Integration of Youth Friendly Services into Existing Social Marketing Initiatives in Tanzania

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AYA Project Goal

Contribute to improved adolescent sexual and reproductive health (ASRH) among young people aged 10-24 years old in Botswana, Ghana, Tanzania, and Uganda.
AYA Partners & Key Component Areas

• PATHFINDER INTERNATIONAL
  – Youth-friendly services (YFS)
  – Institutional capacity-building (ICB)

• PATH
  – Behavior change communication (BCC)
  – Integration of ASRH into livelihood skills development programs (LSD)

• UNFPA
  – Coordination and dissemination
  – Policy and advocacy
State of ASRH in Tanzania

• National RH policy identifies the high rate of adolescent pregnancies and increasing HIV/AIDS infection among young people as priority issues for remedial action.

• National ARH strategy 2001-2006 emphasizes scaling up access to RH services and information as a means to redress the situation.

• Population is 34 million of which 44.24% are adolescents.

• Socially marketed condoms per capita is less than <1.
Marie Stopes Tanzania

• Is a NGO implementing comprehensive integrated reproductive health care in Tanzania

• It is one of the AYA partners, integrating youth friendly services in 7 out of its 18 clinic and hospitals.

• Components include face lifting of clinics, promotion of peer education program (112), training of service providers on YFS, provision of YFS including VCT, PAC, STI prevention and management.

• Condom Distribution
State of Condoms in Tanzania (2)

- Low rate of condom usage (16% among secondary school youth)
- Low risk perception of the disease (5.4% amongst the youth)
- Condoms do not feature in the family planning method mix
- Scarcity of supplies both at the national and facility levels
- Health Sector Reforms – streamline traditional distribution channel.
Public Sector Condom Distribution Channel Unable to Meet Demand

- Medical stores department HQ
- Six zonal depots
- 144 District MCH Coordinators
- CBD
- CSO
- Private
- Others
- Gov’t

Health service delivery facility
Commercial Channel Too Expensive And Limited To Very Few Outlets

Supermarkets → Part I pharmacies

Businesses
Social Marketing Condoms - Salama

Population Services International → Wholesalers →
- Supermarkets
- Kiosks
- Retailers
- Pharma
- CBOs
- Bars
- CSO
- G. House
- Govt
- Others
Social Marketed Condoms

• Public health program
• Subsidized condoms
• Targets low income groups
• Outnumber traditional outlets
• Commonly found in low income residential areas
Study Objective

To conduct an analysis of existing condom social marketing initiatives in Tanzania to see whether or not youth friendly services can be integrated into such initiatives thus expanding access to quality reproductive health care for young people.
Specific Objectives

• Identify perceptions of youth about existing commercial service delivery points for condoms.
• Identify potential communication channels for effective dissemination of adolescent reproductive health messages.
• Define youth-friendly characteristics of condom outlets from young people’s perception.
Study Area and Data Collection Techniques

• The study was conducted in three AYA districts of Dar es Salaam, Arusha and Zanzibar.

• The study involved youth beneficiaries and potential beneficiaries of AYA and social marketing programs (demand side).

• It also involved providers or sales people at existing social marketing outlets (supply side).
Methodology

• 12 Focus Group Discussions (FGDs) involving youth between the ages of 10 – 24, segregated by age, gender and schooling status were conducted.

• 120 questionnaires involving providers of existing commercial condom outlets.

• Documentary review

• Observation of outlet facilities and providers behavior
Findings: Condom Availability and Visibility

- Majority of commercial condom outlets (50.5%) are located in low income residential areas while 37% are in trading centers.

- 96% of the visited outlets were found to be stocking male condoms while only 5% stocked Care female condom.

- The most popular brand was Salama (62%), followed by Life Guard (21%) Rough Rider (9%), Wet n’ Wild (6%).

- High incidences of stock outs of Salama condoms were reported (58%).
Providers’ Ability To Respond to Questions

- While 78% of the providers reported to be frequently confronted with questions on condom
- Only 16% reported to have responded to some of these questions
  - Unable/uncomfortable providing correct information
  - Lack of time
- Most of the questions are said to be surrounding the efficacy of condoms, how to wear and dispose
Provider’s Education and Training on Condoms

• Majority of providers reported to have only completed Universal Primary Education (68%).

• Only 5.4% of the providers reported to have been trained on RH and/or condom.

• 5.2% reported to have been trained on customer care.
Behavior Change Communication

• Mass media including radio, TV and newspapers were mentioned as major sources of RH information including information on condoms.

• BCC materials including pamphlets, brochures, calendars and fliers were mentioned as important sources.

• Only 7% of the surveyed outlets were found to have any materials on condoms and/or any other reproductive health issue.
Youth-Friendly Commercial Condom Outlet

- Convenient – located within the neighborhood, between 5 and 10 minutes walk, well displayed
- Confidentiality assured
- Communication – appropriate BCC materials, answers to simple basic facts, referral to appropriate places for further information or services
- Cost – subsidies should benefit youth users not retailers
- Consistent – sustained supply without stock outs
- Client care – friendly providers with youth-friendly attitude regardless of their age
Conclusions and Recommendations: Condom Availability and Visibility

- Stock outs reduce overall demand for condoms creating a missed opportunity for safe sex practice.
  - Peer educators from AYA/YFS component to map up outlets within their catchments area and provide feedback to PSI/wholesalers on inventory levels.
  - YFS peer educators to be trained on merchandizing. Can they also support condom bicycle guys or blitzkriegs teams?
Providers Education and Training on Condoms

- Absence of education and training on condoms and other RH issues limit providers’ ability to provide accurate SRH information.

  - Design and implement an intervention program for providers on ‘walking the client through the buying decision process’. This should be done through training sessions and IEC campaigns.

  - There should be coordinated effort to focused BCC interventions. Why, because of its link with social marketing, bring together all the major players including PSI, AMREF, UMATI, Marie Stopes. AYA to spearhead
Behavior Change Communication

• Mass media only reaches those in urban areas and leaves out the majority who are in the rural areas.
  – Continue capitalizing on mass media through TV, radio, and tabloids.
  – Review existing distribution model of BCC materials by distributing more to non-traditional outlets.
  – Interpersonal communication is important, PE programs are needed to complement other communication approaches
  – Expand and promote integration of CSM to existing AYA peer education programs
Thank You!

African Youth Alliance