict between the rights of the pregnant mother and the foetus. As a result, this leaves women vulnerable to unsafe abortion services due to restrictive abortion laws

However, sub-Saharan Africa, including Zimbabwe, has been facing a rising trend of unsafe abortions over the years, leading to concerns about public health and human rights (Kumar et., al 2009, Grime et., al 2006).

Zimbabwe's abortion laws, as outlined in the Termination of Pregnancy Act (TPA) and the Criminal Law (Codification and Reform) Act, are highly restrictive. Abortion is only allowed in exceptional circumstances, including when the pregnancy poses a risk to the woman's health or life, when the foetus has severe health defects, or in cases of rape or incest. However, the laws also give healthcare providers and law enforcement significant discretion, which can limit access to safe and legal abortion. In terms of the Criminal Law Codification and Reform Act (Chapter 9:23), anyone who intentionally terminates a pregnancy or engages in behavior that could potentially cause an abortion will be considered guilty of an unlawful termination and may face a fine or imprisonment. As a result, many women in Zimbabwe are forced to resort to unsafe abortions, putting their

health and well-being at risk (Madziyire et al., 2017). As noted by the World Health Organisation (WHO), this legal framework that governs abortion is restrictive, with severe implications for women's reproductive health (WHO 2018). The Termination of Pregnancy Act outlines the laws and guidelines for safely and legally terminating a pregnancy. It was enacted in 1977. It is a relic of British colonialism, outlines specific conditions under which abortion is permitted (Moyo 2020). These conditions include instances where the pregnancy endangers the mother's physical or mental health, or where the foetus is likely to be born with a serious defect, or where it is the result of an unlawful sexual encounter (Ngwena 2010: 836). As a result, women may find it challenging to access safe and legal abortions in Zimbabwe unless their situation falls within these narrowly defined parameters. Critics argue that this restrictive law limits women's autonomy and access to reproductive healthcare, and that it is difficult to secure a legal abortion in Zimbabwe without providing evidence of a "serious risk" of defect (Ngwena 2014). In line with the Catholic Doctrine, the Zimbabwe Catholic Bishops' Conference condemns abortion as a morally and ethically unjustifiable act, and actively opposes its practice thus, favoring the existing laws on abortion. However, critics argue that such restrictive legislation infringes on Zimbabwean women's rights to make their own decisions about their reproductive health and freedom to terminate a pregnancy (Chin'ombe 2014: 23; Ngwena 2010; 2014). As such, it can be argued that the Termination of Pregnancy Act 1977, with its burdensome certification procedures, restricts women's autonomy and hinders their ability to exercise their reproductive health choices, thereby violating their fundamental human rights.

Despite the country's recent liberalization of abortion laws in 2020, allowing for termination up to 24 weeks of gestation (Ministry of Health 2020), safe abortion services remain constrained by factors such as limited healthcare infrastructure, insufficient provider training, and persistent social stigma (Moyo et., al (2020)). It is argued that in practical terms access to safe and legal abortion services remains limited, particularly for rural and marginalized communities (Moyo et al) (2020). To that effect, it can be argued that women's reproductive health and autonomy have become too important to ignore This study therefore examines the legal landscape surrounding abortion in Zimbabwe, including the role of key

stakeholders such as government, religious groups, and healthcare providers, as well as its impact on women's reproductive health. Furthermore, it explored the need for reform and potential solution to improve access to safe and legal abortion services in Zimbabwe.

Due to these strict laws, many young women in Zimbabwe are forced to turn to unsafe and potentially harmful methods to end their pregnancies, putting their health and well-being at risk. This, however, highlights the serious consequences of restrictive abortion laws on women's health and well-being and as such, the criminalization of abortion not only fails to provide access to safe and legal reproductive healthcare but also drives women to seek out dangerous and often illegal methods to terminate their pregnancies. This can lead to serious health complications, including infection, injury, and even death (WHO 2018). The provisions of the Act also raise questions about the ethics and morality of punishing women for seeking to control their own reproductive lives, and whether such laws are truly serving the greater good. Thus, the relationship between abortion laws and women's reproductive health in Zimbabwe.

However, Zimbabwe's restrictive abortion laws and policies violate international human rights agreements, including Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Committee on Economic, Social Cultural Rights (CESCR), which guarantee reproductive health rights (Human Rights Watch 2019 I). This violation disproportionately affects vulnerable populations, including women with disabilities, young women, and rural communities, who encounter significant obstacles in accessing reproductive health information and legal services due to prevailing stigma, discrimination, and lack of awareness, as reported by Human Rights Watch (2019). To that effect, the African Union and other regional human rights mechanisms such as SADC have called on Zimbabwe to reform its laws to align with international human rights standards (African Union 2016). As such, it can be argued that the current situation is not only a violation of human rights but also has severe consequences for women's health and lives.

in the country. As a signatory to international human rights treaties like the International Covenant on Civil and Political Rights (ICCPR) and CEDAW, Zimbabwe is obligated to protect women's rights to health and equality, which may conflict with restrictive abortion laws. However, it is important

to note that, the Constitution provides for the Right to Health, including reproductive health-care services and as such, the state has a duty to provide reproductive health-care services to its citizens particularly abortion seekers who in this case, are the subject matter.

## Impact of abortion laws on Women's Reproductive Health

Amnesty International and Centre for Reproductive Rights (2022) argue that restrictive laws limit access to safe and legal abortion services, driving women to seek unsafe abortions and potentially violating their rights to health, life, non-discrimination, and freedom from cruel, inhuman, and degrading treatment (Amnesty International and Centre for Reproductive Rights 2022). The laws disproportionately affect marginalized groups, including rural women, adolescents, and those of low socioeconomic status, who face greater barriers in accessing safe abortion services and are more likely to resort to unsafe methods (ibid). As a result, this adversely impact women's well-being as well as their reproductive health. Hence, restrictive nature of abortion laws in Zimbabwe impact negatively on women's reproductive health.

