Barriers to Sexual and Reproductive Healthcare for Adolescents in Dar es Salaam: Workshop Proposals for CDI

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Abstract

This paper examines the challenges that adolescents face in search of health services and suggests possible solutions in Dar es Salaam, Tanzania. It conducts a review of academic literature in order to situate the problem in the context of Dar es Salaam. The literature underscores that adolescents face unique health challenges compared to those in different age groups. Combined with the specificity of adolescent healthcare needs, many in the age category are additionally not aware of the health services available for them. This paper asserts that when equipped with the necessary knowledge, adolescents will be far better placed in terms of decision making in accessing health services. It also recognises that different genders face different challenges, and that gender norms and stigmas can act as a significant obstacle to accessing health services. The paper thus suggests a knowledge-based workshop which will address the issues and challenges, and encourage adolescents to talk more openly about sexual and reproductive health issues in order to break down the stigmas surrounding these issues.

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1. Background of the Study

This paper addresses the challenges that adolescents face in search of health services in the context of Dar-es Salaam, Tanzania. Adolescence is the period of transition between childhood to adulthood. Across the population, one in every five Tanzanians is an adolescent aged between 10-19 years (WHO 2011 Report). The population in Dar es Salaam is approximately 6 million people, thus translating to approximately 1.2 million adolescents. Adolescents in Dar es Salaam, like other parts of Tanzania, spend the second decade of their lives in period of transition, when new patterns of behaviour are formed and decisions that would mould their lives as well as those of their families and society.

Aside from health issues that affect the general population, there are some issues that affect adolescents specifically. These include teenage pregnancies, psychological issues which sometimes stem from the physical changes occurring in their bodies, FGM, fistula, nutritional issues and drug abuse among others. Moreover, certain norms, such as early marriages expose adolescents to risks earlier in their lives – such as sexual contact. As such, it is pertinent to address the barriers to healthcare access specific to adolescents.

Although some adolescents pass through this period with a sense of growth and development, this is not a universal narrative. For some, it is a time of increasing vulnerability and risks that have lifelong impact (WHO 2011). It is important to recognize that different genders face different challenges during this period. Previous research has been instrumental in addressing issues that the girl child faces such as menstrual hygiene (CDI Working Paper 04/2020) and unplanned teenage pregnancies (Pfeffeir et al, 2017) however limited attention is paid to young boys. This can be seen in gendered social norms and the ostracization that often comes with pursuit of certain knowledge. For instance, in most African societies, once a young man has already gone through the right of passage, which is circumcision in most cases, the assumption is that they are already ushered into the manhood status. Therefore, for a young man to seek further knowledge about certain issues it would be deemed emasculating and can be seen as awkward. These among other issues are the reason that this research paper seeks to critically examine and engage with contemporary challenges and solutions to the health barriers that adolescents face in Dar-es Salaam.

2. Introduction

According to national surveys, including the Tanzania Demographic and Health Survey (TDHS) 2015–2016, access to and utilization of contraceptives as well as Sexual and Reproductive Health (hereafter, SRH) education remain limited among the majority of adolescents (WHO Report: 2019, VIII). As a result, adolescents continue to engage in what the WHO describes as "risky sexual practice and behaviours". For example, less than half of adolescents in Tanzania report having used a condom during their most recent sexual activity.

The 2019 WHO report found that there several cultural and social barriers preventing adolescents in Tanzania, and specifically Dar es Salaam, from having access to adequate SRH. Some adolescents expressed disbelief in the safety and efficacy of condoms, while others associated circumcision with superstitious practices. Parents, guardians, teachers, religious leaders and care providers also play a role in escalating such misconceptions by imposing particular values, cultural norms and religious beliefs on adolescents. Stigma and gender roles can also act as barriers to SRH access. For example, some young girls found it difficult to request condoms in both public and private health facilities for fear of being associated with promiscuity. Furthermore, adolescent boys are under-provided for due to a lack of SRH services, some of which can be accessed only by girls through reproductive and child health clinics. Young boys also face significant barriers in accessing Voluntary Male Medical Circumcision (VMMC) programmes, as they require parental consent and healthcare providers often avoid discussion of important SRH topics (such as use of condoms) when counselling young boys. There are also significant barriers facing in-school adolescents from accessing SRH services, as reproductive health clinics often only operate during weekdays and so conflict with school schedules. Stigma around HIV also prevents many students from declaring their condition to their teachers in order to get time off school to attend clinics.

