PSI + IDEO.ORG

Insights

Conversations with youth, parents, caregivers, and providers with two communities in rural Tanzania

FEB 2015

We all bring to this world our own unique perspective. What human centered design allows us to do is zoom back from our own perspective and culture to deeply consider that of another. When we do, we find that we can land in a place of real empathy for someone else's underling motivations, beliefs, behaviors and desires.

The goal of this document is to begin getting us to that place of empathy for Tanzanian teen girls and the influential people in their lives. The following stories and voices are a glimpse into three stakeholder groups that will be the focus of our designs: Teens, Parents and Caregivers, Providers. While we're together in Tanzania, we'll continue to build on the learning and insights listed within these pages to best identify and develop ideas for tackling the challenge of unplanned teen pregnancy, during our time together.

Let's begin.

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About the process

In January 2015, IDEO.org and PSI Tanzania undertook a fact-finding trip to Bagamoyo and Morogoro, Tanzania. We sought to uncover human-centered insights not only about young people's experience with contraception and sexual health, but also the wider context of their lives, their hopes, and aspirations for the future. Together, PSI Tanzania and IDEO.org aimed to identify opportunities to reduce unplanned pregnancies among adolescents.

The rich insights that we gathered from working with young men and women, parents, health care providers, caregivers, and community leaders shaped the four design briefs we will ideate around during the Immersion. You all contribute in-depth knowledge and experience of these topics with your design teams. Bring your expertise and please try to approach the process with an open mind, guided principally by these insights to ensure we create truly human-centered designs that speak to the behaviors and aspirations of these youth and their communities that we aim to serve.

The names of all participants have been changed.
We thank all the people we spoke to for their expertise, honesty and willingness to share often deeply personal and sometimes difficult stories with the teams.

A NOTE ABOUT ETHICS

All participants gave verbal consent to talk with us. We sought verbal permission from everyone who was photographed and additional written permission for photos from most participants. Several under-16 year olds attended the scheduled group discussions at the youth center, with parental consent, and all participants' confidentiality is protected here. All youth in the group sessions were assured of the anonymity and confidentiality of their contributions and their right to refuse any questions and ask questions at any time.

These insights are not intended to provide a comprehensive report of adolescents in Tanzania. These are evolving points for action, to stimulate new thinking and to generate lots of ideas with the potential to reduce unplanned teenage pregnancy. These ideas will be refined and prototyped in Tanzania by PSI and their partners.

IN THIS DOCUMENT

AT THE IMMERSION

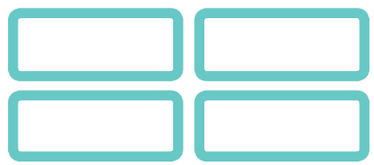
Research
Gathering perspectives, observing behaviors, and understanding context.

leads to

Insights
Essential learnings that will inform all our work going forward

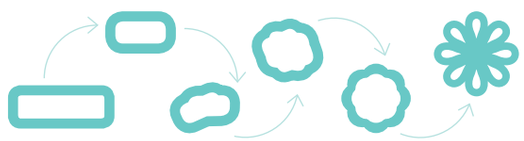
leads to

Design Briefs
Recommended shifts we should make in order to engage youth



leads to

Prototyping + Testing
Building ideas and getting real feedback with teens and stakeholders



A note on the insights

FOCUSING ON WHAT'S MOST ACTIONABLE

Through the course of our research, we heard about many many topics, many which are represented in this diagram–from finance to living conditions to love. While we acknowledge that all of these topics are a very important part of a girl's life, and these influence the way in which she might behave, the insights that follow represent the strongest patterns that emerged across age and demographics. These insights become a tool to uncover opportunity areas for design.

During our time together in Tanzania we ask that all of you continue to add to the learning and insights presented in these pages.

Overarching Themes

3 SHARED PERSPECTIVES

3 SHARED PERSPECTIVES

Throughout our many conversations, activities, and observations in different communities three points of view were consistently shared by all of these different stakeholders: young men and women (with a special focus on unmarried girls), parents, health care providers, caregivers, and community leaders. Throughout this document the following insights will be revisited to better understand the rational and nuance in perspective the different stakeholders share.

TEEN PREGNANCY

Almost everyone we spoke with cited ***unintended pregnancy among teens as a serious problem and described poverty as a cause and a consequence of unplanned pregnancy.*** People were aware it was happening, understood the circumstances influencing a young woman's behavior and choices, and could empathize with the negative and long-lasting effects an unintended pregnancy had on their lives and the community. This shared understanding is encouraging because it means a common desire exists to decrease unplanned pregnancy rates among adolescents. This could serve as a potential foundation to help young women take control of their lives by engaging with contraceptive services.

TRANSACTIONAL SEX

We heard that ***it is common practice for women (not just young unmarried youth) to exchange sex for money and gifts.*** This is a path many go down and it's often seen as a fact of life for a woman living in poverty in Tanzania. These exchanges and the negotiations between young men and women are complex and nuanced. Many young men are expected to be providers of material goods to be able to start a sexual relationship. Later in this document, we will outline the circumstances, constraints, and peer influences that lead to this behavior.