In addition, access to safe and legal abortion services is crucial for protecting women's health and rights, as research consistently shows that restrictive abortion laws lead to higher rates of unsafe abortions and maternal mortality (WHO 2019). The World Health Organization reports that approximately 25 million unsafe abortions occur annually globally, resulting in maternal deaths and severe health consequences (WHO 2019). In contrast, countries with liberal abortion laws and comprehensive reproductive health services have lower rates of maternal mortality and fewer complications from unsafe abortions (Gerdts et al., 2016). An example can be drawn from the Mudzuru case which represents a pivotal legal ruling in Zimbabwe concerning child marriage and its impact on young girls. In 2016, the Zimbabwe Constitutional Court declared that marriages involving girls under the age of 18 are unconstitutional. The decision emerged in response to the widespread occurrence of child marriage in the country and the resulting human rights abuses. The Mudzuru case established minimum age for marriage and the court's decision highlighted that girls younger than 18 cannot provide informed consent for marriage, which raises parallel concerns regarding their capacity to make informed

choices about their reproductive health, including the option of abortion. However, women's access to abortion services is influenced by socioeconomic factors, cultural beliefs, and healthcare availability, which can be exacerbated by legal restrictions, particularly affecting marginalized populations who face greater barriers to accessing safe healthcare services (Bearak et al., 2018). Therefore, ensuring access to safe and legal abortion services is essential for reducing maternal mortality and protecting women's health and rights.

More so, the promotion of women's health and rights relies heavily on the reform of abortion laws and improved access to healthcare services. Research has shown that restrictive laws contribute to unsafe abortions, maternal mortality, and long-term health consequences for women, emphasizing the need for legal frameworks that prioritize women's rights to safe and legal abortion services. Women's rights organizations, healthcare professionals, and international bodies play a crucial role in challenging restrictive laws and promoting evidence-based policies and ensuring comprehensive reproductive health services (Ganatra et al., 2017). However, the law does not allow abortion on request or for socioeconomic reasons, restricting women's access to safe and legal services (Guttmacher Institute 2018). Socioeconomic disparities and limited healthcare infrastructure in rural areas further exacerbate the challenges women face in addressing reproductive healthcare services.
Additionally, Parliament has called for the repeal of the Termination of Pregnancy Act of 1977, citing its violation of gender equality and harmful impact on women's lives. Despite the Justice Minister's proposal to broaden the legal circumstances for abortion, advocates argue that the law's restrictions drive women to seek dangerous alternatives, such as illegal pills and herbs, putting their lives at risk. Statistics show a significant increase in illegal abortions, with estimates ranging from 60, 000 to 80, 000 annually (WHO 2019). As such, the restrictive law forces women to resort to backyard abortions, perpetuating a harmful cycle of maternal mortality and morbidity. It can therefore be argued that the debate highlights the urgent need for legal reform to prioritize women's reproductive rights, bodily autonomy, and access to safe abortion services, ensuring their overall health and well-being.

Mutisi & Chirawu (2019) argue that the stigma surrounding abortion in Zimbabwean society, influenced by cultural and religious beliefs, contributes to secrecy, fear of judgement, and reluctance to seek medical care, increasing the likelihood of unsafe abortion practices

The provision of abortion services in Zimbabwe is influenced by a complex array of factors that affect women's access to reproductive healthcare, as highlighted by Shaaf et al., 2021). Abortion stigma is a significant factor, leading to discrimination and marginalization of women who seek these services, as noted by Kumar et al., (2009). In rural areas in Zimbabwe, this stigma can be particularly pronounced, causing women to be judged as inferior to societal norms of womanhood (ibid). Furthermore, healthcare providers may perpetuate this stigma by framing abortion as harmful or sinful, which can lead to hostile and judgmental behaviour (Nandagiri 2019). Religious beliefs, especially in Zimbabwean Pentecostal churches, may also contribute to this stigma, causing women to fear judgement and ostracism if they discuss or seek abortion services. Additionally, healthcare providers' negative views on abortion can also result in judgmental treatment and reluctance to perform legal procedures (Favier et al., 2018), which can lead to insults, disrespectful behaviour, and breaches of confidentiality by healthcare workers (ibid 2018). As a result, people may feel compelled to keep their abortions secret to protect themselves (Margo et al., 2016) or refuse to seek medical care for fear of judgement (Pafs et al., 2020).

More so, gender-based violence and discrimination also play a role in limiting access to abortion services particularly in Zimbabwe. Victims of gender-based violence may encounter additional obstacles when seeking healthcare services, including abortion (WHO 2013). Moreover, women from marginalized communities may face multiple forms of discrimination, including racism, sexism, and classism, which can further restrict their access to healthcare services (Hankivsky et al., 2012). According to various media reports such as the Herald Newspaper (2017) gender-based violence has been prevalent in Zimbabwe during the past decade. To that effect, women may face obstacles in trying to seek safe and legal abortion services due to fear of victimization thereby, affecting their reproductive health and well-being. All this impact negatively to women's reproductive

health and fundamental human rights. Overall, understanding the complexities of abortion stigma is essential for improving women's reproductive health outcomes in Zimbabwe.

## Consequences of unsafe abortion

The World Health Organization defines unsafe abortion as a pregnancy termination procedure performed by unqualified individuals or in settings that fail to meet basic medical standards, resulting in serious health risks and fatalities, particularly in developing countries, with far-reaching consequences beyond maternal mortality (WHO 2003). Zimbabwe faces an alarming rate of illegal abortions, with estimates suggesting 70, 000 to 80, 000 occurrences annually (UNICEF, 2019; Government estimates), resulting in devastating consequences. Illegal abortions account for 16% of maternal deaths, with a significant proportion of these being adolescent girls (Dr. Benard Madzima 2017). The severity of the issue is further highlighted by the fact that major hospitals in Harare, such as Harare Hospital (2014) and Parirenyatwa Hospital, treats hundreds of women, mostly young adults, for post-abortion care every month, indicating a significant public health concern. According to Ncube (2020), Zimbabwe's restrictive abortion laws have created a hazardous environment where women are compelled to seek dangerous and illegal abortions, exposing them to significant risks of serious health complications and even death. It is important to note that, the effects of abortion can be understood by examining three distinct dimensions including, physical health consequences, psychological and emotional impacts as well as, socio-economic implications. As such, this has resulted in a lack of access to safe and legal abortion services, particularly for rural and marginalized women (Zimbabwe National Family Planning Council, 2017). According to the Zimbabwe National Family Planning Council (2017), only 1 in 10 women who wanted to have an abortion were able to access one. This has led to thousands of women resorting to unsafe abortions each year, putting their lives at risk (WHO, 2018).

In opting for unsafe abortions due to legal restrictions, young women encounter untold health, socio-economic and emotional consequences, as discussed below.

