

Beyond Silence: Knowledge, Attitudes, and Practices on Sexual and Reproductive Health and Abortion Care among Young People in Zvishavane, Zimbabwe

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ABSTRACT

Unsafe abortion remains a major public health and human rights concern globally, particularly among adolescents and young women in contexts with restrictive legal frameworks and limited access to youth-friendly sexual and reproductive health (SRHR) services. In Zimbabwe, abortion is permitted only under limited circumstances under the Termination of Pregnancy Act, yet evidence suggests low awareness of legal provisions and significant barriers to accessing safe care. This study examines the knowledge, attitudes, and practices (KAP) related to SRHR and abortion care among young people in Zvishavane District.

The research employed a mixed-methods KAP approach combining community consultations, stakeholder engagement, and analysis of existing SRHR service data to assess young people's understanding of abortion laws, prevailing social attitudes, and care-seeking behaviors. The findings reveal significant knowledge gaps regarding legal indications for abortion, persistent stigma at community and service levels, and reliance on unsafe or informal abortion methods due to barriers such as cost, distance, and negative provider attitudes. Adolescents and young women face particular challenges in accessing confidential and youth-friendly services.

The study highlights the need for comprehensive sexuality education, improved legal awareness, strengthened youth-friendly health services, and community-level norm change to address stigma and misinformation. Policy reforms and service delivery improvements are essential to reduce unsafe abortion and strengthen reproductive health outcomes among young people. These findings contribute to the growing body of evidence on SRHR access in rural Zimbabwe and offer actionable pathways for policy and programmatic interventions.

Keywords: Sexual and reproductive health, abortion care, youth, stigma, Zimbabwe, KAP study, unsafe abortion

INTRODUCTION

Unsafe abortion remains a significant global public health challenge, contributing substantially to maternal morbidity and mortality. According to the World Health Organization, nearly 45% of abortions worldwide are considered unsafe, with adolescents and young women disproportionately affected due to restrictive legal frameworks, limited access to contraception, and inadequate youth-friendly sexual and reproductive health (SRHR) services. In many low- and middle-income countries, structural barriers such as stigma, social norms, and weak health systems further restrict access to safe abortion and post-abortion care.

Zimbabwe's abortion law, governed by the **Termination of Pregnancy (ToP) Act**, permits abortion only under limited circumstances, including rape, incest, fetal impairment, or when the pregnancy endangers the life of the pregnant person. Despite these legal provisions, access to safe abortion services remains highly constrained due to procedural barriers, low public awareness of legal indications, and widespread stigma associated with abortion. Young people, particularly adolescents aged 15–24 years, experience compounded vulnerabilities due to limited autonomy, social judgment, and restricted access to accurate sexual and reproductive health information.

Evidence from health systems in Zimbabwe indicates that adolescents constitute a notable proportion of post-abortion care (PAC) cases in public health facilities. Many young people delay seeking care due to fear of discrimination, legal consequences, or breach of confidentiality. These barriers often lead individuals to seek unsafe abortion methods outside formal healthcare systems.

Understanding the knowledge, attitudes, and practices of young people regarding abortion and SRHR is essential for informing effective interventions. Knowledge gaps, stigma, and misinformation influence health-seeking behavior and contribute to unsafe practices. Generating localized evidence is therefore critical to guide policy reform, service delivery improvements, and community engagement strategies.

This study examines the knowledge, attitudes, and practices related to SRHR and abortion care among young people in Zvishavane District, Zimbabwe. The research aims to identify key barriers to accessing safe abortion and post-abortion care services and to generate evidence that can inform policy dialogue, advocacy, and programmatic interventions aimed at improving reproductive health outcomes for adolescents and young women.

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Social Determinants of Health and Reproductive Health Access

This study is informed by the **Social Determinants of Health (SDH) framework**, which recognizes that health outcomes are shaped not only by biological factors but also by social, economic, cultural, and political conditions in which people live. The World Health Organization defines social determinants of health as the conditions in which individuals are born, grow, work, live, and age, including the broader systems that influence daily life such as governance, policies, and social norms (WHO, 2021).

In the context of sexual and reproductive health, the SDH framework highlights how structural factors such as gender inequality, poverty, education, legal restrictions, and cultural norms influence individuals' ability to access health information and services. Adolescents and young women are particularly affected by these structural determinants because they often experience limited decision-making power, restricted access to resources, and heightened social control over their sexuality.

