



# Demand Generation

## Adapting the Demand Generation Implementation Kit for Underutilized, Life Saving Commodities: HC3 Case Study Series

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### Tanzania Increases Access to Family Planning Services and Emergency Contraceptives among Young Women Enrolled in Institutes of Higher Learning and Vocational Training

Recent studies in mainland Tanzania found the rate of premarital sexual intercourse, unintended pregnancies and illegal abortions is high among female university students (Advance Family Planning Case Study, 2015; Sweya, Msuya, Mahande, & Manongi, 2016; Williams, 2015). Another study found 70 percent of university students had experienced sexual intercourse, of which 41.5 percent used contraceptives and 15.8 percent experienced pregnancy (Somba et al., 2014). Of those who had experienced pregnancy, 27 percent said it was an unwanted pregnancy and more than half had had an induced abortion (Somba et al., 2014). Population Services International (PSI) Tanzania attributes some of the low contraceptive use to inadequate sources of information on family planning (Barnes, Stacey et. al, 2016). These sources range from traditional passage of rights ceremonies to formal education institutions.

The Tanzania Marketing and Communications Company Limited, now known as T-MARC Tanzania, utilized the six steps in the Health Communication Capacity Collaborative (HC3) Demand Generation Implementation Kit (I-Kit) for Underutilized, Life Saving Commodities to design a project aimed at increasing access to family planning products, including female condoms, contraceptive implants and emergency contraception among adolescent girls and young women (AGYW) enrolled in institutes of higher learning.

The project conducted formative research using qualitative methods, including six focus group discussions and 10 in-depth interviews with female students, to gain insights into the barriers to accessing emergency contraception and family planning services among AGYW enrolled in institutions of higher learning in Mwanza City. A total of 53 female students with a mean age of 21 were interviewed. A majority of the participants (96.2 percent) were unmarried but self-reported as engaging in sexual intercourse.

Based on audience insights, a project vision was developed:

*Young Women enrolled in institutions of higher learning in the Mwanza Region are more informed on the use of emergency contraception and implants, and know where to access the products at free and/or affordable costs in order to avoid unintended pregnancies.*



One-to-one FP session with a participant at IQRA College of Business in Nyamagana district, Mwanza region

The formative study also informed T-MARC's selection of target audiences, including:

- **Primary Audience:** Young Women aged 15-24 enrolled in institutions of higher learning and vocational training institutes in the Illelela and Nyamagana Districts of the Mwanza region
- **Secondary Audiences:**
  - » Male partners of young women enrolled in institutions of higher learning and vocational training institutes in the Illelela and Nyamagana Districts of the Mwanza region
  - » Other males enrolled in institutions of higher learning and vocational training institutes in the Illelela and Nyamagana Districts of the Mwanza region
- **Influencing Audience:** School Administrators, lecturers and teachers at institutions of higher learning and vocational training institutes in the Illelela and Nyamagana Districts of the Mwanza region

In order to increase knowledge of family planning methods, including female condoms, contraceptive implants and emergency contraception, a training guide was developed using insights from the formative research. The guide, which included key family planning messages, was developed by T-MARC in collaboration with officials from the Ministry of Health, Community Development, Gender, Elderly and

Children (MoHCGEC) Reproductive and Child Health section (RCH). The guide was based on existing and approved MoHCGEC standards on family planning. T-MARC recruited experienced family planning trainers who were oriented on how to use the guide to conduct small group sessions with the target audiences. This activity was then followed by the roll out of interpersonal communication (IPC) sessions targeting young women.

T-MARC engaged the offices of the Regional Medical Officer (RMO) in order to receive a permit for conducting IPC sessions. Several institutions of higher learning were visited to recruit AGYW for the IPC sessions. Groups of up to 30 AGYW were trained in four hour sessions. A Ministry of Health official involved in the development of the guide also attended some of the IPC sessions to ensure fidelity to the training guide. Process monitoring tools were used to track attendance and trainer fidelity to the training guide.

### Key Findings

The formative research conducted in September 2016 showed that most AGYW were aware of different family planning methods available in their area and where to get them. However, their level of knowledge on emergency contraception (EC) was very low except among medical and paramedical students. A literature review conducted by T-MARC found barriers to accessing family planning products and services, including religion, attitudes of service providers, and lack of detailed knowledge on how the methods work and self-confidence among AGYW to ask for family planning services from different sources. After the development of the training guide, T-MARC conducted IPC sessions with AGYW enrolled in institutions of higher learning and vocational training institutes in the Illemela and Nyamgana Districts in the Mwanza region.

