Challenges of Provision and Access to Sexual and Reproductive Health Information among Rural Adolescents in Tanga, Tanzania

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Abstract

Sexual and reproductive health information provision to adolescents is among the key priorities in most countries worldwide. It is important to the youth as it creates awareness of an individual's health and how to overcome reproductive health challenges. This paper pays attention to challenges facing the provision and access of sexual and reproductive health information to rural adolescents in Tanzania. The convenience sampling technique was used to select 151 students while purposive sampling procedures were used to select 8 key informants. The study findings indicate that rural adolescents have access to SRH information although the quality of information is questionable. It also reveals that most adolescents do not access SRH information through social media platforms like Facebook, WhatsApp, and Twitter. The information received by adolescents is useful. The adolescents, however, affirmed that low priority is a challenge when accessing the information concerned with sexual and reproductive health. Efforts to provide adolescents with SRH services are often hindered by religious members, community members, policies in place, and family members that limit access or seek behaviours by adolescents. The study recommends that the government should put in place adolescent-friendly centres or clinics which will bring these SRH services close to the adolescents.

Keywords: Family planning, Adolescents, Reproductive health information

Introduction

Adolescents' sexual and reproductive health, especially in developing countries, has been one of the key concerns globally. It has also been observed that most adolescents' deaths are due to a lack of adequate information on sexual and reproductive health. The Africa Youth Alliance (2003) outlines that young people have limited opportunities regarding seeking advice on sexual health services mainly due to unsuitable opening times of the health centres. The alliance also observes that the services are often available only when the young people are meant to be at school. This report confirms that more information on reproductive health is needed, and therefore there is a need to disseminate it through various channels of communication.

William (2015) reported that investing in Tanzania's next generation is a smart investment for the country's future prosperity. He also comments that youth ages 10-25 make up one of the

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largest groups in the country, constituting 31% of Tanzania's population. It is, therefore, worth investing in voluntary family planning. Tanzania can help to spur accelerated economic growth by decreasing mortality and fertility rates and fostering her working-age population. Tanzania could create a window of opportunity for rapid economic growth if there are fewer dependents to support and greater social and economic investments in place. Conversely, some studies (Kamau, 2006; Peter, 2013) indicate that most adolescents find themselves in critical health status due to lack of right information concerning reproductive health services. According to Williams (2015), prioritizing health and enhancing the health education of these students will better equip Tanzania's next generation of leaders to plan their education, families, and futures.

Adolescence is a critical period of human development often characterized by confusion, mixed interpretation, body changes (biological changes) and the understanding of adult behaviour and the environment. At this stage, the youth start engaging in drugs, alcohol and sex. The challenges associated with sexual maturation are the most distinctive and the most problematic. That is the reason why it is suggested that parents and the people around them at school, religious people, health centres, and day taker workers should assist in educating them on sexual and reproduction challenges. They should also provide relevant and right information on sexual and reproductive health to adolescents in friendly and appropriate ways to help these youths understand and remain safe in their growing period. The study aims to assess the provision and access of sexual and reproductive health information among rural adolescents in Tanzania. Specifically, the study aimed to:

a) Find out the extent to which rural adolescents access sexual and reproductive health information;
b) Examine the source of sexual and reproductive health information accessed by rural adolescents; and
c) Find out the challenges faced by rural adolescents in accessing sexual and reproductive health information.

Literature review

Provision of Sexual and Reproductive Health in Tanzania

WHO (2019) reported that the provision of sexual and reproductive health information in Tanzania is still an uphill task. It is further reported that in Tanzania the youth, who make up 32% of the whole population, encounter many reproductive sexual health challenges including inadequate information concerning sexual health. This problem increases the risk of contracting HIV and other sexually transmitted infections and early pregnancies. This is because most health centres do not have trained health providers and when available they lack the necessary skills to cope with technology (Mbeba, 2012).

Sources of reproductive and sexual health information

Nwangwu (2007), asserts that adolescents tussle with a lack of information about sexual and reproductive health relationships. Nwangwu (ibid) further explains that adolescents are not comfortable discussing health issues such as sexual contraception. Adolescents are also reported to be embarrassed and afraid of discussing health issues such as menstruation and pregnancy.