In many settings across Sub-Saharan Africa, reproductive health outcomes are strongly influenced by social and structural barriers that extend beyond the health system itself. These include stigma surrounding sexuality, restrictive legal frameworks governing abortion, and limited access to youth-friendly reproductive health services. As a result, understanding abortion access requires examining not only health systems but also the broader social context in which reproductive decisions are made.

The SDH framework therefore provides a useful lens for analyzing how **social norms, cultural expectations, and policy environments interact to shape reproductive health access among young people**.

Cultural Norms, Tradition, and Reproductive Health

Cultural beliefs and traditional norms play an important role in shaping community attitudes toward sexuality, pregnancy, and abortion. In many African societies, discussions about sexuality remain highly sensitive and are often considered inappropriate for young people. These norms limit open communication about reproductive health between parents, educators, and adolescents.

Research across Sub-Saharan Africa has shown that cultural expectations surrounding female sexuality often emphasize abstinence and moral behavior, while simultaneously discouraging conversations about contraception and reproductive health services. As a result, young people may lack access to accurate information and supportive guidance when navigating sexual relationships and reproductive decision-making.

Abortion, in particular, is often framed within moral and cultural discourses that associate it with shame, immorality, or social deviance. Kumar, Hessini, and Mitchell (2009) describe abortion stigma as a socially constructed process through which individuals who terminate pregnancies are labeled as violating gender norms

of motherhood and sexual behavior. This stigma can lead to secrecy, delayed care-seeking, and increased reliance on unsafe abortion methods.

In rural and peri-urban communities, cultural and religious beliefs often reinforce negative attitudes toward abortion, further discouraging individuals from seeking reproductive health services. These social norms also influence the behavior of healthcare providers, who may hold personal beliefs that affect their willingness to provide abortion-related services or post-abortion care.

Legal and Policy Restrictions on Abortion

Legal frameworks governing abortion significantly influence access to reproductive health services. Zimbabwe's abortion law is governed by the **Termination of Pregnancy Act**, which permits abortion only under limited circumstances, including cases of rape, incest, fetal impairment, or when the pregnancy poses a serious threat to the life of the pregnant person.

Although these legal provisions exist, the procedural requirements for obtaining a legal abortion can be complex and difficult to navigate. The process typically involves multiple approvals, including certification by medical practitioners and authorization through legal or judicial processes. These requirements create significant barriers, particularly for adolescents and young women who may lack the resources, knowledge, or support needed to navigate the legal system.

Studies have shown that restrictive abortion laws do not eliminate abortion but instead increase the likelihood that individuals will seek unsafe procedures outside formal healthcare systems (Sedgh et al., 2016). In contexts where legal access is limited or poorly understood, individuals may turn to informal providers or self-managed abortion methods that carry significant health risks.

Policy restrictions may also affect healthcare providers, who may be uncertain about the legal boundaries governing abortion services. This uncertainty can contribute to reluctance among providers to offer abortion-related care, further limiting access to safe services.

Youth Access to Sexual and Reproductive Health Services

Adolescents and young people face unique barriers when accessing sexual and reproductive health services. These barriers often include limited financial resources, lack of youth-friendly services, concerns about confidentiality, and fear of judgment from healthcare providers.

Studies conducted in Sub-Saharan Africa indicate that adolescents frequently avoid seeking reproductive health services due to concerns about privacy and social stigma. In smaller communities, where healthcare providers may know patients personally, fears of disclosure to family members or community leaders can discourage young people from accessing services.

In addition to structural barriers within health systems, young people often rely on informal sources of information such as peers or social media when seeking reproductive health guidance. While these sources may provide some information, they can also contribute to the spread of misinformation and myths about contraception and abortion.

Strengthening youth-friendly reproductive health services, improving sexuality education, and addressing stigma within communities are therefore critical components of improving reproductive health outcomes for adolescents.

Linking the Framework to the Study

Drawing on the Social Determinants of Health framework, this study examines how cultural norms, stigma, legal restrictions, and structural barriers interact to influence young people's knowledge, attitudes, and practices regarding abortion and sexual reproductive health in Zvishavane District.

By situating individual experiences within broader social and policy contexts, the study aims to generate evidence that can inform policy dialogue, improve youth-friendly service delivery, and contribute to efforts aimed at reducing unsafe abortion and strengthening reproductive health access for young people.

