



The African Women's
Development and
Communication Network

A POLICY BRIEF

STILL A LONG WAY TO ERADICATE PRACTICES THAT ENDANGER WOMEN & GIRLS' LIVES

Female genital mutilation | Early & child marriages | Safe abortion



ZAMBIA



Sida

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HIGHLIGHTS

FEMALE GENITAL MUTILATION

- Female genital mutilation is reportedly not practised in Zambia and the legislation does not have first-hand information regarding this practice.

EARLY AND CHILD MARRIAGE

- 31% of Zambian girls are married before the age of 18 and 6% are married before the age of 15 – meaning that about two in every five girls are married as children.
- Zambia is among the top 20 countries with the highest prevalence of child marriage in the world and 3rd highest in Sub-Saharan Africa in teen pregnancies.
- Girls in the poorest 20 per cent of households are five times more likely to be married before the age of 18 years than those in the richest 20 per cent of households.
- Child marriage is sometimes seen as a coping mechanism to deal with attached social stigma.
- Under Zambian customary law, early marriage is not wrong and young women receive proposals as soon as they reach puberty.
- In Zambia, about two in every five girls are forced into marriage.

ACCESS TO SAFE ABORTION

- The Zambian government estimates that about 30% of maternal deaths are attributable to unsafe abortion.
- Younger and poorer girls and women are more likely to have an unsafe abortion, even though the costs of unsafe abortion for individual women are 27% higher than the costs associated with a safe abortion.
- An estimated 15-25% of women in need of medical treatment for abortion-related complications do not seek care.
- Post-abortion care following an unsafe abortion can cost 2.5 times more than safe

SYNOPSIS

Female genital mutilation, early and forced child marriages and unsafe abortion are harmful practices and multi-faceted socio-cultural and endemic Human Rights violation which highly impacts the physical, psychological, emotional, and intellectual development of girls and women. These practices often relegate girls and women to inferior positions in the society with respect to decision making. Instead of using culture to progress societies, in most cases it is used as an excuse to continue such practices that perpetuate various forms of abuse - sexual, physical, and psychological.

Zambian Girls and women who voice out concerning harmful practices are subject to social stigma and at times they are referred to traditional counsellors for disciplinary. The prevalence of child marriage and unsafe abortion destabilises the health, education, socio-economic well-being and the general security girls and women as well as that of their families. The government in partnership with the civil society and relevant role players have a duty to draft and use practical and effective legal, policy and programmatic measures to stop early child and forced marriage and increase access to safe abortion.

This policy brief draws upon the legislative framework and research material related to FMG, early and forced child marriages, and access to safe abortion. It also puts forward recommendations to address challenges, gaps, and limitations in relation to legal and regulatory frameworks and advocacy on child marriage.

2022 policy
brief

BACKGROUND

FEMALE GENITAL MUTILATION

Research data from UNICEF, the World Bank, Gender links, Girls Not Brides and other research organisations show that female genital mutilation is reportedly not practised in Zambia. In terms of legislation, the Inter-Parliamentary Union (IPU) has no official information on the existence of specific legislation as its operational structure is no known or not in the public eyes if ever the practice exists.

FEMALE GENITAL MUTILATION IS REPORTEDLY NOT PRACTISED IN ZAMBIA.

EARLY AND CHILD MARRIAGES

According to a 2017 UNICEF Report, 31% of Zambian girls get married before the age of 18 and 6% are married before the age of 15. In Zambia, about two in every five girls are forced into marriage - affecting their access to education and endangering their health through early pregnancy.¹ The data from Gender Links, UNICEF and Girls Not Brides reveal that the rates of child marriage are the highest in the Eastern and Northern provinces where the median age of first marriage among 20- to 49-yearold women was 17.5 in 2017. The customary law permits early marriage and girls receive proposals as soon as they reach puberty resulting in teenage pregnancy and discontinuation of education.

Over 60% of Zambia's population lives under the poverty line. Despite being one of the world's fastest growing economies, it remains one of the world's poorest countries on which women are the mostly affected.² Forced and early child marriage is sometimes used as a way of reducing the financial burden that a family faces through the payment of dowry (lobola). Some girls see marriage as a way of escaping poverty in challenging economic circumstances and some marry to respond to their own basic needs. There are various cases where girls and young women share their lived experiences of child marriage and how it has affected their wellbeing as opposed to what they expected it to turn out.



