daughter to be on some form of contraception. Our experience has shown that oral contraceptives are not suited to sporadic teenage sexual behaviour nor their disorganised lifestyle, therefore injectables are more appropriate. Concomitant use of condoms is advisable to protect the cervix and prevent transmissions of STDs. IUCDs may be considered for parous teenagers in a stable relationship if they are unhappy about other methods. Postpartum or postabortal contraception offers crisis intervention and an opportunity to make medical methods more accessible and acceptable.

Studies have shown that provision of contraceptives for teenagers does not encourage or facilitate sexual activity or make the sex urge powerful, but it does prevent the physical and psychological effects of pregnancy.

Dr. R. Mataya
Blantyre Adventist Hospital
P.O. Box 51
Blantyre
Malawi

Zimbabwe: A Family Planning Profile

Dr. S. Manjanja

History of Family Planning in Zimbabwe

In 1953 Family Planning Services first became available. In 1965 the Rhodesia Family Planning Association (FPA) was formed and 1966 contraceptives were distributed through clinics and hospitals. In 1967 the first "field educators" were trained and in 1972 the first community based distributors were trained. In 1981 the FPA integrated into Ministry of Health and in 1985 the FPA was made a parastatal and renamed Zimbabwe National Family Planning Council (ZNFPC).

ZNFPC Services

There are 37 Family Planning Clinics which distribute oral contraceptives, condoms, intrauterine Devices (IUCD), and injectables. There are Referral Units in Harare and Bulawayo where, in addition to the above, tubal ligation, vasectomy and infertility counselling and investigation is done.

The Community Based Distributor

There are 700 distributors nationally. They are selected from the community and undertake a 6 week training course. Their function is to educate, motivate and screen clients for oral contraceptives.

The distributors role is to provide a regular supply of oral contraceptives, to refer clients to clinics and to monitor blood pressure and side effects.

CBD domiciliary visits take place by bicycle and the group leader has access to a motorcycle. The median number of clients seen by each distributor is 135 per month. These are mostly revisits with a few new clients.

Source and Use of Family Planning Services

Details from the Zimbabwe Demographic and Health Survey in 1988 show the following provision of Family Planning services in Zimbabwe:

25.3%	CBDs
19.1%	Local/Municipal Clinics
14.8%	MOH Facilities
13.7%	ZNFPC Clinics
2.3%	Private Doctors/Pharmacies

The Zimbabwe Reproductive Health Survey in 1984 showed that 2 out of 3 ever-in-union women had ever used contraception. 1 out of 2 ever-in-union women had experience with a modern method of contraception.

38% of currently-in-union women were practising family planning. This figure increased to 43% by 1988. 27% of currently-in-union women were relying on a modern method and by 1988 this was 36%. The pill was the most commonly adopted method. Withdrawal was the next most favoured method.

Problems/challenges facing the Family Planning Programme

The fertility decline in Zimbabwe has been slow despite increased contraceptive prevalence. There is still an "un-met need" for family planning. The heavy reliance on oral contraceptives (86% of users) may not be ideal and the issue of contraception for adolescents needs to be addressed. Other issues to consider are dealing with failures of contraception and the problems posed by HIV infection and AIDS. Logistics of supplies and equipment remains a problem with 60% of CBDs having no sphygmomanometer and 60% of clinics having no steriliser.

Dr. S. Munjanja
Obstetrician
Harare
Zimbabwe