METHODOLOGY

Study Design

This study employed a **mixed-methods Knowledge, Attitudes, and Practices (KAP) research design** to examine young people's understanding, perceptions, and experiences related to sexual and reproductive health and abortion care in Zvishavane District, Zimbabwe. The mixed-methods approach integrated both **quantitative and qualitative data collection methods** to generate a comprehensive understanding of the social, cultural, and structural factors influencing abortion-related knowledge and practices among young people.

The use of mixed methods allowed for **triangulation of evidence**, which was particularly important given the limited availability of disaggregated data for peri-urban mining towns such as Zvishavane. Combining surveys, focus group discussions, key informant interviews, and secondary data analysis made it possible to capture both measurable trends and lived experiences relating to abortion stigma, service access, and reproductive health decision-making.

The KAP framework was selected because it is widely used in sexual and reproductive health research to assess **what people know (knowledge), how they feel (attitudes), and how they behave (practices)** regarding health issues. Given the absence of disaggregated small-area data in peri-urban districts like Zvishavane, the study prioritizes analytical generalization rather than statistical generalization, making it particularly relevant for policy and programmatic adaptation in similar contexts.

Study Setting

The study was conducted in **Zvishavane District**, located in the Midlands Province of Zimbabwe. Zvishavane is a peri-urban mining town characterized by a mixture of rural and urban socio-economic dynamics. The district includes mining communities, surrounding rural wards, and rapidly growing informal settlements.

Young people in the district face several challenges related to sexual and reproductive health, including limited access to youth-friendly health services, persistent stigma surrounding abortion and contraception, and socio-cultural norms that restrict open discussion of reproductive health issues.

The study focused primarily on **adolescents and young people aged 15–24 years**, who represent a population group particularly vulnerable to unintended pregnancies, limited contraceptive access, and unsafe abortion practices.

Data Collection Methods

Multiple data collection methods were employed to ensure a comprehensive analysis of SRHR knowledge, attitudes, and practices among young people in Zvishavane.

Desk Review

A desk review was conducted to synthesize existing global, regional, and national evidence related to abortion laws, adolescent sexual and reproductive health, and post-abortion care services. Sources included peer-reviewed academic articles, national policy documents, and reports from international organizations such as the World Health Organization (WHO) and the Guttmacher Institute.

The desk review provided the **policy and legal context** for interpreting local findings.

Key Informant Interviews (KIIs)

Key Informant Interviews were conducted with individuals involved in SRHR service delivery and community leadership. These included healthcare providers, pharmacists, community leaders, and policy stakeholders.

The interviews explored:

- Health system perspectives on abortion and post-abortion care
- Availability and accessibility of SRHR services
- Provider attitudes toward adolescent reproductive health
- Institutional and policy barriers affecting service delivery

These interviews helped contextualize community experiences and validate findings emerging from youth participants.

Focus Group Discussions (FGDs)

Focus Group Discussions were conducted with adolescents and young people using the **Womandla Foundation's "Pasi Pemuti Talks" model**, a participatory community dialogue approach designed to create safe and culturally relevant spaces for young people to discuss sensitive issues.

The discussions explored:

- Community perceptions of abortion
- Sources of SRHR information among youth
- Cultural and religious influences on reproductive health decision-making
- Experiences accessing reproductive health services

The participatory nature of the discussions helped uncover community norms, stigma, and intergenerational dynamics that influence reproductive health behavior.

Social Labs

In addition to traditional research methods, **abortion-related Social Labs** were conducted with young people and service providers. Social Labs are participatory innovation spaces that enable stakeholders to collaboratively identify problems and co-design solutions.

These sessions allowed participants to move beyond describing challenges and instead contribute to **developing policy and programmatic recommendations** for improving access to safe abortion and post-abortion care services.

Quantitative Youth Survey

A structured survey was administered to **200 young people** in Zvishavane District to generate measurable indicators on knowledge, attitudes, and practices related to sexual and reproductive health and abortion care. The survey instrument was adapted from validated SRHR KAP tools used in similar contexts and pre-tested with a small group of youth (n=15) to ensure clarity and contextual relevance. Internal consistency of key attitudinal scales was assessed using Cronbach's alpha. Qualitative data credibility was strengthened through triangulation across KIIs, FGDs, and survey findings.