Nwangwu (ibid) proposes that adolescents might be better served by the internet which allows them to explore sensitive information which may not be revealed by their parents.

The study done in Zimbabwe by Ngwenya (2016) found out that although the youths are aware of the risk of engaging in unsafe sex, they still lack adequate access to information concerning reproductive and sexual health both at school and at home. The study insists that there is a need to make sure that parents communicate with their children about sexual health issues. There is also a need to have communication channels that consider the development of technology. Good and clear communication can help the youths to receive the right sexual and reproductive health information.

The Royal Tropical Institute (2016) found that access to SRH information is low among adolescents in Nepal. The study reported that the source of information is a problem and a major cause of limited knowledge on SRH. The study recommends that there is a need to update the curriculum which may act as a source of knowledge and information about health services.

Challenges faced in accessing SRH information among adolescents

The Challenge of accessing information concerning SRH services is a global phenomenon. Unprotected intercourse is common among many adolescents which contribute to the increased risk of sexually transmitted infections. This problem also prevails in the Tanzanian context. According to WHO (2019), girls under 18 years were reported to have had multiple sexual contacts with adults. Tamang (2015) points out that the information reaching the youths is not adequate. Furthermore, WHO (2019), conducted a study in Tanzania and reported that there were no free counselling facilities for most of the youth s. Very few of them had insurance cards and received counselling services on health reproduction. The study showed further that there is no community and parental participation in giving reproductive health information to the adolescents due to culture, social, religion and the patriarchal system. Lack of this information leads to sexual transmission of diseases, early pregnancies and death s . The study recommended community participation in providing such information.

Likewise, Ngwenya (2016) found out that a lack of information on sexual and reproductive health contributes to ea rly marriages, early pregnancies, sexually transmitted diseases and death. The above studies are important to our study as they inform us more about the need to disseminate sexual and reproductive health information to the youths.

Theoretical framework

This study adopted a sociological theory and Bandura's social learning theory. A sociological theory is a belief that conceptualizes the understanding of social issues in a community (McLeod, 2016). This study is about sexual and reproductive health information among the youth in Tanzania. It seeks to explain how such information is disseminated and accessed by the youths. As pointed out above, the study also used Bandura's social learning theory, which proposes that all behaviours are learned (Nabavi, 2012; Bandura, 2004). Learning is a product of

behaviour change (Bandura, 2004). This can be done through observation and active participation. The study conceptualizes sexual and reproductive health as being learnt during the socialization processes where adolescents interact with parents, teachers, peers, health providers, and SRH materials concentrating on knowledge about sexual and reproductive health as the central issue. The conceptual framework of the study involved the assumptions and principles that support the provision of information on sexual and reproductive health as well as how knowledge of SRH can change the adolescents' decision-making and overall sexual behaviour. In the light of the social learning theory, as proposed by Bandura (1971) cited in McLeod (2016) and Nabavi (2012), it is asserted that people learn by watching others within a social context. These processes are central to understanding the personality of each individual. Through observation and modelling, one can change his or her behaviour or the other way round. Likewise, for the adolescents to understand SRH issues they have to interact with knowledgeable people about SRH. Furthermore, the adolescents should be exposed to materials that educate them on SRH.

Research methodology

The study employed a cross-sectional research design. A cross-sectional study helps the investigator to measure the outcome and the exposure of the study participants at the same time. Unlike in case-control studies (participants selected based on the outcome status) or cohort studies (participants selected based on the exposure status), the participants in a cross-sectional study are just selected based on the inclusion and exclusion criteria set for the study. Once the participants have been selected for the study, the investigator conducts the study to assess the exposure and the outcomes. This study used the cross-sectional research design because it gathered relevant information based only on the intended area of study (Cresswell, 2013). The study was conducted in three rural areas of the Tanga Region. It was conducted in Manundu, Korogwe district and Magamba in Lushoto district, and Mpapayu in Muheza district. A total of 151 student respondents were selected and participated in the study conducted in June, 2021. Furthermore, a total of 8 key informants (i.e. head of schools, school matrons/patrons, doctors, midwives, class teachers, social workers and family planning specialists) were purposively selected and interviewed during the study.

