ADOLESCENTS' AWARENESS OF YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES IN PUBLIC HEALTH FACILITIES: THE CASE OF ILALA MUNICIPALITY

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DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2016

CERTIFICATION

The undersigned certifies that she has read and hereby recommends for the acceptance by the Open University of Tanzania a dissertation titled "**Assessing Adolescents Awareness of Youth Friendly Reproductive Health Service Available in Public Health facilities Intended to Promote Reproductive Health and Access**" in partial fulfillment of the requirements for the Degree of Master of Social Work (MSW) of the Open University of Tanzania.

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Dr. Zelda Elisifa

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……

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DECLARATION

I, **Agness M. Lutende**, declare that this dissertation is my own original work and that it has not been submitted and will not be submitted to any other University for a similar or any other degree award.

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Date

DEDICATION

I dedicate this work to my daughters, my son, and my grand children, who make me laugh uncontrollably. When times are tough, their smile leave my face with unconditional love and joy.

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ABSTRACT

The study sought to assess adolescents' awareness of youth friendly reproductive health services in Public Health facilities. To identify various reproductive health services available in the centre, to determine youths awareness of reproductive health services, to assess youths knowledge to distinguish between friendly and unfriendly reproductive behavior, to explore strategies to improve access to and provision of youth friendly reproductive services. The study adopted the Social Cognitive Theory and Adolescent Sexual and Reproductive Health. The study was affected by a number of limitations including, financial, language barrier and time constraints; however the researcher tried to minimize costs by taking a reasonable number of respondents so as to enable her to go with the allocated budget. The study was conducted at three health facilities namely, Infectious Disease centre (IDC), Buguruni-Plan health centre and Mnazi mmoja health centre. A total of 90 adolescents participated in the study. The researcher used questionnaires, interviews and documentary review techniques to collect data. The findings show that, the YFRHS offered in the health care facilities in Dar es Salaam includes, care and treatment, counseling, information and education and HIV testing. Currently, most YFRHS for adolescent are offered only from the clinics or government hospitals. Findings further shows that, a grand majority of respondents were aware of the available youth friendly services and reproductive health services. The researcher recommends that, in order to raise the level of awareness and access to health services, government and stakeholders should, introducing mobile service, set up smaller branches or satellite clinics closer to where young people congregate, have clinics open at times when young people can conveniently attend.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AYA	African Youth Alliance
CT	Care and Treatment
FHI	Family Health International
HIV	Human Immune Deficiency Virus
IDC	Infectious Disease Center
MOEVT	Ministry of Education and Vocational Training
MOHSW	Ministry of Health and Social Welfare
PHDR	Poverty and Human Development Report
SCT	Social Cognitive Theory
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
UN	United Nations
UNAIDS	United Nations Program on HIV / AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFRHS	Youth Friendly Reproductive Health Service
UDHS	Uganda Demographic and Health Survey

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The term Adolescent, according to the World Health Organization (WHO) (2003), refers to a person aged between 10 to 19 years further, the group, which in turn makes up for the broader term 'young people' which is used for individuals aged 10 to 24 years. Adolescence is thus a period of dynamic change representing the transition from childhood to adulthood.

Again whether defined as a phenomenon of modern industrial societies or as a universal stage of human development, adolescence is recognized as stage when both boys and girls build critical capabilities, regardless of whether they are married or have children (Mensch et al., 1998). Essentially, adolescence marks the transition from childhood to adulthood and is a time of rapid development, including; growing to sexual maturity, discovering oneself and developing identity, defining personal values and being assigned vocational and social directions.

The term Youth Friendly Reproductive Health Service, refer to those services that are accessible, acceptable and appropriate for the youth. They services includes counseling, family planning, voluntary counseling and testing and treatment of sexually transmitted infections (WHO, 2008).

Globally, over 100 million sexual transmission infections (STIs) occur each year in people under the age of 25 and an estimated 11.8 million people aged between 15

and 24 were living with HIV by mid-2002. Further, about half of all new HIV infections worldwide, or nearly 6,000 cases per day, occur in young people (WHO STIs report; 2007). In the United States alone, approximately one-quarter of new STI infections, almost four million, are diagnosed among teens (Sales et al., 2009). Moreover, approximately 1,700 newly diagnosed cases of AIDS were reported in people between the ages of 13 and 24 in 2008. However, the risk of STI/HIV infection is not uniform among adolescents. Females, males who have sex with men, injection drug users, have markedly higher rates of STI/HIV during adolescence.

In Africa, there is a huge gap in accessing youth friendly reproductive health services between the rich and the poor, rural and urban populations and between the educated and uneducated. Of all health indicators, maternal mortality displays the highest inequality between rich and poor, both between and within nations. Further, this has a devastating impact on individuals, families and communities.

Lack of information access to any service is the hallmark of poverty and it is a denial of the right to health and all other rights. As a result, we see that the poor, uneducated adolescents have the least information and service and the highest rates of deaths or injury during pregnancy and childbirth who are at risk of dying from pregnancy-related causes are estimated to be at a ratio of one in seven in Niger (1:7), in contrast to one in more than 17,000 in Sweden (1:17000) (UNFPA, 2011).

The National Adolescents Reproductive Health Strategy (2011-2015) is an important guiding document in addressing the various sexual and reproductive heath needs of adolescents in the ever changing social environment. The needs include information

and advice, service, rights, provider's competence, policies and management systems; organization of service delivery points (SDPs) as well as community and parental support.

1.2 Statement of the Problem

It is estimated that Sub-Saharan Africa has one of the world's largest younger populations. At the beginning of the 21st century, about one out of four persons were 10 to 24 years old. Adolescents make the largest group in the continent (WHO, 2003). In Tanzania, as per demographic data in 2010 [Tanzania Demographic Health Survey (TDHS) adolescents accounted for the total of 65 per cent of the population of 43,187,823 people and about 23% of the total population (UNICEF, 2012).

Many adolescent girls and boys in Tanzania, like in other parts of the world especially in sub-Saharan African countries, suffer from sexual and reproductive health problems such as high prevalence of sexually transmitted Disease (STIs), HIV/AIDS, unplanned and early pregnancies. Moreover, there is unsafe abortions by young women aged 15-24, 45 per cent, their fertility rate is high (116 per cent) and the level of comprehensive knowledge of AIDS being 48 per cent for young women 15-24 aged, and 43 for young men 15-24 age, (Demographic Health Survey, 2010).

One of the problems behind this situation is lack of awareness of youth friendly health services and poor access. Moya et al., (2002) argue that in most countries in sub-Saharan Africa, youths encounter significant obstacles to receiving sexual and reproductive health services and to obtaining effective, modern contraception and

condoms to protect themselves from sexually transmitted infections (STIs) including HIV.

In Tanzania, we have youth peer education Policy, as well as Reproductive Health Policy [2009], which generally emphasize on reduction of Reproductive health problems and other related diseases. The situation shows that there is inadequate access to information and services on reproductive health by adolescents in Tanzania. Only a small number of adolescent populations have had access to such services amounting to about 40% of the total adolescent population in the country (UN, 2010).

The biggest question remains: how much are information and the services accessible to and awareness about the services offered in our public health facilities. Such a question has been addressed in different approaches all over the globe but not in Tanzania. Therefore, this study aims to find out the awareness of adolescents about accessing youth friendly reproductive health services in Ilala Municipal Council.

1.3 Rationale of the Study

The importance of investing in adolescent's youth friendly reproductive health services is to demonstrate level of awareness and changing the behavior of young people provides the greatest opportunity for intervening against early pregnancies, STIs and HIV/AIDS. Research has shown that the few countries that have successfully decreased national HIV prevalence have done so mostly by encouraging safer sexual behaviors in adolescents.

In addition, investing in the health of adolescents not only improves the health of adolescents, but also ensures that the next generation of children is healthier. Adolescents with improved SRH knowledge who practice safer behaviors will in turn safeguard the health of their own children in the future (WHO, 2002).

Understanding the level of awareness among adolescents on reproductive health services provide evidence-based facts to the authorities and managers to plan accessibility and sustainability of these youth friendly reproductive health services. Not only that but also this helps the authorities to work on the identified challenges and keep up the best practices. The study also came up with improvement strategies regarding reproductive health services to adolescents in public health facilities in Ilala municipal council and Tanzania at large. Not the least the study is essential for practices part as academic requirement to achieve the master degree.

1.4 Objective of the Study

1.4.1 Main Objective

To assess adolescents' awareness of youth friendly reproductive health service available in Public Health facilities that are intended to promote reproductive health and access.

1.4.2 Specific Objectives

To attain the above objective, the following specific objectives were devised to guide the study:

(i) To identify various reproductive health services available in the facilities.

(ii) To determine youths awareness of reproductive health services.

(iii) To assess youths knowledge to distinguish between friendly and unfriendly reproductive behavior.

(iv) To explore strategies to improve access to and provision of youth friendly reproductive services.

1.5 Research Questions

To meet the aforelisted objectives, the following research questions were set up:

(i) What are the reproductive health services that are available in the centre?

(ii) What is the level of awareness among the youth on the youths on reproductive health services available to them?

(iii) To what extent are the youths' able to distinguish between friendly and unfriendly reproductive behaviors'?

(iv) What strategies to improve access and provision of youth friendly reproductive health services?

1.6 Chapter Summary

Chapter one presents the background information, statement of the problem and objectives of the study, which have been classified into two groups; general and specific objectives. The research questions that guided the research process have been also included. Moreover, the chapter shows the significance of the study. Generally the research is intended to assess adolescents' awareness of youth friendly reproductive health service available in Public Health facilities: A case of Ilala Municipal in Dar es Salaam.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers the literature review on adolescent access to youth friendly sexual and reproductive health services. It also presents the conceptualization of youth friendly sexual and reproductive health services and covers a review of the social cognitive theory and model from which guided this study. There is also a review and synthesis on available literatures on adolescent access to youth-friendly sexual and reproductive health in Tanzania as in this era of high prevalence of HIV/AIDS among young people. Finally research gap has been identified.

2.2 Global Magnitude HIV Pandemic

The growing needs for sexual and reproductive health services among adolescent girls is high but there are also a lot of challenges in accessing such services in Secondary Schools (as Institution) World Health Organization (2009) depicted the current health status of adolescents in the developing worldwide: More than 13 million of adolescent girls in the developing countries have unintended pregnancies (birth) each year. More than 100 million sexual transmission infections occur each year in young people aged 15-24 in developing countries (United Nations Children's Fund and World Health Organization, 2002).

Approximately by 2009, more than 95% of HIV/AIDS were in the developing world and more than half of the people who acquired HIV became infected before the age of 24 and typically died before the age of 35. Among these, young women of less

than 24 in the developing countries made up of about half of all people currently living with HIV/AIDS (WHO, 2009).

2.3 Female Youths and Reproductive Health Service

In Uganda, 41 % of women of reproductive age have indicated that they would like to plan their families but have no access to such services, which then leads to unwanted pregnancies and unsafe abortion. The Knowledge and information become even more powerful when they are combined with access to a comprehensive package of reproductive health services that is relevant to women through a life cycle approach- as young adolescents, during and after the reproductive years (UDHS, 2001). This package of reproductive health included family planning, maternal healthcare, the prevention and treatment of sexually transmitted infections, as well as prevention through counseling, testing, and treatment of HIV (Prada et al., 2005).

2.4 Adolescent Reproductive Health Services in Tanzania

The situation in Tanzania is not significantly different from other African countries. According to the Tanzania Poverty and Human Development Report (2009), HIV is a health problem, with prevalence of 3.6% among young women aged 15 – 24. Again looking at the data by age group and gender as seen in the Democratic Heath Survey Report (2010), prevalence among young women increases sharply after 15-24 years, which highlights the crucial importance of early prevention interventions. According to the Tanzania Demographic and Health Survey (2004/2005), almost quarter of all girls between the ages 15-19 are already mothers or have begun childbearing. The report also reveals that 22% of Tanzania's population have unmet needs for contraception.

Even when almost all Tanzanians are aware of at least one modern contraceptive method, only 20% have access to use at least one, only half of the girls aged 15-24 used a condom during their last sexual intercourse Human right activists argue that denying adolescents from accessing sexual and reproductive health information and services is a violation of their human rights (THMIS, 2007/08).

