

Title

Obstacles hindering access to sexual reproductive health, responsibilities and rights (SRHR) in Zimbabwe: How youths and adolescents can access and utilize services?

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Abstract

Sexual reproductive health, responsibilities and rights (SRHR) are a set of obligations and rights about the ability to make one's own, well-informed choices and decisions when it comes to sexuality and reproduction, but also to respect the choices of others and to practice sexuality and reproduction in a healthy way. Access to SRH and rights means services such as provision of SRH information, HIV testing and counseling, peer to peer mentorship, contraception and family planning will be accessible to all youths and adolescents for the continuous good health and well-being of youths and adolescents and achievement of sustainable development goals (SDGs) in Zimbabwe. The purpose of this research was to highlight the obstacles faced by youths and adolescents in accessing sexual reproductive health and rights and analyze how this group can utilize these sexual reproductive health services for their continuous good health and well-being. In addition, this will help the country to attain (SDG's) on good health and wellbeing. The research also encourages the utilization of formal and informal ways such as awareness campaigns by MyAge Zimbabwe, which the author is affiliated to, family, school and sexual reproductive health training activities offered by other stakeholders. The researcher used a case study research approach. In addition, the research included literature review from relevant articles, journals, google search and researches which underpins the theoretical foundations of this study.

Key words

adolescents, capacity, challenges, improvement, sexual reproductive health rights (SRHR), sustainable development goals (SDGs), youths, Zimbabwe

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Introduction

In most communities especially with limited resources, youths and adolescents are unable to access the needed Sexual and Reproductive Health services such as SRH information, counseling and psycho-social support services, contraception and family planning thus further exposing them to problems such as unwanted pregnancies, HIV and Sexually Transmitted Infections (STIs). The health and well-being of adolescents and youths is of paramount importance in achieving the Sustainable Development Goals (SDGs) on promoting health and well-being in Zimbabwe. Youths and adolescents have faced a myriad of challenges in accessing Sexual and reproductive health (SRH) services and this has affected their wellbeing especially in developing countries and particularly in Zimbabwe. Past researchers focused more on the challenges faced by women and girls after failing to be provided with SRH services. This paper challenges this confinement by exploring the barriers to accessing SRH services and finding ways to apply the Ubuntu philosophy in social work so as to enhance the access and utilization of SRH services for all youths and adolescents regardless of long held traditional cultures, religion and socio-economic backgrounds. This proved critical in curbing the exposure to HIV infections, early marriages, unsafe abortions and ultimately achieving SDG of good health and well-being.

Background

The problem

The prevailing socio-economic situation, religious beliefs and cultural norms have impacted negatively the access to SRH and rights such as SRH information, psycho-social support services, counseling, contraception and family planning services which are basic SRH rights that must be accessed by youths and adolescents. These barriers experienced by youths and adolescents have resulted in health problems such as unwanted pregnancy, unsafe abortions, STIs and HIV/AIDS, school dropouts, early childbearing leading to obstetric complications as they pass the transitional period from childhood to adulthood.

Theoretical framework

The study was guided by the Ubuntu theory which was proposed by Samkange (1980). The access to these services must be viewed with a dimension of Ubuntu which is an African philosophy to promoting human relations, sanctity of life and people centered status.

Ubuntu theory in social work

According to Samkange (1980) Ubuntu refers to a collection of values and practices that black people of Africa or of African origin view as making people authentic human beings. Samkange's theory of Ubuntu offers numerous lessons for social work and how Africans can tell their own stories of social work and help fellow young Africans to achieve good health and well-being. Samkange and Samkange (1980) argued that Africans need to learn, write and practice Ubuntu. Just as westerners use philosophies of their ancestors, Africans should find pride in the philosophies of their ancestors like Ubuntu.