FEAR OF CONTRACEPTION

Perhaps surprisingly, ***the reason that most young women are not using contraception (besides condoms, mainly purchased by men) is not because they don't know about the options but because they have a deep fear of their effects.*** Most of the parents, teen boys, providers, and teachers we spoke with believed that contraception was bad for your body and caused serious side effects. All groups described the side effects using similar language: 'getting fat in the stomach', having 'more fluid in the vagina', 'killing the ovaries,' and either having your menses all the time or not having them at all. Our team witnessed multiple providers giving inaccurate information, focused on the side effects rather than the benefits.

INSIGHTS ABOUT

Teen Girls

Teen Girls

RITES OF PASSAGE

The menarche (first period) is a crucial turning point in a girl's life. It marks the beginning of adulthood in a big way because your family and community often start treating you differently – immediately. Many other communities throughout Tanzania celebrate the menarche with a ceremony marking their transition to adulthood. Some initiations bring together people from the community, such as the ngoma dance in the coastal regions, although not everyone marks this moment so publicly.

After this turning point, new expectations are often placed on girls -- from dress, to behavior, to economic expectations. Most importantly, many young women are now expected to provide for themselves financially. If a girl passes the primary school exam and her family is willing and able to pay for her secondary education, she might be able to delay this financial expectation until graduation. However, girls who are not as lucky often find themselves living with new financial responsibilities, or married off, sometimes against their will.

Despite some of the changes that may come with having a period, beginning your adult life is an important milestone for a young girl, one that appears to be happily welcomed. (See inset 1 on page 7)

INSET 1

NGOMA: Initiation ceremony in the coastal areas

An issue that appears to deeply divide the coastal communities we visited is a ceremony, specific to these regions, called the Ngoma dance. It is a traditional initiation ceremony for young girls acknowledging their first period and welcoming them into adulthood. While it was refereed to as Ngoma in Bagamoyo and Morogoyo similiar customs are practiced throughout other regions of Tanzania. It appears the tension surrounding this tradition lies in the fact that sex is introduced or alluded to with young unmarried girls during the teachings of this ceremony.

For supporters, it is guarded as a sacred cultural tradition that prepares girls for adulthood, marriage, and pregnancy. In order to be married, it's believed that you must first 'be danced'; if you fall pregnant before you've been danced, you risk extreme shame and disgrace. ***Those who oppose the tradition believe it leads to unplanned teen pregnancies because Ngoma changes the way a girl behaves, making her more sexual and prone to experimentation.*** They also claim parents essentially give their daughters a 'license' to have sex before marriage after they have participated in the dance. It's still unclear how sex is addressed in these conversations, but by talking to people on both sides of the debate, it's obvious there are big misunderstatings.

Regardless of the misperceptions that rage within the community, ***the Ngoma dance is a tradition that requires a tremendous amount of energy and financial investment for supportive families.*** 'Dancing' a girl is expensive, costing on average 2 million shillings (USD 1,094). For some families, saving for this ceremony takes financial priority over paying for school because it's seen as a crucial step in preparing young women for a good marriage which is often considered security for a bright future.

Supporters of Ngoma were hesitant to tell us in detail about the content of the ceremony because the ***teachings are a secret between the instructor, parents, and the girl.*** In conversations with an initiation instructor, known as a nyakanga, we learned that the teachings have several themes and the language used to address sexual intercourse is often shrouded in analogies. For example, girls are taught to knock at the door of their father three times and not enter if no one answers (implying adults need privacy in order to have sex), that getting close to a man gives you 'a big stomach' (implying pregnancy), and girls receive lessons about being a good wife and mother (which were not elaborated on). However, the nyakanga was very enthusiastic to know more about contraceptive methods in order to better educate her students and help keep them from unintended pregnancy. Yet she told us teaching this information would be tricky as parents must be involved and they largely equate introducing contraception as promoting promiscuity.

YOUTH REPRODUCTIVE HEALTH INSIGHTS

Insights about Teen Girls

SEX AS POWER

The financial, physiological, and hormonal factors connected to the first period all seem to contribute to the high rate of young women engaging in sexual activity. Compound these together with societal expectations, the possibility of a caretaker pressuring a girl to become financially independent, and limited financial opportunities at large-it's not hard to imagine why having sex or relationships with ***men might be seen as the best source of prosperity for many young unmarried girls.***

The contradictions and barriers girls are facing are huge; start to become financially independent, don't have sex, overcome the very limited alternatives for generating income, and just deal with being a teen by staying on the 'right' track. It's a very complicated ladscape to navigate.

The main sources of employment for everyone in these areas are agriculture and informal employment through small businesses. Young women told us of their difficulties to find work and, perhaps more importantly, safe working environments. They told us that sexual harassment or sexual violence were common in both the towns and villages where they seek work.

We did hear some examples of women supporting other women through mentorship and taking on apprentices to train. There were some local organizations supporting entrepreneurship training and microfinance, but youth were not able to access some of these initiatives or knew nothing about them.

Women, especially young ladies, need to weigh the risks of a job in ways that men do not. For example, many jobs in Tanzania are labor intensive and exclude women, or pose risks to their safety in terms of sexual assault. Another thing to consider are the social risks of a woman trying to take on a job traditionally held by a man; fear of harassment or embarrassment can be incredibly limiting for a woman (or a man) of any age. ***Because financial opportunities are so limited for young girls many begin to utilize their sexuality as an asset and negotiation tool. As we heard, these negotiations are sometimes sophisticated and occasionally manipulative.***
(See inset 2 on page 11)

SEX AS POWER CONTINUED

Young men are expected to be providers. They're under the pressure of societal expectations to give some of their earnings to their mothers and also to show off their financial status to attract women. Looking good, as for teens everywhere, is all important, but sometimes it's a compromise between saving for the future to make a good marriage and attracting ladies right now.

