

# Barriers to Accessing Antenatal Care by Adolescents in Rural

## Tanzania

Wemaeli Mweteni<sup>1</sup>, Julieth Kabirigi<sup>1</sup>, Victoria Daffi<sup>2</sup>, Girles Shabani<sup>2</sup>, Hellen Mahindi<sup>2</sup>, Dismas Matovelo<sup>2</sup>, Kathleen Helen Chaput<sup>3</sup>, Jenn Brenner<sup>3</sup>

<sup>1</sup>Bugando Medical Centre, Tanzania <sup>2</sup>Catholic University of Health and Allied Sciences, Tanzania <sup>3</sup>University of Calgary, Canada



### Background

- Each year, **16 million adolescents give birth globally** (ages 15-19), mostly in low and middle-income countries<sup>1</sup>.
- In 2015-2016, in Tanzania **¼ of all births were to adolescents**, at high-risk for maternal complications and poor neonatal outcomes<sup>2</sup>
- A 2016 survey on **antenatal care (ANC)** in NW Tanzania found:
  - **41%** of pregnant adolescents attended the recommended ANC.
  - **Only 13%** attended before 12 weeks' gestation<sup>3</sup>



### Objective

- To explore the barriers faced by adolescences in accessing ANC services in Misungwi District, Mwanza

### Methods

- A socioecological framework was used complimented by in-depth Interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs) to explore barriers to accessing ANC.
- Purposive sampling was used to recruit participants for each category:
  - **23 IDIs:** with adolescent women who were pregnant or parenting a child <5 years old at the time or the interview
  - **8 FGDs:** consisting of young husbands, elder men, and women
  - **9 KIIs:** with health care providers
- All interviews were audio recorded, transcribed, translated by trained transcribers and translators. Thematic content analysis was conducted on final transcripts.

### Conclusion

In order to improve ANC attendance for pregnant adolescents:

- Community and health facility interventions are needed to provide support for adolescent girls by addressing issues of shame and fear, and ensuring stigma-free care from health providers.
- Better education regarding sexuality, menstruation, pregnancy and ANC should be provided to all communities, particularly for young people.

Policy makers, health facilities, and community leaders must work together to prevent adolescent pregnancies and **ensure the security of young women.**

### References

1. Girlhood, not motherhood. Preventing adolescent pregnancy. Unfpa. 2015
2. Tanzania demographic and health survey and malaria indicator survey 2015-2016. Dar es salaam: MoHCDGEC, NBS, OCGS, and ICF; 2016. MOHCDGEC
3. Misungwi MNCH Household Coverage Survey. Equity analysis Review. 2018 (Unpublished)

### Results

From our analyses, we identified three main themes:

#### Lack of socioeconomic resources and support from partner

*"But now I faced challenges on supporting her, I don't know who her husband is. As mothers those are challenges we face, that is why we are suffering"*

*"They told me I should have taken the letter from my hamlet leader if it was true that my boyfriend ran away, so I had to go back to my hamlet leader and took the letter"*

#### Fear and shame of being pregnant by men in power, not being married, and being seen at ANC

*"They also do not show up early for ANC services as they fear to expose their pregnancies to the community as it is considered as great shame for an adolescent girl to become pregnant while still living at home..."*

*"Adolescent girls are threatened by the men impregnated them, they threat to harm them if they dare mention their names during ANC as I have said before that they are impregnated by elder men and teachers"*

#### Lack of awareness around early ANC services and failure to recognize pregnancy symptoms

*"...Why should I start accessing ANC services at the first month of my pregnancy? I wanted some months to pass by. How should I attend all the nine ANC services?"*

*"By that time I didn't know that I was pregnant. I found out I was pregnant after three months"*

### Discussion

- In addition to the medical risks involved with adolescent pregnancies, these young women do not seek ANC services due to feelings of shame, lack of awareness and lack of support.
- While health centers promote male attendance at ANC with pregnant women, many girls are abandoned or unacknowledged by the men involved
- Our research showed that sometimes older men with influential positions are responsible for getting adolescent girls pregnant, and they use threats or pressure to keep the girls quiet.

### Acknowledgements

Mama na Mtoto implementation was undertaken with the financial support of the Government of Canada provided through Global Affairs Canada. Mama na Mtoto research was also carried out with the aid of a grant from the Innovating for Maternal and Child Health in Africa initiative, a partnership of Global Affairs Canada, the Canadian Institutes of Health Research, and Canada's International Development Research Centre.