The philosophy of Ubuntu promotes teamwork and collaboration, meaning this principle promotes group cohesiveness and group support. Its cornerstone is a deep sense of belonging to a group, be it the extended family, the clan, or the community which one is identified with. This principle further seeks to promote the worth and dignity of all human beings, with an emphasis on self-respect. Ubuntu works on the premise that everyone must contribute towards community initiatives and aspirations and national development. Based on the spirit of Ubuntu, human service professions like social work are expected to assist the community to harness their energies and knowledge in the promotion of the goals of social development and in this case promoting good health and well-being youths and adolescents as future leaders.

In his theory, Samkange proposes three maxims or proverbs of Ubuntu which are human relations, sanctity of life and people centred status which are critical in understanding the theory of Ubuntu and its meaning in the African context.

Human relations

According to Samkange (1980) human relations means, to be human and to affirm one's humanity by recognizing the humanity of others and, on that basis, establish respectful human relations with them. This means that people should recognize and respect other people's existence and value humanity as Africans. In this context, Samkange is urging social workers to value the development of adolescents and all youths through steering their access to sexual reproductive health and rights so as to ensure their good health and well-being. Hence, the attention one human being gives to another, the kindness, courtesy and consideration is embodied in Hunhu or Ubuntu.

Sanctity of life

The sanctity of life refers to the importance that Africans should give to the lives of other Africans and their well-being. According to Samkange, when one is faced with a decisive choice between wealth and the preservation of the life of another human

being, then one should opt for the preservation of life. Thus, Ubuntu is used to advocate for Africans to value the lives of others especially their health and well-being in preserving life. He views life as sacrosanct. This is an ethical principle in the African context to value the lives of youths and adolescents through enhancing their access to SRH services in order to preserve their lives and achieve good health and well-being.

People centred status

The king owes his status, including all the powers associated with it, to the will of the people under him (Samkange and Samkange, 1980). This principle entails that a social worker because of the power they have when working with service users, community or clients they need to exercise their roles in a people centred manner.

Hence, the Ubuntu theory resonates with social work in the African context. It informs African researchers to be responsible of the health and well-being of their continent and how they should strive to make their states more developed through caring for their people and understanding their needs. This theory underpins this research to ensure that homegrown solutions are found to ensure that youths and adolescents' access and utilize SRH services to ensure the good health and well-being of young Africans who are the future and next generation leaders. The theory informs leaders and service providers to be solution and problem solving oriented in finding long lasting remedies to ensure the development of Africa and prepares the next generation for social, economic and political prosperity.

Literature

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes, (ICPD,1994). Reproductive health include access to family planning, prevention of abortion and management of the consequences of abortion treatment of reproductive tract infections, prevention, care and treatment of STIs and HIV/AIDS, information, education and counseling. Nomugisha (2017) posits that the voices of African women and girls are not usually listened to in other communities and cultures, to find out what they need. Instead, assumptions are made about their SRH needs, thus ignoring and sometimes dismissing them altogether.

According to Niyongere (2016), SRH challenges in Africa are normally high in societies where people lack empowerment and equality. In Rwanda, there are gender inequality issues that have sustained

poverty and exploitation of women and girls. This scenario is predisposing many women in Rwanda to risky SRH behavior. Adolescent girls in many areas in Rwanda, become involved in risky sexual activities with married men called "sugar daddies" and other economically attractive men in exchange for small items their parents cannot afford to buy for them. Adolescent boys have the same kind of relationships with older married women.

Poverty and the exchange of sex for material things along with alcohol abuse underlie many of the adolescent sexual activities leading to early marriages, prostitution, HIV infections and dropping out of school which is reported to occur frequently and after which the victims suffer social stigmatization. In Sub-Saharan Africa, adolescents (ages 10-24) currently account for one-third of the total population and as they reach puberty, they face new challenges related to their sexual and reproductive health. Due to their emerging sexuality, young people undergo transformations of body image and identity, often at the same time that they become sexually active. In Africa, adolescents face many reproductive health problems such as unwanted pregnancy, unsafe abortion, STIs including HIV/AIDS as they pass the transitional period from childhood to adulthood.