As elsewhere in the Tanzania, the majority of sexual reproductive health services in Dar es Salaam are provided through government facilities and under the support of non-governmental organizations. However, low utilization of mainstream health services by adolescents is a significant barrier to improve sexual reproductive health services. While global guidance regarding youth-friendly health services exists, there is scarce information on the awareness of adolescents in accessing quality youth friendly reproductive health services in the regions particularly the developing regions.

Currently, most young people begin to have sex commonly during adolescence age (TDHS, 2012). In Tanzania, almost 1out of 4 young women aged 15-19 are pregnant or already mothers, only 16% of all young women aged 15-24 are using a modern methods of family planning (TDHS, 2010). On average, young women begin to have sex at about age 18, while young men start having sex at about age 20. Among young women aged 15-24, (13% of them had sex by age 15, compared to 7% of young men age 15-24. Nearly 6 in 10 young women aged 18-24 reported to have sex by age 18, compared to 44% of young men aged 18-24 (Tanzania Demographic Health survey report, 2010).

Majority of the adolescents are ill-prepared for this transition, lacking comprehensive knowledge and awareness about sexual and reproductive health (SRH) and most of them are facing significant barriers in accessing quality SRH information and services. More than 15% of urban young people in Dar es Salaam had not by 2010, heard of family planning and they lack knowledge about sexual transmission infection (STIs) (Tanzania Demographic Health survey report, 2010).

Consequently, adolescents in Dar es Salaam and Tanzania in generals suffer a disproportionate burden of poor sexual and reproductive health services, including high rates of sexually transmitted infections and adolescent unplanned pregnancy, often with significant socio-economic consequences (TDHS, 2010).

The consequences of high pregnancy rates results in dropouts. Looking at the trend of Tanzania Demographic and Health Survey (TDHS) in 2004/2005 and school drop outs due to pregnancy have been increasing especially in secondary school; there is evidence that there inadequate education on sexual and reproductive health and the rights of accessing youth friendly sexual and reproductive health information and services (UNFPA, 2010).

Reproductive health and delivery of comprehensive health services to adolescents is a major priority to the government of Tanzania. The commitment is reflected in various policy documents and circulars such as circulars national health policy of 2007, Policy guidelines for reproductive and child health service of 2003, standards for adolescents friendly reproductive health service of 2005, the third national health sector strategies plan and the national road map to accelerate reduction of maternal

deaths (Tanzania Global Health Strategies, 2010-2015). This commitment has been of great help to implementation of various adolescent reproductive health programmers in Tanzania.

More efforts need to be done to improve the quality of and reliable youth friendly reproductive services in order to respond fully to the gaps and the great needs of adolescents. However, a large proportion of youths in the semi-urban and rural areas still faces significant challenges in reproductive health and poor access to both reproductive health information and services (FHI progress report, 2011).

Poor access to quality health care is one of the greatest barriers to the realization of education rights in Tanzania and lack of quality health have negatively impacted on educational access, retention and achievement of young people in the country. Therefore, this study aimed to find out the awareness of adolescents in accessing youth friendly reproductive health services in Ilala Municipal council (AYA,2003).

The focus on adolescent youth friendly reproductive health services resulted from the increased risk of adolescents to HIV/AIDS, Sexually Transmitted Infections (STI's) and complications of early and unplanned pregnancies. This threatens the health of future generations as close to a high proportional of youths in Tanzania. The situation shows that there is inadequate access to information and services on reproductive health by adolescents. Only a small number of adolescent populations have had access to such services amounting to about 40% of the total adolescent population in the country (UN, 2010). There are several reasons why the Sexual and Reproductive Health (SRH) of adolescents should receive special attention.

Adolescents experience specific vulnerabilities that are unique to their age group: physiological vulnerability; high susceptibility to peer pressure; tendency to engage in risk-taking behavior; less ability to negotiate safer sex practices; and difficulty accessing reproductive health information and services With regard to physiological vulnerabilities, adolescent girls have biologically immature reproductive and immune systems, which make them particularly vulnerable to sexually transmitted infections (Bearinger *et al*., 2007).

Delivery of comprehensive health services to adolescents is a major priority to the government of Tanzania. The commitment is reflected in various policy documents such as; National Healthy Policy (2007); Policy Guidelines for Reproductive and Child Health Services (2003); Standards for Adolescents Friendly Reproductive Health Services (2005); the Third National Health Sector Strategic Plan; and the National Roadmap to Accelerate Reduction of Maternal; Newborn and Child Health. This commitment has given thrust to implementation of various adolescent reproductive health programs in the country. However, according to AYA Project evaluation report (2003), there is inadequate education on sexual and reproductive health with low coverage of youth friendly sexual and reproductive health sites.

2.5 Theoretical Framework

2.5.1 The Social Cognitive Theory and Adolescent Sexual and Reproductive Health

The Social Cognitive Theory shows how the variables (environment, personal characteristics and social factors) contribute to mold adolescents' reproductive

health, if utilized in a right way they contribute at prevention, promotion and management of reproductive health issues thus resulting to good health.

(a) Personal factors: Internal individual factors, characteristics or attribute such as age, sex or gender, self-efficacy or perception and education level affect, enhance their access services. Individuals in this context imply adolescent, their age, education level and perceived self-efficacy (Bandura, 1986).

(b) Environment: environment or situation may be applied to encompass the laws or policies regulating adolescent access to health services; the timing and physical location of health facilities; and the social interactions of peers, sexual partners or family members relating to access to sexual and reproductive health in general. The kind of health services available, quality of services provided and the extent to which these services are accessible is highly determined by the availability of health facilities, policies and legal frameworks, cultural norms and resources such as well trained health providers, health equipments and supplies, social norms and support such as family, peers, friends and the economic status which all forms the broad term environment, (National Adolescents reproductive Health Strategy, 2011-2015).

(c) Behavior or the person's behavior: Behavior is a relative phenomenal or concept that is subjective to individual perceptions. What people think, believe, and feel, affects how they behave (Bandura, 1986). For instance, excessive fear may derail an individual's ability to undertake a protective behavior and decision-making of an individual. This individual behavior implies the adolescent girl's behavior such as health risk behavior, health-seeking behavior, risk perception, risk reduction

behavior and general individual behavior. Therefore, behavior is determined by the reciprocal determinism: i.e., the dynamic and constant interaction between the characteristic of the person, behavior and environment and a change in one component will have an impact on others.

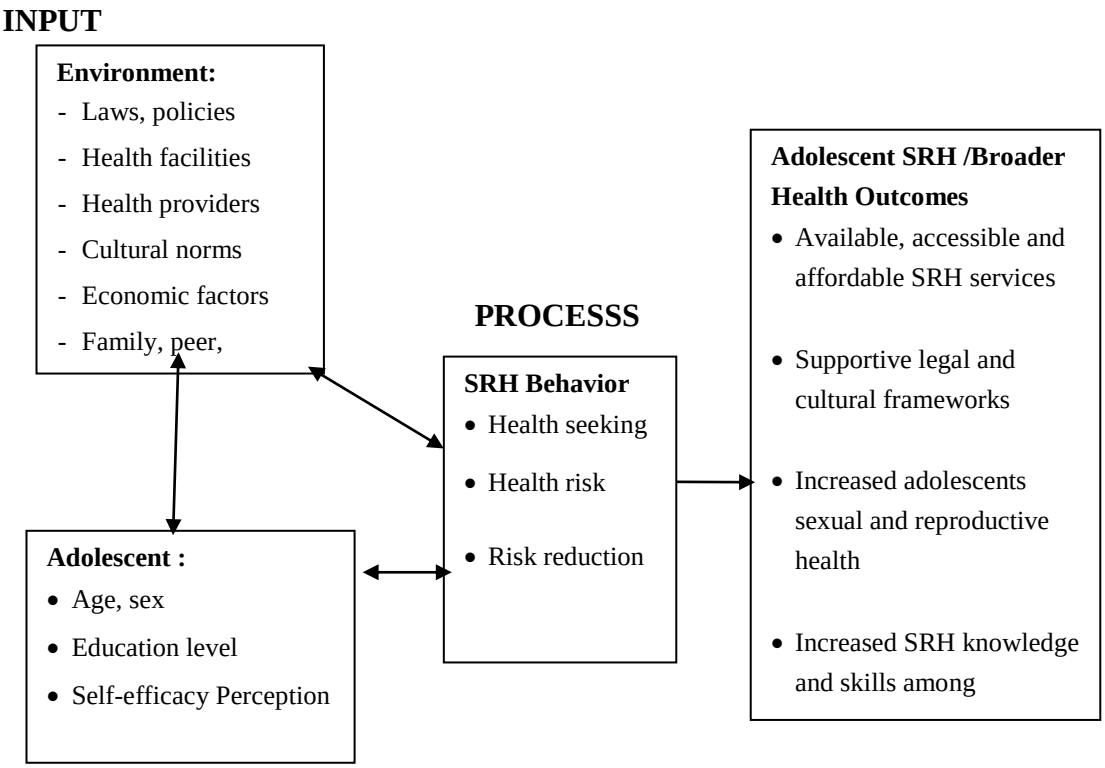

Figure 2.1: Social Cognitive Theory

Source: Bandura (1989)

Figure 2.1 represents the three components of Social Cognitive Theory as they relate to the broader context of adolescent sexual and reproductive health. Environment and social issues can influence personal cognitive in two ways traffic it will lead to outcome either positive or negative depending on the situation; and will eventually result to impact which can also be positive or negative depending with the information cognitive through process.

2.6 Empirical Studies

In the city of New York, a public health facility established the Teen Clinic to serve a low income community at high risk for teenage pregnancy. Program features included free services, expanded hours of operation, group discussions, and outreach activities to publicize the special services. An evaluation showed that new patient registration increased 82% compared with enrollment before the programme began. This increase also compared favorably with two neighboring public health department facilities without specialized teen programs that experienced either a small increase (4%) or modest decrease (17%) during the same time periods. Importantly, the services increased and this was achieved at basically no financial cost to the clinic management, primarily owing to a staggering of staff time. (Herz, Olson and Reis, 1988) .

In Brazil, a public sector project to strengthen adolescent reproductive health policy, training, and services was designed to establish an effective linkage between schools and health clinics. On the basis of some earlier efforts on incorporating sexuality education into secondary school curricula and on the consequent increased use of clinics by adolescents for family planning services, the project emphasized preparing health providers to work with adolescents (WHO, 2007).

In addition, project components included a coordinated approach to policy revision, the training of student educators, and the establishment of cross-referral systems. The purpose of this pilot demonstration project was to identify a replicable model for referral between health clinics and nearby secondary schools that would improve the

RH of adolescents attending those schools. A multimethod evaluation (including baseline and follow-up surveys) showed that significantly more students cited health center staff as potential sources of RH and sexuality information after an academic year of intervention and that significantly more students also used the health post to obtain information about how to avoid a pregnancy at follow-up compared to baseline, (Gaffikin et al., 1998).

In Mexico, the Mexican Institute of Social Security (IMSS), through its Adolescents Program, is responsible for providing health and social services, including sexuality information and RH care, to young people. With the recognition that young people have increased demands for education and services but are reluctant to attend IMSS clinics or other medical services when they were feeling well, IMSS launched a strategy to better serve adolescents in Mexico (BMC Public Health, 2010).

On the basis of research and observation visits and in collaboration with JHU/PCS, IMSS established an institutional model to serve adolescents, integrating its medical, sports, and cultural centers as a more user-friendly approach. They defined a training curriculum and strategy to sensitize providers on the needs and realities of adolescents, and they developed an information, education, and communication plan for adolescents, their parents, and teachers (BMC Public Health, 2010).

To help adolescents understand what to expect in clinics and to feel comfortable when attending a clinic, youth promoters, physicians, and paramedics visit schools and encourage guided tours of nearby facilities. As a result of pilot projects in three

cities, IMSS has established a permanent nationwide program to serve adolescents in collaboration with several other government and NGOs. Because of the strong political will of its leaders and service providers, IMSS met the difficult challenge of providing youth-friendly services within the context of a medical environment, (JHU/CCP) 1998). Barkat et al., (2000) reported that adolescents and youth in Bangladesh were particularly vulnerable to health risks, especially in the area of reproductive health.

This is due to their lack of access to information and services and societal pressure to perform as adults notwithstanding the physical, mental, and emotional changes they were undergoing. The contemporary information and services that were available are not specific to adolescents, and the quality of such information and services is often poor or inappropriate for this age group.