INSET 2

NEGOTIATIONS: Asking a boyfriend for money exercise

We asked a group of young women:

"How do you ask for money? What text message do you send? How does he reply?" These were their answers.

Girl: Hi my love. I'm at home. I don't feel good. I need

10,000 to go to the hospital

Boy: How do you feel?

Girl: I think malaria.

Boy: Ok. Later.

Girl: I need it now. I'm sick.

Boy: Borrow from someone, then I'll return.

Girl: Okay.

We asked, "Any other ways?"

Girl: Hi baby.

Boy: Hi

Girl: Sorry baby I feel I have serious stomach ache. I think I'm pregnant
Boy: You're what? Pregnant?
Girl: Yes I am

The boy calls back. In the conversation, the girl tells the boy, 'I need the money because I want to abort the baby.' She needs a lot - she has to pretend that she's pregnant to get a lot of money.

After she gets the money for the abortion, she takes one week before calling the boy. She makes up stories that she's going to the hospital for cleaning after the abortion. They take these pills, I don't know the name. The pill makes them have the menstruation; they go to their boyfriend after taking the pill. You pretend that you have your period because of the abortion, so that the boy keeps giving you the money."

SEX AS POWER CONTINUED

A girl's reliance on sex is complicated and the stories leading up to this dependency are unique to every young woman; however, ***the practice can be largely bucketed into two categories: using sex for survival (food and shelter) or for "satisfaction" (clothes and technology), neither of which is considered sex work.***

Take a moment to empathize - put yourself in the shoes of a teenage girl living in poverty - imagine what resources or assets you might desire or need to survive at this young age. Imagine living in a society where your opportunities to complete your education and make your own money are so limited. It's not hard to imagine how ***sex becomes one of a woman's most powerful and readily available assets.*** It's something many men of different ages want and are not shy to admit and some men in positions of power use sex to manipulate women.

A VIEW OF CONTRACEPTION

While we know many young women are having sex, few are using contraception. When we asked about this situation, the answer was almost unanimous across age groups: contraception is bad for the body and comes with lasting side effects that can cause infertility. While some of these myths are grounded in truth-all contraceptives can have side effects-the reason for these side effects and any benefits of birth control were not commonly understood. ***In the case of irregular or missed periods, anything besides a typical monthly menses was considered an alarming indicator of possible infertility.***

For these communities, menstruation is a sign that you're a proper, healthy, fertile woman who is naturally 'cleaning her body.' When a woman doesn't get her period, or her period comes too often, and she doesn't know why this is happening, it can produce waves of anxiety and insecurity about infertility. ***Many of the young and even older women we spoke with who had used hormonal contraception had never received proper education or reassurance from a provider on how and why their periods might change.***

Both teens with and without previous unplanned pregnancies, told us they did not use birth control because of negative side effects or because providers would not provide them with services. Through mystery shoppers, we heard how providers focus on advising abstinence and describing the side effects of hormonal contraception. None of the facilities our mystery shoppers visited mentioned the benefits of hormonal contraception nor described all the available methods. ***It seems fear of permanent risks to health and fertility, a lack of information, and discouragement from providers deter young women from using contraception despite their fear of pregnancy.***

INSET 3

NO DESIRE: Perspectives on being a teen mother

When we spoke with young unmarried mothers about their thoughts and intentions leading up to the birth of their child, many answers indicated shock and surprise at the knowledge of becoming pregnant -it was clear having a child was not welcomed. When speaking with young unmarried teens who were not mothers, we heard that having a baby before marriage was shameful, that it ruined a girl's life, and that they did not want to have children until completing school and getting married.

A VIEW OF CONTRACEPTION CONTINUED

For a young women living in impoverished situations menses are not easily hidden; more importantly it may not be something a girl wants to hide. Sanitary products are expensive and women often struggle financially to use protection against menstruation other than simple reusable rags. This can prevent girls from attending school or restrict them from doing certain activities, like cooking (which is very public). If a girl's period is irregular, chances are, people in the household will begin to notice. For young unmarried teenage girls living with a mother or caregiver who does not want her to use contraception the risk of this person finding out might seem too great.

The youth we interviewed all knew about condoms. Most learned about them in primary school as a method to prevent HIV and pregnancy. ***We heard that young unmarried women carrying condoms could be putting their reputation at risk.***

A VIEW OF CONTRACEPTION CONTINUED

Another factor contributing to unprotected sex and low contraceptive use could be an over-reliance on unsafe abortion. Several young women we spoke with had either experienced an unsafe abortion or knew someone their age who had been through the procedure-sometimes more than once. When we asked them (and other stakeholders) to describe what a young unmarried girl might choose to do when faced with an unplanned pregnancy, we heard that a common response was you can either go "to see the old woman with herbs and/or a stick, or you can go to the hospital". It feels uncomfortable to ask, and we didn't succeed in answering these important questions: do young women perceive abortion as a more acceptable, easy, secret or viable way to deal with unwanted pregnancy than taking long-term birth control? Or, do many young girls turn to abortion simply because, as we heard, they do not consider the long-term risks of having unprotected sex?