In addition, lack of support and guidance to the young generation may lead to risky behaviors which can lead to drastic consequences to their lives (Kasedde et al 2013). The African continent still has more work to do in their respective countries so as to mitigate the effects that come along with lack of sufficient access to sexual reproductive health services. Young people aged 15-24 account for 45% of new HIV infections worldwide. Around 14 millions of adolescents give birth each year globally and 90% of these occur in developing countries such as those in Sub-Saharan Africa (UNFPA, 2011). This place Sub-Saharan Africa on a compromised position in as far as achieving good health and well-being is concerned as it has become vulnerable due to the lack of sexual reproductive health education for youths and adolescents.

African knowledge systems are often neglected because of limited written literature, underutilization or neglect our African approaches. In this discussion I have discussed the theory of Ubuntu and used Ubuntu to explain how child growth is useful in understanding the need of indigenous knowledge on SRH and how youths and adolescents in Africa can access these services for the greater benefit of the continent's health and well-being. Ubuntu can transform and indigenize social work with children in Africa and ensure that youths and adolescents are consistently guided through their developmental stages. This can empower social workers and provide solutions that acknowledge or

increases the strengths of individuals, families and communities and their environmental values in dealing with providing youths and adolescents their SRH services.

According to WHO (2013) African youths and adolescents are increasingly exposed to the serious risks before they get enough information, skills and experience to avoid or make an informed choice. Lack of information on sexuality and some myths related to use of family planning are some of the factors that discourage the youths from accessing the reproductive health services (Regmi et al 2010). Provision of adolescent sexual and reproductive health services is mainly through Ministry of Health and Child Welfare (MoHCW) under the Reproductive Health Unit and other major players being Zimbabwe National Family Planning Council (ZNFPC) and National Aids Council (NAC) and MyAge Zimbabwe. These institutions are regarded as cornerstones for the provision of SRH services and the protection of youths and adolescents' health and well-being. The population of Zimbabwe is relatively young with more than 62 percent of its population below the age of 24 (UNFPA, 2011). Adolescents constitute 47 percent of the total population according to the MoHCW.

Kamau (2006) posits that youths and adolescents in Africa have engaged in life threatening and unhealthy practices which they are exposed to during the transition period such as the alcohol and substance abuse, exposure to violence and unprotected sex. The skyrocketing numbers of adolescents giving birth gives a rise to several challenges that affects the health and well-being of young girls further threatening the achievement of SDG's. This will be avoided if Africans use African ways to acquaint knowledge and information to their youths and adolescents to avoid risky behaviors and listen to service providers and African social workers.

Sexual reproductive health and rights, responsibilities and services in the African context

Evidence from sub-Saharan Africa (SSA) shows youths have poor SRH rights outcomes, with high rates of unintended pregnancy, STIs, and limited condom use. Access to sexual reproductive health and rights for youths and adolescents means the ability for them to make independent and informed decisions regarding their sexuality and reproduction. It is the responsibility of service providers such as Government agencies and civic society to provide such services to the youths and adolescents so as to alleviate problems common in the African context such as forced and early marriages, HIV infections,

unsafe abortions which are on the rise in Africa and Zimbabwe in particular.

According to Mugumbate (2013), in Sub-Sahara Africa, factors underlying these poor outcomes include gender inequalities specifically the high rates in some communities that do not value women's rights and liberties in making their decisions. Despite the commitment of other African States to emancipate women and create opportunities, other states are still lagging behind. This has exacerbated the level of lack of access and utilization of sexual reproductive health services. Hence, African theorists believe that the emancipation of women is a right step towards institutionalizing the Ubuntu philosophy of human dignity as postulated by Samkange. This will remove gender stereotypes and make communities responsible for the access and utilization of SRH services for youths and adolescents and also halting the prevalence child marriages in communities.

Furthermore, Kamau (2006) proposes that in African there are lack of libraries to acquaint information to youths and adolescents regarding their sexuality. Adolescent girls have wrong myths and beliefs pertaining to sex, some think they would not get pregnant on their first encounter of sex. Several other studies on reproductive health revealed that African youths and adolescents have wrong myths and perceptions when it comes to sex. This makes them more irresponsible and careless with their lives thus exposing them to risky sexual behaviors. This is more attributed to lack of sexual and reproductive information and education. Hence, education is critical in informing youths and adolescents and African states should be responsible and avail these services to youths and adolescents.