The evaluation study of a Family Planning Association of Bangladesh (FPAB) program to reach youth was conducted in 12 of 71 project sites. The results indicated that a substantial proportion of adolescents and youth are not knowledgeable about the following: the underlying cause/mechanism of menstruation, the consequences of unprotected sexual acts, gonorrhea, syphilis, how a person is infected with HIV/AIDS, menstrual regulation, and the availability of treatment facilities for STIs.30 Premarital sex was reported by approximately 7 percent of the adolescents in the study (both unmarried and married) and 21 percent of the unmarried youth. Over 50 percent of unmarried adolescent and youth did not use a condom during their first premarital intercourse. A large proportion of the married adolescents were unaware

of emergency obstetric care. Most young people and parents did not report support for polygamy or dowry (Barkat *et al*., 2000).

In Bangladesh, the government identified adolescent health and education both as a priority and a challenge and to face the challenge, and incorporated this issue in the current Health and Population Sector Program (HPSP). There were expectations that with the introduction of the Essential Services Package (ESP) across Bangladesh through the HPSP, there would be an overall increase in the quantity and quality of information and services available for adolescents through a network of clinics at various levels: community, upazila (subdistrict), and district, (Annual Progress Review of HPSP, 2000 and 2001). The steps already taken by the ESP were as follows:

(i) Production, printing, and distribution of health education materials for adolescents to increase awareness on adolescent health.

(ii) Production, printing, and distribution of information, education, and communication (IEC) materials for guardians, teachers, and social leaders to increase awareness on adolescent health and ARH.

(iii) Provision of health education for adolescents on nutrition and adolescent health. Distribution of iron and folic acid tablets to combat malnutrition and anemia.

(iv) Provision of Tablet Hyocine-N-Butyl Bromide/Ibuprofen through the Union Health and Family Welfare Center for the treatment of dysmenorrheal.

(v) Provision of consultation and treatment for various ARH problems.

(vi) Provision of consultation and treatment for RTI-related problems of adolescents.

(vii) Provision of counseling for adolescents' physical and mental health problems, and provision for the diagnosis and treatment of these problems in the case of any abnormality.

The above mentioned services, including referral, are now being provided under ESP (Reproductive Health) at different tiers of the health system, which includes community clinic, union health and family welfare center, Upazilla health complex and maternal and child welfare center levels.

Trangsrud (1998) reported that the Planned Parenthood Association of South Africa set up the Youth Information Centre Pilot Project to provide clinic RH services exclusively for adolescents and to create a replicable model for widespread adoption. A key planning strategy was the involvement of young people in the program's design; they were also involved in monitoring and management.

The seven pilot centers were run by young professionals and offered contraceptive services, STI treatment, counseling, and pregnancy tests in a youth-friendly environment. Part of the "friendliness" was defined as not using the term "clinic" and not furnishing the centers in a medical mode. The centers also offered some form of entertainment, such as recreational and educational videos, and health literature. Privacy was assured and referrals were made to handle health and social services not provided by the centers. Although full-fledged evaluations had not yet occurred

following the initial baseline studies, attendance information showed that clients had been increasing since the program began. Staff members reported improved attitudes toward condom use.

In Zambia, a John Snow, Inc. Service Expansion and Technical Support (JSI/SEATS) project, the Lusaka Urban Youth-Friendly Health Services project, collaborated with the Lusaka District Health Management Team to improve and to promote access to and use of quality RH services for youth ages 10 to 24 years. Before establishing the program, a participatory learning and action exercise was undertaken to create awareness and to identify needs, (Robert J. Magnani, and Katherine Bond 2000).

An important finding from this exercise was that parents were too shy to discuss reproductive health issues with their children, a task formerly carried out by grandparents and aunties. Thus the project was conceptualized to the community as placing the health facilities in the role of grandparents—with parents being kept informed. A key design element to attract and to serve youth was providing peer educators in two clinics; the peer educators also perform community outreach. Contraceptive education and prenatal care were available daily at seven health centers(Reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-8 25, 2011).

Condoms and foaming tablets were provided free; referrals are made for other services. Assessment of youth utilization indicates that the number of users had doubled from baseline figures, including a significant increase in participation by

non-pregnant teens seeking counseling and prevention services, (Chirwa, 1998). In Kenya, NCPD (2003) report shows that, in order to raise the level of awareness and friendly health service provision to adolescent, the government of Kenya has set a series of specific strategic actions to address the issues such as:

(i) Provide appropriate sexual and reproductive health information and services at all levels: Incorporate adolescent sexual and reproductive health education into the curricula of all education and training institutions.

(ii) Sensitize the various groups within communities on the protection of children's rights and the provisions and enforcement of the Children's Act.

(iii) Provide education to parents and the community on the sexual and reproductive rights and health of adolescents and youth.

(iv) Address gender concerns in all sexual and reproductive health program: Support program that encourage adolescents and the youth to delay their sexual debut and practice abstinence.

(v) Strengthen capacities of institutions, service providers and communities to provide appropriate information and services such as post-abortion care, family planning (FP), and maternal, antenatal and delivery services for adolescents and youth.

(vi) Promote appropriate HIV/AIDS education programme for adolescents and youth in and out of school.

(vii) Advocate for behavior change communication program by target groups (10-14 years, in and out of school, married, disabled, displaced including street children).

(viii) Strengthen the capacity of teachers, parents and leaders within communities to provide appropriate information on HIV/AIDS.

(ix) Promote adolescent involvement and participation in planning, decision-making, implementation and management of adolescent sexual and reproductive rights and health program.

(x) Establish and promote adolescent-friendly voluntary counseling and testing (VCT) sites, and link them to other agencies.

Maro (2012) study lead him to conclude that Young people in Kilindi District has a moderately higher knowledge and awareness on key issues of Sexual and Reproductive health services and they considering health facilities as appropriate place to obtain Sexual Reproductive health services.

Although Health facilities are preferred places for SRH services, youth center was also an area where young people would like to get SRH services. Quality of friendly youth SRH services at health facilities in Kilindi is very low considering set seven standards by Ministry of Health and social welfare of Tanzania (Maro, 2012).

Limited number of qualified health service providers and lack of capacity building of the existing health service provider contribute to this state of poor quality. Low quality of SRH services were also noted in all aspects of physical aspects of

facilities, reliability of services, the willingness of health care providers to help customers, competence, courtesy, credibility and security.

2.7 The Conceptual Framework

The conceptual framework for this study is as presented in Figure 2.2. In most cases Reproductive Health Services for adolescents are divided into two categories; namely preventive services and diagnostic/curative services.

(a) Preventive services include provision of information and conducting counseling sessions about reproductive health topics such as sexually transmitted infections, what they are, how they are transmitted, how to avoid being infected and where they can be managed in correct way. Others include risks related to having pregnancy in younger age, provision of contraceptives and emergency contraceptive pills where necessary, risk reduction in multiple relationships counseling, proper way of using condoms, provision and distribution of free condoms. In most cases, the information is obtained or distributed through the supply of brochures, free magazines like the famous "Femina[1]" and "Si Mchezo[2]" magazines, conducting some health talks, conferences, sensitizations, road shows and concerts like the "Ishi" campaigns which was conducted by FHI a non government organization in 2000. The television, radio programs, road shows and advertisements such as the FATAKI[3] was an initiative by ministry of health in collaboration with John Hopkins university fund.

[1] FEMINA: a bulletin with health reproductive information supplied to adolescent

[2] Si Mchezo: Awareness bulletin with health reproductive information supplied to adolescent

[3] FATAKI: Series of video clips designed to educate adolescent about Reproductive health

(b) Diagnostic/curative services include: prenatal and postpartum services, treatment of post-abortion complications, diagnosis and treatment of sexually transmitted infections, and voluntary counseling and testing of HIV as well as care and treatment of HIV/AIDS.

In Tanzania, there are some health facilities mostly public owned but also some private, Faith based Organizations, Community based Organizations, and NGOs that provides these services to young people free of charge, (World Health Organization, 2006). The situation shows that, so far, preventative youth-friendly services have generally been unsuccessful in attracting adolescents.

This is possibly because adolescents have no immediate need to use these services. In many cases youth do not perceive themselves at risk or when they do recognize the risk, they may postpone seeking services.

Curative services are more successful as they need is more obvious often immediate, and more readily accepted by the community especially voluntary counseling and testing for HIV, diagnosis and treatment of sexually transmitted infections, prenatal care or postpartum services.

Despite these facts, researches on the effectiveness on youth friendly services is inconclusive because there is evidence that making services youth-friendly does not attract more youth; there is also evidence that while some youth-friendly services lead to better utilization, the same pattern can be observed in clinics that were not designed to be youth-friendly. Publicity.

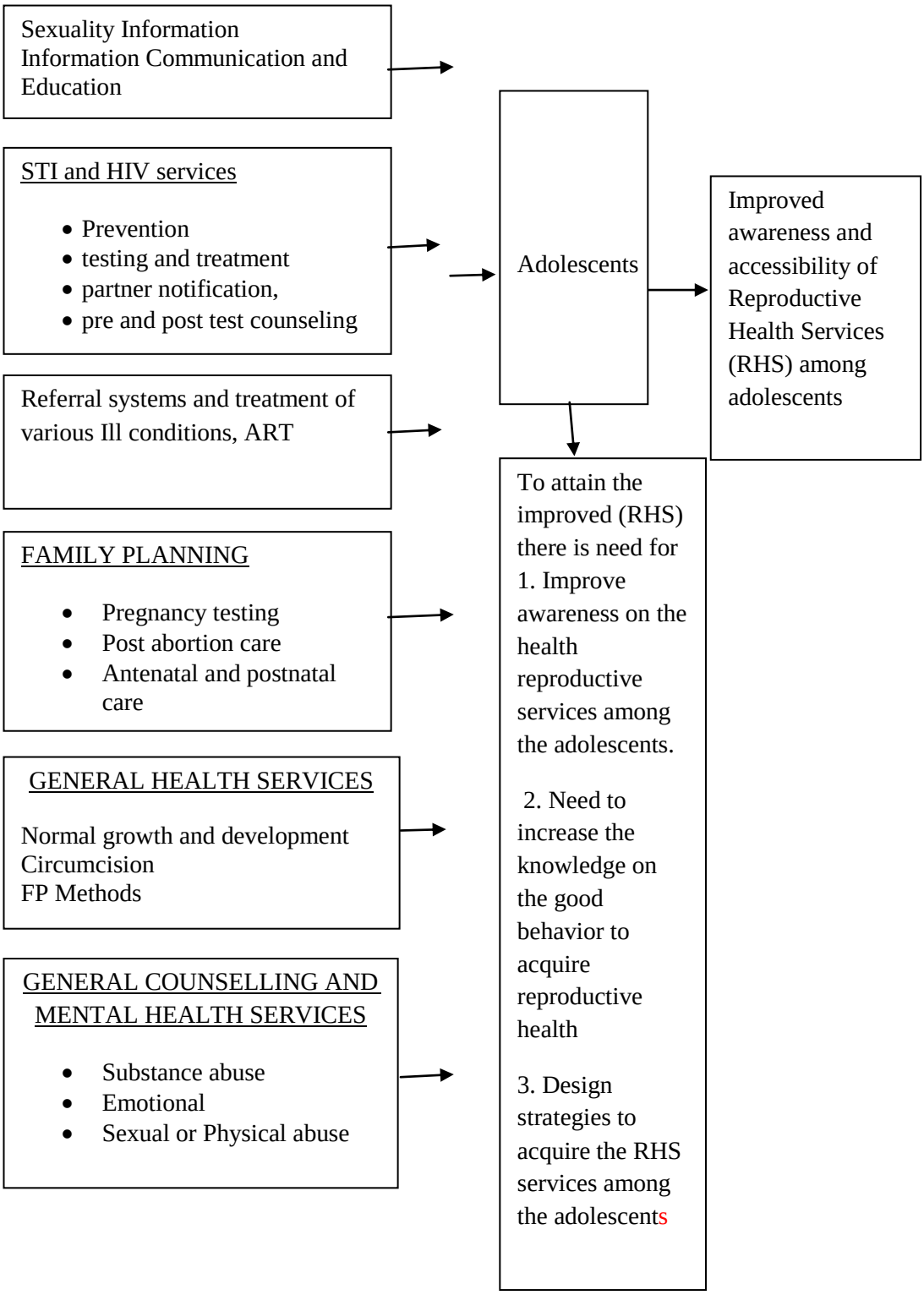

Figure 2.2: Conceptual Framework for Studying Current Practice of Youth Reproductive Health Services in Facilities

Source: Authors own construct

National care and treatment plan (NCTP) has four main goals:

1. To provide quality continuum care

2. To promote expansion of service

3. Fostering information, education and communication. Efforts focused on increasing public understanding of various care

4. Contribute of strengthening social support such as home based care service (National Aids Control Program HIV/AIDS/ STI surveillance report no 20 of 2007).