The survey captured data on:

- Awareness of abortion laws
- Knowledge of contraceptive methods
- Sources of SRHR information
- Attitudes toward abortion
- Health-seeking behavior following unintended pregnancy

Sampling Guide

A purposive and convenience sampling strategy was employed to recruit 200 young people aged 18–24 years from Zvishavane District. Participants were identified through community outreach platforms, youth networks,

and Womandla Foundation programming spaces, including Pasi Pemuti Talks and Social Labs. Efforts were made to ensure diversity in gender, location (urban and peri-urban wards), and socio-economic background. While the sample is not statistically representative, it provides meaningful insights into the lived experiences and SRHR realities of young people in underserved settings.

Administrative Health Data Review

Administrative health records from **Zvishavane District Hospital (2023–2025)** were reviewed to triangulate findings related to:

- Post-abortion care cases
- Sexual violence reports
- HIV and STI incidence
- Maternal health outcomes

Because national datasets rarely disaggregate data at the district level, these local facility records were important for strengthening the empirical evidence base for the study.

Table 1: Data Collection Methods

Method	Participants	Purpose
Desk Review	Policy documents, academic literature, global SRHR reports	To establish the legal, policy, and research context
Youth Survey	200 young people (15–24 years)	To measure knowledge, attitudes, and practices on SRHR and abortion
Focus Group Discussions	Adolescents and youth groups	To explore community norms and youth experiences
Key Informant Interviews	Health providers, pharmacists, community leaders	To understand service delivery and policy barriers
Social Labs	Youth and SRHR stakeholders	To co-design solutions and recommendations
Administrative Data Review	District hospital records	To triangulate findings with health system data

Table 2: Summary of Study Participants

Participant Category	Estimated Sample
Youth survey participants	200
Focus group participants	Adolescents and youth groups
Key informant interviewees	6 stakeholders
Social Lab participants	Youth and service providers

Data Analysis

Quantitative data were analyzed using Statistical Package for the Social Sciences (SPSS) version 29. Descriptive statistics, including frequencies, percentages, and cross-tabulations, were used to examine levels of knowledge, attitudes, and practices related to SRHR and abortion care. Variables analyzed included awareness of legal provisions, service access points, perceived stigma, and care-seeking behaviors. Qualitative data from focus group discussions, key informant interviews, and Social Lab sessions were analyzed using **thematic analysis**. Transcripts and field notes were reviewed to identify recurring themes related to abortion stigma, service accessibility, knowledge gaps, and community attitudes.

Quantitative survey data were analyzed using **descriptive statistics** to generate indicators on levels of knowledge, awareness of abortion laws, and patterns of reproductive health practices among young people.

Triangulation of qualitative insights, survey data, and administrative health statistics strengthened the reliability of the findings and enabled a comprehensive interpretation of SRHR challenges within the district.

Ethical Considerations

The study adhered to ethical principles for research involving human participants. Participation in the study was **voluntary**, and informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity were maintained throughout the research process to protect participant identities.

Given the sensitive nature of abortion-related discussions, the research team ensured that participants were provided with **referral information for youth-friendly sexual and reproductive health and post-abortion care services** where necessary. The study also followed feminist ethics of care principles that prioritize participant safety, dignity, and agency.

RESULTS AND FINDINGS

The study examined young people’s knowledge, attitudes, and practices regarding sexual and reproductive health and abortion care in Zvishavane District. Findings from the youth survey, focus group discussions, key informant interviews, and administrative health data revealed significant knowledge gaps, persistent stigma surrounding abortion, and structural barriers to accessing safe reproductive health services.

The results are presented under four key thematic areas: **knowledge of abortion laws and reproductive health services, sources of sexual and reproductive health information, attitudes and stigma related to abortion, and barriers to accessing reproductive health services.**

Key variables included:

- Knowledge of legal abortion provisions
- Awareness of post-abortion care services
- Attitudes toward abortion (stigma, acceptability)
- SRHR service utilization practices
- Barriers to access (cost, distance, provider attitudes)

Knowledge of Abortion Laws and Reproductive Health Services

Survey findings revealed that awareness of the legal provisions governing abortion in Zimbabwe was generally low among young people. While many participants were aware that abortion is restricted by law, only a small proportion could correctly identify the circumstances under which abortion is legally permitted.

Focus group discussions further revealed widespread misinformation regarding the Termination of Pregnancy Act. Many young participants believed that abortion is completely illegal in Zimbabwe, which contributes to fear, secrecy, and delayed care-seeking behavior.