According to the Ubuntu theoretical foundation, the African continent need to break socio-economic disparities so as to halt social inequalities that are causing poor access to SRH services in some communities. Samkange (1980) proposes that all policy formulations must be based on the philosophical discourse of Unhu-Ubuntu so as to redress the level of inequalities and engender equality in African communities thus increasing access to SRH services in all communities. The World Health Organization (WHO, 2013) defines adolescence as the period between the ages of 10-19 years and young people as the period between the ages 10-24 years. The reproductive health needs of the adolescents have been neglected because they are considered to be a healthy population since they have managed to survive the childhood killer diseases (WHO, 2013). Thus, there is need to inculcate policy makers of the Ubuntu philosophy to increase access to SRH for youths and adolescents in Africa.

Research gap

Previous studies have focused on the negative implications those youths and adolescents encounter when they fail to access the available SRH services and how they affect their health and well-being. This article challenges this confinement by first focusing on why youths and adolescents are not being able to access these services, the barriers they encounter and the damage this has caused to the continuous health and well-being of young people. This article is critical in understanding the rights-based approach to accessing SRH services and how social, cultural, religious and economic factors in the society have caused barriers to youths and adolescents when they to access their SRH rights.

Aims of the study

The aim of the study was to examine the barriers affecting the access to SRH services by young people and adolescents and how some of them in different cultural, social and economic backgrounds have been prejudiced to access SRH services. The research appreciated the diverse socio-economic backgrounds, cultural norms and values in Zimbabwe and religions that do not empower this group to access their SRH rights as enshrined in the constitution. The article also explored the ways in which youths and adolescents can access and utilize SRH services offered by organizations committed to address poor health and well-being of youths and adolescents. Therefore, exploring barriers to young people's access and utilization to sexual reproductive health services in Zimbabwe is essential because of the need to meet the sexual reproductive health needs of young people and their roles in shaping the future of their different communities.

Methodology

Research approach

The researcher used a qualitative research approach in conducting his study. According to Denzin and Lincoln (1994), the qualitative research method implies an emphasis on processes and meanings that are not rigorously examined or measured in terms of quality, amount, intensity or frequency. According to Rensberg (2005), the researcher should clearly understand the philosophical frameworks that guide the research activities, before making a choice of paradigm. The approach provides with depth and detail whereby looking deeper than analysing ranks and counts recording attitudes, feelings and behaviours. It also allows the researcher the flexibility to probe initial participant responses that is to ask why or how. The researcher will carefully listen to what participants are going to say and engage in their individual styles and personalities

and also use probes to encourage them to elaborate on their answers.

Research design

The researcher used the case study research design. One of the main advantages of the case study approach is its ability to probe deeply, analyze intensively and get an in depth and detailed understanding of the phenomenon under review. The interpretive paradigm was also used to understand the subjective world of human experience particularly the concerned age groups. This means the study sought to understand adolescent's knowledge of their sexual and reproductive health. The researcher also included literature from Zimbabwe although there is limited literature on the topic of interest and will therefore include countries within the Sub-Saharan Africa where similar context with Zimbabwe is apparent. The researcher also took time to search for relevant information on websites of certain organizations of interest such as Family Health International (FHI), World Health Organization, Ministry of Health and Child Care (MOHCC) Zimbabwe, Zimbabwe National Family Planning (ZNFPC) which would be used to gather specific data about youths and adolescents in Zimbabwe.

Target population

The study was carried out from the 10th to the 20th of February 2021 in Masvingo Urban Ward 6, an area highly populated with youths and adolescents, with most of them currently going to nearby secondary schools. The ward has an estimated total population of 9, 998 of which over 58% of them are youths from the ages of 15-25. It is during these ages that most youths engage in risky behaviors which jeopardize their health and well-being. The researcher targeted this age group to exhume information from them as most of them have become sexually active and therefore in need of SRH services from the service providers.

