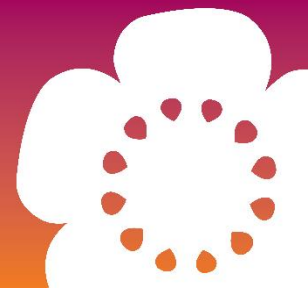


Leaving No Young Person Behind: Addressing the Contraception Needs of Young People in Tanzania



Background

Every day, approximately 20,000 girls under the age of 18 give birth in low-income countries, which amounts to 7.3 million births per year (UNFPA 2017). According to the Ministry of Health, Community Development, Gender, Elderly, and Children, there is a high-unmet need for family planning (FP) in Tanzania.¹ Teenage pregnancy has increased over the last decade, with nearly one in four girls becoming pregnant or giving birth to their first child by the age of 18 (MOHCDGEC et al. 2016) and approximately 5,500 girls drop out of school each year in Tanzania due to pregnancy (World Bank 2020). Adolescent pregnancies are generally unplanned and girls often have little or no say over decisions affecting their bodies (UNFPA 2021). Approximately 60% of women and 51% of men aged 18 to 24 reported having had sex before the age of 18 (MOHCDGEC et al. 2016). Further, women aged 15 to 24 with no education are far more likely to have had sex before age 15 (31%) than women who have completed secondary and higher education (4%); and, this pattern is similar among men of the same age (MOHCDGEC et al. 2016). Provision of sexual and reproductive health (SRH) information and services is crucial to supporting young people in making informed decisions, preventing unintended teen pregnancies, and reducing rates of sexually transmitted infections (STIs), including HIV. Targeted interventions can address barriers to care and positively promote SRH.

Targeted Programming for Tanzanian Adolescents

EngenderHealth, through the USAID Boresha Afya Southern Zone Program, sought to advance the lives of adolescents and youth aged 10 to 24 years by improving access to SRH information and services. The five-year program (October 2016 to September 2021) aimed to improve the enabling environment and increase availability of health services at facilities and in communities in Tanzania's southern zone, which includes Iringa, Lindi, Morogoro, Mtwara, Njombe, and Ruvuma. Program interventions aimed to increase young people's access to contraceptive care, complementing the government's efforts to prevent teen pregnancies, delay first births, and promote spacing for those who have begun childbearing.

Understanding that adolescents and youth are not a homogenous group and therefore reaching this population requires a multifaceted approach, the program implemented a variety of interventions (see Figure 1) to enhance service delivery and to attract adolescents. Key interventions included strengthening routine facility-based services to be youth-friendly, integrating contraceptive care with HIV and AIDs services, implementing FP community outreach activities, and developing and implementing youth-focused outreach initiatives. Across all of these interventions, we tailored education and information based on age, level of education, parity, and setting—for example, with

¹ Unmet need for FP among married women is 23% for those aged 15 to 19 years and 22.7% for those aged 20 to 24 years; unmet need for FP among all women and women not currently married is 10.8% for those aged 15 to 19 years and 17.7% for those aged 20 to 24 years.

different approaches for in-school and out-of-school youth. The program also trained and supported 80 healthcare providers to deliver youth-friendly contraceptive care.

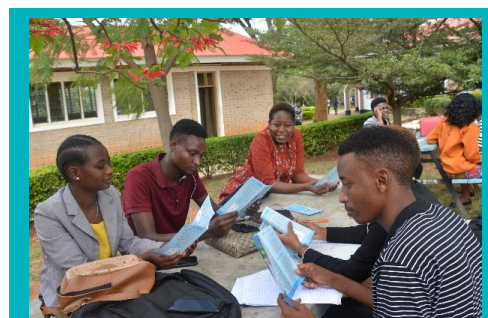
Figure 1: Program Approaches for Reaching Young People

FP Weeks	Community Outreach	FP Service Day	Youth Outreach
Provision of contraceptive care (full range of methods) in select district health facilities for five consecutive days	Provision of contraceptive care (short-term methods and implants) through planned community events, such as immunization campaigns	Provision of contraceptive care (full range of methods) through established HIV care and treatment facilities	Provision of youth-friendly contraceptive care (all but permanent methods) at community and facility levels

Reaching In-School Youth

The program reached young people in secondary schools and at universities through youth-focused outreach activities. At the university level, the program offered FP information and services, ensuring provision of male-friendly services and incorporating guidance related to self-awareness, menstruation hygiene management, and proper use of condoms for prevention of unplanned pregnancies and STIs, including HIV.

In secondary schools, the program focused health education on preventing teenage pregnancies, mitigating gender-based violence, reducing rates of STIs and HIV, and raising awareness about the availability of youth-friendly services at facilities—including through the provision of referrals. The program engaged healthcare providers and teachers in these conversations with youth to reduce the stigma related to SRH topics and to foster sustainability.



