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REVIEW ARTICLE

TARGETING MARGINALIZED GROUPS IN SEXUAL AND REPRODUCTIVE CARE IN ZAMBIA: A LITERATURE REVIEW

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ABSTRACT

Background: There are known marginalized groups in Zambia when it comes to sexual and reproductive health. These groups are, adolescents, women and girls seeking abortion, the LGBTQI community, sex workers, prisoners and persons living with disabilities. For health inequality and inequity to be achieved in Zambia, this issue must be addressed. ***Objectives:*** The aim of this review is to investigate the sexual and reproductive health accessibility among the marginalized groups in Zambia and to give recommendations of the gaps identified. This will be done by achieving two objectives. Firstly, how well the health system of Zambia has used the sexual and reproductive health approach to ensure of the access to reproductive health services among the marginalized groups will be investigated. Secondly, we will analyse the political and socio-cultural contexts of Zambia as determinants of the accessibility of reproductive health services among these marginalized groups. ***Conclusion***: Accessibility among the marginalized groups is still far below expectations and hence the creation of strategies is recommended. Strategies such as the creation of new laws, interventions and education programmes are recommended. Collaboration with corresponding partners such as the marginalized groups themselves, the ministry of health of Zambia, United Nations related organizations and sister bodies, both international and local civil society groups and human rights commissions is recommended to ensure that the strategies proposed are implemented within the time frames stipulated in this review.

INTRODUCTION

Sexual and Reproductive Health Rights, SRHR, are essential to human health as they ensure that people have the ability to make well-informed decisions (16). The Sustainable Development Goals, SDGs, are directly interwoven into the very fiber of SRHR (17) through Goals 3, 4, 5, 10 and 17 which advocate for healthy lives; quality education; achieving gender equality; reducing inequalities; and enhancing sustainable partnerships (18) as illustrated in Table 1 above. It is important to note, however, that priority interventions for SRHR were not birthed from the SDGs alone. In 1994, the International Conference on Population and Development, ICPD, discussed how imperative it was to formulate Sexual and Reproductive Health, SRH, as a fundamental human right (International Conference on Population and Development, 1994). Eleven international legal sets of laws were ratified of which Zambia is fully committed to enhancing them (19).

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The Government of the Republic of Zambia, GRZ, further committed to seven global themes as a landmark measuring stick. These themes, which border on Universal Health Coverage, UHC, include; 1) access to contraceptives; (2) ensuring access and availability of safe abortion and post-abortion-care services; (3) adequate urban and rural based maternal health care; (4) HIV services for disease, care and treatment; (5) Create Comprehensive Sexuality Education, CSE; (6) Policies to stop violence against women and girls; and (7) protect the rights of marginalised populations, particularly adolescents and sex workers (20).

Research Questions

- How well is Zambia using the SRH Approach to ensure access to, and the use of Sexual and Reproductive Health Services for Marginalized groups?
- How does the political and policy context and the socio-cultural context of Zambia help to explain access to, and the use of sexual and reproductive health services for marginalized groups?

Figure 1. Sustainable Development Goals (SDGs) that directly influences Sexual and Reproductive Health

