

**ADOLESCENT COMMERCIAL SEX WORK: A
HEALTH CONCERN: A CASE STUDY OF
PEHNALONGA MINING COMMUNITY**

By

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Presentation Outline:

- Introduction
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Introduction:

Today, adolescents comprise almost half of the world population.

- ▶ They have reproductive rights just as adults do.
- ▶ Despite the numerical advantage their **low social status, lack of autonomy and physical vulnerability make it more difficult for them to exercise those rights** .
- ▶ Human rights violation that encounter include lack of comprehensive sexual education, lack of access to confidential health care services, child marriage and sexual violence
- ▶ government-development partners and human rights groups have a duty to protect and promote reproductive health rights for adolescent
- ▶ **such advocacy often challenges status quo (patriarchy), and so it does in many Zimbabwean communities when it can spark controversy.**
- ▶ Zimbabwe provides a salient example about how **mining community structural factors shape adolescent choices**
- ▶ Adolescent commercial sex work is a prominent issue in many fragile (**Anarchy**) mining communities.

Objectives:

- ❖ to establish factors leading to adolescent commercial sex work.
- ❖ to examine how adolescent commercial sex work is a reproductive health concern in mining communities.
- ❖ to find out what can be done to improve sexual reproductive health outcomes of adolescents.



Drivers of adolescents commercial sex work:

- Poverty
- Gender based violence
- Orphan hood
- Child abuse



Drivers of adolescent's commercial sex work

- ▶ Adolescent challenges are directly related to their **economic vulnerability** the majority of adolescents undertaking commercial sex work do so for financial reasons due to **lack of alternative employment opportunities within mining communities**
- ▶ Thus the main underlying cause in Penhalonga is **poverty**, as is the case globally
- ▶ **Mining communities' socio-economic structures and power dynamics** further diminish the adolescents' capacity for employment due to a **lack of skills; low education levels the illegal status of their work, poor backgrounds and lack of better opportunities** all work together to decisively and firmly place adolescent commercial sex work at the outside of socio-economic development in terms of access to means of production.



Drivers of adolescent's commercial sex work

- ▶ Adolescents face multi-dimensional **challenges-systematic exclusion** due to the persistent barriers embedded in **laws, policies and local norms** pushing adolescents out of the mining economic cycles into commercial sex work (The Herald 01 March 2017).