Health education session at University of Iringa
Photo Credit: EngenderHealth

Reaching Out of School Youth

According to recent reports, 52% of out-of-school adolescent girls are pregnant or have given birth, compared to 10% of adolescent girls enrolled in secondary or higher education (World Bank 2020). The program collaborated with other youth-focused and community-based partners and community health workers to mobilize out-of-school youth to seek and access care through program-supported youth-focused and community-based outreach events. Through these events, the program assisted these youth in delaying and spacing pregnancies.



Young mother receiving FP care during a youth outreach activity
Photo Credit: EngenderHealth

Reaching Key and Vulnerable Populations

Key and vulnerable populations, including adolescent girls and young women, face significant barriers in achieving their full SRH rights. In October 2019, the program initiated targeted community interventions focusing key and vulnerable populations in the Iringa and Ruvuma regions to address these barriers. The program deployed healthcare providers, clinically trained community providers, and trained peer educators into the intervention communities to offer comprehensive, integrated HIV prevention services to adolescent girls and young women. The trained peer educators focused on mobilizing other young people through a network approach, in which groups of adolescent girls and young women participated in a series of education sessions. After participating in a series of these education sessions (at least four sessions), the adolescents and young women were offered various SRH services, including STI screening and HIV testing, contraceptive care, and gender-based violence screening and referrals. Most services were available at a single location in the community; young people requiring additional care received referrals to nearby health facilities. At the facility level, the program also provided services to adolescents living with HIV, through Saturday clinics and teen clubs.

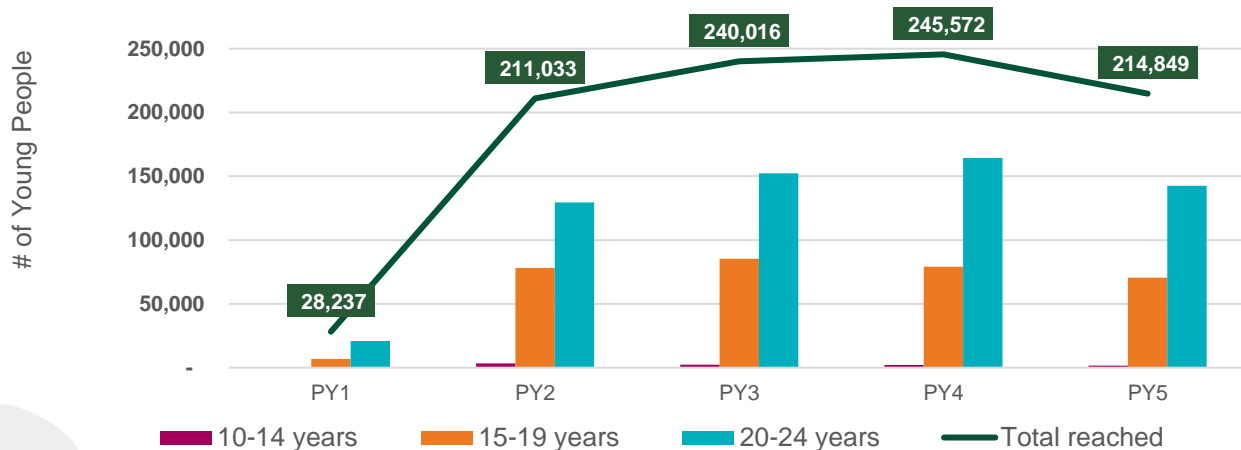


Diana, 21-year-old woman who adopted contraception after a peer education session
Photo Credit: EngenderHealth

Key Achievements

Over the life of program, our interventions contributed to a total 939,707 young people being able to access contraceptive care (see Figure 2).

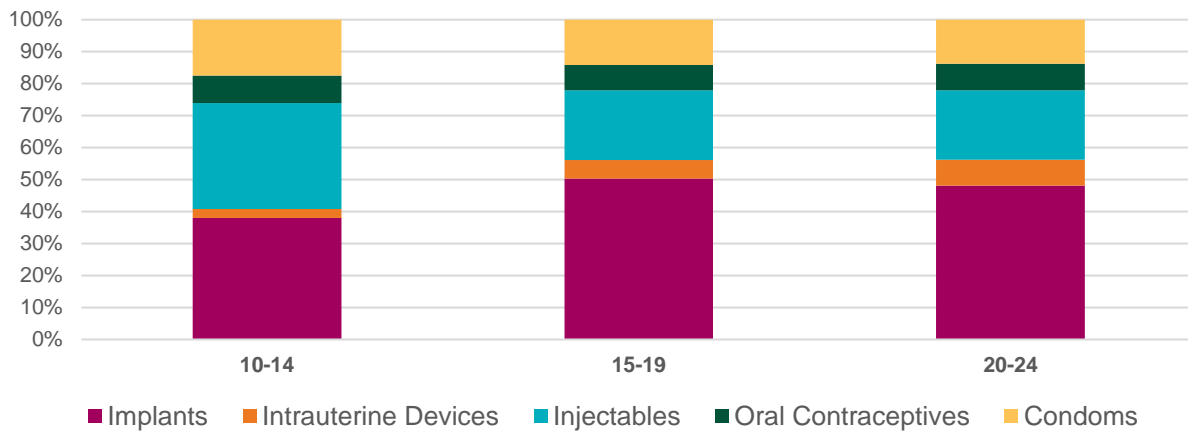
Figure 2. Contraceptive Uptake, by Age and Program Year (PY)