Zambia is among the top 20 countries with the highest prevalence of child marriage in the world³ and 3rd highest in Sub-Saharan Africa in teen pregnancies with 29% of girls aged 15-19 who have ever been pregnant. Child marriage is tightly linked to teenage pregnancy as it is sometimes seen as a coping mechanism to deal with attached social stigma. The urban communities highly encourage damage payments from the father and the rural communities are slowly adopting this method, but marriage is still a cheaper option as it will lessen the family's responsibility of taking care of that girl. Katete in the Eastern province and Mufulira in the Northern Province are good examples where damage payments are slowly becoming the norm rather than taking the girl or young woman for marriage.⁴ There is still a long way to go on this because these provinces are reported as hotspots for child marriages.

The UNICEF and other organisation that advocate to end child marriages have gathered a wide range of lived experiences of girls and young women who get into child marriage because of their vulnerability as orphans and or stepchildren. Orphans and stepchildren in many societies across the globe often do not have a voice in everything even concerning their lives. In Zambia, when they become adolescents, some families think their duty of care has been met and marry them off. At times, because mistreatment, they marry at their own will as a means escape from intolerable living situations. Anecdotal evidence shows that with loss of social values in communities, girls and young women often have multiple sexual partners and frequently stay out late at the clubs and bars. With this in regard, many parents in Zambia claim that child marriage can control such inappropriate behaviour and protect young girls and women from contracting HIV and unwanted pregnancies.

ACCESS TO SAFE ABORTION

Zambia holds the most sophisticated abortion laws and policies in sub-Saharan Africa, but unsafe abortion remains high resulting in high rates of maternal mortality. The government estimates that 30% of maternal deaths are attributable to unsafe abortion⁵. Many adolescent girls and women often do not access safe abortion services due to stigma, poverty, conscientious objectors, and lack of knowledge. Research shows that poor girls and women are more likely to have an unsafe abortion, even though the costs of unsafe abortion for individual women are 27% higher than the costs associated with a safe abortion.⁶ While unsafe abortion is dangerous and often life-threatening in the lives of girls and women, it also has a significant impact in the public health cost. Research found that PAC following an unsafe abortion can cost 2.5 times more than safe abortion care⁷. In many cases women who do try to access the health care system for post-abortion care are met with stigma and given sub-par medical treatment, further compounding the risk of morbidity and mortality.

The majority of Zambian women do not know that abortion is legal and that such services exist. Most girls and women take great risks in order to terminate an unsustainable pregnancy and some even make 'unofficial payments' to doctors for services that should be free. An estimated 15-25% of women in need of medical treatment for abortion-related complications do not seek care.⁸



POLICY & LEGAL FRAMEWORK

EARLY AND CHILD MARRIAGES

The Penal Code prohibits all the abuses associated with sexual violence, coercion, and discrimination including rape, incest, and defilement-sex with a girl under age sixteen. The penal code prohibits neglect or desertion of children by a parent or guardian and in the Juvenile Act of 1956 provides for care and protection of children.⁹ The Penal Code outlawed offenses endangering life or health, unlawful compulsory labour, and assaults causing bodily harm. Under the Marriage Act 1964 the minimum legal age of marriage is 21 years. However, under Articles 17 and 33, a person aged 16-21 may marry with parental consent. The customary law permits a person under the age of 16 to be married with judicial consent only if the case is not in contrary with public interest. It is without a doubt that customary law is important because it is based on values and community systems on which people depend on for their survival, however there is a need to harmonise this law with statutory law to eliminate elements that discriminate against girls and women.

In April 2016, the Government of Zambia joined forces and adopted a five-year national strategy to end child marriage.¹⁰ The strategy was set to reduce child marriage rates by 40% by 2021 with a view to build “a Zambia free from child marriage by 2030”. With a given period of five years, the UNICEF notes that there is still a need for policies, strategies, and laws to respond to child marriage in Zambia.