The study used the questionnaire as a major data collection tool. Quantitative data were collected through questionnaires while qualitative data were collected using key informant interview guide. The questionnaire contained Likert scale items presenting statements designed to solicit closed responses on the challenges of provision and access to sexual and reproductive health information among rural adolescents. Cresswell (2013) asserts that the design of a questionnaire should base on theoretical knowledge already available in the literature and the practical knowledge and research experience of the researcher. This was taken into consideration during the design of the questionnaire. Furthermore, the collection of in-depth information from heads of schools, class teachers, family planning officers and school matrons/patrons was done using face-to-face interviews. The use of more than one method of data collection made it easy to converge or confirm the findings from different data sources. Qualitative data were analyzed through content analysis while SPSS software was used to analyse quantitative data. The

descriptive, explorative, and qualitative data were obtained from the parents, teachers, matrons, nurse midwives, and doctors.

Study Findings

Socio-Demographic Information of the Respondents

The study findings showed that 51% were male and 49% were female. Regarding the age of the respondents, 59% of the respondents fell between 17 and 19 years of age. The findings in Table 1 show that a significant number of the respondents (53%) were form one student while form two students constituted 37.1% and their age ranged between 13 and 19 years. In fact, this is the age group which seek more information on sexual and reproductive health issues. However, the mostly gender group which may seek more information on sexual and reproductive health information is female students. The findings of this study concur with findings of the study by Loutfy, Khosla & Narasimhan (2015) on advancing the sexual and reproductive health and human rights of women living with HIV. They assert that adolescent girls had many reproductive and sexual health concerns which turned into an awful need for delivery of appropriate reproductive and sexual health care services for the teenage girls.

Table 1: Socio-Demographic Information of the Youth Respondents

Variable	Characteristic	Frequency	Per cent
Educational level			
	Form (1- 2)	80	53.0
	Form (3- 4)	56	37.1
	Form (5- 6)	15	9.9
Gender			
	Male	77	51.0
	Female	74	49.0
Age			
	13-16	53	35.1
	17-19	89	58.9
	20-23	09	6.0

Source: Survey data 2021

Involvement in Sexual Relationships

The respondents were asked if they were involved in sexual relationships through the first question: "have you ever had a girl/ boyfriend? (girl/boyfriend meaning someone to whom they were sexually or emotionally attracted and whom they 'dated')". The result showed that a significant number of respondents 91 (60.9%) have boyfriends/ girlfriends while 57 (39.1) have no boyfriends / girlfriends. The respondents were also asked about the number of

girlfriends/boyfriends they had and the results showed that the majority 93 (61.6%) had more than one friend while 58 (37.7%) had no boy/girlfriends as elaborated in Table 2.

Table 2: Involvement in Sexual Relationships

Sexual Relationships	Response	Frequency	%
Have girlfriend/boyfriend			
	Yes	92	60.9
	No	59	39.1
Number girlfriend/boyfriend			
	More than one	93	60.6
	I have none	58	39.4

Source: Survey data 2021

The findings above show that many of the respondents were involved in sexual relationships and some were in multiple relationships. The study findings also show that most adolescents start sexual relationships/intercourse between 9 and 12 years of age. This has steered the youths into risky sexual behaviours resulting in high sexually transmitted diseases and HIV and AIDS, early pregnancies and vulnerability to delivery complications occasioning in high rates of death and disability.

The Extent of the Provided and Accessed Sexual and Reproductive Health Information

Access to Sexual and Reproductive Health Information

As far as access to sexual and reproductive related health information is concerned, the findings revealed that almost all respondents 150 (99.3%) have access to sexual and reproductive health information and only one (0.7%) has no access to the same. This implies that rural adolescents have access to SRH information. The results of this study reveal that despite adolescents having access to information there is a myriad of sexual and reproductive health information concerns. The adolescent girls lacked comprehensive information on SRH services. Tamang (2015) also reports that the information that reaches the youths is not sufficient.