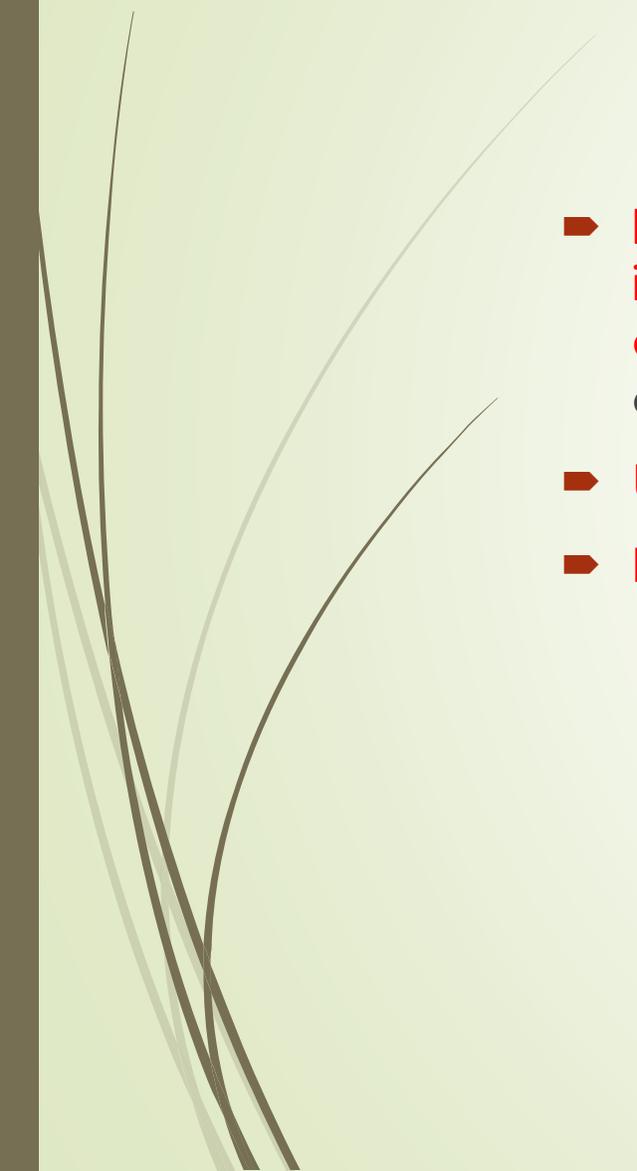


Reproductive health challenges

- ▶ UNAIDS (2016) adolescents who are 10–19 years old are the only age group in which AIDS-related deaths are not decreasing
- ▶ Worldwide in 2015, 1.8 million adolescents were living with HIV and sub-Saharan Africa constituted nearly 80% of all new HIV infections among adolescent girls aged 15 to 19 in 2015 (UNAIDS 2016).
- ▶ In sub-Saharan Africa, Zimbabwe included, coverage of HIV testing and counselling remains significantly low among adolescents
- ▶ Legal barriers, including age of consent and parental consent laws, continue to hinder access to services, including sexual and reproductive health services for adolescents
- ▶ Tracking and analysing adolescent reproductive health (data access), unwanted pregnancy, adolescent fertility, STIs is complicated by the lack of adequate and disaggregated data on the sexual reproductive health of adolescents



Reproductive health challenges

- ▶ low uptake of contraception and high rates of sexually transmitted infections (STIs), high adolescent pregnancy rates, adolescent suicide attempts and alcohol abuse among adolescents within mining communities (UNAIDS 2016)
 - ▶ Unwanted pregnancy
 - ▶ Illegal abortion
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Measures to address adolescent commercial sex work:

- ▶ **Peer education:** Tomlinson (2013) peer education teaches **assertiveness, decision making, survival techniques and negotiating skills**
- ▶ **Sexual reproductive health education:** Buckley-Willemse (2005) stated that when provided with STIs prevention education, adolescents are able to understand the repercussions of adolescent commercial sex work on their reproductive health.
- ▶ **Out of school reproductive health programmes**
- ▶ **Community based approach**
- ▶ **Life orientation skills:** Buckley-Willemse (2005), sexual and reproductive health education programmes alone cannot eradicate irresponsible behaviour among adolescents but **empowering adolescents with knowledge, economic assets and teaching life skills can have a positive influence on behaviour**
- ▶ **sexuality, gender, school safety, health and skills development, career guidance, life skills education including HIV and AIDS education, health promotion, physical development and movement, environmental education, citizenship, human rights and religious education which are key in locking adolescent commercial sex work**

Conclusions:

- ▶ Effective strategies to deliver **safe adolescent reproductive health services** to adolescents are critical.
- ▶ **Government, development partners and feminist organisation must scale up advocacy, policy reform, financing towards fighting poverty deprivation and lack of access to resource in mining communities and ultimately adolescent commercial sex work.**
- ▶ **Adolescents reproductive health services need to be tailored to the diverse needs and realities adolescents in mining communities face.**
- ▶ **Development implementation and mainstreaming adolescent developmental-friendly programmes.**

Recommendations:

- Since achieving demographic dividend depends on a work force of adolescent, government needs to apply a 'adolescent lens' to policies to expand opportunities, enhance capabilities and provide opportunities for adolescents .
- It is possible to raise social security nets for adolescent girls in mining communities through a rural gender sensitive development strategy.
- The researcher also realises and thus recommends that rural development policies need to align with higher education, Health if young people are to be prepared for the economy.

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