While we were unable to gather extensive insight into the above, focus group research conducted by Marie Stopes in 2013 summarized that girls do a risk-benefit analysis between the risks of pregnancy, unsafe abortion and contraception before engaging in sex. Pregnancy and abortion are considered lower than the reputational and perceived health risks of accessing family planning services. What we heard from young women during our time in Bagamoyo and Moragoyo in many ways complements the findings from this study.

YOUTH REPRODUCTIVE HEALTH INSIGHTS

Insights about Teen Girls

Insights about Teen Girls

TEENS, TECHNOLOGY AND THE MEDIA

Technology is changing the game. People of all ages were concerned about the impact of technology and the media on young people's thinking and behavior. Parents were worried that music videos, the internet and Facebook were affecting youth in negative ways. They said that as youth are faster to adapt to and access new forms of media, but are less able to decide between positive and negative influences. We heard that mobile technology and social media sites facilitated relationships which could be hidden from parents. Though about a third of young people we met owned a phone, almost all could access a phone through friends or family. Girls told us that they are frequently texted or contacted on Facebook from boys they don't know looking for relationships. Young men also sent financial gifts to their girlfriends via mobile money sites like m-Pesa and a mobile phone appeared to be a usual gift to a girl to mark a significant relationship.

Sexually explicit materials are easy to access by young people. Cell phones are also a way to obtain and share pornography. For 500 shillings, about 27 US cents, video shops will upload explicit films to a memory card, so they can be watched on a phone. The vijas, or video shops are a popular hub for young men and children, mainly boys who are unsupervised. It's easy and affordable to watch action films during the day. At night they show more explicit adult-oriented material. Under 18s are not permitted to enter, but we heard that for a 1000 shilling bribe (about 50 US cents) they can enter and watch these movies.

YOUTH REPRODUCTIVE HEALTH INSIGHTS

Insights about Teen Girls

BIG TAKEAWAYS

- ***Especially in this region the first period is a crucial turning point in a girl's life - in some families it signals a girl has become an independent woman and she must begin to take care of herself financially.***

- ***Because financial opportunities for women are so limited, a man is often seen as the best source of income for young girls.***

- ***This leads to many young girls utilizing their sexuality as an asset and a negotiation tool.***

- ***As well as being a way to express intimacy and connection between partners, sex is often used for survival (food and shelter) or for "satisfaction" (clothes and mobile phones) neither of which is considered sex work.***

- ***Because of this sex may become one of a woman's most powerful and readily available assets.***

- ***Young women find it difficult to find work for a variety of reasons, regardless of their ambitions and ability to imagine how they might invest capital or start an informal business.***

- ***Some successful women are acting as unofficial mentors, supporting younger women or female family members through informal apprenticeships and workplace training.***

- ***Few young women are using hormonal contraception. The girls we spoke with listed a variety of reasons:***

  - ***Many fear side-effects. The biggest being irregular and missed periods as they believe it is a signal of permanent risks to health and fertility.***

  - ***An irregular period may also be a telling sign that a young woman is using contraception.***

  - ***Additionally, a lack of information and discouragement from providers deter young women from using contraception despite their fear of pregnancy.***

- ***We heard that young unmarried women carrying condoms could be putting their reputation at risk.***

- ***Another factor contributing to unprotected sex and low contraceptive use could be an over-reliance on unsafe abortion***

Insights specific to Ngoma:

- ***An issue that deeply divides the coastal regions is the ngoma dance. The tensions lie in the teachings (however ambiguously) about sex because they are shared with young unmarried girls.***

- ***This is a ceremony that practicing parents and families must put a tremendous amount of energy and financial investment into. This indicates a deep commitment to the well-being of their daughters.***

- ***The teachings are a secret between the instructor, parents, and the girl.***

INSIGHTS ABOUT

Parents & Caregivers

Parents & Caregivers

FAMILY STRUCTURES

In these communities in Tanzania, as in all places, there are different extremes in parenting styles and levels of involvement. We met with more progressive parents who support their daughters' education and see girls as valuable members of society. On the other, there are parents who favor boys – giving young men more opportunities, better access to health care and education and generally setting them up to successfully live independently. In many of the households we visited, for a variety of reasons, children were no longer living with their parents and were being raised by non-parental caregivers. In certain cases, for infinite and unique reasons, some non-parental caregivers may be disengaged from the well being of the child. All of the above leads to the fact that ***family structures in Tanzania can be unpredictable.***

As a young person you might be living with a distant aunt, cousin, uncle, or even neighbor who is already struggling to feed the members of their immediate household. We spoke with many girls who had been thrown into a harsh and unloving reality, based on forces far outside of their control. We also met girls who had seemingly loving parental figures who sent their children to live with relatives that either did not or could not properly care after the children. Parents and caregivers are under pressure, struggling with poverty, multiple responsibilities and finding it difficult to know how to regulate their teen children's' behavior.

YOUTH REPRODUCTIVE HEALTH INSIGHTS

Insights about Parents & Caregivers

FAMILY STRUCTURES CONTINUED

However, regardless of mindset, parents and caregivers are influenced by the behavioral norms and social pressures of the community around them. They want to be 'right' in the eyes of their neighbors, friends, family and religious leaders – even if that appears to outsiders to be sacrificing the well being of their girls.