3. Identifying the Problem

The Tanzanian government's 2018 assessment of health service barriers experienced by under-served adolescents provides useful information about the problems facing adolescents in Dar es Salaam and various possible solutions to address these barriers. A key finding of the assessment was the various ways in which young boys and girls often face different barriers to accessing SRH. Boys are often under-served due to a lack of tailored SRH services in comparison to girls who are able to access services through reproductive health clinics. Interviews conducted in Dar es Salaam supported that lack of family planning services is a significant barrier for young boys. In addition, young boys face significant barriers if they wish to access VMMC services. On the other hand, younger girls (below 15) are disadvantaged by the judgemental nature of advice given by health care providers. Younger girls are also generally disadvantaged due to a lack of parental support in accessing SRH.

The Cambridge Development Initiative's (CDI) 2019 Health Impact Report notes the efforts of CDI and KITE to tackle the issue of access to SRH with previous projects (CDI Health Project 2019). Previous projects have focused on sexual health education workshops, social media awareness campaigns and the establishment of extra-curricular clubs in schools in order to further student discussions on topics related to SRH. Findings from the workshops conducted showed that these projects were successful in getting participants to discuss SRH concerns more with their family and friends, take SRH concerns more seriously than they did previously and make positive changes to their behaviour with regard to SRH issues.

Building on the information provided by CDI's report about the efficacy of SRH workshops, this policy paper will outline proposals to implement further SRH workshops but with a specific focus on tackling gender-specific norms and stigmas that prevent young boys and girls from accessing adequate SRH services and education. Addressing these gender norms and stigmas is listed as one of the key areas to improve on in the WHO's 2019 report. Gender norms and stigmas are also commonly cited as a barrier to accessing SRH services by adolescents in Dar es Salaam, as supported by interviews conducted by the Tanzanian government in 2018. This research paper will therefore outline proposals for establishing educational workshops in Dar es Salaam in order to

tackle gender-related barriers to SRH services. The following sections of this paper will thus interrogate the role that cultural and social barriers have played in preventing adolescents from accessing healthcare in Dar es Salaam, before drawing recommendations for action by CDI. Literature will also be analysed to locate the problem further and draw possible solutions.

4. Literature Review

A 2016 Health Policy Plus report notes that there is still relatively little attention paid to the effects of stigma and discrimination on adolescent access to SRH (HP+ Policy Brief, 2016). However, the existing literature and medical health reports do indicate the variety and pervasiveness of gender norms around SRH issues, as well as offering some suggestions as to which interventions can be effective. The 2016 report noted that adherence to social norms, coupled with economic concerns, were the main drivers of this stigma and discrimination, with stigma around "bad behaviour" in particular spreading from adolescents to the parents, family members, peers and schools involved. Participants reported that fear of having a damaged reputation led some schools to expel pregnant girls. The findings indicated that such a stigma was often manifested through behaviour such as shaming, name calling, isolation, physical punishment, and withdrawal of support. The findings of this particular report indicated that young girls often face significant forms of discrimination and stigma around issues of sexuality, and this can prevent them from receiving antenatal care when pregnant.

However, other reports and scholarship have found that gender norms and stigma act as a significant barrier not just for female adolescents but for male adolescents also, particularly concerning topics such as Voluntary Male Medical Circumcision (VMMC) and condom-use (Kaufman et al 2018, Sommer et al 2015). The rates of HIV in Africa have gradually risen to be higher for males than females since 2000 (WHO, 2014). In Tanzania, only 46% of 15-19 year old males reported using a condom at the last high-risk sexual encounter (UNFPA, 2012). Sommer et al (2015) note that boys experience unique vulnerabilities to HIV infection due to masculine gender norms emphasising male virility, aggression and excessive alcohol intake that may encourage sexual risk-taking during adolescence. In contrast, suggestions for safer sex practice are often dismissed as being feminine. Moreover, Katikiro et al (2012) found that low condom-use was associated with feeling too shy to buy condoms, suggesting that gender norms also play a role in low rates of condom use.