Frequency of Adolescents who accessed sexual and reproductive health information

The respondents were asked how frequently they were provided with sexual and reproductive health information. The findings showed that the majority of the respondents 77 (51%) were rarely provided with sexual and reproductive health information. The remaining respondents 38 (25.2%) and 36 (23.8) said that they were very frequently provided with sexual and reproductive health information respectively as shown in Table 3.

Table 3: Frequency of Access to Sexual and Reproductive Health Information

Frequency of access	Frequency	%
Very Frequently	38	25.2
Frequently	36	23.8
Rarely	77	51.0
Total	**151**	**100**

Source: Survey data 2021

These findings imply that the respondents received information but not frequently. This concurs with Ngwenya (2016), who reported that adolescents did not have adequate access to sexual and reproductive health information. Sexual issues were not sufficiently addressed both at home and school.

Based on the findings from key informant interviews, it was revealed that adolescents could access SRH services on occasions but not on a routine basis. SRH service providers felt that all the required information by the adolescents on SRH services is made available during the ongoing campaigns organized by different institutions. This was expressed by one of the respondents who had this to say:

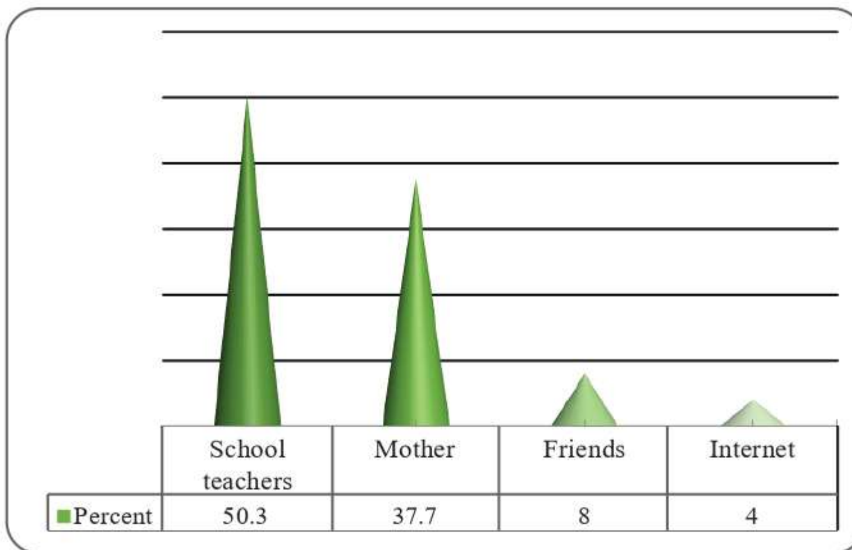
> *We, as Health providers, normally spread awareness about the available friendly Adolescents' SRH services. We do this when there is a campaign related to youth because adolescents attend it to gain some knowledge (Family Planning Officer, Magamba).*

The findings suggest that adolescents have access to information concerning reproductive and sexual health from specialists although they are not offered on daily basis. The findings concur with Ndayishimiye *et al.*'s (2020) findings which inform that sexual and reproductive health services provisions were designed for the general population without involving specialized adolescent sexual and reproductive healthcare providers. This means that sexual health services were not specifically intended for teenagers' use.

Sources of Sexual and Reproductive Health Information Preferred

The respondents were asked to indicate the sources of sexual and reproductive health information they preferred. The findings show that the majority 76 (50.3%) access sexual and reproductive health information from school teachers, (37.7%) revealed that they access sexual and reproductive health information from mothers, 11 (7.3%) from friends and 6 (4%) from the internet. This implies that school teachers play a substantial role in providing information concerning sexual health (Figure 1).

Figure 1: Provider of the information



Source: Survey data 2021

The respondents were further asked to state where and from whom they preferred to receive more information on sexual and reproductive health information from. The majority affirmed that they prefer information from mothers 79 (52.3%) and 71 (47.7) from school teachers. The details are displayed in Figure 2.