When we look at current practice of reproductive health services in our facilities there are various service of which adolescent will benefit if they become aware. Since information is power, if well informed the clients can promote good decision making, make understanding of alternatives, challenges and advantages. Failure to that the clients can go to wrong decision assumptions stigma and poor adherence.

The Figure 2.2 indicates various services in most of our health facilities of which adolescent also are among the patient or clients. Sexuality information and education provides basic primary information for adolescent that leads to right understanding and each section provides information accordingly. Advantages of becoming aware are: raising awareness, promote cognitive, reducing stigma, enhance drug compliance, promote health seeking behavior in doing so case management is done, counseling (Drug abuse, Nutrition and Emotional issues), referral and link to other services.

All service can be grouped into preventive service example education and counseling service. Promotive service such as referral, home based care and stigma reduction. Curative service such as care and treatment of AIDS, STI and general management of other illness.

2.8 Literature Synthesis and Knowledge Gap

There is a growing recognition among reproductive health providers throughout the world that “youth-friendly” services are needed if young people are to be adequately provided with reproductive health care. Such services are able to effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining these young clients for continuing care. Whether services are provided in a clinical setting, in a youth center or at a workplace or through outreach to informal venues, certain youth-friendly characteristics are essential to effective programs. Basic components include specially trained providers, privacy, confidentiality, and accessibility.

The literature review presented a number of programs that are currently used all over the world to ensure that quality and friendly reproductive health services are offered to adolescent, it further describes a number of programs, policies and different kind of initiatives currently utilized to cultivate the reproductive health services to young people, the question that remain unanswered is how much are information and the service accessible to and awareness about the services offered in our public health facilities. Therefore this study aims to find out the awareness of adolescents about accessing youth friendly reproductive health services in Ilala Municipal Council.

2.9 Chapter summary

Chapter two describes various literature reviews ranging from definition of key related to adolescent awareness on youth friendly reproductive health services. It further presents the Social cognitive theory which describes how the variables (environment, personal characteristics and social factors) contribute to mold adolescents' reproductive health, if utilized in a right way they contribute at prevention, promotion and management of reproductive health issues thus resulting to good health. The chapter further presents empirical studies which show a number of interventions and programs designed from other countries all over the world to ensure that reproductive health services offered to adolescent are friendly and attracts youth to attend the clinics. Lastly the chapter presents the conceptual framework, which forms the lens of this study.

CHAPTER THREE

RESSEARCH METHODOLOGY

3.1 Introduction

This chapter is on the research design, the study area and the study population. It also covers sampling procedures and sample size or techniques applied in the study to get a representation from the study population. Key study variables and their measurement are described and discussed. Furthermore, type and sources of data, data collection methods and data analysis procedures are presented.

3.2 Study Design and Approaches

Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose. It constitutes the blue print for collection, measurement, and analysis of data. In most cases there are number of questions in respect of the design the; why, what, how, where and who, for example linking the understanding on what the study is all about, why chosen, what is the scope, study area, objectives, type of data, sampling design, technique and many other questions in respect of the study (Kumar, 2005).

This study used the case study design, which was chosen because it enables the current researcher to collect data analysis using multiple sources of data. To enhance the quality of data through triangulation, multiple data sources were used (primary and secondary data). Primary data were collected via questionnaires that were distributed to 90 adolescents that were sampled in the study area and an interview was conducted to 9 health care providers sampled from three health facilities:,

namely, Mnazi mmoja and Buguruni health centre and IDC clinic. This study combined both qualitative and quantitative approaches. Multiple data collection and analysis methods were used in this research method to study adolescents and their access to sexual and reproductive health in Ilala Municipal in Dar es Salaam City.

This combination of methods was selected to capture a wide range of information and to provide a researcher with an opportunity to understand in depth information and natural setting of the research area Tashkkori and Teddlie (2009). Quantitative approach was useful to provide the number or percentage of adolescent who have either ever accessed youth friendly sexual and reproductive health services whereby the qualitative approach helped to capture most non-verbal expressing and the verbal such as feelings, perceptions, experiences, opinions and other contextual information. This form of triangulation was vital for internal data validity.

3.3 Study Area

Study area is the geographical area in which data of particular case study is conducted for the main purpose of gathering information in relation to that study. Ilala Municipal was earmarked for this study; it served a population of more than 1,220,611 (National Census 2012). This is among three Municipals that make Dar es Salaam city.

The first facility was the Infectious Disease Center (IDC), which is a public health clinic located between the Central Police and the Central Traffic police in the City center. This facility had two clinic services; one for adults aged 25 year old and above and the second one was the youth clinic that serves young people between the

age of 12 and 24 years old. The clinic provides the following services, voluntary counseling and testing for HIV, care and treatment (CTC), syndrome treatment of STIs, TB diagnosis and treatment, condom distribution, information and educational services and HIV / AIDS researchs.

The second facility was the Buguruni - Plan health center, which was located at Buguruni ward along the road that heads to Vingunguti near the railway line. The facility used to provide a wide range of comprehensive health services for both adults and youths including HIV Voluntary Counseling and Testing (VCT), Sexually Transmitted Infections (STIs) diagnosis and management and Care and Treatment (CTC) services, provisions of contraceptives and condom distribution, information, education and communication (IEC), the 3rd one is Mnazi Mmoja Health Centre.

3.4 Study Population

Study population is defined as the target group to be studied in a particular place (Krishnaswami, 2002). It is generally a large collection of individuals or objects that are the main focus of the scientific inquiry also known as a well-defined collection of individuals or objects known to have similar characteristics.

In this study, the study population included all adolescents aged 10 to 24 years old who visited the Infectious Disease Centre (IDC), Mnazi Mmoja, Buguruni health centre for services and who came for their clinic attendance and appointments in order to obtain comprehensive information regarding to the accessibility of the sexual and reproductive health services. Health care providers for youth friendly services were also involved in the in-depth interview from Infectious Disease Centre (IDC), Buguruni and Mnazi Mmoja health centers.

3.5 Sampling Technique and Sample Size

A sample is a group of respondents drawn from a population under study (Kothari, 2000). The study use both purposely sampling design and randomly sampling design. Study participants who satisfied the inclusion criteria were recruited for the study by convenient sampling. The study sample size was 90 and it included all adolescents (boys and girls) who met the inclusion criteria and were available at the study area during three (3) weeks period of data collection. Nine (9) health care provider were sampled purposively three (3) from each health facility (that is Mnazi Mmoja, Buguruni and IDC clinic). All health care providers participated in the in-depth interview.

3.6 Data Collection Instruments

Data were collected using structured questionnaires, in-depth interviews, documentary reviews and observation.

3.6.1 Questionnaire

Questionnaire is a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondent although they are often designed for statistical analysis of the responses. The questionnaire was used to collect data from adolescent.

The researcher administered the questionnaires because of the sensitivity of the topic and because the data collected included respondent's personal information. The questionnaires were administered by the researcher to all 90 adolescents that were recruited in the study. The researcher allowed for clarification of any question that

respondent seemed unable to understand, making it easy for her to give the correct response. The questions in the questionnaires were multiple choice questions and close end questions were based on the specific objectives.

3.6.2 Interview

Interview is a conversation between two or more people where questions are asked by the interviewer to elicit facts or statements from the interviewee. (David Silverman, 2004). The individual interview was suitable for explorative of specific challenges probing for preferred way of accessing services and information and method of interview is structured interview.

A total of 9 sampled health service providers were interviewed with regard to access to youth friendly sexual and reproductive health services and factors that hinder or limit their access of the services (in semi Structure Questions). Three (3) health care providers from the IDC clinic, (3) from Mnazi Mmoja and (3) from Buguruni health centers were interviewed about their role to ensure access and sustainability of youth friendly sexual and reproductive health services.

3.6.3 Observation

Observation of health facility notice board was done to find out what kind of information is posted for the attention of adolescent, also availability of guidelines or working schedule in place.

3.7 Data Collection Process

Two research assistant were trained for one day by the principal investigator to familiarize them with the tools (particularly on how to ask questions and record the

information accurately). After acquiring all the necessary information, the researcher introduced the study to officers-in-charge of healthcare facilities and other staff members. After patients had been attended at the health facilities, they were approached by researcher and asked for the interview, they were asked to participate willingly and thus the ethics were highly observed.

This included the need to inform them the objective of the interview that it intended to improve the future awareness of the reproductive health services to youth. Those unwilling to participate were excluded. Those who accepted were interviewed from a secure place located within the health care center. Data were collected on daily basis from morning to afternoon, except during weekends, for eight days. A total of 90 adolescents who attended public health care facilities were interviewed during which each interview took about 10 to 15 minutes. Researcher counter-checked for accuracy and completion of the filled questionnaires.

All completed questionnaires were given a code number. The researcher was responsible for planning overseeing and implementing the research activities. The researcher recruited a main assistant to help with the supervision and trouble shooting in cases research assistant face any difficulties during actual data collection. Two research assistants were recruited for data collection and a researcher guide for entering raw data into SPSS for analysis.

3.8 Quantitative Data Processing and Analysis

Data were edited for accuracy, readability, consistence and completeness; thereafter it was coded and then entered into a computer using SPSS software (Stastical Package for the Social Sciences) version 20.

3.9 Qualitative Data Processing and Analysis

Qualitative data and all ipad-recorded interviews were transcribed and edited. The transcribed text was translated from Kiswahili to English and read several times to gain familiarity with the data. After reading all transcripts, demarcated segments of texts that represent the main issues that emerged during data collection were created. Each segment was labeled with a code- key points relating to experience and perceptions of accountability of public health facilities such as perception of accountability in health services, transparence and accountability of health care providers and knowledge to answer the research questions in line with study objectives. Content analysis was consequently made from data obtained through in – depth interviews.

3.10 Ethical Consideration

The majority of participants only had to spend at least 1 hour required to respond to the questionnaires during follow-up visits. Permission to conduct this study was sought from Open University Directorate of Research and Ilala Municipal Medical Officer. Signed informed consent was obtained from study participants. The aim, methods and benefits of the study were explained to the study participants. The study community got the feedback of the study findings and based on the finding the community was advised accordingly.

3.11 Chapter Summary

Chapter three presents research methodology used to collect data during the data gathering process. The chapter presents the study area, case study design, sampling techniques, data collection methods and analysis plan.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the analysis and discussion of the findings. This is done based on research objectives and questions and similar findings are cited wherever required. Data was presented and discussed with the help of tables and figures as a means of summarizing and clarifying matters for each finding with regard to the study objectives.

4.1 Demographic Characteristics of Respondents

This part presents the demographic characteristics of informants involved in the study; it presents sub topics such as, gender of respondents, age of respondents, respondents' level of education, position of respondents as well as work experience.

4.1.1 Sex of Respondents

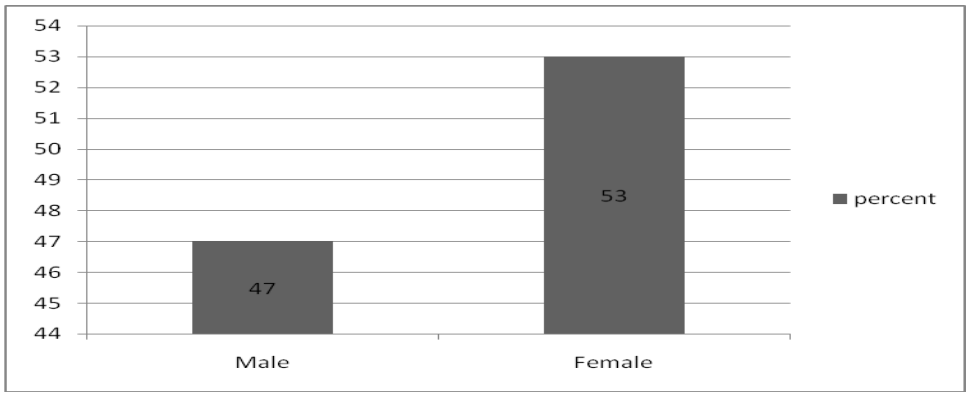

Figure 4.1: Sex of Respondents

In this study sex category of respondents were analyzed in order to make the research gender sensitive. The study shows that in total there were 90 respondents out of

which 53% were female and 47% were males. This shows that the main part of the statistics was collected more from female than male adolescents. The variation was due to availability and willingness of respondents, whereby females were more willing to participate than men. Furthermore, most adolescents found by the researcher from the health facilities were female seeking some information with respect to reproductive health.