SDGs	Targets
3	(1) reduce maternal mortality, (2) tackle preventable deaths under five years of age, (3) fighting communicable diseases, (4) reducing mortality from non-communicable diseases, (5) promoting mental health, (6) preventing and treating substance abuse, (7) reducing road injuries and deaths, (8) granting universal access to sexual and reproductive care, (9) family planning and education, (10) achieving universal health coverage, (11) reducing illnesses and deaths from hazardous chemicals and pollution [1-3].
4	(1) free primary and secondary education, (2) equal access to affordable technical, vocational and higher education, (3) increase in the number of people with relevant skills for financial success, (4) eliminate all discrimination in education, (5) universal literacy and numeracy, (6) education for sustainable development and global citizenship, (7) build and upgrade inclusive and safe schools [4-16].
5	(1) ending all forms of discrimination against all women and girls everywhere, (2) ending violence and exploitation of women and girls, (3) eliminating harmful practices such as child early and forced marriage and female genital mutilation, (4) increasing value of unpaid care and promoting shared domestic responsibilities, (5) ensuring full participation of women in leadership and decision-making, (6) ensuring access to universal reproduction rights and health [7-9].
10	(1) reduce income inequalities, (2) promote universal social, economic and political inclusion, (3) ensure equal opportunities and end discrimination, (4) adopt fiscal and social policies that promote equality, (5) improved regulation of global financial markets and institutions, (6) enhanced representation for developing countries in financial institutions, (7) responsible and well managed migration policies [10-12].
17	(1) mobilize resources to improve domestic revenue collection, (2) implement all development assistance commitments, (3) mobilize financial resources for developing countries, (4) assist developing countries in attaining debt sustainability, (5) invest in least-developed countries, (7) knowledge sharing and cooperation for access to science, technology and innovation, (8) promote sustainable technologies to developing countries, (9) strengthen the science, technology and innovation capacity for least-developed countries, (10) enhanced SDG capacity in developing countries, (11) promote a universal trading system under the world Trade Organization, (13) increase the exports of developing countries, (14) remove trade barriers for least-developed countries, (15) enhance global macroeconomic stability, (16) enhance policy coherence for sustainable development, (17) respect national leadership to implement policies for the sustainable development goals, (18) enhance the global partnership for sustainable development, (19) encourage effective partnerships, enhance availability of reliable data, (20) further develop measurements of progress [13-15].

Strategy	Stakeholders	Program	Time	Measurement
Creation of New Laws	GRZ, Civil Society, Human Rights Commission	Development of laws targeted at marginalized groups	5 years	-Reports of Amendments to parts of the Constitution; -Number of Registered NGOs Targeting Marginalised Groups
Creation of Intervention and Education Programs	CCZ, MOH, MOE, WHO, UNICEF, UNFPA	Development and Expansion of Love Thy Neighbour Campaign.	5 years	-Number of All Inclusive SRH Mobile Clinics -Expansion of CSE programs
Creation of Partnerships	MOH, NGOs, Zambia Sex Workers Alliance	Expansion of SRH program synergies	5years	-Interviews from recipients

DISCUSSION

Marginalized groups in Zambia: Zambia has made certain positive strides in ensuring that marginalised groups are empowered in line with the seven themes adopted under SRHR approaches. In focusing on marginalised groups, Zambia has implemented the following targeted approaches;

Adolescents: According to Articles 11 and 27 of the African Charter on the Rights and Welfare of the Child, young people must be protected from all forms of exploitation and provided with adequate information and education (21). Zambia has introduced CSE, in schools (22). As a Human Right Consideration, CSE gives adolescents the opportunity to be empowered and well-informed on their SRHR. In October, 2007, the Re-entry Policy was adopted which saw adolescents who had fallen pregnant return to school. Further, the 2015-2019 National Policy developed minimum package guidelines for Adolescent Friendly Health Services (23). Although CSE has been implemented with the purpose of empowering adolescents, there is still an existing gap between the knowledge they receive and the limited supply of SRH (22). Further, in certain schools CSE has been deliberately integrated into other subjects which are often provided as optional programmes**.** This possess a risk to the subject being abandoned due to mixed and infrequent teaching.

Women and Girls Seeking Abortion: Zambia was officially declared a Christian Nation in 1991 and constitutionally enshrined in 1996 (24). As a result, all life is considered sacred and must be preserved. However, in the recent past, women and girls have been able to access abortion care from a health facility especially when the child is a danger to the mother or in the case of sexual assault (25).

One of the shortcomings of abortion in Zambia is that there are not enough trained health workers to conduct the procedure (26). Another problem is that although there are no legal restrictions to accessing abortion, by law any individual below the age of 18 will need signed parental consent in the presence of the health practitioner (27).