## Physical health consequences

Unsafe abortions often performed by unqualified practitioners in authorized clinics or private homes using unsterilized equipment can lead to severe health complications, including uterine infection, fever, septic shock, and bleeding (WHO 2019; Guttmacher Institute 2019). In addition, delayed medical attention can worsen these conditions, resulting in anemia, blood transfusions, and even colostomy (SAFAIDS 2019). According to Sedgh et al. (2016), unmarried women are more likely to experience these consequences as they often resort to dangerous and unsanitary abortion methods to conceal the procedure from their families. Furthermore, Shah et al. (2019) also argue that illegal abortions can have far-reaching consequences, including the use of expired drugs and underground networks. In light of the above information, one can argue that the criminalization of abortion in Zimbabwe potentially drives women to dangerous and illegal abortions, resulting in devastating health consequences and even death (WHO 2019).

## Psychological and emotional impacts

Unsafe abortions have significant psychological consequences, including depression, guilt, and anger (Cawluck et al., 2006). Research shows that unmarried women who conceal their pregnancies and abortions are more likely to experience postabortion depression due to lack of support (Broen et al., 2005). Additionally, religious beliefs can also contribute to feelings of guilt. While some women adjust and move forward, others experience persistent sorrow and regret, especially if they face adverse consequences or become pregnant again. Furthermore, Madziyire et al., (2017) suggest that abortion is often viewed as unethical and unreligious, leading to ongoing sorrow. In Islamic law, abortion is only permissible before quickening, and only when the mother's health is at risk, emphasizing the priority of the mother's life (Hosseyni 2006). In the context of Zimbabwe which is a Christian democracy, abortion is perceived as unclean and unreligious making women who perform such acts vulnerable to stress and anxiety. Hence, unsafe abortion has impacted negatively in as far as women's reproductive health, mental health and rights are concerned.

## Socio-economic implications

Unsafe abortions in Zimbabwe have far-reaching and devastating consequences, affecting individuals involved, as well as their families and the broader community, resulting in widespread harm, economic burdens and social inequalities (Madziyire et al., 2017). In Zimbabwe, unsafe abortions pose a significant threat to women's lives and health, accounting for a substantial proportion of maternal deaths up to 13% (WHO 2018). These dangerous procedures can lead to severe health complications, including hemorrhaging, infection, and long-term damage to reproductive health, potentially rendering women infertile (Ahmed et al., 2010). Therefore, unsafe abortion is a major contributor to mortality and morbidity in the country.

Furthermore, unsafe abortion in Zimbabwe can result in significant financial burdens on individuals. The economic consequences of unsafe abortion are profound, comprising both direct and indirect costs. Direct costs involve the expenses incurred by the public sector in providing medical care to women hospitalized due to unsafe abortion complications, with women and their families often shouldering a significant portion of these expenses (Kulish & Lemaitre 2013). Indirect costs, however, have a broader impact, affecting not only individuals but also their households, communities and society as a whole and these include, productivity losses due to abortion-related illness or death among women, adverse effects on children's well-being, health and education when their mothers experience ill health or death and also the diversion of limited medical resources from essential health services to treat abortion complications (ibid). According to (Guttmacher Institute 2019), the financial burden of paying out-of-pocket for unsafe abortions and subsequent medical care for complications can push households into poverty, as the unexpected expenses can deplete their resources and exacerbate economic vulnerability. These far-reaching consequences can push households into poverty, exacerbate economic insecurity, and strain public resources, ultimately undermining the economic well-being of individuals, families, and communities, particularly in marginalized areas like rural Zimbabwe. Hence, unsafe abortion can cause financial burden in the country.

To add on, access to abortion services has significant economic implications, as it directly affects labour market experiences and economic outcomes. The decision to have children is a crucial economic choice that has profound impact on one's professional and personal life. Research shows that many women who seek abortions come from low-income backgrounds, with approximately half of abortion patients having an income at or below the federal poverty level (Jones and Jerman 2017). Restrictive abortion laws can have far-reaching economic consequences, including prolonged economic distress, being trapped in lower paying jobs, and increased healthcare costs (ANSIRH 2022; Foster et al., 2018; Miller et al., 2022; Bahn et al., 2019). When women are unable to access safe and legal abortion services, they may resort to unsafe and illegal methods, which can lead to serious health complications and even death (WHO 2018). This can also put a strain on the healthcare system and increase healthcare costs (Guttmacher Institute 2019). In addition, the repercussions of abortion-related morbidity and mortality extend beyond the health sector, significantly impacting the financial stability of households and families (Robbins and Goodman 2022). Unexpected medical expenses can plunge a household into poverty, underscoring the importance of accessing the indirect economic burden of abortion related complications on individuals, families, and the public sector. Despite its significance, this area remains understudied, highlighting the need for research on the longo-term economic consequences for all parties involved. On the other hand, access to safe and legal abortion services can have positive economic impacts on women, enabling them to participate more fully in the workforce and contribute to the economy (Horton et al., 2017). Moreover, access to education and employment opportunities can help reduce poverty and improve economic empowerment for women. Therefore, abortion services can have both positive and negative economic effects.

## Social implications

The social implications of unsafe abortion are well-documented, with abortion often stigmatized, particularly in countries like Zimbabwe with restrictive abortion laws (Fetters 2010). This stigma manifests in various

ways, including how women who have had an abortion are treated by their families, communities, and healthcare providers (ibid). According to Fetters (2010), the consequences of stigma are especially severe for unmarried and young women, who face strong social sanctions against sexual activity, lack access to resources, and may be inexperienced in seeking healthcare. As a result, they may face difficulties in finding a marriage partner, while married women may be accused of infidelity (ibid 2010). Additionally, socio-psychological consequences can arise from the attitudes of others and individuals' own feelings of guilt and shame. Research in Uganda and Zimbabwe has shown similar findings regarding men's attitudes towards women who have had abortions (Guttmacher Institute 2018). As such, a systematic review of abortion stigma also highlights the need to address stigma and ensure supportive environments for women (PLOS ONE 2019). Thus, it can be argued that, addressing the social implications of unsafe abortion is crucial to ensure access to safe and legal abortion, reduce maternal mortality and morbidity and promote gender equality and social justice. Therefore, unsafe abortion has social implications that have become too important to ignore.