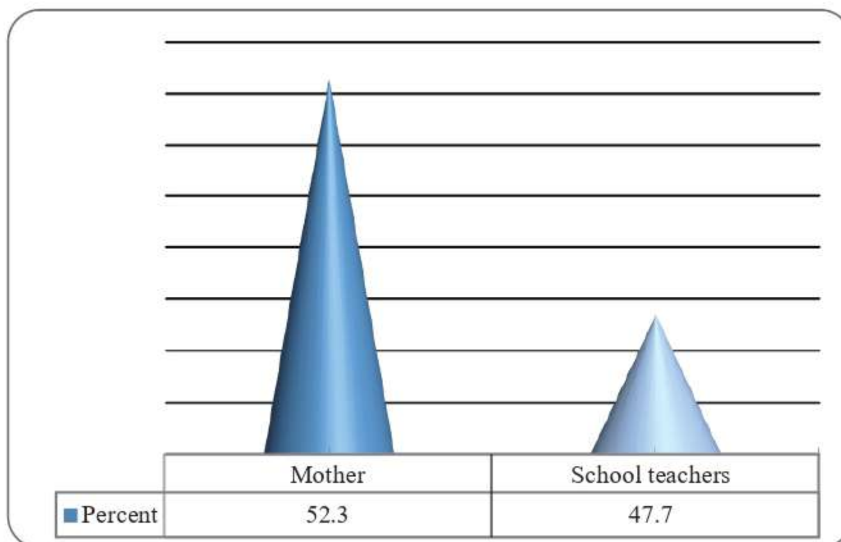
Although the findings show that most of the respondents accessed information from school teachers, many prefer to access information from their mothers. This finding affirms Owusu *et al.* (2011) observation that parents who could be the most appropriate source of information are subdued by socio-cultural barriers that inhibit them from debating sexual and reproductive health issues with their children in the community. Conversely, a study by Muhwezi *et al* (2015) in Uganda regarding adolescent-parent communication on sexual and reproductive health issues shows that communication was deficient. Parents were perceived being often tough, harsh, fearsome and authoritarian. The findings further indicate that most adolescents spend more time with mothers. Fathers were perceived to be stricter, intimidating, unapproachable and/or unavailable (Muhwezi et al. 2015). Similarly, a study by Nwangwu (op. cit) on the source of reproductive health information among adolescent girls in an urban city in Nigeria asserts that adolescents feel uncomfortable discussing reproductive health matters with their parents. However, studies done in Nigeria by Nwalo (2012) found that adolescents preferred parents as a source of information about sexual and reproductive health, although cultural sensitivity and social norms repressed the parents from playing that role well. Nwangwu (op. cit) proposes that adolescents might be better served by internet which allows them to explore sensitive information which may not want to be revealed by their parents.

The data from key informant interviews with health providers revealed also that most of the studied participants explained that they do not provide reproductive health information to

adolescents through social media platforms like Instagram, Facebook, Tango, WhatsApp and Twitter, as demonstrated by one health provider who said:

> *We prefer to use social media to make easy access to information, however, the constraint is technology equipment…* (Matron, Magamba).

Figure 2: Sources of sexual and reproductive health information preferred by rural adolescents



Source: Survey data 2021

The respondent further added:

> *'The study explored the nature of the content of parent's communication about sexual and reproductive health information and it also declares that the mothers are their preferred source and the most comfortable and trusted and this is because their closest people to them to ask, share and receive the information needed in sexual and reproductive health information ''… (Doctor, Magamba)*

This implies that access to SRH information expected to be given by health providers is also determined by the availability of the equipment that can support its provision. It also suggests that some health providers prefer using social media to any other ways for easily accessing information. There is therefore the need to improve the information system that can support the youth to access the approved information from reliable sources.

Challenges facing the provision and access of sexual and reproductive health information

In this study, the respondents identified their challenges as low priority, embarrassment and lack of knowledge. This is presented in Table 4 below where the majority 64 (42.4%) affirmed low priority as a challenge, 44 (29.1%) as a lack of knowledge, and 42 (21.8%) as an embarrassment.