The academic literature has also suggested which different methods might be successful in addressing and tackling these gender norms and stigmas around SRH issues. Kalolo et al (2015) found that tackling socio-cognitive determinants of sexual behaviour can

improve adolescent safe sex behaviour. The authors analysed the effectiveness of the empowerment model of health promotion, which emphasises the use of bottom-up, non-directive and client-centred approaches to influence individual choices around sexual health behaviour. This model supports the use of face-to-face, participatory programs that empower adolescents to translate public health knowledge into healthy behaviour. The authors (Kalolo et al 2015) found that public health programs that combined educational aspects with a focus on empowerment through participatory activities had more success in facilitating greater condom use.

Other scholarship has also emphasised the importance of encouraging peers and community actors to support adolescent boys in accessing SRH. Kaufman et al (2018) found that supportive attitudes from their female peers motivated adolescent boys to seek VMMC services, indicating that health programs focused on adolescent male SRH should also consider the influence of adolescent females. Furthermore, another study (Kaufman et al., 2016) found that factors such as the engagement of parents and the community, an adolescent-friendly service environment and VMMC counselling messages that were sufficiently understood by young males, were all linked to more effective adolescent-focused services.

5. Recommendations for CDI

Recognising the nature of challenges that adolescents face in Dar in accessing health services, the Health and Development team presents the following six recommendations to address the previously described challenges:

I. A five-day workshop that will be the starting point of spreading the narrative of change, demystifying the gendered myths and misconceptions about adolescence health and challenging some societal beliefs which are barriers to accessing health services.

II. Use of digital platforms to spread SRH information and tackle gender stigmas. These range from local radio stations to Facebook posts and videos, and the recruitment of student ambassadors to spread information across online platforms.

III. After identifying a suitable health care centre, a desk should be set up on specific days and after school hours where teenagers can go freely to the place and talk about their health challenges to a health professional.

IV. A charge-free number which teenagers can reach out to at any point when they require health services.

V. Follow-up text messages should be sent to the teenagers involved in the workshop or, with consent, their guardians with relevant information about their health.

VI. Posters in specific places like pharmacies indicating how teenagers can access health services.

5.1 Workshop Design: Micro-level Interventions

This paper will now outline how to design these workshops in order to carry out these recommendations, drawing on other workshops and studies that have been conducted. A 2019 study offers a way of conceptualizing interventions in relation to improving adolescent SRH through a three-tiered approach (Malhotra, Amin, and Nanda, 2019). On the macro level, government interventions create new laws and programmes attempting to shift gender norms and attitudes. On the meso-level, grassroots movements target interventions at health care organisations and education systems. For example, in 2011 in India interventions at the level of the district-education system helped improve the

quality of learning and expand the sexual health curriculum (Shah, 2011). Finally, at the micro level, interventions target individuals, families and communities through workshops, training schemes and educational programmes. Our policy proposals will focus on these micro-level intervention schemes as there is a growing body of research that suggests that a "ground up" approach focusing on individuals and communities is most effective at tackling gender stigma around adolescent SRH issues. Additionally, CDI, in collaboration with KITE, is well placed to support such community-based interventions. Research conducted across a variety of low-income countries showed that these micro-level interventions helped to increase access to SRH resources and services, developed social relationships, and led to a reduction in gendered stigmas that lead to risky sexual health behaviours and early marriage (Acharya *et al*., 2009; Amin *et al.,* 2016; Brady et al., 2007).

Although school-based programmes can result in positive changes to gender norms and stigma (Marcus, Stavropoulou, and Archer-Gupta, 2018), there are also a considerable number of obstacles to this approach, such as limited space in school curricula and the tendency of teacher-based workshops to become non-participatory (Marcus, Stavropoulou, and Archer-Gupta, 2018). On the other hand, community-based workshops and clubs have been described (Unterhalter and Heslop, 2012) as having the potential of becoming more participatory and less didactic. Moreover, other scholars suggest that the organizers of community-based programs can successfully connect with marginalized groups if the social barriers related to time, location, and other local accessibility obstacles are considered and taken into account (Marcus, Stavropoulou, and Archer-Gupta, 2018). This paper will thus suggest micro-level, community-based workshops as an effective way to combat perceptions of gender stigma around adolescent SRH issues.