Health providers interviewed during the study also confirmed that adolescents frequently present at health facilities with complications from unsafe abortion practices, often due to limited knowledge of available post-abortion care services.

Table 3: Youth Knowledge of Abortion Laws in Zimbabwe

Knowledge Indicator	Observed Trend
Awareness that abortion is legally restricted	High
Knowledge of legal exceptions (rape, incest, fetal impairment, risk to life)	Low
Awareness of post-abortion care services	Moderate
Understanding of where to access legal services	Low

Sources of Sexual and Reproductive Health Information

The study found that young people rely on multiple sources for sexual and reproductive health information. However, these sources often provide incomplete or inaccurate information.

Peers and social media emerged as the most common sources of reproductive health information among adolescents. While schools were identified as important spaces for reproductive health education, many participants reported that sexuality education is either limited or delivered in ways that discourage open discussion.

Parents and guardians were rarely mentioned as sources of reproductive health information, reflecting the persistence of cultural norms that discourage conversations about sexuality within families.

Table 4: Main Sources of SRHR Information among Young People

Source of Information	Frequency Reported
Peers and friends	High
Social media and internet platforms	High
Schools and teachers	Moderate
Health facilities	Moderate
Parents and family members	Low

Attitudes and Stigma Surrounding Abortion

Findings from focus group discussions revealed strong stigma surrounding abortion within communities. Participants frequently described abortion as socially unacceptable, immoral, or culturally inappropriate.

Young women who experience unintended pregnancies often face judgment and discrimination, which discourages them from seeking help from family members or health facilities. In some discussions, participants reported that community members associate abortion with promiscuity or irresponsible behavior.

Healthcare providers interviewed in the study acknowledged that stigma can also exist within health systems. Some adolescents fear being judged by healthcare workers when seeking reproductive health services, which contributes to delayed access to care.

These findings highlight the role of **social norms and moral judgments** in shaping reproductive health decisions among young people.

Barriers to Accessing Reproductive Health and Abortion Care Services

Several structural barriers were identified as limiting young people's access to safe reproductive health services.

First, **limited availability of youth-friendly health services** in the district restricts adolescents' ability to seek confidential care. Participants reported concerns about privacy, especially in smaller communities where health workers may know patients personally.

Second, **financial constraints** were frequently cited as a barrier to accessing reproductive health services, particularly for adolescents who depend on parents or guardians for financial support.

Third, **distance to health facilities** remains a challenge for young people living in rural wards surrounding Zvishavane. Transport costs and travel time discourage many adolescents from seeking services at formal health facilities.

Finally, **fear of stigma and judgment** from both community members and healthcare providers often leads young people to seek information or services from informal sources.

Table 5: Key Barriers to SRHR and Abortion Care Access

Barrier	Description
Stigma and social judgment	Fear of community condemnation
Limited youth-friendly services	Lack of confidential and adolescent-centered care

Financial constraints	Inability to afford services or transport
Distance to health facilities	Rural communities far from services
Limited knowledge of legal services	Uncertainty about where safe services can be accessed

Health System Evidence from Administrative Data

The review of administrative records from Zvishavane District Hospital indicated the continued presence of post-abortion care cases within the district. Healthcare providers noted that adolescents and young women constitute a notable proportion of these cases.

The available data suggests that many young people delay seeking medical care after experiencing complications, often due to fear of legal consequences or social stigma. This delay increases the risk of severe health complications.

TRANSITION TO DISCUSSION

The integration of quantitative and qualitative findings revealed strong convergence. For instance, while survey data showed that 65% of respondents viewed abortion as “shameful,” qualitative insights from FGDs and KIIs contextualized this stigma as rooted in religious norms, gender expectations, and fear of community judgment. Similarly, low awareness of legal abortion provisions (<30%) was reinforced by narratives describing misinformation and reliance on informal knowledge sources. This triangulation strengthens the validity of the findings and highlights the interplay between knowledge gaps, social norms, and health-seeking behaviors. The findings highlight a complex interaction of **knowledge gaps, stigma, and structural barriers** that shape young people’s reproductive health decisions. These results underscore the need for improved reproductive health education, strengthened youth-friendly health services, and community-level interventions to address abortion stigma.

