



## **Adolescent perspectives on sexual and reproductive health and services**

Adolescents in Tanzania share their experiences

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*"It's important for the youth to receive SRH education because the youths are tomorrow's future. In case we don't receive it early it will lead to early pregnancies, bad family planning, poverty, death, sexual transmitted diseases, and losing hope of life."*

**- Boy from Mbulu district**



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## Background

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.

## Activity Description

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.

## Findings

### 1. Understanding of SRH

Most of the girls had heard about SRH, and understood it to mean being healthy “mentally, physical and socially in one’s whole reproductive system”. Some specifically referred to family planning, menstruation services or preventing early pregnancies. In a few groups, the girls found it harder to express what it meant, and used general terms such as ‘having a healthy mind and body’. Most of the boys had heard of the term ‘SRH’ but several groups were not sure what it meant exactly. Many boys also used broad terms like ‘issues related to women’, ‘a safe reproductive cycle’, and ‘body health’. Some, similarly to the girls, mentioned it being a way to plan pregnancies, prevent early pregnancies and sexually transmitted infections (STI). In one group discussion, a boy gave a comprehensive overview of SRH to mean “a state of being completely physically and mentally healthy in all matters relating to reproductive health, including being free from STIs, unwanted pregnancies etcetera”. Interestingly, this boy said he had heard about this from social media.

### 2. Awareness on SRH Products and Services Offered at Health Facilities

Many of the girls had heard of SRH services, and in most groups the girls understood it to mean family planning methods. In one group the girls additionally mentioned STIs and HIV services. Only one group was not aware of any specific SRH services. Interestingly, the discussion groups with boys generally gave a broader meaning of SRH services, spanning beyond family planning. Most boys had heard about SRH services, and together could name a few. One group discussion was an exception, where only one boy said he was aware about these services.

Again, the most often mentioned services were family planning and contraceptive services, including the use of condoms. Prevention of STIs was also regularly mentioned, with one group specifically mentioning HIV/AIDs. In some group discussions, getting advice, counselling, or education on SRH issues was mentioned as a service, while in single focus groups maternal health services and menstrual health services came up.

### 3. Knowledge and perspectives on family planning

Both the groups with boys and girls had good knowledge of what family planning entails, often mentioning that it allows people to plan whether and how many children they want to have, and to time and space pregnancies. Some also reflected on the financial aspect, such as having children ‘that one can afford to take care of’ or ‘without hardship’. In one group only one girl knew what family planning meant.

Girls were aware of several family planning methods, and most commonly mentioned injections, pills and implants. In two group discussions, girls further mentioned condoms and calendar observing as contraceptive methods. The boys were also aware of several methods, and most often mentioned condoms and contraceptive pills. Only in one group discussion with boys did intrauterine devices come up. The same was true for injections and implants.

Regarding perspectives on family planning, most girls and boys believed it was a good thing and held positive attitudes. They saw it as a way to prevent early or unwanted pregnancy, while some mentioned it could prevent diseases, such as HIV or STIs. Some girls and boys also saw it as a tool to help them to reach their goals, be successful, and plan their life, and that it would lead to a better family. When asked whether they would use contraceptives in the next three years, many girls responded positively, and some of them were already using several types of contraceptives. Also, in the group discussions with boys, many responded positively, and often mentioned that they would use condoms in the next three years. In addition, two boys preferred contraceptive pills as a desired method of family planning, while one preferred an intrauterine device.

*“I myself am ready to use these ways of family planning because it’s going to shape me in life and [help] to have a perfect schedule of life, using family planning to my side.” - Boy*

However, a few participants had more mixed feelings or held negative perceptions. A few girls held a negative view of family planning due to side effects or safety concerns.

*“I will not use family planning methods since they are accompanied by lots of side effects. I once used it and I felt ill. I think it has a lot of other side effects.” - Girl*

One boy gave an interesting perspective, highlighting the benefit of family planning, but at the same time a fear of contraceptives:

*“Family planning helps to minimise street children, poverty and ensuring life to the family. My community believes that family planning contraceptives are dangerous and one cannot give birth in the future, and I believe it.” - Boy*

In another group discussion, community and religious beliefs came up as well. Two boys explicitly disagreed with their community’s beliefs that contraceptives would go against their religion:

*“My community believes that God said we have to give birth to fill the world, therefore family planning will go against God’s command. I think this is not true.” - Boy*