In addition to the stresses related to complex living conditions and arrangements, children often must begin financially supporting themselves at a very young age. As we mentioned earlier, ***for a girl, her period can often be a clear milestone that signals adulthood and, for some parents, financial self-sufficiency. With that parental behavior shift may come another - girls are expected to bring money into the house and, we heard, may ask fewer questions about how it's obtained.***

Insights about Parents & Caregivers

VIEWS ON CONTRACEPTION

The majority of parents and caregivers we spoke with stated that the best ways to reduce the problem of unplanned pregnancy are through abstinence and staying in school. Many parents told us they preferred not to talk about sex or contraception with their children until they were engaged or married. They felt talking about sex would encourage them to start relationships: "If you talk about it [sex] they will want to try it." We heard that the advice most loving parents or caregivers give in order to help young girls in their lives avoid pregnancy was "study hard, stay busy, and avoid temptations." Many adults considered conversations with youth about sex to be taboo and potentially unethical. It was especially off-limits for a father or male caregiver to talk to young women about such things. Even parents of girls who allowed their children to take part in initiation ceremonies like ngoma, that include some sexual education, were not comfortable with their daughters being taught about birth control methods at this time. (See inset 4 on pg 25)

However, there's one place we heard youth can learn about sex and contraception methods that parents generally accept: school. In speaking with teachers, a school counselor, and a school board administrator we learned that parents are initially outraged if they discover the school has taught their child about sex and contraception. In dealing with these parents or caregivers ***the schools explains the curriculum is government mandated and this generally helps parents to accept it.***

To avoid as many confrontations as possible they take a "leave no trace" mentality in teaching the information which means no take-home materials given out and no visuals to help explain the methods. The teachers we spoke to all believed that education about sex and contraception should begin in primary school, as they found many children and teens experimenting at this time. It's important to know that children in a primary school class in Tanzania may be of varying ages, as they may drop out and rejoin education.

Siku [illegible] za kutikati ya mzunguko wa hedhi wa siku 28, yaani siku za 12, 13, 14, 15 na 16 ndizo ambazo mimba inaweza kutunga endapo mume na mke watajamiiana. Siku hizo ndizo zinazoitwa *kipindi cha hatari*. Endapo mume na mke watapanga kuahirisha kupata mtoto kwa kutumia njia hii, watakwepa kujamiiana katika siku hizo.

- Kwa mwanamke mwenye mzunguko wa siku 21, siku zake tano za hatari ni siku ya 5, 6, 7, 8 na 9 baada ya siku ya kuanza hedhi.
- Kwa mwanamke mwenye mzunguko wa siku 30, siku zake za hatari ni siku ya 14, 15, 16, 17 na 18 baada ya siku ya kwanza ya hedhi.
- Kwa mwanamke mwenye mzunguko wa siku 35, siku zake za hatari ni siku ya 19, 20, 21, 22 na 23 baada ya siku yake ya kwanza ya hedhi.

Kipindi cha hatari ni kile ambacho yai hupevuka tayari kwa kurutubishwa *ili* mimba itunge. Endapo mwanamke atajamiiana katika *kipindi hiki*, atapata mimba. Kwa hiyo, mume na mke huepuka kujamiiana katika kipindi hiki.

(ii) kutomwaga gametiume kwenye uke wakati wa kujamiiana na

(iii) mama kuendelea kumnyonyesha mtoto. Mama anapomnyonyesha mtoto kama inavyotakiwa, hukoma kupata hedhi hadi atakapomwachisha mtoto kunyonya.

Njia za kisasa za uzazi wa mpango

Njia za kisasa za uzazi wa mpango hujumuisha matumizi ya vifaa na dawa. Vifaa na dawa hizo vina faida na hasara mbalimbali.

Vifuatavyo ni vifaa na dawa zinazotumika katika uzazi wa mpango:

(i) Kondomu

Kielelezo cha 39: Kondomu

Kondomu huvaliwa na mwanamume au mwanamke wakati wa tendo la ndoa. Hivyo manii hayaingii ukeni.

Faida:
- Huzuia mimba na baadhi ya magonjwa ya zinaa;
- Haihitaji kwenda kumwona daktari kwanza;
- Hupatikana kwa urahisi kwenye maduka ya dawa.

Madhara:
- Huhamasisha ukahaba na umalaya.

(ii) Kiwambo

Kielelezo cha 40: Kiwambo

Kiwambo huwekwa ndani ya uke kwenye seviksi ili kuzuia manii kuingia.

Faida:
- Huzuia kansa ya shingo ya kizazi kwa kiasi fulani

Madhara:
- Kinaweza kuwekwa vibaya na kuruhusu mimba kutunga.

(iii) Kitanzi

Kielelezo cha 41: Kitanzi

Kitanzi ni kipande cha plastiki ambacho mwanamke huwekewa na daktari kwenye uterasi ili kuzuia manii na mayai ya mwanamke kukutana na hivyo kuzuia utungisho. Pia huzuia yai lililorutubishwa kushikilia kwenye uterasi.

Faida:
- Kikishawekwa hakuna haja ya kufanya kitu chochote cha ziada;
- Kina uhakika mkubwa wa kuzuia mimba.