DISCUSSION

This study examined the knowledge, attitudes, and practices related to sexual and reproductive health and abortion care among young people in Zvishavane District, Zimbabwe. The findings reveal a complex interaction of knowledge gaps, social stigma, and structural barriers that shape reproductive health decision-making among adolescents and young adults.

One of the most significant findings of this study is the **limited knowledge of abortion laws among young people**. Although many participants were aware that abortion is restricted in Zimbabwe, very few could correctly identify the legal circumstances under which abortion is permitted. Similar findings have been documented in other low- and middle-income countries where restrictive legal frameworks, combined with limited public awareness, create confusion around the legality of abortion services. According to the World Health Organization (WHO), lack of accurate legal knowledge often discourages individuals from seeking safe abortion services and contributes to the persistence of unsafe abortion practices.

The findings also highlight the **important role of stigma in shaping abortion-related attitudes and behaviors**. Participants described abortion as socially unacceptable and associated with moral judgment within communities. This stigma influences both community perceptions and individual decision-making processes. Young women experiencing unintended pregnancies often face significant social pressure and fear of discrimination, which may lead them to seek unsafe alternatives outside the formal healthcare system.

These findings are consistent with research conducted in other parts of Sub-Saharan Africa, where abortion stigma remains a major barrier to accessing safe reproductive health services. Studies by the Guttmacher Institute and other SRHR researchers have shown that stigma operates at multiple levels, including community norms, family expectations, and provider attitudes within health systems.

The study also identified **structural barriers within the healthcare system**, including limited availability of youth-friendly services, financial constraints, and geographic barriers affecting rural communities. Adolescents

often face difficulties accessing confidential reproductive health services, particularly in smaller communities where concerns about privacy are heightened.

These structural barriers contribute to delays in seeking care and increase the likelihood that young people will rely on informal or unsafe methods of abortion. Strengthening youth-friendly health services and improving access to comprehensive reproductive health education are therefore essential for addressing these challenges.

Overall, the findings underscore the need for **multi-level interventions** that address knowledge gaps, reduce stigma, and improve the accessibility of reproductive health services for adolescents and young people.

Policy Implications

The findings of this study highlight several important implications for sexual and reproductive health policy and programming in Zimbabwe.

- First, there is a need to **strengthen comprehensive sexuality education (CSE)** for adolescents and young people. Education programs should provide accurate information about reproductive health, contraception, and the legal framework governing abortion. Improving knowledge among young people can support informed decision-making and reduce reliance on unsafe practices.
- Second, **youth-friendly health services should be expanded and strengthened** within district health systems. Healthcare facilities should ensure that adolescents can access confidential, non-judgmental reproductive health services. Training healthcare providers on adolescent-friendly service delivery and stigma reduction can improve service accessibility.
- Third, **community-level interventions are needed to address abortion stigma and harmful social norms**. Community dialogue programs involving parents, traditional leaders, and youth groups can play an important role in challenging misinformation and promoting supportive environments for reproductive health discussions.
- Fourth, improved **data collection and monitoring of abortion-related health outcomes** at district level is necessary. The lack of disaggregated data limits the ability of policymakers to understand the full scope of reproductive health challenges facing adolescents and young women.
- Finally, the findings suggest the importance of **policy dialogue on improving access to safe abortion and post-abortion care services**, particularly for vulnerable populations such as adolescents and young women in rural and peri-urban communities.

CONCLUSION

This study provides important insights into the knowledge, attitudes, and practices related to sexual and reproductive health and abortion care among young people in Zvishavane District, Zimbabwe. The findings reveal persistent knowledge gaps regarding abortion laws, strong social stigma surrounding abortion, and structural barriers that limit access to youth-friendly reproductive health services.

These factors collectively contribute to conditions in which adolescents and young women may resort to unsafe abortion practices or delay seeking medical care following complications. Addressing these challenges requires coordinated efforts across multiple sectors, including health systems, education, community engagement, and policy reform.

Strengthening reproductive health education, improving youth-friendly service delivery, and addressing stigma at the community level are critical steps toward improving reproductive health outcomes for young people. Generating localized evidence, as demonstrated in this study, is essential for informing policies and interventions that respond to the specific needs of communities.

By highlighting the lived experiences and perspectives of young people in Zvishavane, this study contributes to the growing body of research on sexual and reproductive health in Zimbabwe and offers important insights for policymakers, practitioners, and researchers working to advance reproductive justice and health equity.

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