This means that the most challenge experienced by the adolescents in receiving information concerning sexual and reproductive health is the low priority (see Table 4).

Table 4: Challenges faced by adolescence when receiving information for sexual and reproductive health information

Challenges	Frequency	%
Low priority of sexual and reproductive information from the youth.	64	42.4
Lack of knowledge from the provider to the youth.	45	29.8
The embarrassment of youth asking for sexual and reproductive health information.	42	27.8
Total	**151**	**100**

Source: Survey data 2021

The above results also match with WHO (2019) report which indicates that there is a lack of free counselling facilities for most youths. The very few who have insurance cards receive counselling services on health reproduction. This means reproductive health information should be prioritized for youth and there is a necessity of initiating programmes that can create awareness on the subject.

In addition to this, the interviews with health providers also revealed that service providers also experience some challenges in their duties. This was revealed through the key informant interviews when one of the respondents stated that the respondents' efforts to provide adolescents with SRH services are often hindered by religious members, community members, existing policies and family members that limit access or seeking behaviours by adolescents. The following quotation from one of the health providers explains the situation:

> *Some of the challenges that the service providers face include the community, family and religious leaders influencing SRH services that the adolescents seek from us (Family Planning Officer, Manundu).*

The Respondent further added:

> *Cultural influence and religious determinants are major barriers. For example, church leaders do not accept family planning and circumcision. These barriers increase the rate of low accessibility to SRH services at the health centre*
> (Family Planning Officer, Manundu)

These findings indicate the challenges faced by service providers concur with the WHO (2019) report which showed that there is no community and parental participation in giving reproductive health information to the adolescents due to culture, social, religion and the patriarchal system.

Lack of this information leads to sexually transmitted diseases, early pregnancies and death.

Discussion of the Findings

The results of this study give contrary findings to those of Loutfy *et al.* (2015), who found out that despite having a myriad of SRH concerns, the adolescent girls lacked comprehensive information on SRH services. The findings are also contrary to the study by Tamang (2015), who points out that the information reaching the youth is not adequate.

The results from this study also affirm the findings of the study by Morris and Rushwan (2017) study which report that adolescents are uncomfortable discussing health issues such as sexual contraception. In addition, young adolescents are embarrassed, afraid or uncomfortable discussing certain health issues such as menstruation or pregnancy with their parents. This also relates to Nwalo's (2012) findings in which he indicates that adolescents preferred parents to any other source of information about sexual and reproductive health. Cultural sensitivity and social norms, however, inhibited the parents from playing that role effectively.

This suggests that adolescents have access to information concerning sexual and reproductive health from specialists even though they are not offered daily. The findings agree with Ndayishimiye *et al.* (2020). In those findings, it is observed that the findings which inform SRH services provision were designed for the general population without involving specialized adolescent SRH healthcare providers. This suggests that SRH services were not specifically designed for adolescents' use.

Conclusion and Recommendations

The findings indicate that the sexual and reproductive health of adolescents has been one of the key concerns globally and particularly in Tanzania. It has also been observed that most adolescents' SRH concerns are due to a lack of adequate information on sexual and reproductive health. Although the respondents affirmed that they access information concerning sexual and reproductive health, the quality of that information is very important. All stakeholders should ensure that the adolescents access the right and quality services.

Since delivery services and prenatal care services were the least cited as available by the adolescents, the study recommends that the government should put in place adolescent-friendly centres or clinics which will bring these SRH services closer to the adolescents. In addition, community sensitization and the training of health workers are vital to help remove barriers and increase the utilization of the existing reproductive health services.

The study also recommends that health information providers should hold community awareness and sensitization programmes on the necessity of SRH services to pave way for cultural acceptance and hence the use and access to SRH services by the adolescents. Moreover, sexual and reproductive health promotional activities should also target parents as a way of breaking social barriers. Since adolescents are key people who are affected, they should make sure that they get

reliable information from specialists. Those who are aware of sexual and reproductive health should assist in sensitizing their friends and the community on the importance of SRH services.

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