

Qualitative Research:

Improving counseling on dual protection targeting adolescents in Dar es Salaam, Tanzania

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IMPROVING LIVES
WORLDWIDE

Nov. 18, 2009
International FP Conference
Kampala, Uganda

Presented by Stella N. Mujaya
Family Health International
Dar es Salaam, Tanzania

Collaborators



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Study Goal

Produce evidence to guide development of dual protection promotion strategies with maximum potential for positively impacting adolescent health status.

Research Objectives

- 1. To understand adolescents' beliefs and practices influencing their risk for HIV, STI, and pregnancy.**
- 2. To identify the types of support desired by adolescents to assist them in adopting dual protection behaviors.**
- 3. To seek adolescents' input to maximize the clarity and salience of current dual protection counseling messages.**
- 4. To determine the supports needed by reproductive health service providers as they promote dual protection behaviors among their adolescent clients.**

Participatory Ethnographic Evaluation and Research (PEER)

- **20 peer researchers (10 boys & 10 girls) trained in interviewing techniques, ethics, study procedures**
- **Each peer researcher interviewed 3 friends on 3 different occasions (180 interviews)**
- **Each friend was interviewed on:**
 - **‘Relationships’**
 - **‘Being happy and healthy in a romantic relationship’**
 - **‘Support and information for romantic relationships’**
- **Debriefings with supervisors**

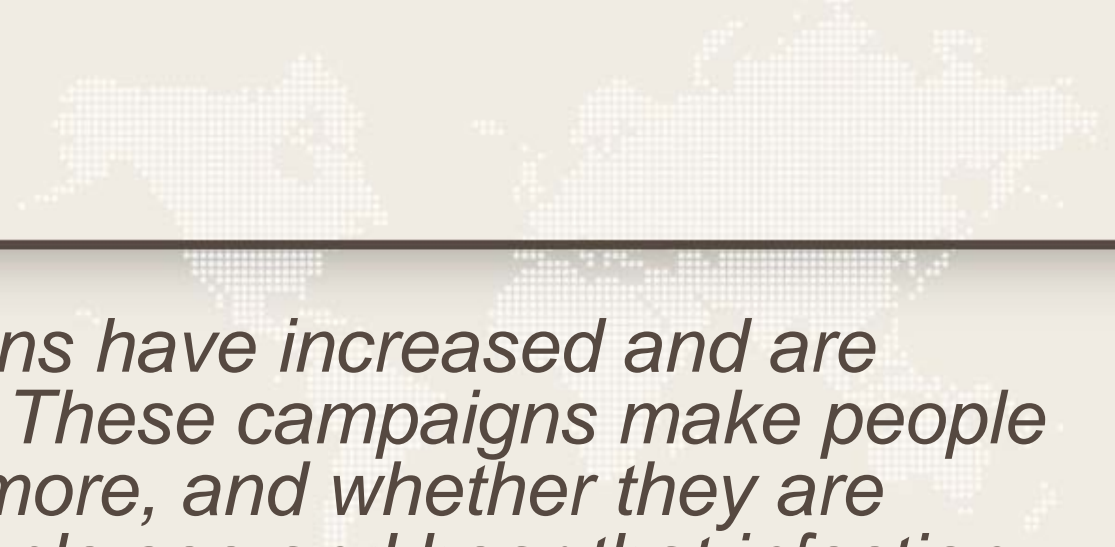


Key Findings:

Lessons for strengthening clinic-based dual protection promotion to adolescents

Lesson 1: Need for information

- **Self-recognition of high-risk behaviours**
- **Correct and consistent condom use**
- **More positive messages about condom use**
- **Facts to counter myths about safety of hormonal contraceptives**
- **Facts about the protection offered by condoms against HIV**



“Recently campaigns have increased and are addressing youth. These campaigns make people discuss condoms more, and whether they are effective. Also people see and hear that infection rates are increasing. If the situation is not improving as days go by then they say: ‘if condoms are effective, how come infection rates are increasing?’ That means condoms are not effective and so they start to think that maybe there are holes in them, otherwise how do they get HIV? It must be through the holes”. (Male peer researcher)

Lesson 2: Need for skill-building

- Condom use

“Girls and boys are not taught by anybody to use condoms. They just follow the instructions on the packet. If the health worker sees the boy can’t read the instructions they will sometimes show them how to use them.” (Female peer researcher)

- Communication

“Usually boys don’t ask about previous history. After some time and they know each other very well, they will ask about sexual history. That’s when they have the courage to ask these things. But they normally don’t tell the truth.” (Male peer researcher)

Lesson 3: Need for convenience

- ‘Time’ is a crucial factor.

“They can’t queue for two hours.” (Male peer researcher)

- High priority placed on responsiveness.

“There is a girl of 17 who went to the government health centre...she said: ‘please I am in school and don’t want to have a pregnancy. Please can you explain the methods I could use.’ But they were too busy to help her. So she went to PASADA and they helped her so much...She was telling all her friends about how good it is and how helpful the people are.” (Female peer researcher)

Lesson 4: Need for non-judgmental support

“One boy, he was about 19, went to a health facility ... He was asking for VCT and for condoms. They did everything required and gave him condoms. They also said: ‘we think you are still young for sex so put your focus on studies and leave these other things for later’. This offended the young man.” (Male peer researcher)

“Girls are worried about going to health facilities in open areas and with older providers who will think: ‘this girl is doing it and is under age’. They are afraid of being seen as different to the normal. This fear is reality. These providers can say: ‘even you, you have started this?’. Sometimes they will not criticise the girl herself but say things like: ‘nowadays these girls are so young, but look at them coming for contraceptives’.” (Female peer researcher)

Lesson 5:

Need for community-based reinforcement

- **Enormous peer pressure on teenagers (from the age of about 14) to have a boyfriend/girlfriend**
- **Girls expect gifts and boys expect sex**
- **Condom use is equated with accusation or admission of infidelity**
- **Boys' power in relationships makes girls unable to insist on condom use**
- **Perceived consequences of pregnancy over-shadow consequences of STI/HIV transmission**

Key Messages for Clinic-based Adolescent Health Services

- Assume adolescents have minimal knowledge about pregnancy and STI/HIV prevention
- Emphasise positive messages about adolescents who engage in risk-reduction behaviours
- Include skill-building support
- Strive to meet adolescents' expectations about high quality services
- Team with community-based efforts

Please visit the following site for more information

- ✓ More information on PEER methodology:

www.peer-method.com

- ✓ Presentation posted on:

www.FHI.org/Kampala



ASANTE SANA

THANK YOU VERY MUCH