Improving access to ASRHR to First time young mothers in rural areas in North West Tanzania

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CONTEXT

Tanzania population - 59.4 million
- 50% below 35yrs
- 44% below 15 years
- Age dependency 92

- Teenage pregnancy 27%
- Adolescent Birth Rate 132 pregnancies/1,000
- HIV prevalence 3.4%(F) and 0.9% (M)
- School drop out 30% (mostly due to Child Marriage/Teen pregnancy)

Service coverage remains unacceptably low:
- coverage of comprehensive sexuality education (CSE) 15 – 25% Primary & Sec. Schools
- Youth Friendly Services available in only 30% of health facilities
- Youth participation in decision making is Low
## Project region - Kigoma

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
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</thead>
<tbody>
<tr>
<td>Adolescents and young people aged 10-24 years</td>
<td>683,122</td>
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<tr>
<td>Population aged 24 yrs and below</td>
<td>67%</td>
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<td>Teenage pregnancy rate (Adolescents aged 15-19)</td>
<td>32%</td>
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<td>Sexual activity before age 15 (15-24 years)</td>
<td>10%</td>
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<td>Knowledge of HIV prevention 15-24 years (M/F)</td>
<td>43%/21%</td>
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<td>Health facility deliveries (of which SBA)</td>
<td>46% (47%)</td>
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<td>Use of modern contraceptive 15-19 and (20-24 years)</td>
<td>7% (21%)</td>
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<td>Unmet need (unmarried women 15-19)</td>
<td>42.4%</td>
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<td>Completion of the secondary education</td>
<td>6.3% (F); 10.4% (M)</td>
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Project Overview

• A Four year project Approx. € 4.5 Mil
• Project outcomes
  **Outcome 1.** Adolescents, young people and those furthest behind are empowered to exercise their SRHR & fulfil their potential.

  **Outcome 2.** Access to and utilization of quality SRH, GBV prevention and response.

• Project Beneficiaries:
  Primary: 24,139 Young people (10-24 years) & 82,352 Pregnant women

  Secondary: 293,762 WRA
Why the FTYMS Interventions?

The FTYMs’ interventions were developed to address a group of the population in Kigoma that are already vulnerable and marginalized and are at a further risk of:

- Pregnancy-related complications leading to devastating morbidities such as Obstetric Fistula or maternal death;
- Emotional and psychosocial issues;
- Sexual and Gender-based violence;
- Cycle of poverty and inequity from one generation to the next.
PROJECT APPROACH

- Health system may be ill-equipped to provide services tailored to the needs of young people.

- Influence of family and community members shapes and may even outweigh individual young parents’ own preferences.

- At the couple level, relationship dynamics and gender norms may limit young mothers’ desire and ability to use SRH services.

- At the individual level, young parents’ limited knowledge and lack of resources may limit their ability to seek health services.
## Project Interventions

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<th>Service delivery and access</th>
<th>Information, knowledge and empowerment</th>
<th>Community approach</th>
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<tr>
<td>Training of Health care workers – ASRHR, FP and psychosocial needs of FTYMs</td>
<td>Training of Peer FTYMs - parenting, breastfeeding, child nutrition and SRH including FP</td>
<td>Orientation/awareness to parents and community leaders</td>
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<td>Refurbishment and equipping of Maternity wards</td>
<td>Establishment of FTYMs support groups</td>
<td>Community sensitization though bonanzas etc</td>
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<td>Strengthen the referrals systems</td>
<td>Capacitate and establish peer educators</td>
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<td>Ensure availability of commodities and supplies</td>
<td>Behaviour change communication – local comm. radios</td>
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Key results

• 17 maternity wards refurbished and equipped

• 1,296 FTYMs reached with the ASRH information

• Overall more than 27,000 young people reached services

• 174 community members sensitized on ASRH needs of FTYMs

• 42 healthcare workers trained on youth-friendly ASRH

• 24 bicycles and 24 smart phones were distributed

• Established 104 FTYM peer educators
Lessons learnt

• Substantive needs given the magnitude of the issue and the degree of vulnerability of FTYMs in Kigoma

• Importance of tailoring interventions to respond to the specific needs and demands of FTYMs including underlying structural and social causes such as poverty; gender-based violence; lack of educational attainment etc

• Ensuring access to quality, responsive non-judgemental and youth-friendly health services;

• Significance of including a psychosocial response in support of FTYMs to address feelings of isolation; stigmatization; and postpartum depression;

• Importance of providing a unique opportunity to shape norms and practices that can contribute to the long-term health and well-being of FTYMs through targeted sessions that also respond to their needs and suggestions;

• Centrality of Peer Support Networks for FTYMs where they can explore ideas, opportunities, concerns and the next steps as they cope with the many adjustments in their lives.