CHILD
NOT
BRIDE

ACCESS TO SAFE ABORTION

Zambia is a signatory to various international and regional commitments which support women's sexual and reproductive health rights (SRHR). These commitments include the Maputo Protocol, the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) and the Southern Africa Development Community (SADC) protocol on gender and development, as well as consensus documents such as the International Conference on Population and Development (ICPD). These commitments have allowed the Zambian government to develop and review national laws and policies for an enabling policy and legal environment for SRHR. The legislative framework on abortion also consists of the Termination of Pregnancy Act and the Penal Code¹¹. The termination of pregnancy Act permits an abortion to be performed by a registered medical practitioner, and two other registered practitioners, one of whom is specialized in the branch of medicine. The law requires a patient to be examined and the medical practitioners should inform in good faith the continuation of the termination procedure on the basis that the pregnancy constitutes:

- A risk to the life of the pregnant woman
- A risk of injury to the physical or mental health of the pregnant woman,
- A risk of injury to the physical or mental health of any existing children of the pregnant woman
- A substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped

Additionally, due to the escalating cases of gender-based violence, the Zambian Parliament in 2005 amended sections of the Penal Code to extend the provisions under which a female child can access safe, legal abortion to include instances of rape and defilement.

The TOP Act provides legal guidance on abortion services including the relevant people who provide such services and the places where these services are provided. It recommends the services of medical practitioners usually found in public hospital.

With all these laws in place, access to safe abortion services is limited forcing girls and women them to seek unsafe abortion and also depriving them of their rights to sexual and reproductive health.



CHALLENGES & GAPS

EARLY AND CHILD MARRIAGES

- Despite the Constitution's effort address contradictions between the constitution, laws, and practices but still the laws regarding rape, having sex with a minor and customary laws are not aligned creating loopholes that free perpetrators of sexual violence including forced and child marriages.
- There seem to be quite several interventions to tackle child marriage, but these work in silos. There is a need to act as one.
- There is a lack sustained political will that often hinder success of many initiatives on child marriage.
- allocation of financial and human resources and the development of a National Plan of Action.
- Although Zambia is committed to reducing early marriages negative dominant social norms about gender and power relations that shape attitudes of girls and boys, traditional leaders, parents, and community members, remain the main challenge.

ACCESS TO SAFE ABORTION

- There is still an enormous amount of stigma associated with abortion and that of safe abortion providers.
- The Termination of Pregnancy Act of 1972 state that women have the right to safe and legal abortion services. But very few girls and women know this law, or the services available.
- The Termination of Pregnancy Act requires authorization of three medical practitioners and the carrying out of the abortion by a medical practitioner. These requirements are limitations in the remote parts of the country there are no medical practitioners, and this makes it impossible for girls and women who need abortion to access the service.
- Although the legislation allows for a policy of legal and safe abortion, the Ministry of Health has not developed nor implemented abortion services that are legally allowable.
- In Zambia safe abortion services are available only within Provincial government hospitals and in private clinics. There is need to extended abortion services to district hospitals, urban and rural health centres to make the service accessible and as close to those who needs it.

CAMPAIGNS

CAMPAIGNS

EARLY AND CHILD MARRIAGES

Due to the harmful effects of child marriage, eliminating it has become a greater priority on Zambia's national agenda. Various international NGOs working in partnership with the government are at the forefront to reduce child marriage in Zambia as a way of achieving the broader development goals of gender equality and to contribute towards agenda 2030, 2063 and sustainable development goals. There seem to be strong advocacy for the alignment of customary laws and statutory laws so that they would be easily implemented by law enforcers and court officials. Zambia has National Advocacy and Communication Strategy on Ending Child Marriage (2018-2021) which has already reached its term this year. The evaluation of UNICEF highlights that Zambia still has a long way to go to have societies free of child marriages. This means that there is a need to focus on action-oriented advocacy in partnership with high resourced organisations, institutions, media, and relevant role players. With high poverty levels across the country some families force their children to marry at a younger age while some girls voluntarily probe for marriage as a way to escape their difficulties. There is a need for campaigns, awareness and education around this area and the support measures to keep all girls at schools not only in the urban area but also stretching to the remote and rural areas.