Madhara:
- Huweza kusababisha maumivu na damu nyingi wakati wa hedhi;
- Huweza kuleta maambukizi katika kizazi yanayoweza kuleta utasa;
- Kama mimba ikitokea, inaweza kuwa kwenye mirija ya falopio.

INSET 4

RULES ARE RULES: No information till marriage

Ann is the mother of a 15 year old daughter, Mary, who has a 17 month-old child. Ann was excitedly showing us the calendar method for preventing pregnancy, in a book entitled “Answers to your Marriage”. When we asked Ann if she had shown this information to her daughter she replied “No, she isn’t married yet. She can only see this when she gets engaged.”

VIEWS ON TEEN PREGNANCY

When an unmarried girl falls pregnant she is often banished by society, instantaneously. If she was attending school she is almost always kicked out (despite this practice being made illegal). If she does not have supportive parents or caregivers she can find herself on the street or in a much less stable living environment. Young women and parents told us that mothers may force or coerce their daughters to have abortions (unsafe and safe) or try to convince daughters to say it was rape, often to avoid social shame.

BIG TAKEAWAYS

- ***Many family structures are unpredictable in Tanzania.***

- ***Parents and caregivers are under pressure, struggling with poverty, multiple responsibilities and finding it difficult to know how to regulate their teen children's' behavior.***

- ***However, regardless of mindset, parents and caregivers are influenced by the behavioral norms and social pressures of the community around them.***

- ***Especially in this region a girls period can often be a clear milestone that signals adulthood and, for some parents, financial self-sufficiency.***

- ***The majority of parents and caregivers we spoke with agreed: the best way to reduce the problem of unplanned pregnancy is abstinence and staying in school.***

- ***Many adults avoid talking about sex or contraception with their children until engagement or marriage. These adults largely believe talking about sex and contraception encourages young people to have sex.***

- ***School is one place children learn about sex and contraception. Parents generally don't like it (if they find out) however they tend to accept it because the curriculum is government mandated.***

- ***When an unmarried girl falls pregnant she is often banished by society, instantaneously.***

INSIGHTS ABOUT

Providers

Providers

ACCESS TO CONTRACEPTION

Although contraceptive use is low, ***there are multiple and varied points of access for condoms and pills.*** Condoms can be bought at any kiosk. Pills are generally easily purchased over-the-counter in any pharmacy or medicine shop (duka la dawa) in Tanzania. The disconnect between access and use is interesting because it indicates that other factors besides access alone are impacting the decision to use contraception.

Often, providers act as gatekeepers to access to contraception. Providers may often allow their personal bias and opinion to dictate their practices and guidance to patients. These personal opinions can be the result of existing contraception myths or a belief in what is or isn't appropriate when it comes to gender and sex.

ACCESS TO CONTRACEPTION CONTINUED

During our research, we sent two "mystery shoppers" into local drugstores: a young woman and a young man, of similar age. ***Whereas the young man received no questions about his life or decision to purchase contraception, the young woman received judgment and many roadblocks*** Questions about her marital status, assumptions she had many boyfriends, shame-inducing language, and demands that she come back with her husband or boyfriend were all part of this narrative. Providers assumed that the boy buying oral contraception was in a committed relationship. No questions, no lectures.

Through discussion with and observation of providers in these towns, we uncovered a strong reluctance to give contraception to unmarried young women, particularly without a male partner's presence. Providers counseled young women to practice abstinence, ask the man to use condoms or to wait until they are married. However, among the strong opposition we met a few providers that were advocates for young unmarried teens, without children, to use family planning. We interviewed an older female provider who told us a story of visiting a girl's mother at home after the girl almost died from an unsafe abortion. She convinced the mother that birth control pills could protect the family's honor and keep the peace in the home. The mother then supported the girl to take her pill every day.

