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The role of adolescent health programmes regarding sexual and reproductive resilience in Tanzania. A rural-urban comparison

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Worldwide young people belong to one of the biggest age groups with more than half of the population being less than 25 years old. Some 1.2 billion people, one person in five, are adolescents, ranging from 10-19 years (WHO 2001a)¹. Adolescence is a very special time in life that presents both, dangers as well as opportunities. In Sub-Saharan Africa many adolescents are exposed to sexual and reproductive health risks such as HIV/AIDS and malaria. Although most of these diseases are largely preventable, adolescent girls are especially vulnerable due to biological as well as socio-economic and cultural reasons.

In order to reduce this health risk, single health interventions such as malaria and HIV/AIDS programmes have become major public health priorities; however, often they do not reach their target groups as expected. Barriers such as lack of knowledge and skills of adolescents as well as fear of stigmatization, availability, affordability and equity of health services prevent young people from making use of health services. Various organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) point out the need for adolescent health programmes which aim to (1) strengthen the development of youth and (2) improve access to adolescent health services. Tanzania has become one of the front line countries in identifying that adolescent health needs to be high on the public agenda. However, little is known about the role of adolescent health programmes and whether they manage to enhance or erode the capabilities of adolescents to adapt to health risk. More quantitative and especially qualitative research is needed.

By referring to resilience as a theoretical framework, we are interested in learning more about the above mentioned capabilities of adolescents and whether adolescent health programmes manage to foster resilience among adolescents. In our project we focus on the most vulnerable group of pregnant adolescents, unmarried pregnant adolescents and adolescent mothers below 15 years of age. Hereby we will apply a multilevel approach. On the individual level we aim at investigating how pregnant adolescents adapt to pregnancy as a health risk and whether local concepts of resilience do exist. In a

¹ The United Nations use the terms *young people* for those 10-24 years of age, *adolescents* for people aged 10-19 years, and *youth* for those aged 15-24 years (WHO 2001a).

second step we will learn more about other emic perspectives of resilience from household and community members. In a third step we focus on the concepts of resilience which are applied by respective adolescent health organisations and whether individual, household and community concepts reflect in existing adolescent health programmes. In order to allow for a rural-urban comparison, our research is based in an urban setting, Dar es Salaam, as well as a rural setting, Kilombero and Ulanga Districts, in Tanzania.