Community choices on appropriate adolescent reproductive health referral interventions in rural communities in Mwanza Tanzania

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Background

Beside the mainstream health sector, adolescents access reproductive health (RH) services through ‘close to community’ (CTC) providers. These CTC providers include non-governmental organizations, community-based and religious organizations, clubs and youth groups and associations, and pharmacies and drug shops. Community health workers and traditional healers. Little is known about adolescents’ views on the services they provide. There is however, evidence that integration with mainstream services could be improved [1]. To enhance such integration, our study is investigating a process of developing community referral interventions. It aims to establish the readiness and capacity of the CTC providers, adolescents, and the health services to undertake community referral interventions.

Methods

This study started in February 2011 in Mwanza Region Tanzania, covering 18 wards (communities). It employs multiple methods of participatory mapping with adolescents and CTC providers, involving focus group discussions (FGDs) and in-depth interviews (IDIs). CTC mapping using Geographic Information System (GIS) is on-going to locate the CTCs on the global map.

Adolescent consultations and CTC mapping took place from February to April 2011. The adolescent consultations were carried out at village level in 3 villages of 3 different wards. CTC mapping took place at ward level in 18 wards. All discussions were conducted in Kiswahili language. Proceedings were handwritten in notebooks and digitally recorded. FGDs and IDIs were transcribed in Kiswahili. Their translation and back-translation to English is ongoing. Analysis using QSR NVivo 9 will determine the participants’ perceptions on the study themes. GIS mapping is on-going at ward level in 4 wards, starting in May 2011 and will take 2 months. GIS data will be analysed using ESRI ArcView and Tanzania Shapefile.

Results

The findings discussed here are preliminary, as data analysis is still on-going.

CTC mapping

We established that 9 main cadres of CTC exist in the communities. They include village AIDS committees, village health workers, traditional healers, traditional birth attendants, community-based voluntary organizations, village drug users and sellers, village social workers, home-based care providers and youth clubs. In addition to these CTCs, dispensaries were included in the CTC mapping. Services provided by CTCs include HIV/STI prevention and treatment, contraceptives, and deliveries. Most of the services which are formal such as routine ante-natal care are provided by dispensaries. CTCs lack resources including medicines, structures and equipment, training, and their partnerships with the mainstream health sector are non-existent. The main intervention they required to support RH referral was training.

Adolescent consultations

Adolescents considered that their communities posed RH risks. Highly risky areas include highways, mining and fishing sites, forests and trading centres. Risks adolescents experience in these areas lead to unprotected sex, rape and other abuses, especially verbal and physical. Adolescents preferred government dispensaries as their first point of call for RH problems because they are accessible and their services are free. They were not aware of the services offered by the other CTCs except traditional healers, which the majority did not prefer. Their preferred referral intervention was to bring RH services into the villages.

GIS mapping

This will verify the existence of CTC providers and their precise locations in the communities, to inform referral interventions and integration.

Prototype interventions

The overall prototype referral interventions will include capacity building of CTCs, developing linkages between CTCs and the mainstream health sector, community RH promotion to raise adolescents’ awareness, and empowerment of CTCs and mainstream health sector to bring RH services into the communities. After full analysis we will publish the design of proto-type interventions and indicators for evaluation of their effectiveness.

References


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Further information

For comments and additional information, please contact the Consortium coordinator, LSTM, Pembroke Place, Liverpool, L3 5QA, England. Email: IntHEC@liv.ac.uk. Website: www.inthec.org

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