ACCESS TO SAFE ABORTION

Similar to ending child marriages, Political, media, and charitable organisations are now making changes to raise awareness and shape their frameworks to ensure girls and women can take up their right to access safe abortion services. However, there is a strong opposition emanating particularly from the Christian community since Zambia is declared a Christian nation. This kind of position hinders the success of many campaigns and other initiatives related to safe abortion as they view it as immoral. International NGOs are leading in terms of safe abortion advocacy, however, there seem to be lack of projects aimed to provide the right level of advocacy on the law on abortion (moving from legality to reality) where girls and women in all areas gain knowledge of their rights to abortion and respond to unsafe abortion. Most of the advocacy campaigns and awareness are not well implemented resulting in little or no impact, hence there is not much change since 2002 – almost a decade. There is a need to create and strengthen an advocacy network of comprehensive abortion care actors and also advocate for procurement support and, in collaboration with partners, develop a strategy to ensure continuous supply abortion resources.

COVID 19 IMPACT

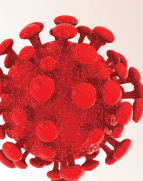


EARLY AND CHILD MARRIAGES

The Covid-19 pandemic is having a devastating effect on the lives of families in Zambia and disproportionately affects girls and women living below the poverty line. UNICEF states that during the stringent lockdown measures, child marriage dramatically escalated driven particularly by school closures and escalated poverty levels. With this in regard, some families gave away their children as a means to put food on the table and some children voluntarily wanted to escape from their difficult family situation. The pandemic adversely affected advocacy to end child marriage.

ACCESS TO SAFE ABORTION

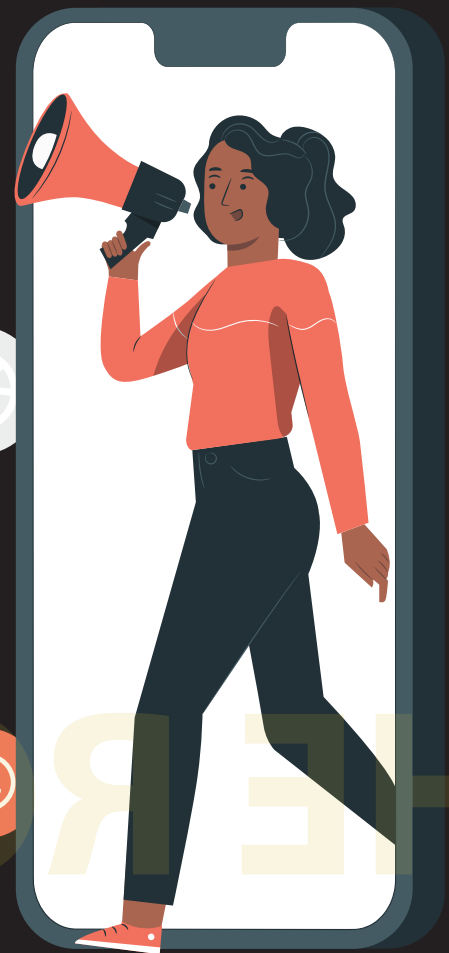
The Covid-19 pandemic has had a serious impact on the right to sexual reproductive health rights of girls and women. Preliminary data from healthcare facilities in Zambia show an increase of unwanted pregnancies especially among adolescent girls. This is because of low use of services such as family planning and adolescent sexual and reproductive health, for fear of contracting Covid-19 in health facilities. A rapid assessment by UNICEF reveal that the pandemic increased the barriers to access safe abortion services due to the tight lockdown measures. And travel bans, borders closing, and reduction in availability of public services made it more difficult for both providers and clients to travel to deliver or receive safe abortion and contraceptive care, impacting people's SRHR. The lockdowns also disrupted the reproductive supply chain leading to an increasing shortage of abortion medications, further limiting individuals' ability to access abortion services. The school closures highly impacted Comprehensive Sexuality Education programmes that assist adolescents in understanding and accessing abortion care.