## Comparative Lessons from the SADC region

Worldwide, abortion is a common occurrence, with an estimated 56,3 million abortions taking place annually between 2010 and 2014 (Sedgh et al., 2016). However, unsafe abortions persist in developing regions, where 93% of countries haver restrictive laws (Sedgh et al., 2016). In Southern Africa, abortion laws and policies vary significantly, ranging from progressive and liberal to restrictive and punitive (Freeman et al., 2017). A comparative analysis of abortion laws and policies in South Africa, Namibia, Zambia, Mozambique and Botswana offers valuable lessons for Zimbabwe (Mavhinga 2022). Despite Mozambique's progressive abortion law, instituted in the 1980s and expanded in 2014, unsafe abortion remains a leading cause of maternal deaths (Frederico et al., 2018). Data from the 2011 Demographic and Health Survey (DHS) and AMODEFA clinic surveys reveal high demand for safe abortion among young women aged 15-24 years. This suggests that Mozambique has made strides in improving abortion services, and Zimbabwe should follow suit by simplifying

procedures and increasing access to reduce maternal mortality. It can therefore be argued that, both Zimbabwe and Mozambique authorities must ensure safe and legal access to abortion services (ibid 2018). Like Zimbabwe, South Africa also decriminalized abortion in 1996, permitting termination up to 24 weeks. Zimbabwe's Termination of Pregnancy Act (TPA) of 1977 remains restrictive, necessitating reform to align with the international human rights standards. The World Health Organization (WHO) recommends safe and legal abortion in its 2018 guidelines, emphasizing access, confidentiality, and post-abortion care (WHO 2018). It can therefore be argued that Zimbabwe should amend its restrictive laws to align with WHO guidelines, acknowledging the global recognition of human rights universality.

Moreover, Botswana and Zimbabwe's restrictive abortion laws only allow termination in exceptional cases, but reform is essential to increase access, reduce stigma, and provide safe and legal abortion services, ultimately improving women's reproductive health (Freeman et al., 2017). As signatories to international human rights treaties, these countries should align with frameworks like the Maputo Protocol and the Universal Declaration of Human Rights, which recognize reproductive rights and access to safe abortion. Zambia's less restrictive abortion laws still result in 70% of abortions being unsafe due to healthcare providers' misinterpretation or reluctance to follow legal provisions (Freeman et al., 2017; Fink et al., 2015). Hence, increasing healthcare provider participation and training is crucial for safe and legal abortion services in Zambia and Zimbabwe. Namibia's 2010 liberalization of abortion laws, allowing termination up to 24 weeks, serves as a model for reducing stigma and increasing healthcare provider participation. Zimbabwe can draw lessons from these progressive steps and address cultural and religious barriers to improve reproductive health for women (Freeman et al., 2017). In light of the above arguments, it can be argued that Zimbabwe can learn from its Southern African counterparts that have adopted more progressive abortion laws and policies, and by doing so, can enhance women's reproductive health and well-being. Through decriminalization, increased access, and addressing stigma and cultural barriers, Zimbabwe can align with international human rights standards, reduce maternal mortality and

morbidity, and ensure safe and legal abortion services for all women, especially vulnerable groups. The time has come for Zimbabwe to reform its restrictive abortion laws and prioritize women's health and well-being.

## Conclusion and Recommendations

In conclusion, this comprehensive legal analysis has thoroughly investigated the complex issue of abortion and its impact on women's reproductive health in Zimbabwe. The research study reveals that Zimbabwe's restrictive abortion laws have led to a public health crisis, forcing women to undergo unsafe abortions that result in severe health complications, trauma, and even death. However, the research also identifies opportunities for positive change. By addressing these challenges and leveraging these opportunities, Zimbabwe can create a more just and supportive environment for women's reproductive health and well-being. The research study examined Zimbabwe's Termination of Pregnancy Act, Criminal Law Codification Act, as well as the 2013 Constitution of Zimbabwe and compared them to international and regional laws, highlighting the need for reform to align with global standards. By liberalizing abortion laws, other countries have significantly reduced maternal illness and death rates and promoted gender equality and women's empowerment. The findings also emphasize the urgent need for legal and policy changes in Zimbabwe to protect women's reproductive rights, ensure access to safe and legal abortion, and create a more just and equitable society which is a component of good governance. As such, a multifaceted solution is crucial to tackle this issue, involving legal reforms, education, and community engagement to guarantee women's access to safe and legal abortion services and ensure the overall well-being.

To overcome the barriers preventing access to safe and legal abortion, a multifaceted approach is essential. Firstly, there is need for law reform to enhance access, aligning national legislation with the principles in the Constitution and international and African human rights standards. Adopting flexible abortion laws is linked to a significant reduction in maternal mortality ratios (Latt et al., 2019). One can, therefore, argue that a flexible law in the context of abortion legislation, refers to a legal

framework that allows for broader grounds for abortion, such as socioeconomic factors, foetal anomalies, or threats to the woman's health as well as decriminalizes abortion, removing penalties for women and healthcare providers. By implementing these changes, countries like Zimbabwe can safeguard women's fundamental rights to life, health, and equality, ensuring the protection of their rights and well-being. Additionally, international human rights organizations have also urged the government to increase access to comprehensive sexuality education and reproductive health services, including family planning and safe abortion services (Human Rights Watch 2019).

Additionally, strategies aimed at enhancing awareness and education on reproductive health and rights are crucial. Targeting the public, particularly women of childbearing age to reduce stigma and misconceptions surrounding abortion and reproductive health and increasing understanding of reproductive rights and available services. Additionally, targeting key stakeholders, including policymakers, healthcare providers is also crucial because of encouraging support for policy reforms and service enhancements. By addressing both audiences, these awareness and education efforts can help create a more supportive environment for reproductive health rights in Zimbabwe. Any expansion of the law must be accompanied by comprehensive educational campaigns to address existing knowledge gaps among the public and healthcare providers, both in training and in-service (Madziyire 2017; Carrera 2017). This can be accomplished through comprehensive sexuality education programs, community outreach initiatives, and public awareness campaigns (IPPF 2019). By educating women, girls, and healthcare providers about reproductive health and rights, individuals can be equipped with the knowledge to make informed decisions about their bodies and lives, leading to improved reproductive health outcomes.

Enhancing healthcare infrastructure and services is also crucial for supporting women's reproductive health. Upgrading facilities, training healthcare providers, and ensuring access to a range of contraceptive options can achieve this (WHO 2019). Healthcare providers have played a significant role in liberalizing abortion laws in countries like South Africa.

Similarly, Zimbabwean healthcare providers may offer potential opportunities for advocacy and support. By strengthening the healthcare workforce and improving facilities, women can receive competent and compassionate care, ultimately safeguarding their reproductive health. Therefore, it can be noted that, reform is essential to enhance access to safe and legal abortion. By revising laws, promoting awareness and education, and upgrading healthcare infrastructure, a culture that values and respects women's reproductive rights and autonomy can be fostered. As such, this enables women to make decisions about their bodies freely, without fear of harm, stigma, or discrimination, ultimately safeguarding their reproductive health and well-being.