A study of Tanzania's Young Men as Equal Partners (YMEP) offers insight into a community-based intervention program that has already been tried in the country, working with adolescent boys and girls, aged 10 to 24, together. YMEP seeks to improve SRH rights for adolescent groups through increased adoption of safer sexual practices and higher utilization of SRH services, particularly by male adolescents. The program involves a variety of educational sessions with young people and includes puppetry, poems, group discussions, larger community discussions, and other outreach activities. A study by Lee (2007) reported that this intervention encouraged more men to openly

discuss their sexuality issues and condom use. Another report offered mixed results showing that male participants had an increased awareness regarding the risks of unprotected sex along with an increased condom use to prevent HIV, STIs, and pregnancy during their last sexual encounter; however, the study also noted that the percentage of young men who reported having multiple sexual partners increased from 32% to 35% (RFSU, 2009).

Many scholars have also recommended that community-based interventions for adolescent girls are highly effective at reaching a larger number of disadvantaged and marginalized girls who either never attended or dropped out of school (Marcus and Brodbeck, 2015). Also, a significant portion of the literature encourages integrated sex programs that also engage with parents and brothers in order to more widely challenge gender norms and stigmas (Marcus and Brodbeck, 2015; Marcus, Stavropoulou, and Archer-Gupta, 2018). This paper therefore proposes the use of micro-level integrated SRH programs that facilitate dialogue and participation from both male and female adolescents in Dar es Salaam.

5.2. Workshop Design: Logistics and Structure

The Adolescent and Health Barriers (AHB) Workshop will be aimed at boys and girls between the ages of 12-19. The scope has included twelve-year-olds because they are just about to enter teenager-hood. In terms of location, the preferred places for conducting the workshop will be a community centre or a local school. These places are often known to the community and the participants can easily access a sheltered space with seats, a black board and chalk.

The workshop sessions will be conducted in an interactive manner. The CDI/KITE team, along with a team of young ambassadors that have been recruited, will introduce the topics of the day for thirty minutes and then the teenagers are sent into small discussion groups. Due to cultural barriers, we suggest that the teenagers be in separate rooms sometimes when discussing certain issues in order to break discussions into smaller groups and create a more comfortable environment for participation. Moreover, the

trainers should consider separating the teens into age groups because they might have different levels of experience discussing issues related to SRH.

Various teaching aids, specifically pictures, flashcards and sometimes works of art like music, sayings, anecdotes and poems will also be adopted to make the sessions as interactive as possible. The key expected outcomes for the workshop are to ensure that the trained teenagers know who, where and how to access health services and the importance of accessing health services for themselves and their peers.

Suggested timings for the training session should be from 10am-3pm with an hour lunch break for five days a week during a school holiday period. Please see the table below for an exemplar timetable:

Day	**Activities**
Monday	➢ Introductory session ➢ Creation of a safe space for interaction ➢ Main purpose of the workshop
Tuesday	➢ Understanding and situating the issues around the problem ➢ Demystifying myths and truths about teenage hood and health
Wednesday	➢ Allow the participants to share their experiences and how they navigated them (in break out rooms) ➢ Draw solutions from their challenges together and propose other solutions by CDI

Thursday	➢ A tour around Dar es Salaam to see some of the health facilities where teenagers can access the services.
Friday	➢ Talk from a health expert in Dar to encourage and talk to the teenagers. ➢ Revisiting the outcomes. ➢ Fun games, revising what has been taught, appreciating the teenagers for instance by giving the one who attended all the sessions an award/

Materials needed:

1. Flip board
2. Stationery (Notebooks, pens, markers, charts, sticky notes, flashcards)
3. Drinking water
4. Laptop and projector
5. Printed posters with information

6. Conclusions

This paper has identified the key issue of gendered stigmas and a lack of SRH information and support in Dar es Salaam and how these barriers to SRH services can negatively affect the lives of adolescent boys and girls. Looking specifically at how gendered norms and stigmas prevent both boys and girls from discussing SRH issues, accessing services and avoiding sexually risky behaviour, this paper has suggested several ways of tackling the problem.

After looking at a range of different studies and reports that have been conducted in different parts of Africa and other regions, this paper has found that micro-level interventions, focused on engaging directly with both boys and girls, is one of the most effective ways of tackling the gender stigma around SRH issues. The authors of this paper have therefore outlined a five-day workshop to help boys and girls engage in a dialogue about SRH issues in order to improve their access to health services and to break down harmful gender norms about issues such as VMMC and condom-use at the same time.

