

# SRH in Tanzania: Adolescent Perspectives

Report by HAI and EANNASO | [Download](#)

Adolescents in Tanzania have long been excluded from conversations about their own health. They are also given limited decision-making power on the types and ways in which they are offered services through the health system. This has disastrous consequences for the uptake of services and on the health of our young populations, which ultimately affects all domains of life in society, including school, work, family and community.

This activity was undertaken by the [Eastern Africa National Networks of AIDS and Health Service Organizations](#) (EANNASO) and Health Action International (HAI) as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. Twelve discussion leads, six men and six women, who were youth over 18 years of age, received training on how to moderate and conduct group discussions. During this training, the leads developed a list of questions to be asked during the group discussions. Questions covered the following topics:

1. Understanding of sexual and reproductive health (SRH).
2. Awareness of commodities and services offered at health facilities.
3. Places where SRH information and services are sought.
4. Motivations for accessing/not accessing SRH information and services.
5. Experiences and challenges when accessing SRH information and services.
6. Influence and attitudes of opinion leaders.
7. Recommendations to improve access to SRH services for adolescents.

Six group discussions with boys, and six with girls of 1-1.5 hours were held in Babati and Mbulu districts in Manyara region, Kilosa and Mvomero districts in Morogoro region, and Bahi and Kongwa districts in Dodoma region. A diverse group of six to eight adolescent girls or boys between 18-21 years of age participated in the discussions. The discussion leads worked in pairs: A group discussion with boys was moderated by two male discussion leads, and a group discussion with girls by two female discussion leads. The 12 group discussions were audio recorded and reported on anonymously. Informed consent was obtained from the participants before the activity.

[Download the report](#) to find out more about the perspectives of adolescents on SRH in Tanzania.