ACCESS TO CONTRACEPTION CONTINUED

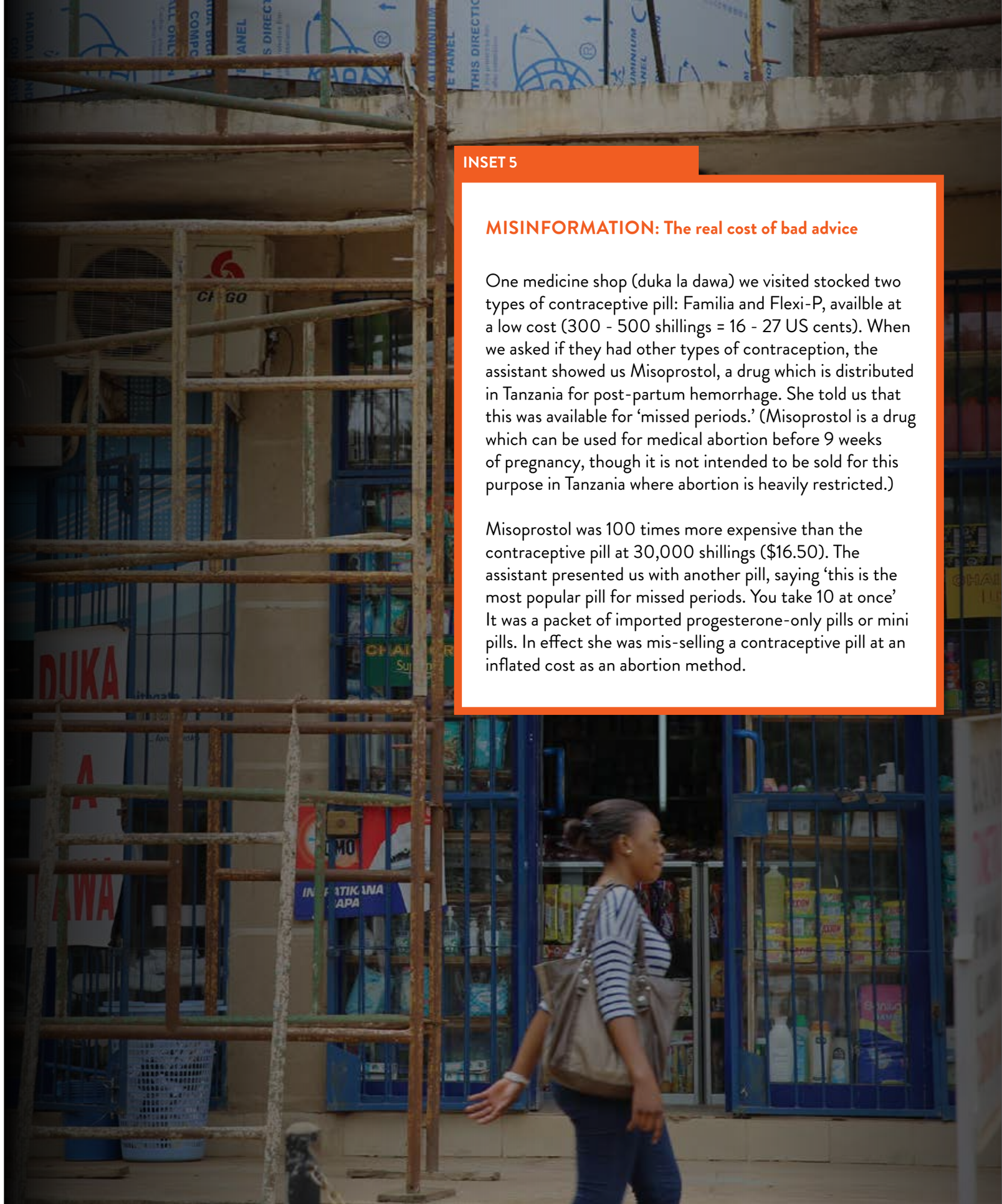
It is important to note that providers are likely to be or have been parents, which means the separation between personal advice and medical advice is thin. Do they believe in a message of abstinence, because that's what they recommend to the youth in their own lives? Advising the girls to negotiate condom use to prevent was well-meaning but not grounded in the challenges girls had carrying condoms.

Is this due to provider fears that if they provide young women with other contraceptives, young women will stop using condoms and risk getting HIV? Some providers were complicit with the fact that girls lie about their age or marital status to access contraception.

INFORMATION

In addition to simply refusing access to contraception for unmarried teens, ***many providers appeared to deter uptake by contributing to misconceptions and emphasizing the negative impacts of contraceptive use*** (with the exception of condoms).To add to the above complications, within Tanzania, like in other African countries, a 'shadow market' of health professionals exists. A young person might find herself in an medicine shop or pharmacy but the "pharmacist" behind the counter is not professionally trained. As we witnessed, this can lead to false, inaccurate, and potentially dangerous guidance.

Interestingly, we heard that providers will do HIV testing for youth, with few or no questions asked. Though, getting an HIV test might imply you are having unprotected sex, however it didn't seem to inspire the same abstinence lecture from providers as a request for contraception. Is this an opportunity moment?



INSET 5

MISINFORMATION: The real cost of bad advice

One medicine shop (duka la dawa) we visited stocked two types of contraceptive pill: Familia and Flexi-P, availble at a low cost (300 - 500 shillings = 16 - 27 US cents). When we asked if they had other types of contraception, the assistant showed us Misoprostol, a drug which is distributed in Tanzania for post-partum hemorrhage. She told us that this was available for 'missed periods.' (Misoprostol is a drug which can be used for medical abortion before 9 weeks of pregnancy, though it is not intended to be sold for this purpose in Tanzania where abortion is heavily restricted.)

Misoprostol was 100 times more expensive than the contraceptive pill at 30,000 shillings ($16.50). The assistant presented us with another pill, saying 'this is the most popular pill for missed periods. You take 10 at once' It was a packet of imported progesterone-only pills or mini pills. In effect she was mis-selling a contraceptive pill at an inflated cost as an abortion method.

BIG TAKEAWAYS

- ***There are multiple and varied points of access for condoms and pills. However, providers can often act as gatekeepers to contraception in these widely available locations.***

- ***Many providers appeared to deter uptake by contributing to misconceptions and highlighting the negative impacts of contraceptive use.***

- ***There are some youth-friendly providers in these communities who have been champions for contraceptive use.***

- ***It's possible some providers fears that if they provide young women with contraception that they will stop using condoms and risk getting HIV.***

- ***Many providers practice HIV testing for a person of any age, with little or no questions asked.***