To address these challenges, civil society organizations and women's rights advocates are working to reform abortion laws, improve access to comprehensive reproductive health services, and reduce maternal mortality rates (Pfitzer et al., 2016). This has been supported by Ganatra et al., (2017) who argue that research highlights the urgent need for legal reforms that prioritize women's rights to safe and accessible abortion services in Zimbabwe. Efforts towards legal reform, advocacy, and healthcare provision are crucial for safeguarding women's reproductive health and advancing gender equality in Zimbabwe (ibid 2017).

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# Chapter 5

A scoping review of communication gaps in addressing access to abortion service for young people in Zimbabwe.

**Davidzo Elizabeth Dhumbura**

**Abstract:**

This scoping review investigates communication gaps that hinder young people's access to safe abortion services in Zimbabwe. The key area of the study is communication strategies that affect young people's access to safe abortion services in Zimbabwe. Despite relatively high contraceptive prevalence, restrictive abortion laws, societal stigma, and limited healthcare access create significant barriers, particularly for young people. A systematic search for articles was conducted using Google Scholar and PubMed. Articles related to communication strategies for improving access to abortion services for young people were screened and analysed using narrative synthesis to identify and address the communication gaps hindering access to these services. The review identifies various communication approaches, including community engagement, media interventions, and digital platforms, that have been employed to bridge the information and access gap. However, the current messaging fail to adequately address the specific needs and concerns of young people. It also notes the scarcity of evidence on the long-term impact and effectiveness of these strategies. The study concludes by recommending the development of user-centered, context-specific communication strategies that actively involve communities in their design and implementation to improve access to safe abortion services and empowering young people in Zimbabwe to make informed reproductive health choices.

**Keywords:** abortion services, communication gaps, young people, sexual reproductive health, community engagement, media interventions, digital platforms.

## Introduction

Zimbabwe presents a paradox: one of the lowest abortion rates in Sub-Saharan Africa, yet a significant proportion of these abortions are unsafe, contributing to maternal mortality (Riley, Madziyire, Chipato, et al. 2020; Ngwena 2013). While the country boasts high contraceptive use, restrictive abortion laws, deeply rooted stigma, and limited healthcare access create barriers to safe abortion services, especially for young people (Chareka, Crankshaw, and Zambezi 2021; Hwenjere 2016). This situation mirrors broader global trends, where an estimated 12% of maternal deaths are due to unsafe abortion, with 6.2 million such procedures occurring annually in Africa alone (Ganatra et al. 2017). The consequences for young women in Zimbabwe are severe, ranging from health complications and social isolation to criminal prosecution (Murewanhema et al. 2022). The restrictive legal framework, permitting abortion only in limited cases, further contributing to the high rates of maternal mortality and complications (Mushunje 2022).

In Zimbabwe, abortion is regulated by the Zimbabwe Termination of Pregnancy Act, Chapter 15:10 (1977), which states that abortion is allowed only in circumstances of rape, incest, foetal impairment or to serve the mother's life. Abortion performed for any other reason than the highlighted circumstances is illegal. However, beyond legal constraints, societal stigma, often fuelled by religious beliefs and misinformation, silences discussions around abortion and hinders access to information (Bwalya and Chibomba 2022; Makaza 2023). Even healthcare professionals could potentially lack accurate knowledge about abortion laws and services, further complicating the landscape (Madziyire et al. 2019). These factors create significant communication barriers, hindering open dialogue, access to information, and ultimately, access to safe abortion services, particularly for young people.

Many women resort to unsafe abortion methods due to the high costs and lack of awareness about available post-abortion care (PAC) services (Chareka, Crankshaw, and Zambezi 2021; Madziyire et al. 2018). In Zimbabwe, young women and commercial sex workers are easily the most affected by the restrictive legal context. While both abortion and

commercial sex work are often stigmatised, the later is permitted under circumstances outlined in the Zimbabwe Termination of Pregnancy Act, Chapter 15:10 (1977). However, being sexually active at a young age is frowned upon by moralists. In situations where they do get abortion services legally or otherwise, access to post-abortion care (PAC) remains a challenge. Shortages of essential PAC medicines and equipment are common in Zimbabwe, with only 21% of facilities having basic PAC capability while 10% have comprehensive capability (Sully et al. 2018; Riley, Madziyire, Owolabi, et al. 2020). However, beyond the health care infrastructure related challenges, many young women of reproductive age in Zimbabwe would like to avoid or postpone giving birth but are not always able to do so due to among other issues, gaps in information on access to abortion services in Zimbabwe (WAG 2019).

The criminalization of abortion contributes to the pervasive stigma associated with abortion, hindering open dialogue and information sharing. Cultural and religious beliefs regarding the sanctity of life, the role of women in society, and the perceived moral implications of abortion further complicate communication efforts. Fears of stigma make many young women risk unsafe abortion or forgo medical services altogether rather than risk public ridicule (Bwalya and Chibomba 2022). Highly religious Zimbabweans, both rural and non-rural, are more opposed to abortion than their fewer religious counterparts. These deeply held convictions often shape public opinion and influence policy decisions, with religion, especially Christianity, considering abortion a sin (Makaza 2023). Zimbabwean news media present conflicting views on abortion, with some outlets condemning it and others advocating for its decriminalization. This reflects the broader societal debate and influences public opinion and policy-making (Nyathi and Ndhlovu 2021). The discord affects even health care professionals, where some have incomplete and sometimes inaccurate knowledge of the legal provisions for abortion, further limiting access to safe abortion services among health care providers and abortion experts (Madziyire et al. 2019). These complexities surrounding abortion create significant challenges in communicating effectively about the issue. Poor communication has been identified as aggravating adolescent sexual reproductive health outcomes in Zimbabwe (Muchabaiwa and Mbonigaba 2019: 3).

A commendable amount of research has been conducted in Zimbabwe to understand and propose solutions to the challenges associated with the provision of abortion services. However, these efforts may be in vain if not communicated effectively to the appropriate audience. In clinical research, for example, new findings are continually emerging that have the potential to improve patient care (Eccles et al. 2005). Despite the substantial resources invested in such research, the transfer of these findings into practice remains unpredictable and often slow and inconsistent (Rycroft-Smith 2022). Effective communication is the cornerstone of research uptake.