4.1.2 Age of Respondents

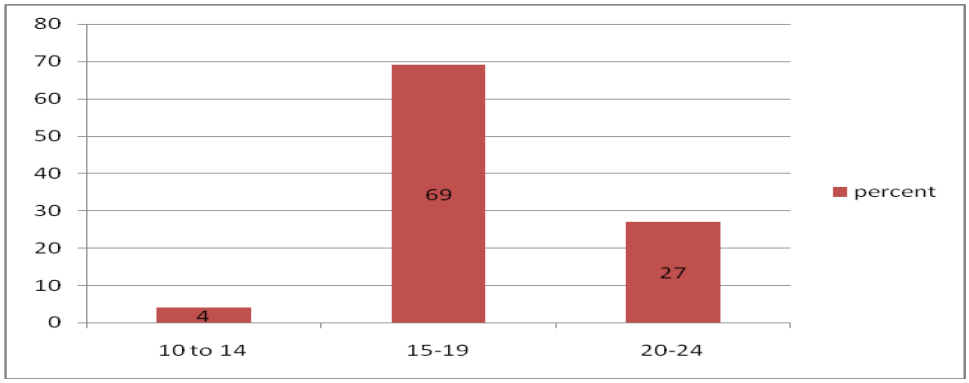

Figure 4.2: Age of Respondents

Source: Filed Data (2015)

The findings from the study show that out of 90 adolescents approached through questionnaires (4. %) were in the age group between 10 and 14 years, followed by the second group of respondents with the age group of 20-24 years constituting (27.%). The largest group of adolescent (69. %) were in the age group of 15-19. This shows that the majority of respondents were youths who actually are in the active age or transition stage from childhood to adulthood. Most young people today begin to have sex commonly during this adolescence age. In Tanzania, statistics shows that, almost 1 in 4 young women aged 15-19 are pregnant or already mothers, only 16% of all young women aged 15-24 are using modern methods of family

planning (TDHS, 2010). On average, young women begin to have sex at about age 18, while young men start having sex at about age 20. Among young women aged 15-24, (13% of them had sex by age 15, compared to 7% of young men age 15-24. Nearly 6 in 10 young women age 18-24 had sex by age 18, compared to 44% of young men age 18-24 (Tanzania Demographic Health survey report 2010).

4.1.3 Level of Education

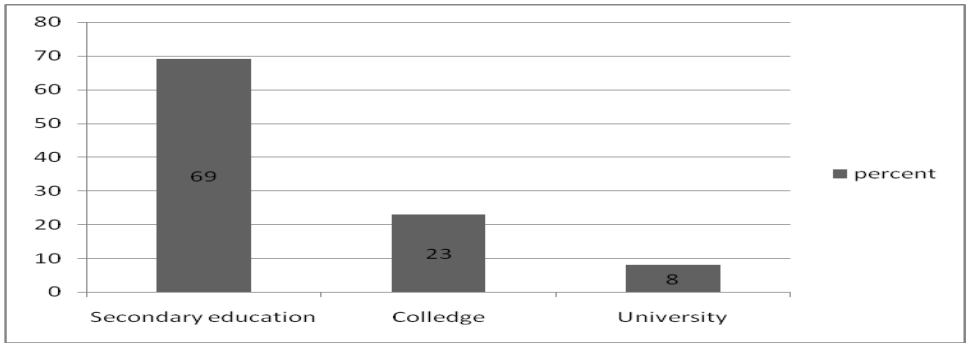

Figure 4.3: Respondents Level of Education
Source: Filed Data (2015)

In order to be able to provide and analyze information about adolescents' awareness on youth friendly reproductive health services and access one needs to have a certain level of education, it found, worth finding out the level of education of adolescents who participate in this study.

The findings show that large number of informants (69%) approached hold a secondary school education, followed by certificates and Diploma holders representing 23%. The third group of respondents had university degrees, and accounted for only 8%. None of the respondents were found with primary education. The indication from the findings is that, the respondents had good and satisfactory

levels of education in relation to their positions and the study under review. Young people with good level of education are essentially aware of youth friendly services and Sexual Reproductive Health services more than those with primary schools education or have never attended the school.

4.2 Availability of Reproductive Health Services in the Centre and Entire Community

The first research objective sought to find out the availability of youth friendly services and sexual reproductive health services (hence forth, YFSRHS) in the community where adolescent can access health care services. This section presents, analyses and discuses findings on that objective.

4.2.1 Availability of YFSRHS in Schools or Community Settings

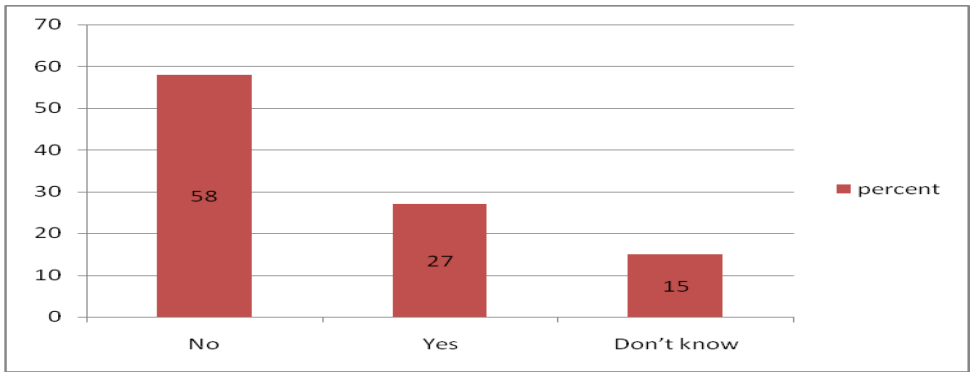

Figure 4.4: Available YFRHS in Schools or Community Settings

The researcher was keen to find out whether YFSRHS are also available in schools or community settings apart from the clinics. The researcher used questionnaires to collect data from respondents' adolescents. Research findings show that, 58% of adolescent mentioned that, there were no youth friendly services and reproductive services in their school or community. Only 27% agree with the assertion that,

YFRHS are available in schools and community settings while 15% do not know. The finding shows that, at the time of this study most YFRHS for adolescent were only offered from the clinics. It was mentioned that, many adolescent found it difficult to visit clinics seeking for these services otherwise they are sick, but it would be easier for them if such services would be provided in schools or community convenient for them rather than visiting the clinic.

It was further mentioned by respondents who were service providers that, given the challenge of attracting young people to fixed clinic sites, clinics could increase their reach by other means of contact with clients. Telephone hot lines, for example, could be operated by trained counselors from the clinic site, but clients needed not come to the clinic for information or counseling.

Alternatively, counselors (peers or adults) and outreach workers (including community based distribution agents) could go into the community to deliver services. For some young clients, one of these models would serve as an intermediate approach to on-site clinic use until they become more comfortable or their situation becomes more urgent. Clinics could also set up smaller branches or satellite clinics closer to where young people congregate6 or that are linked to schools.

Research findings show that YFSRHS could be accessed from the clinics or hospital, mostly public hospitals. Large numbers of adolescents (96%) who participated in the study during the interview mentioned that these services were mostly available from the Government hospitals and this mean that if one is in need of accessing such services he/she must visit a government hospital or clinics.

4.2.2 The Accessibility of YFSRHS in Tanzania

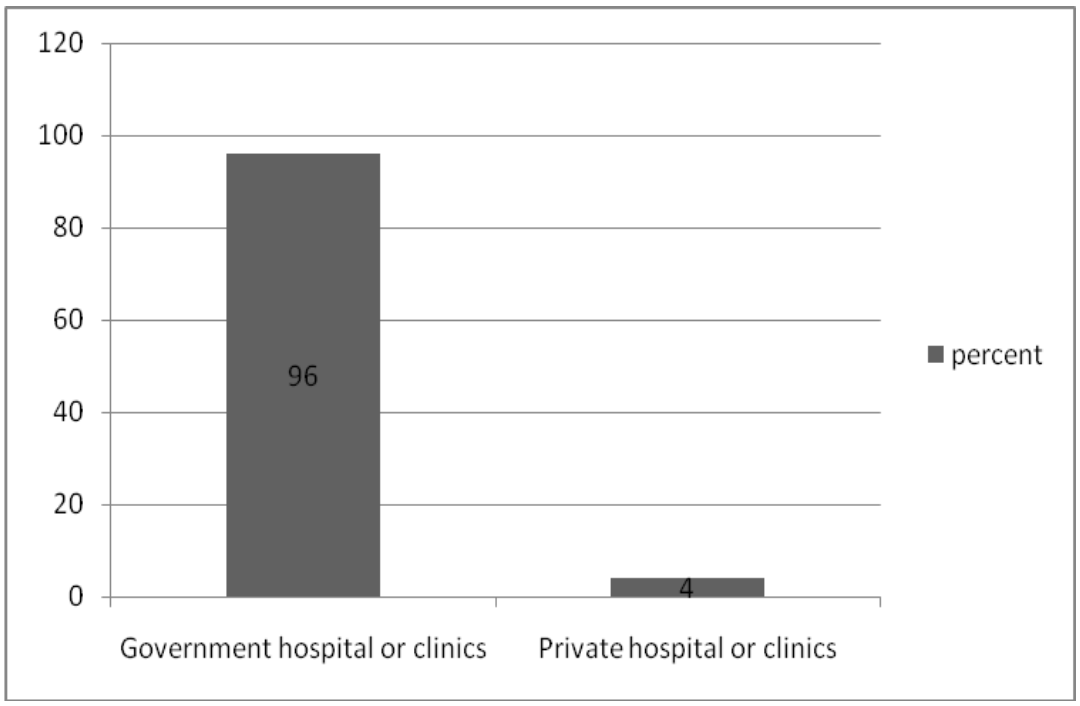

Figure 4.5: The Accessibility of HFSRHS in Tanzania

Source: Filed Data (2015)

On the other hand only 4% of adolescents mentioned that such services could also be accessed from the private hospitals or clinics. During the interview with service providers it was noted that, as elsewhere in the Tanzania, the majority of sexual reproductive health services in Dar es Salaam were being provided through government facilities and under the support of non-governmental organizations.

However, low utilization of mainstream health services by adolescents is a significant barrier to improve sexual reproductive health services, while global guidance regarding youth-friendly health services exists, there is scarce information on the awareness of adolescents in accessing quality youth friendly reproductive health services in the regions particularly the developing regions.

4.2.3 Accessibility of YFSRHS to Adolescent between the Ages 10 to 24 Years

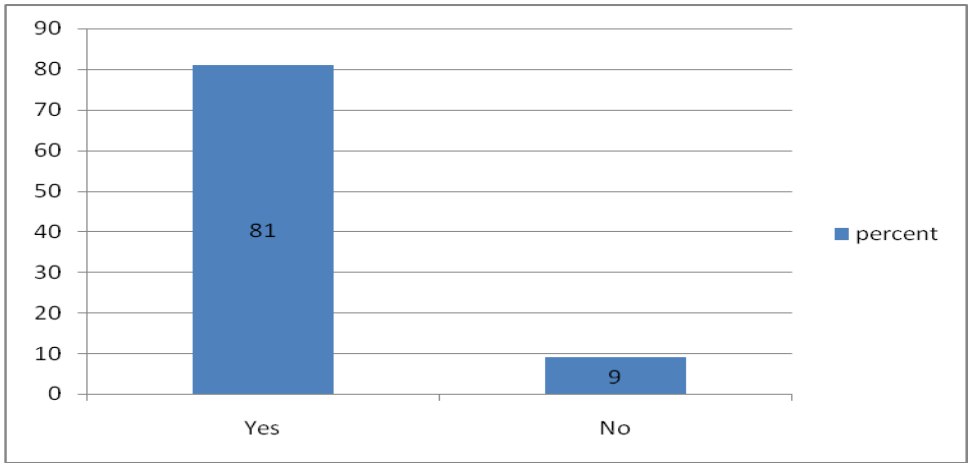

Figure 4.6: Adolescents Access to HFSRHS

Source: Filed Data (2015)

Research findings show that 81% of adolescent mentioned that youth friendly services and reproductive health services were accessible to adolescents aged 10 to 24. Only 9 of adolescents responded negatively. During the interview, health providers from selected centers in Dar es Salaam mentioned that the access is limited due to the fact that services were mostly available from the hospitals and clinics and on top of that the services were integrated where adolescents came to the center only when they were sick. There were no or very few programs designed to provide reproductive health education to adolescents in the community apart from the hospital and clinic based approach.

