

## Values clarification: transforming attitudes to adolescent contraceptive use in Tanzania

### IN BRIEF

An estimated 23 million adolescents age 15-19 have unmet need for contraception; this figure is estimated at 7.7 million in Sub-Saharan Africa alone. Young people encounter significant barriers to accessing quality contraception services, including provider bias, age restrictions, stigma and concerns about confidentiality.

Provider bias against adolescents can take three forms:

- 1 provider beliefs that young people should not be having sex and using contraception;
- 2 misinformation about legal consent restrictions on contraceptive provision for adolescents;
- 3 misinformation about the medical suitability of adolescents for certain contraceptive methods.

Cultural, religious and traditional value systems all influence the attitudes of sexual health and education professionals. That's why it's important to articulate and clarify the values we hold. Since 2015 MSI Tanzania has been using Values Clarification workshops to help individuals understand how their values shape their attitudes to adolescent contraceptive access.

### THE CHALLENGE

#### Putting adolescent rights on the agenda

It's been more than 20 years since the International Conference on Population and Development put adolescent sexual and reproductive health and rights on the agenda. At the time it was recognized that the needs of young people had for the most part been ignored by existing health organizations.

But despite the efforts of the global health community, national data show that teenage births are still a major concern, particularly in sub-Saharan Africa. Pregnancy- and childbirth-related complications are the leading cause of death among females age 15-19 globally, and HIV continues to be a critical health risk for young people, especially adolescent girls.

### WHAT WE DID

#### Clarifying provider values

A systematic review of ways to increase young people's use of sexual health services revealed that cultural, religious and traditional value systems were preventing providers from offering services to adolescents.

To tackle this, we introduced values clarification and attitude transformation (VCAT) workshops, with district reproductive health and child coordinators (DRHCs) and service providers who work directly with young people. The one-day workshop includes exercises to help uncover and highlight biases and entrenched attitudes about providing sexual health services to young people.

The ultimate aim of the sessions was to improve contraceptive service delivery by exposing the unseen barriers young people face.



7.7 million girls in sub-Saharan Africa have an unmet need for contraception.



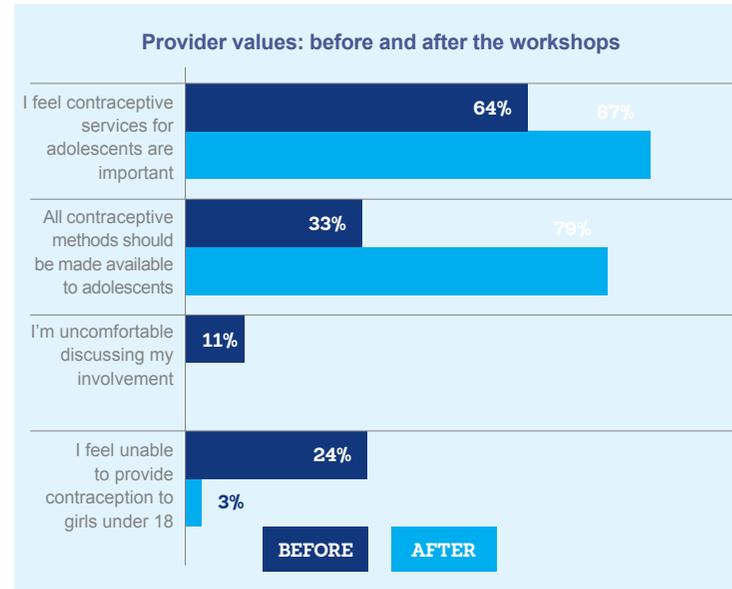


### WHAT WE FOUND

## Positive effects of values clarification

A questionnaire was administered before and after the session to see if attitudes had shifted. And in nearly every indicator there was a positive change.

Before the workshop, two per cent of officials felt uncomfortable with their position in advancing contraceptive services to young people and one in five didn't support the existing laws around contraceptive accessibility. But by the end of the VCAT session, no one felt uncomfortable discussing their involvement in providing contraceptive services to adolescents.



### WHAT THIS MEANS

## Changing attitudes on both sides

When key stakeholders adopt a negative attitude stemming from cultural, religious or traditional value systems, it can have a dramatic impact on the ability of young people to access contraception services.

Values clarification and attitude transformation with managers and providers is an essential first step towards young people overcoming cultural, religious or normative barriers to accessing contraception. But this has to be followed by effective communication and service delivery solutions that empower and support youth to overcome their own fears of accessing services.

MSI Tanzania is now building on these effective VCAT workshops by delivering a range of solutions to increase accessibility of services for adolescents. For example, human-centered design approaches that seek to empower youth to exercise their reproductive rights and youth-friendly service delivery models that make it easier to access sexual and reproductive health care.

For more information on MSI United States and the work that we do please contact:

(202) 601-2825 | [msi-us@mariestopes.org](mailto:msi-us@mariestopes.org)

[www.msi-us.org](http://www.msi-us.org)

EIN: 54-1901882

© MSI 2018