BIG TAKEAWAY SUMMARY

INSIGHTS ABOUT TEEN GIRLS

- *Especially in this region the first period is a crucial turning point in a girl's life - in some families it signals a girl has become an independent woman and she must begin to take care of herself financially.*
- *Because financial opportunities for women are so limited, a man is often seen as the best source of income for young girls.*
- *This leads to many young girls utilizing their sexuality as an asset and a negotiation tool.*
- *As well as being a way to express intimacy and connection between partners, sex is often used for survival (food and shelter) or for "satisfaction" (clothes and mobile phones) neither of which is considered sex work.*
- *Because of this sex may become one of a woman's most powerful and readily available assets.*
- *Young women find it difficult to find work for a variety of reasons, regardless of their ambitions and ability to imagine how they might invest capital or start an informal business.*
- *Some successful women are acting as unofficial mentors, supporting younger women or female family members through informal apprenticeships and workplace training.*
- *Few young women are using hormonal contraception. The girls we spoke with listed a variety of reasons:*
  - *Many fear side-effects. The biggest being irregular and missed periods as they believe it is a signal of permanent risks to health and fertility.*
  - *An irregular period may also be a telling sign that a young woman is using contraception.*
  - *Additionally, a lack of information and discouragement from providers deter young women from using contraception despite their fear of pregnancy.*
- *We heard that young unmarried women carrying condoms could be putting their reputation at risk.*
- *Another factor contributing to unprotected sex and low contraceptive use could be an over-reliance on unsafe abortion*

Insights specific to Ngoma:

- *An issue that deeply divides the coastal regions is the ngoma dance. The tensions lie in the teachings (however ambiguously) about sex because they are shared with young unmarried girls.*
- *This is a ceremony that practicing parents and families must put a tremendous amount of energy and financial investment into. This indicates a deep commitment to the well-being of their daughters.*
- *The teachings are a secret between the instructor, parents, and the girl.*

INSIGHTS ABOUT PARENTS & CAREGIVERS

- *Many family structures are unpredictable in Tanzania.*
- *When an unmarried girl falls pregnant she is often banished by society, instantaneously.*
- *Parents and caregivers are under pressure, struggling with poverty and responsibilities, and finding it difficult to know how to regulate their teen children's' behavior.*
- *However, regardless of mindset, parents and caregivers are influenced by the behavioral norms and social pressures of the community.*
- *Especially in this region a girls period can often be a clear milestone that signals adulthood and, for some parents, financial self-sufficiency.*
- *The majority of parents and caregivers we spoke with agreed: the best way to reduce the problem of unplanned pregnancy is abstinence and staying in school.*
- *Many adults avoid talking about sex or contraception with their children until engagement or marriage. These adults largely believe talking about sex and contraception encourages young people to have sex.*
- *School is one place children learn about sex and contraception. Parents generally don't like it (if they find out) however they tend to accept it because the curriculum is government mandated.*

INSIGHTS ABOUT PROVIDERS

- *There are multiple and varied points of access for condoms and pills. However, providers may act as gatekeepers to contraception in these widely available locations.*
- *Many providers appeared to deter uptake by contributing to misconceptions and highlighting the negative impacts of contraceptive use.*
- *It's possible some providers fears that if they provide young women with contraception that they will stop using condoms and risk getting HIV.*
- *Many providers practice HIV testing for a person of any age, with little or no questions asked.*

Parting Thoughts & Potential Opportunities

With these varied stories and emerging insights, we have a deeper understanding of the three stakeholder groups that will be the focus of our design interventions: Teens, Parents & Caregivers, and Providers. While each of these groups have their own perspectives and motivations, we will be thinking of ways to engage these stakeholders through four specific design challenges. These challenge areas will be presented at the Immersion event.

Until that time please absorb this information, revisit the stories and quotations, and come prepared to dive even more deeply into the insights described in this document. Below we've pulled out a few key insights we believe have emerged, and the potential design opportunities they contain.

It's hard to disentangle money and sex.

Money and sex seem to go hand in hand, whether you are a girl, a boy, or a parent. So what happens if we help create routes to financial independence? How might we create interventions that capitalize on the motivation for stability and financial support, while separating it from the act of transactional sex? If we could succeed in such a reframe, young women might be able to create a new relationship with sex: motivated by free choice, rather than a pragmatic need.

Providers are the last port of call and the gatekeepers for access to contraception.

Providers naturally bring their own biases into whether or not they provide contraception. Knowing this reality, how might we design around it?

How might we better separate the line between personal bias and medical advice? Can we help providers get access to the right information and build on their good intentions to protect teens? Can we create alternate avenues for access that go outside of the typical provider journey, to allow more opportunities for an interested girl to receive information and services as well as contraception?

Menarche is an opportunity point, but education about sex and contraception is needed earlier.

Adults speaking to young unmarried people about sex is a hot button issue: it causes a lot of tension in communities and many people firmly believe you should not tell youth about sex because it will encourage the action. Rather than trying to shift a systemic and deeply ingrained belief, how might we leverage the avenues through which teens are already getting media?

How might we design with technology, media, and school channels, rather than against the existing belief systems? How might we get the government on board, in order to begin shifting the mindset from the top down and help existing policies become practice?

Contraception is feared, rather than trusted.

In a culture where negative stories about contraception are ubiquitous, there is no counter-argument to some of the commonly believed myths and misinformation. How might we introduce a new voice into the conversation about contraception?

Could we shift the conversation from "abstinence only" to "abstinence, OR" for everyone? How might we poise the benefits of using contraception against the downsides of having an unplanned pregnancy?