In order to address this challenge the respondents mentioned that NGO and other stakeholders in partnership with the government were making more effort to sensitize the community through various media such as Television programs like NJIA PANDA which is aired by clouds fm. However, they noted that turn up was still low due to a number of challenges such as getting permission from schools, parents

negative attitude toward the service, location of the health facilities and in some cases, facilities location were not known by adolescents.

It was further mentioned by a service provider that in the past there were peer educators who helped a lot in the community sensitization, at that time they were given allowances, that could help and motivate them in moving around to sensitize the community and it brought a positive result, a lot of meetings were carried out. A service provider also mentioned that in the past the health facility could receive more than 1,000 adolescents visiting the centre annually but during the time of data gathering the number had dropped to 500 or below.

4.3 Youth's Awareness on Reproductive Health Services

The second objective of this research was to determine youths' awareness of reproductive health services available and see the level of its utilization.

4.3.1 Awareness of YFRHS among Adolescent

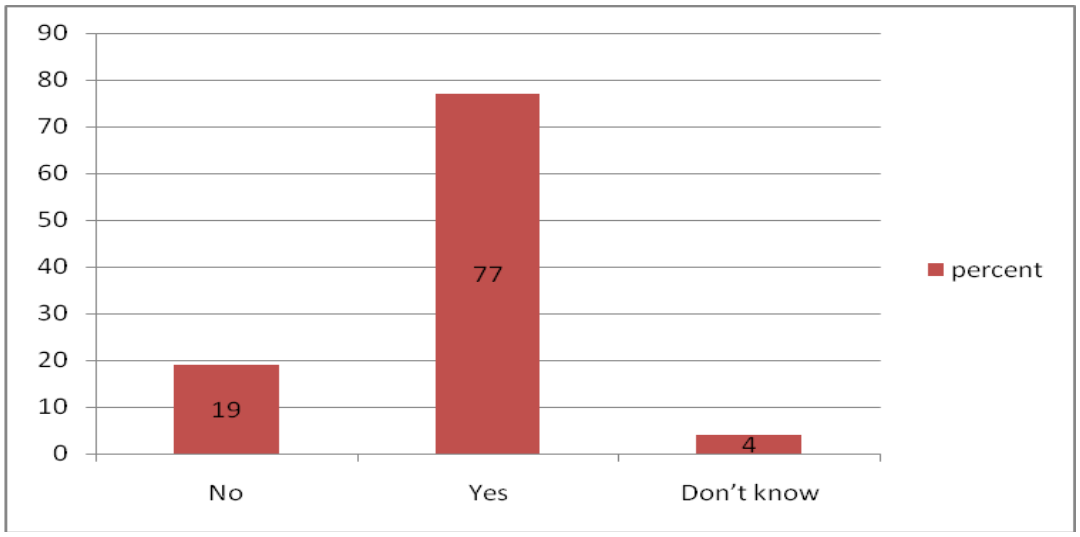

Figure 4.7: Awareness of Youth on HFSRHS

Source: Filed Data (2015)

Available information from the literature review shows that adolescents and youth in Tanzania are particularly vulnerable to health risks, especially in the area of reproductive health. This is due to lack of access to information and services and societal pressure to perform as adults notwithstanding the physical, mental, and emotional changes they are undergoing.

In this study the researcher sought to find out if the respondents were aware of the availability of YFRHS, results shows that, 77% stated that they were aware, while 23% said were not aware. From those who claimed to be aware was a large group of informants (university and secondary school adolescents and were the ones found to be more knowledgeable to the YFRHS while as contracted to primary schools adolescents who were found to have little or no information at all about the services.

During the interview service providers who were interviewed from the health facilities mentioned that a few adolescents were aware of the about the YFRHS. It was established that about 50% of youth were aware as some of the services could be heard through the media and friends.

Health care providers added that, in order to increase the level of awareness more efforts should be put to sensitize youths in a more friendly approach so that it will attract more youths to seek the services. Services are youth friendly if they have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for serving youths, meet the needs of young people, and are able to retain their youth clientele for follow-up and repeat visits.

4.3.2 The kind of YFRHS known to the Youths

The researcher was further keen to find out the kind of YFRHS offered by the health facilities in Dar es Salaam and their responses are summarized in Figure 4.8.

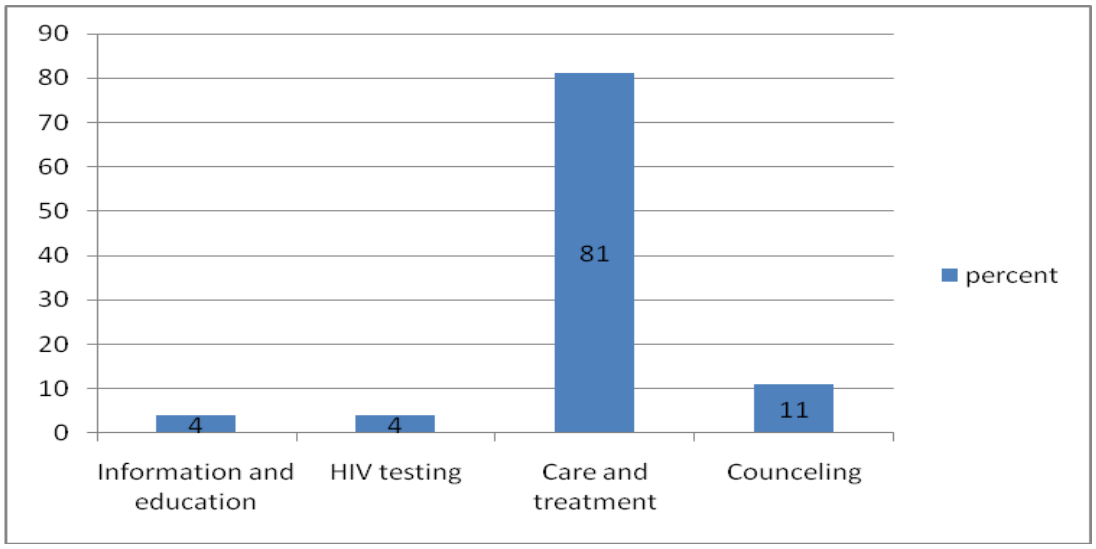

Figure 4.8: Reproductive Health Services Offered from Health Care Facilities

Source: Filed Data (2015)

Research findings show that adolescents approached through questionnaire mentioned that, services offered includes: care and treatment (81%) counseling (11%), information and education (4%) and HIV testing (4%). During the interview with the health care providers from selected hospitals in Dar es salaam, it was noted that there were number of youth friendly sexual and reproductive services offered by their centre including: sexual and RH education and counseling, STD screening, counseling, and treatment, HIV testing and counseling, contraceptive method choice, adoption, and follow-up, pregnancy testing and options counseling, prenatal and postpartum care, well-baby care, general OPD treatments and nutritional services. Taking a critical look into these findings one notes that, there are various of services

offered from the centre but adolescent had limited information of what array of services they could receive from the centers.

The study further found that the level of utilization is low compared to the number of adolescents expected to attend and utilize the service. Most of adolescent who utilize the services were those who were either peer educators or sick adolescents who came to seek health care services. The majority of adolescent had thus not been utilizing the service due to number of reasons ranging from inconvenient working hours, religious issues, location of health care facilities and strict parents.

4.3.3 Service providers' Ethical Conducts

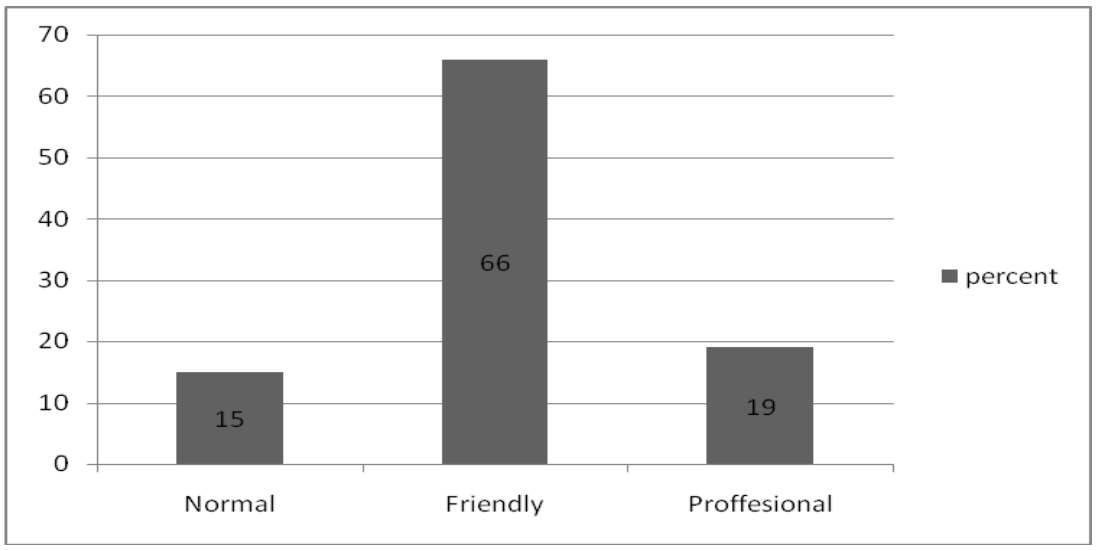

Figure 4.9: Service Providers Characteristics

Source: Filed Data (2015)

While describing the service providers, 66% of adolescent who have attended the health care services from the health facilities mentioned that, service providers are friendly while attending the client: meanwhile, 19% rated that health care providers

as professional and can do their job professionally. On the other hand15% said that, health care providers operate normally.

Having special staffs that are trained to work professionally and sensitively with young people is often considered the single most important condition for establishing youth-friendly services. Acquired skills must include familiarity with adolescent physiology and development, as well as appropriate medical options according to age and level of maturity. Equally important interpersonal skills are needed, so that young people can be at ease and can comfortably communicate their needs and concerns.

This objective is sometimes accomplished when providers are closer in age to, and/or of the same sex as, the client. The ability to communicate fluently in languages that young people who attend a given clinic speak is also important. In addition to those providing counseling and medical services to adolescents, other staff members should be positive toward these clients and oriented to young people's special concerns. Particularly important are the attitude and performance of the receptionist, who is typically the first point of contact for the young person.

4.4 Youths' Skills to Distinguish between Friendly and Unfriendly Reproductive Behavior

The third research objective sought to find out the knowledge of adolescent about reproductive health services and whether they could distinguish between friendly and unfriendly reproductive behaviors. This was achieved firstly by establishing whether or not the Youths find the services abiding to confidentiality as presented in 4.10.