Research uptake is the process of transferring knowledge generated by researchers on various health and social issues, including abortion, that impact populations in diverse communities facing numerous challenges (McKibbon et al. 2010; MacGregor et al. 2014). Research uptake is enhanced within the public through interventions such as education and communication, in both formal and informal sectors (Thakadu and Tau 2012). Continuous collaboration and effective communication with stakeholders can effectively address unintended pregnancy and unsafe abortion (Rashid et al. 2017). Stakeholders, including healthcare providers, policymakers, community leaders, and individuals seeking abortion services, can work together to identify barriers and develop tailored strategies by fostering open dialogues and shared decision-making processes. Transparent communication channels enable the dissemination of accurate information, addressing misinformation, and promoting informed choices regarding reproductive health (Igwe and Obeagu 2024). For adolescents in low- to middle-income countries, educational interventions, financial incentives, and comprehensive post-abortion family planning services effectively improve sexual and reproductive health outcomes (Meherali et al. 2021). Research has also shown that educational initiatives that use clear and age-appropriate language can empower beneficiaries, in this case with knowledge about their bodies, contraception, and safe abortion options (Mindu, Kabuyaya, and Chimbari 2020).

## Methodology

A scoping review methodology was employed to comprehensively map the existing literature, aiming to identify and analyses communication strategies designed to bridge the gap to access to information = surrounding abortion services for young people in Zimbabwe. This approach involved a systematic search of multiple databases including Google Scholar, PubMed, and organizational websites to identify grey literature. The following keywords and terms, combined with Boolean operators, guided the literature search: ("young people" OR "adolescents" OR "youth") AND ("abortion" OR "termination of pregnancy" OR "post-abortion care") AND ("access" OR "barriers" OR "challenges" OR "interventions" OR "strategies") AND "communication" OR "media interventions" OR "community engagement" AND "Zimbabwe". The core concepts covered in this study were abortion communication strategies or access to information on abortion.

Given that abortion is largely frowned upon and regulated in Zimbabwe, this scoping review asks: What communication strategies have been implemented to improve young people's access to safe abortion services in Zimbabwe, and what are their impacts on knowledge, attitudes, behavior, and public discourse? Examining the approaches employed and their effects will potentially inform the development of more effective strategies to address the barriers faced by young people and improve their access to safe reproductive healthcare. To determine the eligibility of the research question, the study used, Joanna Briggs Institute's Population, Concept and Context (PCC) framework see Table 1 (Peters et al. 2017).

Table 1: Population, Concept and Context framework Criteria Determinants

| Criteria | Determinants |
|---|---|
| Population (P) | Young people in Zimbabwe |
| Concept (C) | Strategies to improve access to safe abortion services |
| Context | Zimbabwe |

## Inclusion and Exclusion

Articles were searched from Google scholar and PubMed using search phrases. The results from the search were significantly high, as such the high number of hits on google scholar and PubMed were made manageable by further screening in the abstract using Zimbabwe to tease out literature from elsewhere. Studies published in English, focusing on interventions or strategies aimed at improving access to abortion services and information for young people in Zimbabwe were included. This included quantitative, qualitative, and mixed-methods studies. While studies not specifically addressing young people in Zimbabwe, studies focusing solely on clinical aspects of abortion without addressing access or information gaps, and studies not published in English were excluded. The search targeted articles that were published in the last decade, that is between 2014 and 2024 to get the current practices.

Figure 1 provides details of the steps followed to identify articles for review.

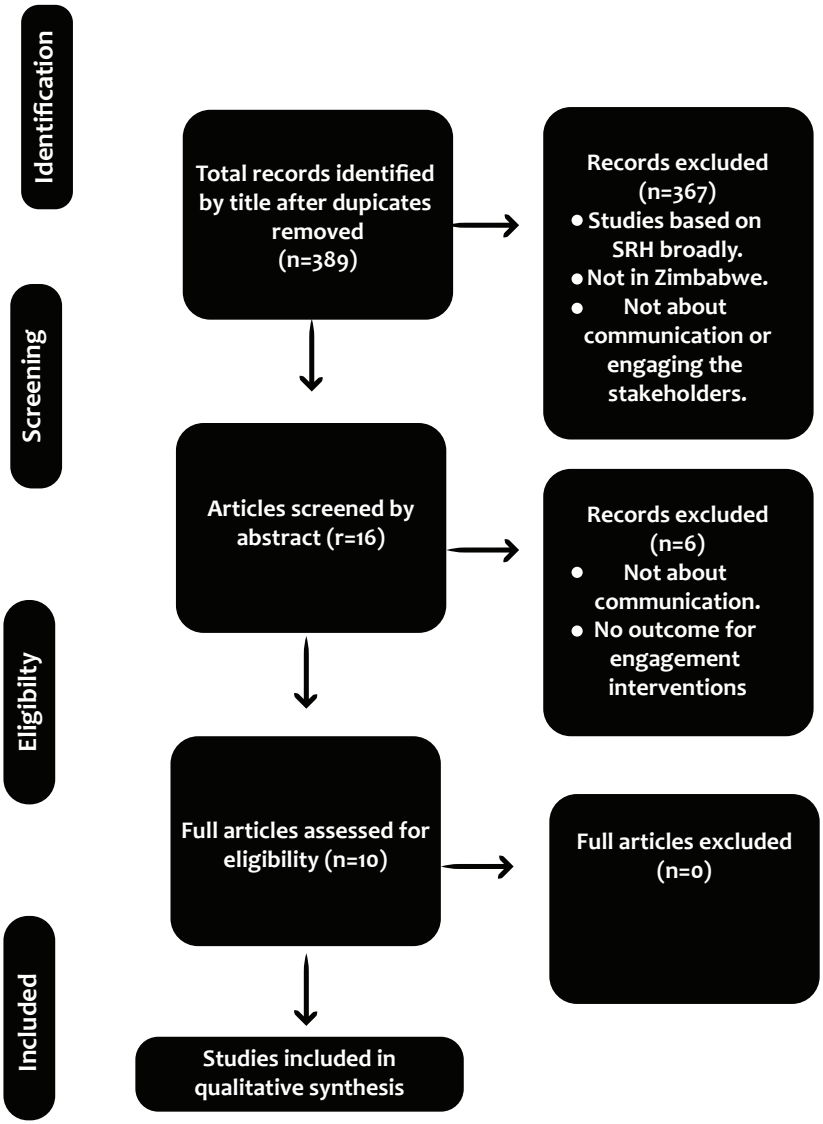


Figure 1: Prisma diagram showing selection criteria for articles included in the review

## Data Extraction and Analysis:

Relevant data was extracted from the studies, including study characteristics, intervention details, outcomes, and key findings. A narrative synthesis was used to summarize and analyses the extracted data, identifying key themes, gaps in the literature, and potential areas for future research.

