

YOUTH-SPECIFIC PRODUCTS + SERVICES

DESIGN BRIEF

March 21, 2016: FINAL

In Tanzania, **fertility is one of a girl's greatest assets** and something that is celebrated at key milestones throughout her lifetime.

"We practice ngoma (traditional ceremonies) through three processes: when a girl reaches menses, when she is preparing to get married and when she is preparing to deliver a child."

Nyakanga, Dar es Salaam

Concerned about the well being of adolescents, providers often believe **many methods represent a risk to a girl's fertility**. They believe the likely harm associated with giving a girl contraception is greater than risks associated with a possible early pregnancy.

"I would give a girl condoms, not an IUD, because her organs are small."

Nurse, Morogoro

"Parents think, 'What if my daughter is on family planning when she marries? Her eggs will die before she's married.'"

Nurse, Dakawa (outside of Dar es Salaam)

"We need to be sure family planning for youth won't cause problems in 20-30 years."

Nurse, Bagamoyo

Many **misgivings about adolescent use of contraception** are based on previous health standards that did suggest that some contraception (especially long acting methods) were ill-suited for an adolescent's developing body.

Some providers **don't believe giving a girl access to contraception is moral or even legal**. Most are unaware that in Tanzania adolescents have a right to contraception.

"It's illegal to sell contraception to a girl under 18yo."

Pharmacy Assistant, Morogoro

Furthermore, how contraception is positioned – that is called 'family planning,' branded with names like 'Familia,' best known as a tool for married mothers to space or limit their births and, in some cases, can only be obtained at 'family planning clinics,' – suggests that **contraception is for married mothers**. Not for unmarried youth who aren't 'planning a family.'

When contraception is thought of for youth, it's typically in emergency situations – when the girl is or thinks she may be already pregnant. Some providers suggest they'd be more sympathetic to a girl in crisis rather than one who is proactive about protecting herself. Meaning that **proactive use of contraception by girls is often frowned upon**.

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"P2 (emergency contraception) is for when they are already in trouble."

Provider, Dar es Salaam

"I sell a lot of P2 to teens... They have made a mistake... It's an emergency, so you have to give her."

Pharmacist, Morogoro

Talking to youth about contraception is taboo. In Tanzania, the fundamental belief is:

"If you talk to an adolescent about contraception or sex, you're giving her permission to go have sex."

Lastly, there's an undercurrent of suspicion that **contraception is not Tanzanian**. That it's imposed and promoted by outsiders. And, that it isn't of the culture or the people of Tanzania.

"Why is an NGO interested in making teen girls use contraception?"

Parent, Dar es Salaam

How might we create youth-specific products and services that sexually-active adolescent girls want and providers and parents feel they have permission and confidence to let youth have them?

ASSETS + OPPORTUNITIES

Currently, there is **no contraception brand that explicitly targets and speaks to adolescent girls** – despite their having a right to contraception in Tanzania.

"Information needs specific focus on youth... in their own language."

Nurse, Bagamoyo

When presented rough prototypes of youth-specific contraception, **providers were more open to and confident in recommending** this kind of method to adolescent patients, believing that doing so didn't come with the risks associated with other methods.



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"That would be very new. We could tell people under 20yo, 'This is for you.'"

Provider, Dakawa (outside of Dar es Salaam)

"Familia and Flex-P (other brands of contraception) are for oldies... This one shows that it's for the youth."

Provider, Dar es Salaam

Providers admit an adolescent girl who arrives at a clinic or pharmacy **requesting a specific contraceptive product or service** is more likely to leave getting what she needs. Youth may be more inclined to ask for a brand, product or service that speaks to them directly.

There are **Tanzanian family planning customs** – beads, belts, bark from certain trees, spousal separation. Most practices relate to married men and women; however, it may be possible to connect a youth-specific brand to Tanzanian culture and tradition.

A chief complaint girls bring providers is cramping. There's an opportunity to **position low-hormone pills as 'treatment' for period cramps**, as well as for reducing acne. Other providers appreciated that **the pill regulates periods**. Periods, of course, being a good indicator of fertility. These reframes could position contraception a treatment – something, perhaps, more acceptable to parents and providers than pregnancy prevention.

"Her 22yo daughter (who had her period for three weeks) went to the doctor. He told her to use pills. Her period went back to normal."

Parent

"It's important to balance adolescent hormones (with oral contraception pills) so they don't become infertile."

Provider, Morogoro

Given the sensitivities around talking to youth about contraception, there's an opportunity to **start the dialogue through other topics**. Consider addressing questions girls have (like about menarche) related to their developing bodies or leverage the fact that HIV testing is a more culturally acceptable reason for a girl to go to a clinic (rather than seeking contraception). As a recent article from UNICEF pointed out:

- AIDS is the #1 cause of death among adolescents in Africa.
- Prevalence is highest in sub-Saharan Africa.
- Girls are vastly more affected, accounting for 7 in 10 new infections among 15-19yo's.
- Most adolescents who die of AIDS-related illnesses **acquired HIV as infants**.

Meaning, **HIV testing could be leveraged to drive traffic to clinics for contraception**.

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Lastly, we know that girls who delay their first pregnancy until 20yo, are more likely to finish secondary school, earn higher wages throughout their lifetimes and have children who are better educated, literate and vaccinated. How can you make people tangibly feel and know **access to contraception isn't just good for girls; it's good for Tanzania.**

WARNING: Whenever we create shifts in perception, there is potential for **unintended consequences** that are harmful to the very people we aim to serve. Two things to consider:

1. If you position oral contraception pills as a cure for period cramps or acne, remember they only work to prevent pregnancy if they are taken in a **regimented fashion** - every single day, preferably around the same time. To work as effective contraception, compliance must be reinforced.
2. Consider how to develop and promote youth-specific branding, products, services and even experiences in ways that **won't limit adolescents' access to existing products and services** they might need. (Especially when youth-specific supplies run out or run low.)