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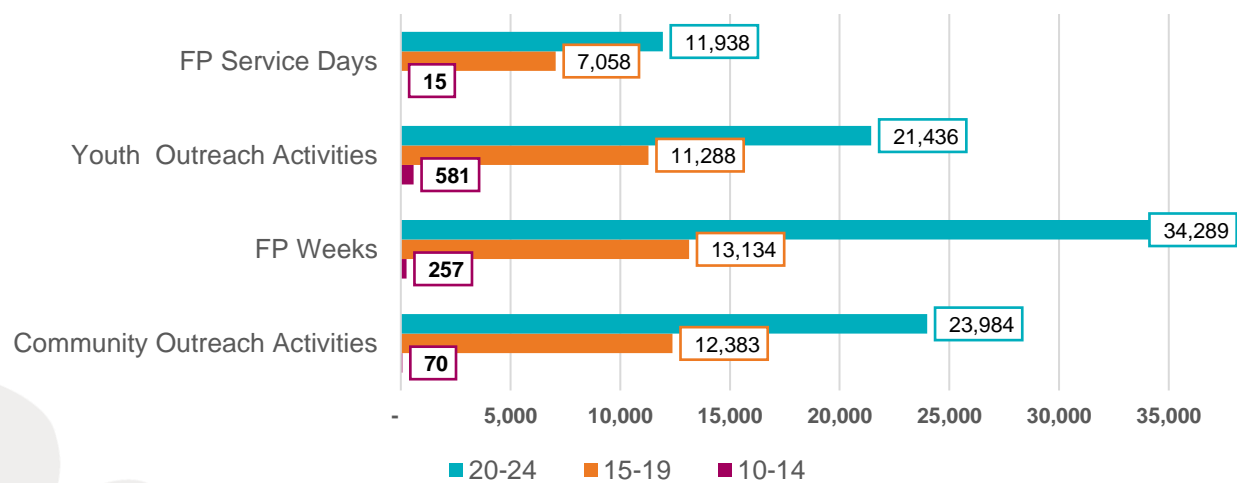
Overall, the method mix across all age groups was relatively consistent, indicating there was no significant bias towards a certain method among young people (Figure 3).

Figure 3. Contraceptive Method Mix, By Age (October 2017 to September 2021)



From October 2019 to September 2021, the program collected age-disaggregated data related to the different types of intervention (see Figure 4). Overall, integrated FP weeks, which comprised five consecutive days of services and which were usually preceded by demand creation events at the community level, engaged the highest number of young people during this period. However, the program reached more younger adolescents (aged 10 to 14) through youth-focused outreach activities than through the other interventions.

Figure 4. Young People Reached, By Program Intervention





“When offering youth-focused services, it is important to ensure that there is a safe space created for the youth to communicate their questions, concerns, and thoughts. The services being offered should be packaged based on age and sex of various groups of youth people. As a young person [who] benefited from these outreaches, I am proud that these days I am able to communicate effectively and well equipped with knowledge to make informed choices regarding my sexual health.”

— Anastazia, student at the University of Iringa

Additionally, from October 2019 to September 2021, the program reached 39,320 adolescent girls and young women at high risk of HIV through community outreach to key and vulnerable populations. A portion of these clients also received integrated services, including 8,326 women and girls who adopted non-condom contraceptives and 8,049 gender-based violence survivors who program-supported providers screened and referred for social and clinical services during this period.



“Before, I was hesitant to come to the facility because I thought that in order to receive FP services one has to visit the health facility accompanied by a partner, and my partner abandoned me after getting pregnant. When I heard of the youth-focused outreach, I did not want to miss the opportunity to access FP services. I am currently a happy mother and plan to get another baby once I am financially stable.”

— Agatha, out-of-school young mother in Iringa Region

Conclusions and Recommendations

Adolescents and youth are not a homogenous group and program interventions must be tailored to meet differing needs based on age, lifestyle, and other characteristics. Health education efforts for adolescents and youth in school must be coupled with referrals to care and flexible service delivery options outside of school hours, including during weekends. The USAID Boresha Afya Southern Zone Program reached a significant number of young people with critical SRH services by implementing comprehensive, integrated, and targeted approaches. However, there is still a high-unmet need for FP that requires continued attention. Future programming may require individual and context-based approaches, including addressing political dynamics, harmful social norms, and provider biases that may hinder service access to and uptake of contraceptive care.

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