

The Power of Choice: Family Planning Services for Young Women in Tanzania

“I was initiated to sex at 14 years. [...] I became pregnant at 17 years. [...] I was rejected by the man responsible,” remembered Maimuna (pseudonym), 21, who lives in the Morogoro region of Tanzania. Unfortunately, her experience is not unique. Early sexual debut is common in Tanzania, with 12 percent of young women ages 15–24 reporting first sexual intercourse before age 15.¹ This can make adolescent girls and young women (AGYW) vulnerable to unintended pregnancies and sexually transmitted infections. Young women are often less able to advocate for safe sex, including the use of condoms and other family planning methods. As such, Tanzania has the 17th highest adolescent fertility rate in Africa, with 132 births per 1,000 adolescent women in 2018.² The Meeting Targets and Maintaining Epidemic Control (EpiC) project, funded by the United States Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), is committed to increasing access to integrated family planning and HIV services for young women in Tanzania.

While family planning services are available at most public health facilities, it can be challenging for AGYW to use these services. AGYW may feel stigmatized or be turned away by providers who do not believe young women should engage in sex. Many AGYW in Tanzania also engage in transactional sex to earn money to meet their needs, which further complicates their ability to advocate for safe sex. Maimuna said she was unable to get information about or use family planning methods because she feared potential backlash from her community if they found out. AGYW are expected to remain abstinent and often face stigma and discrimination from their families and neighbors when they become pregnant. Maimuna said of her experience, “My parents [...] were very disappointed with my pregnancy at an early age. It is not our tradition to get pregnant before marriage, especially at my age.”

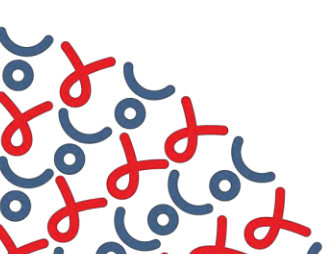
After having her first child, Maimuna was unable to find work and relied on her parents to support her and her child. A peer educator from the EpiC project connected with her while she was out in the village with her friends. Peer educators are members of the community who visit areas where AGYW congregate, such as restaurants and markets, to connect AGYW to information and services. This includes conducting risk assessments with vulnerability index tools to identify AGYW who may be vulnerable to HIV and unintended pregnancy. Because peer

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educators are community members, they frequently know the AGYW they assist. The peer educator who met Maimuna told her about the services available through the EpiC project, but like many young women, she initially was hesitant to participate.

After multiple follow-ups, the peer educator persuaded Maimuna to attend a social and behavior change communication (SBCC) session. These sessions provide a safe space for AGYW to ask questions, learn about healthy behaviors, and access health services. The EpiC project, in collaboration with the Ministry of Health, has trained health care workers to provide adolescent-friendly family planning services. These health care workers participate in the sessions; provide contraceptive pills, injections, and condoms; and refer clients who want implants to local health facilities with designated adolescent-friendly providers. From April to September 2021, the program reached 14,653 AGYW with family planning services across 28 districts in seven regions in Tanzania. EpiC also provides HIV education, testing, pre-exposure prophylaxis (PrEP), and condoms at SBCC sessions and has reached 187,670 AGYW with HIV prevention services. Through the program, 22,672 AGYW have been tested for HIV, with 829 positive cases identified, and 88 percent of those who tested positive enrolled in HIV care and treatment services.

Maimuna is now aware of HIV prevention strategies and is using a family planning method. She has a partner and is able to negotiate for safe sex. The SBCC sessions also share information about entrepreneurship skills and include economic empowerment activities. Through the sessions, Maimuna learned about business management, and she has now started a business. She has a steady source of income and no longer needs to engage in transactional sex. “I am hoping to make it big one day. I sell roasted cassava. [...] I find it a safe way of getting money. I know it shall help me take good care of my child.”



¹ Ministry of Health, Community Development, Gender, Elderly and Children - MoHCDGEC/Tanzania Mainland, Ministry of Health - MoH/Zanzibar, National Bureau of Statistics - NBS/Tanzania, Office of Chief Government Statistician - OCGS/Zanzibar, and ICF. Tanzania: Demographic and Health Survey and Malaria Indicator Survey 2015-2016. 2016. Available from: [Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-2016 - Final Report \[FR321\] \(dhsprogram.com\)](https://dhsprogram.com/pubs/fr321/)

² United Nations Population Fund. Fact sheet: teenage pregnancy. 2018. Available from: https://tanzania.unfpa.org/sites/default/files/pub-pdf/factsheet_teenage%20pregnancy_UNFPA_14oct.pdf.