## Ethical Considerations

¬The study used existing published literature; therefore, no ethical approval was sought.

## Finding and Discussion

Since access to abortion services for young people in Zimbabwe is a critical yet underexplored issue, this review highlights significant communication gaps by identifying the shortcomings in current strategies and specifically how current messaging fails to effectively address the needs and concerns of young people. The search found 9 articles that addressed various aspects of abortion services and communication barriers in Zimbabwe. The highest number of studies were focused on knowledge and attitudes towards abortion by different sub sectors of the population including healthcare professionals, young women, and men (55%), post-abortion care challenges (20%), and information and communication deficiencies (25%). The articles that were reviewed used methodologies that qualitative interviews, focus group discussions and mixed methods approach.

The studies reported on different types of communities and audiences, predominantly targeting underdeveloped areas such as rural and peri-urban regions. The targeted audiences included young women, healthcare providers, community leaders, and policymakers. Young women were the most frequently featured group in the articles reviewed (Ngwena 2013; Madziyire et al. 2018; Mavodza et al. 2024; Chiweshe and Macleod 2017; Chibango and Maharaj 2018; Nyathi and Ndhlovu 2021; McCarthy et al. 2022; Kadau 2023). Healthcare providers

appeared in five studies, policymakers in three, and community leaders in two. There were also four studies that involved general community members. The audiences varied according to the research question, specific barriers being addressed and the geographical context.

There are different strategies that have been used to address communication gaps including, educational programs for healthcare providers, community engagement and advocacy campaigns, and leveraging technology for information dissemination. The role of media in shaping public opinion and policy was also discussed, with recommendations for strategic media use to advocate for legal reforms and increased awareness. Interventions also included value clarification exercises that helped people to rethink, identify, understand, and articulate their personal values and beliefs regarding abortion.

Table 2: Summary of articles reviewed.

| Author | Aim | Population | Study type |
|---|---|---|---|
| Ngwenya (2016) | To explore adolescent girls' knowledge of their sexual and reproductive health; the factors that influence their sexual behaviours and to determine the extent to which adolescents had access to sexual and reproductive health information. | 39 in and out of schoolgirls aged between 13 and 19 years | Case study |
| Madziyire et al. (2019) | To understand knowledge of the abortion law and attitudes towards abortion amongst health care providers' and abortion experts in Zimbabwe as these can hinder access to safe legal abortion. | Health Service Providers | Cross sectional study |
| Mavodza et al. (2024) | To explore the social and health system influences on young women's decision-making about family planning in a community setting with low uptake. | 16 service providers and young women, 15 young women clients. | Cluster randomised trial |
| Chiweshe and Macleod (2017) | To uncover the cultural and social power relations embedded within the ways Zimbabwean health service providers position themselves and women seeking care. | 6 health care service providers. | Multi-case study |
| Chibango and Maharaj (2018) | To assess men's and women's roles in decision making about abortion in a setting with a high prevalence of HIV | 31 men and 35 women participated in focus group discussions. | Cross sectional qualitative study |
| Nyathi, S., & Ndhlovu, M. 2021. | Using qualitative content analysis and rhetoric analysis to explore how Zimbabwean daily newspapers frame abortion in relation to religion, health, and the law. | N/A | Desktop study |

## Newspapers

Newspapers in Zimbabwe occupy a pivotal position in the public discourse surrounding abortion policy, wielding significant influence through their reportage and choice of news sources. However, their role in shaping abortion policy is characterized by a boundary role, presenting a complex landscape of conflicting positions primarily divided between pro-life and pro-choice perspectives (Nyathi and Ndhlovu 2021). The article discusses four newspapers specifically: The Herald and Chronicle, which are state controlled but publicly owned, and the privately-owned Daily News and NewsDay. Notably, the Chronicle assumes a condemnatory stance towards abortion, while the Daily News actively advocates for its decriminalization. In contrast, NewsDay and The Herald adopt a more tolerant approach, reflecting the nuanced and multifaceted nature of the abortion debate in Zimbabwe (Ibid).

In relation with the law, the article reports that the Chronicle frames abortion as a crime and often publishes court proceedings of women accused of terminating pregnancies, which could discourage women from seeking abortions. The Herald, NewsDay, and Daily News, on the other hand, all call for the decriminalization of abortion. These publications argue that restrictive abortion laws are ineffective and lead to unsafe, clandestine abortions. However, while the work done by Nyathi and Ndhlovu (2021) (incomplete sentence), is important key gaps still exist in establishing the extent and quality of coverage of abortion in some of Zimbabwe's leading weekly newspapers such as the Sunday News and the Sunday Mail respectively. It is important to recognize the importance of comprehensively analyzing the adequacy, deficiencies, strengths and inadequacies of how abortion is covered in media. A media content analysis will also allow investigating whether the media have got policies in place to guide them when covering abortion (Muchangwe 2014). However, media content analysis is outside the scope of this study.

## Digital interventions

Mobile phone interventions show promise in enhancing post-abortion contraception and oral contraceptive adherence, offering a convenient and accessible platform for delivering reminders, education, and support (McCarthy et al. 2022). Findings from this study informed the adaptation process, resulting in a tailored intervention delivered via SMS in English, Shona, and Ndebele, addressing local concerns and preferences (Ibid). However, the evidence base for their cost-effectiveness and sustained impact over time remains limited, necessitating further research to assess their long-term benefits and economic viability. Similarly, online platforms emerge as valuable resources for individuals seeking information, social support, and opportunities for self-expression related to reproductive health. These virtual spaces facilitate the sharing of personal experiences, foster connections with others facing similar challenges, and provide access to a wealth of information (Kadau 2023). It is, however, important to note that the quality and accuracy of information found online can vary considerably. Therefore, there is need for of critical evaluation and fact-checking to ensure informed ordinary people make informed decisions.

## Evidence informed Communication Strategies

The Woman Action Group employs a multi-faceted approach to evidence-informed communication strategies surrounding abortion. These strategies include fostering community dialogue to encourage open conversations, utilizing value clarification exercises to promote individual reflection and understanding, and amplifying positive narratives about abortion through radio programs and print media to increase public awareness and challenge stigma (WAG 2019). WAG actively counters stigma by amplifying positive narratives about abortion experiences. This is achieved through platforms such as radio programs and print media, aiming to increase public awareness and foster a more supportive environment. WAG (2019) also suggests the use of community dialogues to reduce stigma and misinformation by creating safe spaces for discussion.