LGBTQI Community: The Universal Charter on Human Rights states that all persons are equal (28). Discrimination is illegal in Zambia. Article 23 (1) of the Constitution states that 'no law shall make any provision that is discriminatory either of itself or in its effect", and according to Article (23) 3, the Constitution defines discrimination as "extending differential treatment on the basis of race, tribe, sex, place of origin, marital status, political opinions, colour or creed" (29). Family Health International, FHI, implemented the Open Doors Project which seeks to bring offer SRH services to LGBTQIs (30)**.** Other organisations such as Friends of Rainka, FoR, have engaged LGBTQIs to offer SRH care (31). However, a lack of resources coupled with misinformation, cultural and religious barriers blended together with lack of policy and legislature have caused many members of this group to shy away from accessing SRH services for fear of stigma (32)**.** Further, organisations working with LGBTI cannot legally register and thus most institutions are forced to be 'discreet' or leave out vital information when filling out registration documents**.**

Sex Workers – SW's: SW's in Zambia are free to access SRH services from any health facility. Sex work in Zambia has been legalised within certain boundaries of law such as not setting up a brothel or soliciting for clients on the street (33).

One of the challenges is that funding for SRH is limited because donors view it as abuse and human trafficking. The Golden Gag rule and the Anti-Prostitution Loyalty Oath require organisations receiving monetary assistance to oppose sex work (34). Further, male and transgender SW's in Zambia are excluded from general SRH programs making them isolated (35). Another challenge is SRH services are not offered as a One-Stop Shop and this in turn reduces the effectiveness, acceptability and accessibility interventions(36). Prisoners. The GRZ has set up mechanisms for SRH services in Zambian prisons. These also include TB screening, and testing for HIV. This approach has seen positive inmates have access to Anti-Retroviral Treatment. Civil Society Organisations have been granted within legal provisions to provide soap and sanitary towels as the government budget is over stretched. However, despite these wins, the prison sector encounters many challenges with regards to SRH. For example, Contraceptives and condoms are not distributed (37). Further there are currently no existing Prevention of Mother to Child PMTCT program and women who require an effective ARV Prophylaxis are not even given any drugs including folic acid and vitamins (38).

Persons Living with Disabilities (PLWDs): In 2022, the Minister of Health in Zambia announced that selected nurses and midwives would need to undergo training in Sign Language, however, GRZ has not been able to create deliberate programs through this approach that enable health workers to carry out door-to-door services for PLWDs who are physically or mentally unable to travel to the health care facility to acquire SRH service (39).

Political and Social Contexts: The political and social context of Zambia with regards to SRH for marginalised groups is layered by statutory instruments and policies that do over-lap each other until the main goal of SRH Care is lost. Currently, there is an on-going debate concerning the contents of CSE by stakeholders. It is hugely deemed from a social point of view that telling adolescents about SRH is no different from telling them to sell themselves for sex. Zambia is a Christian Nation and with regards to abortions and post-abortion care, the law allows for the doctor, to refuse to conduct an abortion based on their faith and right to Conscientious Objection (40) . Although, the stipulated guidelines require the health provider to refer the client to another clinic willing to conduct the procedure, the social dynamics at play suggest that they offer spiritual advice on why abortion is a sin. This gap has also created a system where people seeking back door abortions are exploited by caregivers into paying huge amounts of money for abortion (41). Previously, doctors would conduct abortions and privately call the police as per law. This law has since been nullified but because citizens are not aware, they continue to seek back door methods (42).

The Penal Code of Zambia is explicit in criminalising same sex-sexual relations and encourages citizens to report individuals they suspect are LGBTQI. In the year 2005, laws were amended to further explicitly criminalise homosexuality as per Section 155a which states that "any person or persons who has carnal knowledge with any other person with or without their consent have gone against the order of nature" (43).This law includes women and adolescents. In 2011 Zambia begun creating a new Constitution. Unfortunately, it has not been adopted as various stakeholders feel that awarding LGBTQI rights is in conflict with the enshrinement of a Christian Nation.