THE ROLE OF MEDIA

THE ROLE OF MEDIA

In Zambia the media plays an important role in shaping public discourse on particularly on child marriage and not so much on access to safe abortion. In Zambia there is a lot of lived experience stories told by those who have been in child marriages which is done as a means to showcase the consequences of child marriage and how it robs girls and young women personal development and the potential to be economically active and become independent. Girls Not Brides uses story telling in form of short filming and writings with voices of girls and survivors of child marriage are sometimes the main actors to challenge the perception of child marriage and to ensure that the public including church communities and traditional leaders understands the challenges brought by child marriage in the lives of girls and women. In Zambia, the African Union and international NGOs are at the forefront of advocating to end child marriages and usually the top making news in the media. There is a need for the entertainment industry to join forces and develop films, short and documentaries to end child marriage and drive more access to safe abortion.



CONCLUSIONS AND RECOMMENDATIONS

FGM

FGM is reportedly not performed in Zambia and the legislative framework does not have any first-hand information relating to this practice. Societies free of FGM is what other countries in the western and eastern parts of Africa can adopt.

EARLY AND CHILD MARRIAGES

STRENGTHENING RESPONSES

Strengthen multi-sectoral responses in order to reduce children's vulnerability to marriage.

LAWS AND POLICIES

Facilitate the development and review of policies and legislation to ensure consistent interpretation and application of child-related interventions. To ensure that customary marriage law is consistent with the Constitution, there is a need to adopt the Southern African Development Community (SADC) Model Law to end child marriage, amend the Marriage Act, and adopt policy that clearly defines marriage and prohibits child marriage. The law should define marriage as a union between two consenting adults. The law should also review discriminatory practices relating to marriage, such as the payment of lobola, in order to ensure gender equality in marriage for adults.

RESOURCE MOBILISATION

Effectively mobilise financial resources to enable implementation of programmes aimed at reducing children's vulnerability to marriage.

RESOURCE MOBILISATION

Facilitate positive change in prevailing negative attitudes, behaviours, beliefs, and practices in order to reduce the incidence of child marriage and drive more access to safe abortion.

CHILD SENSITIVE SERVICES

Facilitate the provision of child-sensitive services in order to reduce children's vulnerability to child marriage.



ADVOCACY

There is a need for high level of awareness, education and advocacy to overcome information and knowledge barriers to safe abortion, obstructive administrative practices, cultural and religious barriers. This need not to target only general population but also health professionals which is vital if the Zambian Government is to reap the rewards of their investment in the provision of safe and legal abortion

REVIEW/CHANGE OF LAWS AND POLICIES

The case of Zambia provides an opportunity to explore the relationship between a legal framework that permits abortion on diverse grounds, the moral and political disputes around abortion and access to sexual and reproductive health services. While abortion is legal in Zambia, however there are conditions to meet before the service can be offered to those in need and most girls and women do not have relevant information that could help to access abortion services. The government health facilities should play a role in providing adequate service for legal and safe abortion as articulated in the law. Health care providers need to be aware of the Act in order to avoid stigmatisation. According to the termination of pregnancy Act, only a registered medical practitioner can perform an abortion. There is a need to change the Act to allow other health care workers such as Nurses and midwives to perform the same since the procedures involved are within their field of competence according to the provisions of the Nurses and midwives Act (Chapter 300 of the laws).

QUALITY SERVICES

To deliver quality abortion services, the health care system should include adequate and trained staff, adequate and accessible health units, affordable services, clear guidelines, a range of abortion methods, appropriate equipment, pharmaceutical and supplies, information, education, and communication materials for the public and it must be efficiently implemented and run.



INSTITUTIONAL RECOMMENDATIONS

INCREASING SAFE SPACES

A will act and create more safe spaces in schools and communities where girls, and young women gather to discuss issue related to these harmful practices and their effects in all spheres of life, hence the ability to make informed choices in life. Safe spaces also provide referral points to access other services such as counselling, legal advice, support through court processes and temporary shelter.

CREATE AWARENESS

Increase awareness on issues of harmful practices to address disparities that make girls and women vulnerable in Zambian societies.

QUALITY SERVICES

Initiate long-term projects for girls and young women to add their voices to demand the ban on negative cultural practices. There is a need to invest in education for girls and strengthen social protection programmes.

ADVOCATE FOR ADEQUATE RESOURCES

Increase awareness on issues of harmful practices to address disparities that make girls and women vulnerable in Zambian societies.


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**The African Women's
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Still a Long Way To Eradicate Practices That Endanger Women & Girls Lives

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Zambia

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