Ethics

The researcher obtained local and community consent from both parents and youths who were willing to participate in the study through explaining to them how this research was going to help them in the long run and how it was going to be used to advocate for SRH services to be given to this age group through support from developmental partners, pressure groups, NGO's and Government agencies. These principles in research are critical and need to be embraced when relating with other people while the study is being carried out. The researcher promised a high level of confidentiality through ensuring that responses would not be bundled with participants' names and identities.

Results and discussion

This section presents and discusses the results of the study, the obstacles experienced in the process of accessing SRH services and the negative implications that are apparent in the community when youths and adolescents do not have access to SRH services. The section also presents the policy initiatives by relevant stakeholders such as MyAge, women's groups, Government, and others to increase access and the utilization of SRH services for continued good health and well-being of youths and adolescents. The researcher wanted to find ways in which all developmental partners would assist these age groups to ensure they are protected from various diseases and ailments that come from practicing unsafe sexual activities

Obstacles experienced by various youths and adolescents in accessing SRH rights

Adolescents are embedded within policy, cultural, economic and social contexts that influence their access to sexual and reproductive health information. Sexuality matters are seen as taboo for youths and adolescents in some primitive cultures in Zimbabwe.

Religious and cultural barriers

The discussions about sexuality are seen as sacred and often a topic for school going students. There are cultures and religious groups that often do not educate their siblings with regards to sexuality issues and this poses a great danger since they would want to experience sexual issues on their own. Furthermore, parents and providers fear that providing unmarried adolescents with information on contraception to prevent pregnancy and sexual transmitted infections in general, condom use to prevent HIV in particular, will lead to their becoming sexually active at a young age. However, the truth of the matter is that youths are already engaging in risky sexual activities. The voices of women and girls have to be listened to, to find out what they need and expect.

Gender based violence (GBV)

The study revealed that victims of GBV have been shunning away from accessing SRH since they are often stigmatized and they are afraid of the perpetrators. In Zimbabwe about 25% of women aged 15-49 have been victims of sexual violence and 21% reported that their first sexual intercourse was forced as reported by the United Nations. GBV is a major public health problem in sub-Saharan Africa where 30% of women reported high rate of physical violence of 30%. Evidence indicates that gender-based violence increases the vulnerability of young women to HIV infection thereby acting as a barrier towards accessing SRH services. Sexual violence,

early sexual debut and child marriage limit the young people's opportunity of educational and social development

Socio-economic barriers to SRHR access

The research ascertained that the socio-economic backgrounds of other youths and adolescents have been barriers to accessing SRH services. Youths and adolescents born from poor families are often exposed to sex predators that will take advantage of their economic situation and exploit them for sexual favors. Adolescent girls in many areas in Ward 6 in Masvingo Urban, become involved in risky sexual activities with married men called sugar daddies and others who are economically attractive men in exchange for small items their parents cannot afford to buy for them. Hence, poverty and economic instability in various families have deprived this age group to seek SRH services and have pushed youths and adolescents to be involved in earlier sexual activities in exchange for material things.

Lack of capacity in health institutions

The research noted that the major obstacles for young people to access and utilize SRH services were found to be within the health care system where there is low Government funding was identified as a major factor hampering implementation of ASRH program in Zimbabwe. Lack of funding is hampering scaling up of pilot ASRH programs. There is a discrepancy between available services (supply side) and the number of young people who need SRH services (demand side). Youth friendly facilities are not providing adequate coverage since they are few, thereby compromising young people's access to the needed ASRH services. Shortage of staff was noted to be one of the factors hampering ASRH services in Zimbabwe. Unavailability of adequate staff compromises the quality of health services including ASRH

Improving access to SRHR by adolescents in Masvingo Urban: Utilization of current services

The research ascertained that the utilization of formal and informal ways such as awareness campaigns by pressure groups, Faith-based organizations, family and school SRH training activities need to be up scaled to open up the access to SRH services by youths and adolescents. This is critical in achieving good health and well-being in the country and attaining the SDGs.