### 4. Beliefs & Misconceptions About Contraceptive Use

Many misconceptions were shared about contraceptives, which were similar across the groups with girls and boys. The most commonly mentioned was that sustained use of contraception can negatively impact the reproductive organs or result in infertility. Other misconceptions going around were that pills pile up in the stomach, pills can lead to excess bleeding, implants can disappear in the body and may not be found, that implants can lead to

issues with the placenta, or even that contraceptive use can result in bearing children that have a mental illness or are disabled. In some of the groups with girls, stories were shared of their friends who had infertility experiences after using contraceptives. Some thought these beliefs were untrue, while others were not sure or did believe in the negative effects of contraceptives. In one discussion with boys, all agreed that these beliefs were incorrect, and that they exist due to a lack of education and information.

Some also shared beliefs that can be true. For example that intrauterine devices will lead to delay of menstruation, that menstruation can stop suddenly or be disrupted, that you can become overweight from using injectables, that you can get birth moles, and that using implants or injectables can result in prolonged bleeding. In addition, some boys mentioned that condoms can reduce enjoyment of sex and that contraceptives reduce the female libido.

## 5. Family Planning Responsibility

All adolescents in all group discussions, except one girl, agreed that both men and women have a responsibility for family planning. The reasons they gave is that it impacts both their lives, that it is 'a family thing', that one cannot have children without the other, and that the children will belong to both of them. The girl who saw it as just a woman's responsibility reasoned:

*“Normally after sexual intercourse it's the woman or girl who gets problems or conceives and not men, so it is right that family planning is only the responsibility of women/girls.” - Girl*

Despite the fact that most believe it is a shared responsibility, they did mention some gender-specific responsibilities, e.g., one girl said that conceiving is the responsibility of the woman, one boy mentioned that the man will be the one to know how to use the condom, and another boy mentioned family planning is for 'the husband to approve the contraceptive use'.

## 6. Importance of Adolescents Receiving SRH Information

All girls and boys were convinced of the need for SRH information to be provided to adolescents. They named multiple health problems that could be prevented if

adolescents are educated early on: STIs, HIV/AIDs, teenage pregnancy, unexpected pregnancy, mental health problems, and even death. Some also reflected on broader issues that can be prevented, such as: bad family planning, street children, poverty and 'losing hope of life'. Finally, some groups mentioned it can help boost confidence, improve self-awareness and knowledge to make the right decisions, and will help to plan for their families and pursue their aspirations.

*“It is important because most of the youth are rushing into marriages and getting kids and fail to provide for them but this information will help them planning for a family that they can take care of.” - Boy*

Two groups reflected on how they can use this knowledge when they are adults and parents themselves. One boy mentioned it can help boys to 'cope with the strong sexual feelings that adolescents have'.

## 7. Sources of SRH information

Most of the girls obtained their SRH information from school and health centres. Several also get it through the radio, peer groups or peer educators, and (social) media or other internet sources. Few mentioned tv and local youth organisations as a source. Only one girl mentioned her parents as source of SRH information.

*“I get SRH related information from internet sources and therefore there is no need to go to hospital or a youth friendly health centre.” - Girl*

Most of the boys obtain their SRH information from school, the radio or (social) media. On top of that, a few of them got information through television, (youth) organisations, (youth) gatherings, health centres, parents, and the church or mosque. While adolescents have a broad variety of SRH information sources, it is still a major challenge to talk about these issues openly. The large majority of both boys and girls said they were not comfortable talking about these issues.

*“You cannot talk to anyone, for example we can't discuss it with adults because they might think these kids have started practicing sex.” - Boy*

Some girls said they were comfortable discussing these issues. They most often mentioned peers, friends and relatives (especially aunts) and parents (especially mothers) as people they would talk to.

## 8. Availability of SRH Clubs in School or Church

Some schools or communities had SRH clubs or programmes, however, they were sometimes inactive or for members only. The issues discussed varied, and included counselling, teen pregnancies, HIV, STIs, unsafe sex, gender-based violence, family planning, or circumcision. However, several participants also did not know of any SRH clubs. None of the participants were aware of SRH clubs in their religious community.

