

Accessibility of Reproductive Health Service among Teenage Expectant Mothers Aged 13-19 Years in Madukani Ward, Dodoma Municipality, Tanzania

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ABSTRACT

Teenage Expectant mothers often lack knowledge, education, experience, income and power relative to older mothers. In many cultures, specifically in developing countries, they may also have to tolerate the effects of many judgmental attitudes, making an already difficult situation even worse. Lack of reproduction health services to address the teenagers' needs is due to service providers being ill equipped to deal with them. Teenage expectant mothers are facing various problems with regards to their reproductive health needs, including lack of information, misinformation, as well as social, cultural and economic barriers in accessing the reproductive health services, economic problems as well as cultural and social beliefs. This paper presents results from 67 expectant teenagers aged 13-19 years in Madukani ward in the Dodoma Municipality. A semi structured questionnaire was used to interview these teenage mothers. Also focused group discussion was used to collected data from these expectant mothers on issues that require a group consent. The study revealed that of all interviewed teenage expectant mothers, 65.7% were aware of the existence of the health facilities and services offered by these facilities in the study area. Among the more mentioned services offered to expectant mothers are HIV and STI's test, vaccination, guidance on different aspects such as groups of foods and exercises, malaria prevention and treatment, and instructions on use of blood capsules were the major reproductive health services for teenage expectant mothers in the study area. The study further revealed that culture preference, illiteracy, low income and distance to health centers to be important factors that hinder teenage expectant mothers from accessing reproductive health services. Little awareness of the importance of reproductive health services to expectant mothers resulted into pregnancy complications.

Keywords: Youth, reproductive health, expectant mothers

1.0 INTRODUCTION

A reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (UNFPA 2016). Reproductive health services to teenage expectant mothers has become a world problem. Adolescent girls face considerable health risks during pregnancy and childbirth, accounting for 15% of the Global Burden of Disease (GBD) for maternal conditions and 13% of all maternal deaths. Adolescents aged 13–19 years are twice as likely to die in childbirth. Those under 15 years are five times more likely to die in childbirth as women in their twenties. Infant and child mortality is also higher among children born to adolescent mothers (WHO, 2016).

Lack of reproduction health services to address the teenagers' needs means that is due to service providers being ill equipped to deal with them. There are major barriers that disqualify adolescents' access to maternal health-care services. Failure to address these barriers and needs seriously threatens a healthy outcome for these young mothers and their newborns, further compromising the already unacceptably high maternal mortality rate and pregnancy-related morbidities (World Health Organization 2007). In Tanzania young people (under the age of 20) comprise 32% of the population. These young people face many significant sexual reproductive health challenges such as limited access to youth friendly services including information on growth, sexuality and family planning. This has led to youth's risky sexual behaviors resulting to high STI and HIV prevalence, early pregnancy and vulnerability to delivery complications. Sometimes these complications result in high rates of death and disability. The Tanzania National Demographic survey of 2010, shows that Maternal Mortality Ratio (MMR) is still high at 454/100,000 live births. A total of 23% of women aged 13-19 have started childbearing, while 44% of them were either mothers or are pregnant with their first child by the age of 19 (TDHS 2010). Dodoma, located in Central Tanzania, is the nation's growing capital. The entire Dodoma region (population 1.7 million) suffers the country's highest incidence of mother/infant mortality and a severe lack of quality health care facilities to meet even basic needs (DTHD 2016). The National Sexual Reproductive Health policy of 2003, explicitly states that adolescence stage is an optimal critical time to ensure access to reproductive health information and services so as to enhance healthy life styles. Therefore, AMREF through *Voice of Youth* project conducted a baseline assessment aiming at establishing baseline status of project indicators and targets as well as gaining

insights on barriers to youth SRH rights and services in Dodoma Municipality (AMREF 2008).

Despite Reproductive Health Information services being a focus of health programs worldwide since the International Conference on Population and Development (ICPD 1994), the problem of accessing reproductive health services to teenage expectant mother is very big and much underreported (WHO 2013). Expectant teenagers are not open to discuss on the sensitive issue of reproductive health. In Sub Saharan Africa it is been reported that factors contributing to the inaccessibility of reproductive health services to teenage expectant mothers among other reasons are poverty, lack of support from the partner, lack of education and family building preferences (Bankole et al., 1998). Complications of pregnancy and childbirth are a leading cause of death for older and teenager females when this is coupled with limited accessibility of effective and modern reproductive health information (WHO, 2012). A study done in Tanzania among youths showed that 27.1% of pregnancies complications of teenagers are because most of youth lack reproductive health information and services (Urassa et al 2008).