The family planning IPC sessions were conducted at five institutions of higher learning and vocational training, reaching a total of 632 participants. During the trainings, the sessions were kept informal to encourage active participation from all the participants. Almost all of the



Family planning training session at COYET College in Nyamagana district, Mwanza region



Outreach educator demonstrates female condom use at training session in IQRA College of Business in Mwanza region

students reported they knew different methods of family planning; the most common methods mentioned by the students included male condom, pills, standard days method (calendar), injectables and implants. Only a few students (about 20 percent) reported that they were aware of EC.

Most of the students (more than 60 percent) claimed they got information about family planning from their relatives and friends, who also told them the methods may cause infertility and cervical cancer, and could cause women to give birth to abnormal children. Most of the students said they continued to believe these rumors and misconceptions. For example, one prevailing myth is that injectable contraceptives (Depo-Provera) cause fibroids if used for a long period of time, and another is that oral contraceptives cause infertility.

These family planning rumors and misconceptions among AGYW originate from inappropriate sources of information on modern products and services. To address this challenge, family planning trainers spent time discussing the female anatomy, fertility and family planning methods, including EC, female condoms and implants, using medically-detailed approaches (i.e, explaining how each method is used, how each method works, the side effects for each method, where to get each method, etc.). The trainers also linked students with available youth-friendly health facilities and Accredited Drug Dispensing Outlets (ADDO) providers recruited by T-MARC Tanzania under the Tanzania Social Market Program (TSMP).

Involving different stakeholders from the initial stage of the project helped to expedite some of the formal processes later on. For example, it was easy to secure a MoHCDGEC permit to implement the activity in the region because they were involved in the project and aware of each step from the beginning.

The trainings created demand for Modern Family Planning Methods (MFMP) services, made evident by the number of training participants who also requested private counseling



Family planning training at COYETA college in Nyamagana district, Mwanza region

sessions and/or contacts with family planning trainers by phone. As a result, the trainers also held one-on-one counseling sessions with AGYW in a private area after the training.

Some challenges emerged during the implementation of the project, including male students wanting to attend the family planning sessions, implementation of a similar project by other stakeholders and closures for school holidays. The other stakeholders focused on larger, more prominent institutions and had not saturated the smaller ones where T-MARC rolled out its intervention. Implementation of the project was somewhat delayed because activity schedules sometimes conflicted with those of other stakeholders.

### Next Steps

The future direction of the project includes rolling out the intervention in other parts of the Mwanza Region not covered by larger family planning projects targeting youth and expanding services to meet emerging needs. The project sees opportunities for trainers to link AGYWs to 24-hour helplines provided by partners such as the Tanzania Youth Alliance (TAYOA) in the event trainers are unavailable to answer questions, as well as linking AGYW who experience sexual assault and require emergency treatment, including access to EC, with local police station gender desks. Providers at health facilities could also be oriented on the training guide as a way of overcoming provider biases in service delivery. Adolescent Boys and Young Males (ABYM) aged 15 to 24 in institutions of higher learning and vocational learning should also receive the project's family planning messages as they have demonstrated a keen interest in the information covered in the training.

Overall, the I-KIT is a useful tool for designing and implementing social and behavior change communication (SBCC) projects. With the help of this tool, organizations working in SBCC can design cost-effective projects that can create positive change in their community in terms of increasing health-seeking behaviors.

### References

- [Advance Family Planning \(AFP\). \(2015\). Case Study: Tanzanian Higher Learning Institutions Prioritize Access to Family Planning for Students, 1-6.](#)
- [Sweya, M. N., Msuya, S. E., Mahande, M. J., & Manongi, R. \(2016\). Contraceptive knowledge, sexual behavior, and factors associated with contraceptive use among female undergraduate university students in Kilimanjaro region in Tanzania. Adolescent health, medicine and therapeutics, 7, 109.](#)
- [Williams, E. \(2015\). Increasing Access to Youth Sexual & Reproductive Health Services in Tanzania: Recommendations to Higher Learning Institutions MPH Capstone May 2015.](#)

### Resources

- [Every Woman, Every Child](#)
- [Demand Generation I-Kit for Underutilized, Life Saving Commodities](#)

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