## 9. Experiences Accessing SRH Services

There was a mixed response among girls who had experience accessing SRH services. Some said they were treated well, advised well, encountered friendly healthcare providers or were happy with the information provision on available options. Others, on the other hand, mentioned that healthcare providers were harsh and unfriendly, 'provide counselling that is frightening', or that they had to wait a long time to be served. One girl explained how healthcare providers can be stigmatising towards adolescents:

*"I visited the facilities and was treated normally. However, the service providers were surprised since I'm not at an age of getting married and yet I was seeking such services. This is because our society has a negative perception on the use of family planning methods. Normally after leaving the health facility, they would talk bad about you, insinuating that we are too young to enquire about such services."* - **Girl**

The boys that had experience in accessing SRH services had predominantly negative experiences. Some were afraid to tell their stories to the healthcare providers, others mentioned the healthcare providers were not youth-friendly, and even threatening. Two had tried to seek SRH services but left because there were many

older healthcare providers. None reported any positive experiences. In two of the six groups with boys, no one had ever sought SRH services as they saw these services as being just for girls and married couples.

## 10. Experiences Accessing Youth Friendly Services

The girls who had attended youth-friendly health services overall had positive experiences, being served well and in a friendly way. In one group though, girls had experienced long waiting lines and gave this as a reason for not going. Another group said they were known at the facility, and therefore afraid of going there. This group advised having mobile services through peers, to ease access. In two of six groups, none of the girls had ever visited youth-friendly services as they were not available in the area. And in another group, just one girl had visited, but this was because her school took her there.

*"I visited a youth-friendly health centre and this was because my school took us to visit a youth-friendly health centre in session. I was comfortable accessing the services [but] would never have gone there if it were not for the school efforts."* - **Girl**

The groups with boys also shared some positive experiences about the youth-friendly services, including one boy who said:

*"I once went to test for HIV and the doctor that I met was very friendly and welcoming, in so many health centres that I have visited they are very encouraging and I'm impressed. When I was tested the doctor gave me the key advice and even congratulated me on my brave gesture."* - **Boy**

Besides supportive healthcare providers, another positive factor was encountering service providers that are of the same age. However, the boys still faced major obstacles to accessing services. Foremost was shame and fear, which kept boys from visiting health centres. Furthermore, several boys referred to providers being 'harsh' or unfriendly.

*“I visited one of the youth friendly health centres but I felt uncomfortable talking about my SRH issues because the healthcare provider was older and very harsh so I ended up asking for condoms and left.” - Boy*

In three groups, the boys were not aware of any youth-friendly facilities in their district, therefore, they recommended that youth-friendly services be upscaled. Another challenge that was mentioned in accessing the services was, once again, long waiting times, and in one group discussion a boy talked about the difficulty getting parental consent to access such services.

## 11. Influence and Attitudes of Parents

In most of the groups, parents did not speak to their children about SRH. Reasons given were that parents were afraid or found it difficult to talk about it, that the parents would find the adolescents too young to discuss these issues, that they do not have the knowledge, that religious beliefs refrained parents from talking about it, that it would result in ‘bad behaviour’ such as practicing early sex, and even that talking about SRH with youth was seen as an ‘act of prostitution’.

*“Some of the parents are well educated but do not talk to their children as they believe it’s not easy to talk about that issue with their children. If they talk to them it seems like teaching them bad behaviour. But in my view, it’s important to talk to them especially at early stage of growing.” - Girl*

*“Parents are not talking about it because they want to hide these issues from their kids so that they do not practice unethical activities such as sex.” - Boy*

One group of girls was the exception. Most girls in this group said they did talk about SRH issues with their family, mostly mothers or sisters, to discuss topics such as sex, pregnancies, sexually transmitted diseases, romantic relationships, peer pressure and periods. One girl whose parents actively talked to her about SRH said:

*“I got SRH information from my parents who sat with me to talk about SRH and I am comfortable to share those issue concerning SRH with my parents, especially my mother.” - Girl*

Sometimes when adolescents said they discussed these issues with their parents it was in terms of abstinence and safety.

*“I talk with my mother on SRH issues whereby I was taught on how to control my feelings. The purpose of that knowledge was to avoid pregnancy and not to engage in unacceptable issues.” - Girl*

In two groups it was discussed that parents are afraid that talking about SRH will lead to moral decay of African traditions. Furthermore, in one group with boys it was discussed that parents talk mostly with girls about this instead of with boys. But that the boys get blamed when bad things have happened. In a few instances where adolescents were attempting to talk about this, they shared that their parents were shutting down the conversation or feeling provoked.