Knowledge about Reproductive Health amongst adolescents is an important step towards getting access to and using information and services in a timely and effective manner. In Tanzania, there are various reproductive Health services stated to be offered to youth, including contraceptives, education on gender, sexuality, reproduction, life skills, STI and HIV/AIDS. Other reproductive health service offered are STI/HIV AIDS counseling and testing, STI treatment, pregnancy counseling, marriage counseling, sexual abuse counseling, substance abuse counseling, life skills education and recreational activity (Tanzania Reproductive Health Policy, 2002). This paper is an effort to shade more light on reproductive health issues in teenager expectant mothers a basis on which appropriate interventions can be designed for Dodoma municipality. Access to reproductive health services for the teenage expectant mothers can equip them with knowledge and skills thereby enhancing their utilization of the reproductive health services. This in turn will help reduce the reproductive health problems that teenage expectant mothers face. Therefore, this paper is describing the reproductive health services required for teenage expectant mothers, determine factors hindering teenage expectant mothers in the accessibility to reproductive health services and also examine factors hindering service providers to teenager expectant mothers in Madukani ward to representing Dodoma municipality at large.

2.0 METHODOLOGY

Data for this paper was collected at Madukani ward. Madukani is an administrative ward in the Dodoma Urban district of the Dodoma Region, Tanzania. According to the 2012 census, the ward had a total population of 2,421 people. Geographically, Madukani ward is small with five streets namely Jamal, Kamili, Massi, Relini and Sululu. The study utilized both quantitative and qualitative data-collection methods. A cross-sectional survey was carried out among teenager expectant mothers aged 13-19 years (n=67). Data was collected using semi-structured questionnaires administered by trained research assistants and additional information obtained through key informants' interviews. A pregnant youth aged between 13 – 19 years was the sampling unit. The key informant interviews with mothers/mothers-in-law health center officials, and Chikande house (a house which is used to keep and care for teenage expectant mothers who have no place to stay) representative. Qualitative data were analyzed for themes and subthemes through an iterative process. The collected data through structured questionnaire was coded and carefully entered into IBM SPSS statistics software version 20 for analysis. Data were analyzed looking for at descriptive statistics, correlations and difference in means. Attention was given to demographic characteristics of the respondents, nature of services required by these expectant mothers and factor hindering access to reproductive health services offered. The results are presented in text, charts and tables.

3. RESULTS AND DISCUSSION

3.1 Socio-demographic Characteristics

The demographic characteristics of the interviewed expectant mothers in Madukani are presented here. The majority of expectant teenage mothers interviewed had a primary education about 80% of all interviewed, with few of the remaining having no any formal education and secondary education. Of the Interviewed respondents, 28(41.8%) were single, 25(37.3%) were married, 13(19.4%) were cohabiting and 1 (1.5%) was divorced. 25.4% of all interviewed had no job and almost 60% of interviewed were Christians with the remaining percent being Muslims as presented in Table 2 below.

Table 1: General characteristics of respondents (n = 67)

Variable	Frequency	Percent
Age (Years)		
13-19	67	100
Sex		
Female	67	100
Marital status		
Single	28	41.8
Married	25	37.3
Divorced	1	1.5
Cohabiting	13	19.4
Education level		
None	10	14.9
Primary	53	79.1
Secondary	4	6.0
Occupation		
Peasant	30	44.8
Business	17	25.4
Unemployed	20	29.9
Religion		
Christian	40	59.7
Muslim	27	40.3

3.2 Reproductive Health Services Required for Teenage Expectant Mothers

It was agreed by majority of the interviewed expectant teenage mothers (65.7%) that there is health facility/services within the area and 34.3% of the respondent did not agree on the presence of health facility at the area around. Concerning the presence of enough health personnel to cope with the number of people who are in need of health services, 29.9% of respondent said the health personnel presence do not satisfy the needs. This implies that most of health facilities/services present at the study area have low numbers of personnel to cope with the expectant teenager mothers. In each primary facility with the workload averaging 29 outpatients per clinician per day in health centers and 20 in dispensaries (Simba *et al.*, 2004). While the average is 1.4 health workers per 1000 people in the country, this varies greatly between districts, from 0.3 per 1000 in Bukombe district to 12.3 per 1000 in Moshi district (Munga *et al.*, 2009). Therefore, investment is needed

in this sector that includes the establishment of dispensaries and health centers; increase health personnel; and supplying of drugs, vaccines and equipment especially by opening up medical stores and shops in both urban and rural areas.

Table 1: Respondents status on health personnel health services

Status	Frequency	Response (%)
Satisfied	9	20.4
Moderate	15	34.1
Not satisfied	20	45.5
Total	44	100

About awareness of existence of RHS in the study area, it was revealed that 65.7% of respondent have knowledge about reproductive health services to teenage expectant mother and 34.3% of respondent have no knowledge of it. It can be said that there is very large number of expectant mothers who need to be sensitized and to be made aware of reproductive health services available for them. The data also showed that a good proportion of the expectant mothers received information about RHS through health centers 28 (41.8 %) when compared to other media (Tv, Newspaper and Journal articles) 16 (23.9%). This means that those who attend health centers accessed information on RHS compared to those who do not attend. To attend health clinics in one way or another is already a fact that they are aware. The study managed to show that a very large number of expectant mothers are still not receiving reproductive services during pregnancy time (31.3%), while those who are receiving are reported to amount into 68.7%.