This context in itself impedes this group of marginalised individuals from accessing SRH services. Fo R, attempted to publish SRH research but the National AIDS Council of Zambia has never endorsed their studies. This has led to a lack of development of a Needs Assessment Protocol. LGBTQI individuals who experience violence are met with hostility by both police and health care professionals. This causes members not to seek assistance including that of a post-exposure prophylaxis. This lack of laws that protect LGBTQI has further stretched its arm to Prisons. Political views and societal norms feel providing condoms in prisons would be encouraging Men to have Sex with other Men, MSM,. Currently, female prisoners cannot access antenatal care as set by WHO and any other SRH programs (44). Females incarcerated whilst pregnant are not able to have an examination or request for abortion. SW's tend to be found on Trucking Corridors with different clients who drop them off at various points. Unfortunately, SRH services from condoms, PREP, counselling in case they experience sexual assault are not available. Further due to the ambiguity of the law regarding SW's, enforcement agencies are not able to interpret their rights and often run with the social narrative of viewing them as vectors of disease which continues to be a barrier in effective implementation of SRH (45).

Globally women with disabilities seeking SRH care experience stigma and, Zambia, is no exception (46). Failure to provide adequate, affordable and accessible user friendly SRH care services coupled with the social cultural belief those with disabilities cannot have a sexually fulfilling life has further crippled an existing dire situation (47). For example, in the capital city of Lusaka, has a high population of blind people living on the streets. They are no mobile SRH services from MOH to assist them with contraceptives, screening for cervical cancers (48) .

RECOMMENDATIONS

There is clearly an urgent need to create policies and frameworks that will encamps the needs of marginalised groups in Zambia (49).. New and nonconflicting laws must be created. For example, Labour laws state that a child is 14 and below and states that a child is any person below 18 whilst any person who gets married below the age of 21 is a child-bride. At age 16 one is allowed access to contraceptives, but it is illegal to have sex. The government also needs to create campaigns that give knowledge on accessibility of services available and create policy framework that speaks to the needs of these groups. Homophobic laws and other rules deliberating targeting individuals must be amended. Health Promotion officers from the local WHO, UNFPA and UNICEF Office must be engaged to increase awareness on SRH with CCZ. A campaign with a title such as "Love Thy Neighbour" can be created to help the church understand the challenges that marginalized groups face in accessing care. MOH need to formulate partnerships with other stakeholders such as the Zambia Sex Workers Alliance to create synergies. MOH must come up with mobile SRH services for effective delivery of SRH for PLWD and prisoners as well as members of the LGBTQI community who are not comfortable to be seen at traditional health facilities.

CONCLUSION

There are clearly multiple barriers faced by marginalised groups in seeking SRH care in Zambia. The ambiguity of the

laws and a mixer of societal, cultural, and religious beliefs have created a challenge in the expansion of existing programs and problems in the development of new initiatives because reference must always be made to what currently exists within a legal framework. If Zambia is to attain the SDGs, even in part, by the year 2030, then there is urgent need to curb existing inequalities in access and availability by creating new approaches. For effective UHC in SRH, it is cardinal that existing laws that impede their efficiency be revisited to address existing inequalities. The law and existing religious and cultural norms only work to negate full access to SRH care for all.

Abbreviations

CCZ……Council of Churches in Zambia
GRZ……Government of the Republic of Zambia
MOH……...Ministry of Health
MOE……Ministry of Education
PLWD……..People Living with Disabilities
SDGs……...Sustainable Development Goals
SRH…….Sexual Reproductive Health
SRHR……..Sexual Reproductive Health Rights
SW……...Sex Workers
UHC……Universal Health Coverage

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