4.4.1 Availability of Confidentiality

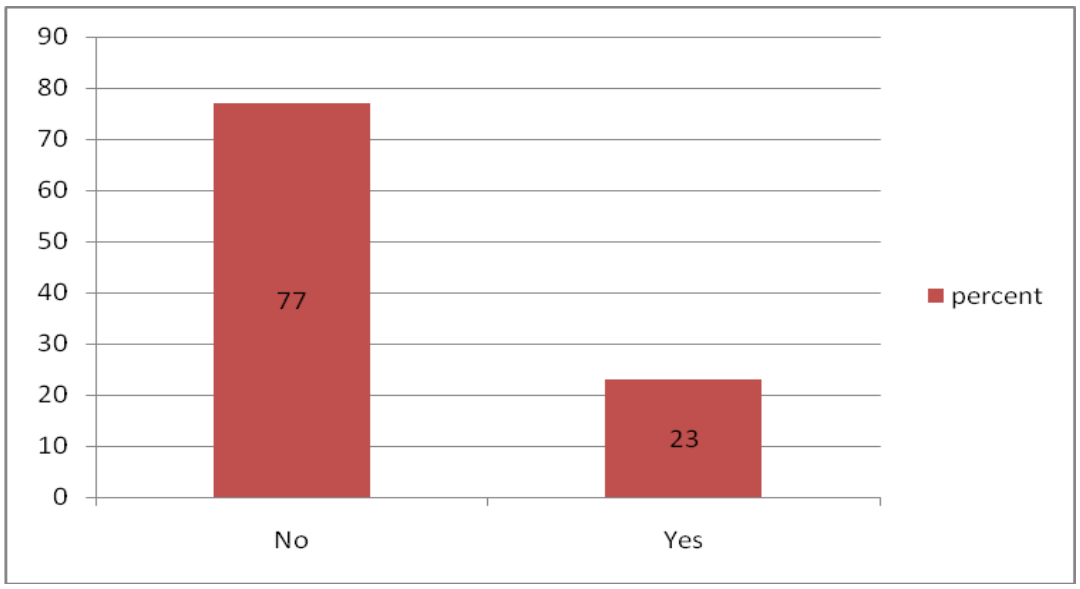

Figure 4.10: Availability of Confidentiality

Source: Filed Data (2015)

In this study 77% of adolescent approached during the study mentioned that, there is no confidentiality in the provision of reproductive health services offered to them by service providers from the health care facilities. Privacy and confidentiality were ranked extremely high among young adolescents as one of the challenges that discard adolescent from seeking health information from the clinic or hospital settings.

It was mentioned by respondents that privacy must be arranged for counseling sessions and examinations; young people must feel confident that their important and sensitive concerns are not made known to other persons. A common fear expressed by young people is that the nurse might tell their mothers that they came to the clinic for RH care.

Service providers mentioned that creating separate space, special times for adolescent clients appears more important for young teenagers, first-time clinic users, reserved young people who are especially suspicious and shy. Locating area could also facilitate providers' efficiency in arranging and planning specialized youth-friendly features. Furthermore, adequate space is needed to assure that counseling and examinations can take place out of sight and hearing of other people. This requires separate rooms with doors and privacy that support minimal interruptions and intrusions. A provider-youth client study in Zimbabwe showed that, although counseling occurred in a separate room in most clinics (92%), people could overhear S23% of the sessions and could see what was happening during 32% of the sessions. More than one-third (36%) of the sessions were interrupted by other staff members.

4.4.2 Sexual Relationship

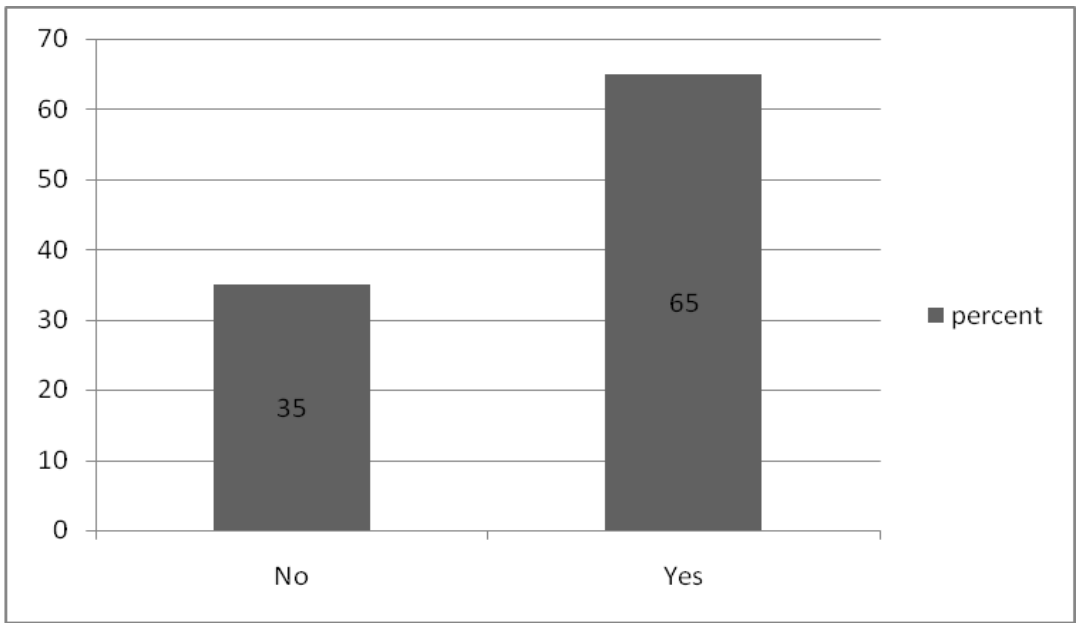

Figure 4.11: Adolescent in a Sexual Relationship

Source: Filed Data (2015)

Adolescents were asked whether they were already in a relationship or not, findings shows that, 65% of participants were in relationship, most of them were found to be in the age group of 19-24 years. It was further discovered that secondary school and college/ university students were the ones who were already in relationship. About 9% of adolescents in primary school were found to be in a relationship.

These findings show that, large numbers of adolescent were already in a relationship. Their health is of great importance as they are in their vulnerable age and hence facing several challenges including making important decisions, which may affect their life. Sexual and reproductive health education and information are important to them as they face most of difficult situations to make decisions and escape some dangers for unwanted early pregnancies, STIs and HIV/ AIDS and discourage harmful traditional practices.

In a number of countries worldwide, one quarter or more of both boys and girls become sexually active before their 15 birthdays, often involuntarily. For girls in many developing countries, early sexual initiation occurs within arranged marriages, where as for boys this is virtually never the case.

Whether married or not, young sexually active girls are especially vulnerable to sexually transmitted infections (STIS), HIV/AIDS and unsafe pregnancies. All young people need information and skills to protect themselves from harm and to make free informed and responsible sexual and reproductive decisions. Early and universal access to accurate and comprehensive sexuality education in the schools is rare but

essential. Health services rarely recognize or meet the needs of young adolescents before or even after they become sexually active.

4.4.3 The Risks of Engaging in sex Relationship at Adolescent Ages

The researcher was further keen to find out from adolescents whether they know the effect of entering into sexual relationships. It was found that, to large extent, adolescents have the knowledge about the possible outcomes including early pregnancy, HIV infections and STI infection.

Available data show that globally, over 100 million sexual transmission infections (STIs) occur each year to people under the age of 25 and an estimated 11.8 million people aged between 15 and 24 were living with HIV by mid-2002. Further, about half of all new HIV infections worldwide, or nearly 6,000 cases per day, occur in young people (WHO STIs report; 2007).

In the United States alone, approximately one-quarter of new STI infections, almost four million, are diagnosed among teens (Sales et al, 2009). Moreover, approximately 1,700 newly diagnosed cases of AIDS were reported in people between the ages of 13 and 24 in 2008. However, the risk of STI/HIV infection is not uniform among adolescents. Females, males who have sex with men and injection drug users have markedly higher rates of STI/HIV during adolescence

One service provider added that adolescent behaviors, such as experimentation and risk-taking, make young people more vulnerable to early pregnancy and STDs. Young people tend to want to try new things, including sexual activities, often

feeling invulnerable to negative consequences. Other psychosocial reasons, especially for female adolescents that place them at higher risk include wanting to please at the partners having difficulty in refusing advances, and needing to provide sexual favors to meet various needs such as school money. Furthermore, there is emerging evidence that indicate that sexual abuse is a major issue for adolescents worldwide, with effects on the sexual and reproductive health of young adults.

4.4.3 HIV Preventive Behaviors

The researcher found that a large number of adolescents have encouraging understanding of the meaning of AIDS; this is probably because it is a serious disease, which is being discussed almost everywhere, and students can still learn it from their schools as it has been integrated in their school curriculum. About 81% of adolescents could also explain the way in which HIV is spread. The researcher was further curious to find out the knowledge of adolescents in the area of HIV preventive behaviors and she found out that, adolescent have limited knowledge on the effective way that could prevent them from being infected with HIV. 79% of them mentioned that abstinence, monogamy with the safe partner and use of condom where necessary were the best practice to avoid being infected with HIV. Only commercial sex was found to be the risk behavior that could put one in the danger of being infected with HIV. These findings show that adolescents still need critical information about the ways in which HIV can spread, effective ways to prevent its infection and so forth. Such kind of information can be delivered effectively through the utilization of youth friendly services and reproductive health services from the hospital based settings and other programs.

4.5 Strategies to Improve Access to and Provision of Youth Friendly Reproductive Services

The forth research objective sought to find out strategic measures that could be employed in order to raise the level of awareness and utilization of reproductive health care services among adolescents in the country.

4.5.1 Separate Space and Special Times Set Aside

During the interview both adolescent and service providers noted that creating separate space, special times, or both for adolescent clients appeared more important for certain clients, such as young teenagers, first-time clinic users, nonsexual active clients, and marginalized young people who were especially suspicious of mainstream health care.

A separate service can also facilitate providers' efficiency in arranging specialized youth-friendly features. Before considering such a special adjustment, a strong needs assessment among a diverse group of probable clients should be conducted.

The findings are in line with the study conducted by Trangsrud (1998) who reported that, in order to work out the challenge of space and time, the Planned Parenthood Association of South Africa set up the Youth Information Centre Pilot Project to provide clinic RH services exclusively for adolescents and to create a replicable model for widespread adoption.

A key planning strategy was the involvement of young people in the program's design; they were also involved in monitoring and management. The seven pilot

centers were run by young professionals and offered contraceptive services, STD treatment, counseling, and pregnancy tests in a youth-friendly environment. Part of the “friendliness” was defined as not using the term “clinic” and not furnishing the centers in a medical mode.

The centers also offered some form of entertainment, such as recreational and educational videos, and health literature. Privacy was assured, referrals were made to handle health and social services not provided by the centers. Although full-fledged evaluations had not yet occurred following the initial baseline studies, attendance information showed that clients had been increasing since the program began. Staff members reported improved attitudes toward condom use.

4.5.2 Convenient Hours

Service providers mentioned that, having clinics open at times when young people could conveniently attend was fundamental to effective recruitment. Such times included late afternoons (after school or work), evenings, and weekends. While young people who need urgent care may be willing to leave school or work for such services, those who need prevention services but may be unaware of how important they are, are more reluctant to give excuses and to take the time off.

4.5.3 Convenient Location

The study found that one of the obstacles hindering adolescent to access health services was the distance or lack of information about the location of the health care facilities. Service providers explained that the existing facilities could not address this variable, but new operations could consider location as a factor when

determining a service site. It was added that young people sometimes expressed a desire to go out of their neighborhoods so they would not be seen by family members and neighbors. At the same time, young people did not want to or could not travel too far to reach service sites. In any case, the location should be in a safe surrounding and, ideally, should be available by public transportation.

In Nigeria, Action Health Incorporated (AHI) began conducting mobile clinics on the premises of interested schools within a local school district. Based on findings that many young people needed adolescent-friendly services that were affordable and accessible, this approach was designed to (a) increase the number of young people who make informed choices about their sexuality, (b) increase the number of young people who practiced safe and responsible sex and (c) provide general and pubertal health services to adolescents in their own environment.

The mobile clinic provided, on a drop-in basis counseling, laboratory tests, treatment and referral for health matters. Consultation and counseling services were made free, with tests conducted and drugs supplied at low prices. Although no contraceptives were provided to clients at the schools, students were referred for these and other services not available at the mobile clinic to the AHI Youth Centre which provides a broader array of services including those related to general health, sexual health, birth control, reproductive tract infections, sexual violence and drug abuse. Special youth-friendly characteristics were part of the clinic's approach, too, such as a warm welcome in the waiting room, films and print material available to use, drop-in visits, privacy, respect and confidentiality. Program administrators, judging from results on the exit questionnaires, concluded significant patient satisfaction as friends (likely

prior users) were cited as the greatest source of referral (Action Health Incorporated. 1998).

4.5.4 Adequate Space and Sufficient Privacy

It was further mentioned that, in order to improve the awareness and access of youth friendly services and reproductive health service to adolescents, adequate space is needed to assure that counseling and examinations can take place out of sight and hearing of other people. This need requires separate rooms with doors and policies that support minimal interruptions and intrusions. A provider-youth client study in Zimbabwe showed that, although counseling occurred in a separate room in most clinics (92%), people could overhear 23% of the sessions and could see what was happening during 32% of the sessions. More than one-third (36%) of the sessions were interrupted by other staff members.