Using multiple responses analysis the study assessed types of services received by expectant mothers during health centre visit. The results showed that most received HIV and STI test, necessary pregnant mothers' vaccinations, malaria and blood capsules as presented in Table 3 below.

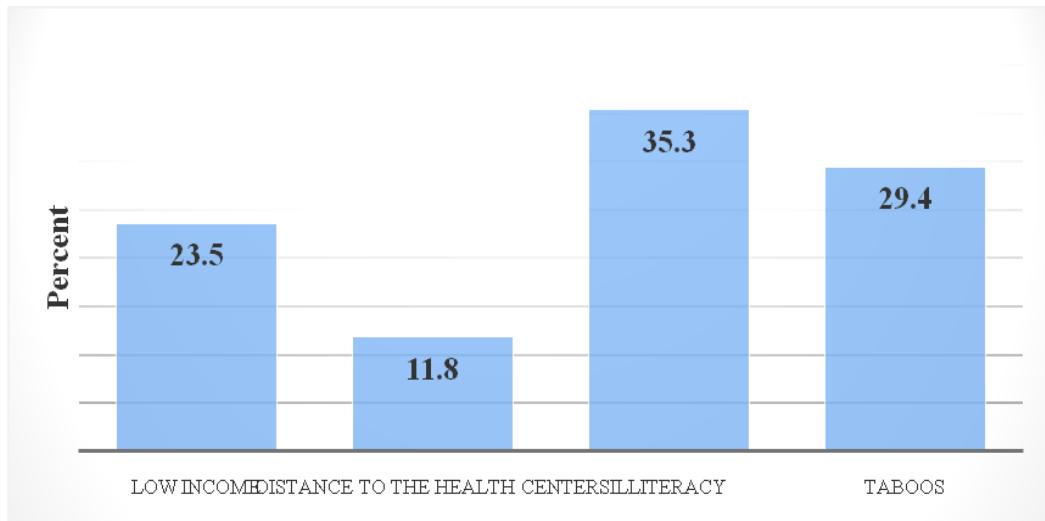
Table 2: Respondents Reproductive Health services received

RHS*	Frequency	Cases %
HIV and STI's testing	33	71.7
Vaccination	26	56.5
Advisements	23	50.0
Malaria and Blood capsule	32	69.6
Mosquito nets	5	10.9

*Data were based on multiple responses

4.3 Factors Hindering Teenage Expectant Mothers in Access of Reproductive Health Services

The study showed that one third (33.3%) of all interviewed expectant mothers faced difficulty in accessing reproductive health services in the study area while two third did not encounter any challenge in accessing the services. Of those who faced challenges, mentioned illiteracy, taboos, low income and distance to the health centre to be the reasons for challenges faced (Figure 1)

**Figure 1: Reasons for Difficulties in Accessing Health Services**

Accessibility to Reproductive Health Services is being associated with the reduction of teenage pregnancy complications only if used correctly as advised by the health care provider. Study shows that percentage of women aged between 15-19 who reported that they have serious problems in accessing health care for themselves (Getting permission to go for treatment, getting money for treatment,

distance to health facility, and not wanting to go alone), 20.3% ranked money problem being the first problem and when comparison is made across all regions Dodoma is leading in the same problem by 42.1% (TDHS 2010). Contrary to these studies, the present study showed that illiteracy to contribute more in poor access to health services to these teenage expectant mothers followed by taboos and then low income challenge.

Benefits received by teenage expectant mother after receiving reproductive health services have contributed much on development of maternal health and resulted to safe child delivering. The Table 4 below explains some of the benefits that have been received by teenage expectant mother and their pregnancy after receiving reproductive health services

Table 3: Benefits received from Reproductive Health Services

Benefit*	Frequency	Cases %
Health awareness	5	12.2
Pregnancy safety	13	31.7
Improvement of MH	30	73.2
Treatment of STI's	2	4.9
Immunity	14	34.1
Well health	14	34.1

*Data were based on multiple responses

4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The study revealed that HIV and STI's testing, vaccination, advisements of different malaria treatment and blood capsules are most reproductive health services accessed by teenage expectant mother in the study area. It was also revealed that illiteracy is the most common reason that hindered expectant teenagers from accessing reproductive health services. Improvement of mother's health is the more mentioned received benefit for accessing reproductive health services.

4.2 Recommendations

It is the recommendations of this study that: district health office should ensure that all health centers at ward level conduct outreach program to make their services known to the community especially teenagers. It is also important that emphasis of reproductive health services is done by government and other reproductive sector stakeholders

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