*“[For] myself it’s hard to talk about SRH with my parents because they shut me down saying they are busy most of the time.” - Boy*

## 12. Influence and Attitudes of Religious Leaders

A minority of religious leaders talked to the adolescents about SRH services. Some adolescents mentioned that when it was being talked about in the church or the mosque, that it was in very limited terms, or in an indirect way. For example, it was only about reducing sexual desire, reproductive issues, abstinence, or about SRH as a sin or in a demeaning way. Some said that religious leaders believe SRH services are only for married people, or that even speaking about SRH is satanic.

*“The religious leaders demean the SRH services for adolescents because they are afraid adolescents may practice unholy activities such as sex before marriage.” - Boy*

Some groups said that the religious leaders do not want to talk about SRH and do not care about the SRH needs of adolescents, or do not understand their position. Others said that religious leaders believe family planning is against the human purpose to 'fill the world'.

*"Many of the religious leaders believe SRH issues are somewhat [an] unholy thing, because many of the religious leaders believe pregnancy was God's will and it's not something you should avoid. They think if you use family planning or gain knowledge of SRH you go against God's will."* - **Girl**

Some explained that religious leaders have wrong perceptions or low knowledge on SRH.

*"Religious leaders never talk about SRH services but they talk only about God and believe that if you dress well it will help to reduce sexual desire, which is not true."* - **Boy**

### **13. Recommendations to Improve Access to SRH Services for Adolescents**

When asked how access to SRH services could be improved for adolescents, both girls and boys gave a variety of suggestions. They often mentioned that the health centre and healthcare providers should be friendly and welcoming to them; that healthcare providers should be of a similar age to adolescents; that education for adolescents should be provided in schools and in villages, also in rural areas, potentially through peer groups, health clubs, seminars and festivals; and that adults, including parents and religious leaders, should be involved and educated through awareness programmes.

*"The community should be well-informed about reproductive health for adolescents. That it is normal for adolescents to use contraception. If the community well understands this, adolescents will be free."* - **Girl**

In several groups, the participants mentioned that services should be provided close to or in the community through outreach, and that media channels should be used more for SRH information provision, including radio, tv, mobile apps and social media.

*"Adolescents that have low chance of getting SRH knowledge at schools or hospitals and to those who do not know how to read and write, then the better way of helping them will be by conducting different seminars or forums on SRH issues and thus will be easy for them because sometimes it's difficult for them to visit health centres for services, but it will be easy for them to come into seminars or forums."* - **Girl**

Some groups mentioned that the government should invest in adolescent-friendly facilities and local organisations and should improve policies; and that it was important that privacy and confidentiality were protected, for example, through provision of mobile services or having a special room for adolescents. Finally, a few adolescents mentioned the importance of making information accessible and easy to understand for youth, for example, using flyers, magazines or cartoons with stories.

Almost all adolescents agreed that if these services are improved, it will make it easier for young people to access SRH information and services, and it would increase their likelihood of seeking services. Two girls said they still would not visit SRH services, saying they would like to follow their culture or religion, which does not accept it.

## **Conclusions**

The adolescents were very familiar with the concept of family planning and could comprehensively explain its meaning. Some adolescents were somewhat less familiar with other SRH services beyond family planning and STI services. Family planning was largely perceived as an important objective that could prevent disease, early pregnancy and poverty, and adolescents were highly aware of the risks of unsafe sex for their health. The majority, but not all, held positive perceptions towards using modern contraceptives to protect themselves. Reservations centred around safety and side effects as well as cultural or religious values.

A multitude of initiatives are ongoing to provide information to youth about SRH. Mostly schools play a big role. However, the current activity did not assess the type of messaging that adolescents were receiving.



Despite the ongoing efforts, adolescents still face major barriers in accessing SRH services, in particular due to stigmatisation, and social norms and attitudes around youth and sexuality. These persist in the community, among healthcare providers, and in the youths' home environment and religious community, where adults often actively contribute to stigmatisation and negative perceptions.

The adolescents are intentionally discouraged from seeking information and services that can protect their health and wellbeing. According to the participants, adults think that not talking about sexuality is the best

way to prevent adolescents from engaging in sex. In general, there was a mismatch between the desire of adolescents to be well informed about SRH issues in order to plan their lives well and protect themselves from diseases, and the willingness or ability of adults around them to provide SRH information.

Participants, when giving recommendations to improve access to SRH services, therefore mostly focused on creating a friendly environment for adolescents at health facilities, providing widespread SRH education and outreach services, and awareness creation among parents and opinion leaders in communities.



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