## Discussion

This review sought to identify, and analyses communication strategies designed to bridge the information and access gap surrounding abortion services for young people in Zimbabwe. This section discusses the pros and cons of the communication strategies that were identified. The study identified print media in the form of national newspapers, mobile phones, and community engagement strategies as possible ways to reach communities with information that can raise awareness and change negative perceptions of abortion.

It is important, however, is to note that very little efforts are put towards communicating issues around abortion. None of the studies also measured the effectiveness of the communication strategy used. The communication strategies used also appear to have been led by researchers or professionals as opposed to giving affected communities a lead. This approach, while valuable, often overlooks the preferences and specific needs of the target audience, potentially limiting the effectiveness of these strategies. Mutero and Chimbari (2022) posit that excluding communities in planning and implementing research maximizes internal risks that are otherwise visible and avoidable when there is adequate community consultation. Inversely collaborative engagement and good communication is a potent tool for promoting both positive health behavior and preventing ill informed choices (Ngigi and Busolo 2018; Sciences et al. 2017).

Work done in related sexual reproductive health (SRH) services suggest that employing a user centered approach is necessary in developing acceptable context specific strategies. It has also been established that engage knowledge users in research production leads to greater appreciation of and capacity to use research, resulting in more relevant, useful, and applicable research that results in greater impact (Graham, Kothari, and McCutcheon 2018). However, at times researchers assume that the knowledge they have produced is useful to the users, yet they do not understand the user's contexts and

decision-making processes (Lemos, Kirchhoff, and Ramprasad 2012; Elsawah et al. 2015).

The finding that mobile phone interventions show promise in improving post-abortion contraception and oral contraceptive adherence aligns with existing research. Several studies have demonstrated the effectiveness of mobile health (mHealth) interventions in promoting sexual and reproductive health, including increased contraceptive uptake and adherence (Smith et al. 2015; bin Abdul Wahab et al. 2021). The convenience, accessibility, and personalized nature of mobile phone interventions make them a valuable tool for delivering targeted health information and support. However, the evidence base for their cost-effectiveness and sustained impact over time remains limited, necessitating further research to assess their long-term benefits and economic viability.

Findings from the work done by the Women's Action Group highlight a clear path for research organizations and civil society organizations working to improve health outcomes through research and effective communication to enhance their knowledge transfer effectiveness. Similarly, Lavis et al. (2003) also found out that focusing on developing actionable messages that resonate with target audiences, ensures that research findings are not merely understood, but also utilized. Mindu, Kabuyaya, and Chimbari (2020) makes the claim that equipping target audiences with knowledge-uptake skills empowers them to actively engage with and apply research insights.

While a lot still must be done in assessing effectiveness of communication strategies in different contexts, this review shows that different media play complimentary roles to reach communities in all spheres of society. For instance, newspaper and digital platform campaigns might not be able to reach young people in underserved communities. As such the work done by non-governmental organizations who use traditional community-based communication channels can foster trust and facilitate meaningful engagement with diverse groups of young people (Thakadu and Tau 2012).

## Conclusion

This study underscores the importance of adopting a user-centered and context-specific approach to communication strategies aimed at bridging the information and access gap surrounding abortion services for young people in Zimbabwe. Interventions, including community dialogues, value clarification exercises, and increased media presence through radio programs and print media have shown promise in raising awareness, reducing stigma, and fostering supportive networks.

However, the evidence base for the long-term impact of these strategies on knowledge, attitudes, behavior, and public discourse remains limited. To ensure effective communication, it is essential to actively involve communities in the development and implementation of communication strategies. Consulting communities on their preferred communication channels, understanding the cultural norms governing their discussions on sensitive topics, and incorporating their feedback into the design of interventions are vital steps in creating impactful and sustainable solutions. Furthermore, this study highlights that increased efforts should be put towards trialing different communication strategies, their effectiveness and sustainability of these interventions, particularly in relation to their influence on policy and improving social discourse on abortion and service utilization. Based on these findings, this study recommends the following:

- The government, academics and civil society organisations working on SRH should conduct further research to evaluate the effectiveness and sustainability of existing and new communication strategies, particularly in relation to their impact on policy and social discourse.
- Abortion and post abortion services providers including civil society organisation and state-owned health care institutions should adopt a user-centred approach by actively involving communities in the development and implementation of communication strategies.
- Government and civil society organisations working at the forefront of providing abortion and post abortion services should

increase efforts to communicate about abortion through various channels, including traditional community-based approaches and digital platforms.

- Government, civil society organisations and health promotion institutions should develop clear policies guiding the reporting and communication of abortion-related information in media organizations.

This exploratory scoping review concludes that stakeholders including communities, researchers, civil society, and the government ought to collaborate collaboration on bridging the gap on access to information on surrounding abortion services for young people in Zimbabwe and create a more informed and supportive environment for reproductive health choices.

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## *CONCLUSION*

*Ensuring access to safe, supportive, and non-stigmatizing abortion services is crucial for the health, well-being, and empowerment of* adolescent girls and young women in Zimbabwe. The country's restrictive abortion laws and pervasive stigma surrounding abortion can lead to delays, complications, and even death. By prioritizing the provision of comprehensive abortion care, including counseling, contraception, and post-abortion care, we can mitigate these risks and promote the autonomy, dignity, and human rights of young women. Ultimately, improving abortion services is not only a matter of public health, but also a critical step towards achieving gender equality, social justice, and sustainable development in Zimbabwe.

**Stigma, Safety & Support: Improving the unmet SRHR needs of Adolescent Girls and Young Women** in Zimbabwe is a groundbreaking exploration of the challenges faced by adolescent girls and young women in accessing safe abortion services. Drawing on research, legal analysis, and personal narratives, this book sheds light on the stigma and systemic barriers that drive young women to unsafe abortion practices often with devastating consequences. Through a comprehensive examination of Zimbabwe's reproductive health landscape, the authors present evidence-based recommendations aimed at improving policy, expanding healthcare access, and fostering supportive community engagement. This essential resource advocates for reproductive justice, calling for urgent reforms to ensure that young women can make informed decisions about their health without fear, judgment, or harm.

**Thought-provoking, insightful, and deeply relevant, this book is a vital contribution to the ongoing discourse on reproductive rights and healthcare equity in Zimbabwe and beyond.**

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