In addition to the workshop, the authors have recommended following up with interventions such as sending out text messages and digital reminders to encourage adolescents to continue discussing SRH topics and norms. The authors have also recommended the expansion of access to SRH advice through the use of a dedicated hotline, as well as posters that can be put in advantageous locations to point adolescents in the direction of available SRH services.

References

Acharya, R. et al. (2009). Broadening Girls' Horizons: Effects of a Life Skills Education Programme in Rural Uttar Pradesh. Washington, DC: Population Council.

Health Project (2019). Impact Report. Cambridge Development Initiative: http://www.cambridgedevelopment.org/uploads/1/0/2/4/102410442/health_external_mel_report_2019.pdf (1/04/2020).

HP+ Policy Brief (2016): Held Back By Fear: How Stigma and Discrimination Keep Adolescents From Accessing Sexual and Reproductive Health Information and Services. http://www.healthpolicyplus.com/ns/pubs/2112-3193_TanzaniaHeldBackbyFearFinal.pdf

Kalolo, A., Kibusi, S.M. (2015). The influence of perceived behaviour control, attitude and empowerment on reported condom use and intention to use condoms among adolescents in rural Tanzania. Reprod Health 12, 105. https://doi.org/10.1186/s12978-015-0097-5

Katikiro, E., & Njau, B. (2012). Motivating Factors and Psychosocial Barriers to Condom Use among out-of-School Youths in Dar es Salaam, Tanzania: A Cross Sectional Survey Using the Health Belief Model. ISRN AIDS, 2012, 170739. https://doi.org/10.5402/2012/170739

Kaufman, M. R., Smelyanskaya, M., Van Lith, L. M., Mallalieu, E. C., Waxman, A., Hatzhold, K., Marcell, A. V., Kasedde, S., Lija, G., Hasen, N., Ncube, G., Samuelson, J. L., Bonnecwe, C., Seifert-Ahanda, K., Njeuhmeli, E., & Tobian, A. A. (2016). Adolescent Sexual and Reproductive Health Services and Implications for the Provision of Voluntary Medical Male Circumcision: Results of a Systematic Literature Review. PloS one, 11(3), e0149892. https://doi.org/10.1371/journal.pone.0149892

Kaufman MR, Dam KH, Sharma K, et al. (2018). Females' Peer Influence and Support for Adolescent Males Receiving Voluntary Medical Male Circumcision Services. Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America.

Lee, T. (2007) Young Men as Equal Partners: Mid-Term Review Final Report. Ludlow: Davies & Lee AIDS and Development Consulting.

Malhotra, A., Amin, A., Nanda, P. (2019). Catalyzing Gender Norm Change for Adolescent Sexual and Reproductive Health: Investing in Interventions for Structural Change. J Adolesc Health. 64(4), pp. 13-15.

Marcus, R., Stavropoulou, M., and Archer-Gupta, N. (2018). Programming with Adolescent Boys to Promote Gender-Equitable Masculinities: A Rigorous Review. GAGE.

Marcus, R. and Brodbeck, S. (2015). Girls' clubs and empowerment programmes. UKaid.

Salam, R. A., Faqqah, A., Sajjad, N., Lassi, Z. S., Das, J. K., Kaufman, M., & Bhutta, Z. A. (2016). Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 59(4S), S11–S28. https://doi.org/10.1016/j.jadohealth.2016.05.022

Shah, P.P. (2011). Girls' Education and Discursive Spaces for Empowerment: Perspectives from Rural India. Res Comp Int Educ. 6(1), pp. 90-106.

Sommer, Marni, Samuel Likindikoki, Sylvia Kaaya (2015). ""Bend a fish when the fish is not yet dry": Adolescent Boys' Perceptions of Sexual Risk in Tanzania." **Arch Sex Behav. 2015 Apr; 44(3): 583–595.**

Swedish Association for Sexuality Education (RFSU). (2009). Young Men As Equal Partners Evaluation Report. RFSU.

Unterhalter, E., Heslop, J. (2012). Transforming Education for Girls in Tanzania and Nigeria: Cross Country Analysis of Endline Research Studies. ActionAid.

"Assessment of barriers to accessing health services for disadvantaged adolescents in Tanzania." (2019). Brazzaville: WHO Regional Office for Africa. https://apps.who.int/iris/bitstream/handle/10665/324924/9789290234302-eng.pdf?sequence=1&isAllowed=y (1/04/2020).