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Importance of collaborative integration reproductive justice in comprehensive sexuality education to address adolescent sexual, reproductive health and rights needs in rural communities in Zambia: a qualitative study

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Background: Adolescent sexual and reproductive health and rights (SRHR) problems such as early unintended pregnancies, child marriages, and gender-based violence, remain a public health threat particularly in Sub-Saharan Africa. In 2014, Zambia implemented comprehensive sexuality education (CSE) to equip young people with the knowledge and skills critical in addressing SRHR challenges. The importance of collaborative integration of reproductive justice (RJ) within CSE enhances SRHR service delivery on bodily autonomy, the right to choose parent or not to parent, and to raise children in safe environments. However, very little is documented on the importance of collaborative integration of RJ into CSE to address adolescent SRHR needs. Hence, this study explores the importance of collaborative integration of RJ into CSE to address adolescents SRHR needs in rural communities in Zambia.

Methods: This qualitative study was conducted in Chongwe rural district in Lusaka province of Zambia. We conducted a total of 25 interviews, comprising 13 key informants, stakeholders representing health facilities, schools, community leadership, parents and the private sector (NGOs), and 12 in-depth interviews with peer educators, adolescents in schools, adolescent girls who dropped out due to pregnancy and returned, and those dropped out and never returned to school. All the interviews were transcribed verbatim and analysed using into NVivo software to identify codes and themes based using thematic analysis approach. The collaborative governance framework comprising the system context, collaboration dynamics: principled engagement, shared motivation and capacity joint action guided the analysis process.

Results: We identified themes on collaborative integration of RJ into CSE organised according to key domains of the collaborative governance framework. Participants reported that social contextual issues such as gaps in the integration of RJ in existing SRHR related policies/materials, low economic status, cultural barriers comprise health sexual decisions. They also highlighted that the presence of collaborative leadership was noted, but there was a general lack of awareness among stakeholders regarding existing policies that supports integration of RJ into CSE programmes. Although stakeholders demonstrated a shared commitment to address adolescent SRHR challenges, the absence of inclusive coordination mechanisms hindered principled engagement, affecting joint planning in the integration process. Finally, capacity for joint action activities included actors collaborated in integrating RJ within CSE in schools, health centers, and community-based platforms, but weak intersectoral collaboration, particularly at the community level, limited the full integration of RJ within CSE. This contributed to restricted access to SRHR services including contraceptives, inadequate community empowerment limiting caring for children and enforcement of anti-child abuse laws, thereby exacerbating rates of adolescent pregnancy, early marriage, and child abuse.

Conclusion: The collaborative integration of RJ into CSE is essential in ensuring that the community and adolescent have information of SRHR to help them not only make informed sexual decision making but also access service including contraceptives, critical to prevent pregnancies, child marriages and reports child abuse. There is a need to strengthen multi-sectoral collaboration particularly through the sensitisation and

capacity of community-based actors to enhance effective integration of RJ of into CSE to effectively address adolescents SRHR needs.

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