4.6 Chapter Summary

This chapter presents the findings of the study based on the research objectives and questions. Findings are presented with the help of figures, percentage and tables. The study findings shows that currently youth friendly and reproductive health services are mostly offered from the clinics or government hospitals. This means that a majority of adolescents who do not attend clinics are not aware of the services. More effort needs to be done by stakeholders to ensure that reproductive health services for adolescents are available in the community.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The purpose of this study was to assess adolescents' awareness of youth friendly reproductive health service available in Public Health facilities, with the intention to promote reproductive health and access among Youth. This chapter is organized reflecting the objectives and research questions of the study. 1: The objectives which guided this study were: To identify various reproductive health services available in the centre 2:To determine youths awareness of reproductive health services 3:To assess youths knowledge to distinguish between friendly and unfriendly reproductive behavior.4:To explore strategies to improve access to and provision of youth friendly reproductive services.

Research Questions guided the study were1: What are the reproductive health services that are available in the centre? **2:**What is the level of awareness among the youth on the youths on reproductive health services available to them? **3:**To what extent are the youths' able to distinguish between friendly and unfriendly reproductive behaviors'?**4:**What strategies to improve access and provision of youth friendly reproductive services?

The study utilized the sample size of 90 adolescents both male and female and 9 health care provides who were sampled purposely. The study used the case study design in which multiple sources of data were used.

5.1.1 Summary of the Findings

The study result shows that, 87% of adolescent have heard about youth friendly services and reproductive health services. Currently, most youth friendly and reproductive health services for adolescent were offered only from the clinics or government hospitals. This means that if one is in need of accessing such services he/she must visit the government hospital or clinics. During the interview with service providers it was mentioned that, as elsewhere in the Tanzania, the majority of sexual reproductive health services in Dar es Salaam are provided through government facilities and under the support of non-governmental organizations.

However, low utilization of mainstream health services by adolescents is a significant barrier to improve sexual reproductive health services, the access is limited due to the fact that, services are mostly available from the hospitals and clinics and on top of that, the services are integrated, adolescents come to the center only when they are sick. There were no or very few programs designed to provide reproduction health education to adolescent in the community apart from the hospital and clinic.

Participants suggested that, it would be easier and would raise the attendance of adolescent access to health care services if reproductive health services were to be provided in schools or community convenient for adolescents rather than visiting the clinic. Clinics could further increase services to youth by other means of contact with clients, such as *telephone hot lines* which can be operated by trained counselors from the clinic site, but clients need not come to the clinic for information or counseling. Or counselors (peer or adult) and outreach workers (including community based

distribution agents) could go into the community to deliver services. For some young clients, one of these models will serve as an intermediate approach to on-site clinic use until they become more comfortable or their situation becomes more urgent. Clinics can also set up smaller branches or satellite clinics closer to where young people congregate6 or that is linked to schools.

The youth friendly and reproductive health services offered from the health facilities in Dar es Salaam, as mentioned by adolescent included: care and treatment, counseling, information and education and HIV testing. Service providers added that there were a number of youth friendly sexual and reproductive services offered from their centre including: sexual and RH education and counseling, STD screening, counseling, and treatment, HIV testing and counseling, contraceptive method choice, adoption, and follow-up, pregnancy testing and options counseling, prenatal and postpartum care, well-baby care, general OPD treatments and nutritional services. Taking a critical look into these findings, it shows that, there are lots of services offered from the centre but adolescent have limited information of what array of services they could receive from the centers.

The researcher also found that large numbers of adolescents have wide understanding about the meaning of AIDS; this is probably because it is a serious disease which is being discussed almost everywhere, and students can still learn it from their schools as it has been integrated in their school curriculum. They could also explain the way in which HIV is spread.

In order to mount the level of awareness and utilization of reproductive health services, participants suggested that, creating separate space, special times, or both

for adolescent clients appears more important for certain clients, such as young teenagers, first-time clinic users, nonsexual active clients, and marginalized young people who are especially suspicious of mainstream health care. A separate service can also facilitate providers' efficiency in arranging specialized youth-friendly features.

5.2 Conclusions

The findings show that, the youth friendly and reproductive health services offered from the health care facilities in Dar es Salaam includes: care and treatment, counseling, information and education and HIV testing. Currently, most youth friendly and reproductive health services for adolescent are offered only from the clinics or government hospitals.

The study other results show that majority of respondents are aware of the available youth friendly services and reproductive health services. University and secondary school adolescents were found to be more knowledgeable about location and kind of youth friendly and reproductive health services available compared to primary school adolescents.

It can also be concluded that large number of adolescents have encouraging understands about the meaning of puberty and AIDS and risk behaviors. They could also explain the way in which HIV can be transmitted and its prevention. However, adolescents have limited knowledge on the effective way to prevent HIV transmission.

5.3 Recommendations

5.3.1 Recommendations for Action

Perceived low quality of SRH services by young people and the lack of capacity building of health service providers on friendly SRH services raised important alert in setting a proper plan. There is need for interventions to ensure young people get all-important SRH information timely for them to make proper and informed decisions to prevent related health problems.

There is need for health programs at national level to ensure all service providers are well - trained in the area of provision of quality friendly services. Integration of YFS should no longer be treated as a project, but rather as a routine service that is provided by the health facilities. This will reduce the tendency to depend upon external funding for continuation of services. The councils need to understand that they have the responsibility to provide client responsive services, including youth-friendly SRH services.

The government, in collaboration with NGOs and other stakeholders, should promote awareness through sensitization meetings to inform the community about the available centers from where adolescents can access reproductive health services in a friendly way. Approaches such as the distribution of brochures, fliers and billboards should be applied to youth clubs/centers.

Given the challenge of attracting young people to fixed clinic sites, clinics can increase their reach by other means of contact with clients. Telephone hot lines, for example, can be operated by trained counselors from the clinic site, but clients need

not come to the clinic for information or counseling. Alternatively, counselors (peer or adult) and outreach workers (including community based distribution agents) can go into the community to deliver services. For some young clients, one of these models will serve as an intermediate approach to on-site clinic use until they become more comfortable or their situation becomes more urgent. Clinics can also set up smaller branches or satellite clinics closer to where young people congregate or that are linked to schools.

ICD centre should initiate a coast sharing intervention by doing so the centre will be able to generate and cover the cost of buying medicine for adolescent. Therefore parents should make some contributions while health care services for adolescent should be free of charge.

5.3.2 Recommendations for Further Studies

Do Families as primary institutions play their role to equip adolescents with sufficient reproductive health knowledge as it used to be before? In the previous time parents used to forester knowledge through jando and unyago of which now is coming down and yet most of the parents are pre occupied with busy, especially urban setting thus leaving a little room for parents to talk to their children. Therefore there is need to think about or research on how families as institution in this era are doing, and later think about proper packages to promote adolescents reproductive hearth as well as life skill.

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APPENDICES

Appendix 1: Questionnaire

Dear Respondent,

I am a student at Open University of Tanzania pursuing Master of social Work. I am doing a study to asses 'Adolescents awareness of Youth Friendly reproductive Health Services available and access in Public Health facilities in Ilala Municipal'. I would like to request for your assistance to answer questions which have been attached with this covering letter so as to facilitate my thesis. The information so provided will be solemnly used for academic purpose, and on top of that anonymity and confidentiality of every respondent will be highly secured.

Regards,

……..

AGNESS LUTENDE

PART 1: PERSONAL INFORMATION

A LOCATION

Date of interview.....

Study Site.....

Code of the interview.....

B PERSONAL PARTICULARS

1. Gender;

   a. Male [ ]

   b. Female [ ]

2. Age of respondent;

   a. 10-14 years [ ]

   b. 15-19 years [ ]

   c. 20-24 years [ ]

3. Who are you living with?

   a. Both Parents [ ]

   b. Mother Only [ ]

   c. Father only [ ]

   d. Relatives [ ]

   e. Husband [ ]

   f. Boyfriend [ ]

   g. Other [mention]…….

4. Level of Education;

   a. Primary education [ ]

   b. Secondary education [ ]

   c. College/Diploma [ ]

   d. University/graduate [ ]

5. What is your occupation?

   a. Student [ ]

   b. Peasant [ ]

   c. Civil Servant [ ]

   d. Business [ ]

   e. Unemployment [ ]

   f. Other [Mention] ……

PART 2: AWARENESS ON YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

1. Have you ever heard about youth-friendly and reproductive health services?

   a. No

   b. Yes

   c. I don't know

2. If YES, from whom or where did you hear from? ……..

3. What kind of youth-friendly sexual and reproductive health services do you know? Tick the one that you know.

   a. I don't know

   b. Information and education

   c. Contraception

   d. HIV Testing

e. Care and Treatment

f. STI treatment

g. Counseling

h. Pregnancy testing

i. Condom distribution

4. Do you have such kind of services in your school or community?

a. No

b. Yes

c. I don't know

5. Where can one access these services in your community?

a. Government hospital or clinic

b. Private hospital or clinic

c. NGO

d. Drug shop or pharmacy

e. Other (specify) ……..

6. Are the services accessible to adolescent between the ages 10 to 24 years in your community?

a. No

b. Yes

c. I don't know

7. To what extent are the services accessible to adolescent?

a. A little

b. Somehow

c. A lot

d. Others (specify)……

8. How would you rate the service provider who attended you?

a. Normal

b. Friendly

c. Professional

d. Harsh

e. Rude

f. Other(specify) ……

9. Was there enough confidentiality?

a. No

b. Yes

10. What do you recommend to improve adolescent awareness of the available RH services here?

PART 3: KNOWLEDGE OF YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES

1. Do you know of any Reproductive Health facility?

a. Yes

b. No

2. If yes who told you about it?

   a. Parent/Guardian

   b. Friend/Peer

   c. Teacher

   d. I read on a notice board

   e. I do not know of any

3. Which services are appropriate in promotion of reproductive health to adolescents? Tick all correct answers (√)

   (a) Family planning services (Contraceptives, condoms)

   (b) Voluntary Counseling and Testing (VCT)

   (c) Treatment of all the diseases Treatment of sexually transmitted Infections/diseases

   (d) Care of pregnant young persons

   (e) General health information/counseling

   (f) Sports and recreational activities

   (g) Male circumcision

   (h) Good nutrition

   (i) Drug abuse

   (j) Life skills

3. If you have ever used a reproductive health service facility, how would you describe how you were handled by service provider?

   (a) Good-Friendly, welcoming, handled me well and gave me the service I required

(b) Moderate-welcomed me but asked too many unnecessary questions before giving me service

(c) Bad, he/she was harsh rude and denied me service

4. Mention three services available in the centre you visited?

5. Do you have a boyfriend/ girlfriend? Yes { } No { }

6. What are the risks of engaging in sex relationship being young? a……b,,……

7. HIV preventive behaviors includes or except

(i) Abstinence

(ii) Monogamy with safe partner

(iii) Use of Condom where necessary

(iv) Commercial sex work

8. Is drug abuse a risk behavior?

Yes { }

No { }

I don't know { }

9. What do you understand by UKIMWI (meaning)

Appendix 2: Health Provider Interview Guide

Welcome. Thank you for taking your time to come for this interview. I would like to talk to you about yourself, your experience with Youth- friendly sexual and reproductive health and your knowledge about sexual and reproductive health issues. Some of the issues we cover may be sensitive and you may feel embarrassed or uncomfortable answering the questions, feel free to express any concerns you may have. Now, let's start our discussion.

1. Do you offer Youth friendly reproductive health services (RHS) to the facility?
2. What is your own view about RHS awareness utilization by the youth?
3. What is your own view about RHS utilization by the youth?
4. What RHS do you offer in your facility?
5. What are your operation hours?
6. Which are the days you offer RHS?
7. Do you have a separate service area for youth?
8. Would you say that the schools going youths are utilizing the RHS?
9. If yes what is the average age of the young persons seeking RHS?
10. What is the gender who seeks RHS most?
11. How much do you think HRS are accessible to adolescents?
12. What are the challenges or limitations to adolescent awareness?
13. What do you think could be done to promote awareness and access of RHS among adolescent?