SRH education in schools

A school based Sexual Reproductive health program in Zimbabwe has proved not to work as teaching of reproductive health focuses on HIV whilst neglecting other SRH issues which are equally important such as contraception, condom use and

life skills. Youths and adolescents need consistent teaching from all educational institutions to promote SRH rights. Failure to fully implement the school health program is a missed opportunity because school children are an already existing audience which needs comprehensive reproductive health education. The study revealed that young people lack information on ASRH. The government of Zimbabwe is failing to effectively implement and reinforce laws and policies to promote SRH services in educational institutions so as to offer SRH service to all young people around the country.

MyAge's contributions and other Non-governmental organizations

MyAge Zimbabwe has made significant contributions towards increasing access to SRH services for youths and adolescents in Masvingo. The organization recently launched a Clinic that is mandated to educate youths and adolescents on the SRH rights and to access these services at this facility including distribution of condoms, peer to peer education, SRH education to mention a few. The article also acknowledged the work that was being done by various NGOs such as SafAids, Saywhat, UNICEF, Netherlands embassy and others which have been carrying out awareness campaigns to ensure youths and adolescents access and get educated on their SRH rights.

Community-based education

Parents and community leaders need to act as gatekeepers for the young people, have the powers to approve or disapprove where their children can get information and access SRH. The study revealed that most parents in Zimbabwe and other African countries do not sufficiently fulfill their role in educating their children on sexuality which is primarily their role and responsibility to educate their children and avoid risky sexual behaviors. Community education needs to be up scaled and educate parents to prioritize educating their children on sexuality.

Peer education

The research noted that this is a widely used approach especially in low resource countries such as in Sub-Saharan Africa. The concept has been tried in Zimbabwe through employment of peer educators who will educate youths and adolescents anywhere in the society. However, the effectiveness depends on commitment of community and key stakeholders (Pebody, 2011). The program is mainly implemented through the NGOs for example UNFPA and ZNFPC.

Recommendations

- Based on my findings, civic society organizations, policy makers and communities need to invest in research based on the African literature and find ways to break barriers that are hindering youths and adolescents to access sexual reproductive health and rights, including finding ways how youths can utilize some services being given by organizations such as MyAge Zimbabwe.
- Based on the outcomes of this study, the community workers must be employed especially in rural areas where other organizations are not reaching in order to educate youths and adolescents in rural areas on the importance of accessing SRH rights and utilize the services so as to discourage cultural barriers for imparting information on sexuality to young people.
- The research also found out that the Ministry of Health and Child Care need to upscale their research to evaluate the impact of the programs they are providing and how they are reaching every part of Zimbabwe so as to find effective means of implementing and providing sexual reproductive health services to youths and adolescents.
- The Government and other developmental partners should capacitate organizations currently carrying out SRH awareness in the community such as MyAge to ensure that their capacity is increased to reach the breadth and width of Zimbabwe. There is need to assist these organizations through channeling of resources to ensure that they operate at full scale to cover most parts of the province and country.

Conclusion

The study noted that youths and adolescents in Zimbabwe constitute more than 60% of the country's population and are a special group with special SRH needs. According to this research, the SRH services offered in Zimbabwe are inadequate and unappealing and they do not address the SRH needs of youths and adolescents. The research concluded that the barriers affecting access and utilization of services include lack of funding, as well as socio-economic factors, religious and cultural beliefs including individual and community perceptions must be removed. The research concludes that the capacitation of MyAge and other civic society organizations remains significantly important to increase education, awareness access to SRH services in order to upscale the utilization of SRH services by youths and adolescents in

Masvingo province. Youths and adolescents need to make use of the recently availed MyAge adolescent health clinic in Masvingo which offers services such as HIV testing, provision of SRH information, male and female condom distribution to mention a few.

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Competing interests

The author declares that he has no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

The researcher was responsible for coming up with the idea, structure and the initial writing of the article. Previous articles contributed to gathering the relevant literature and helped in structuring the article and editing.

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