

PRO-YOUTH POLICIES FOR SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

Lessons from Tanzania

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SYNOPSIS

Pro-youth policies in the health sector is important to unleash the power of African youth. The case study reviewed a selected sample of policies and laws and analysed the implementation of pro-youth international and regional instruments and national policies in Tanzania with a focus on youth sexual and reproductive health and rights (SRHR).

Key findings: At the international and regional levels, the government of Tanzania is committed to promoting the potential and health of youth and has developed youth friendly SRHR policies. However, at the national level there's contradictory laws and inappropriate budget allocation that affect the health and development of youth.

Main lessons: Concentrated efforts in legislation, policy formulation, research and funding can point the way forward to improved and more equitable youth access to SRHR. Despite the existence of laws and policies, effective implementation can only be managed through political commitment, adequate resource allocation, capacity building and the creation of systems of accountability. Also, multi-stakeholders' collaboration is important to promote effective provisions of health services to youth.

Main recommendations: Harmonizing national laws and policies with international and regional commitments to avoid contradictions cannot be overemphasized. To that end, the study recommends that appropriate legal reform is undertaken and adequate budget is allocated to general health issues but also to specific aspects related to youth health. Beyond policy formulation, it is also important to address the capacity issues to ensure that the required knowledge and skills are available to implement the policies. Mainstreaming youth health issues in appropriate training curriculum as done by Tanzania is a good example.

Introduction

The existence of pro-youth policies coupled with plans and strategies in the health sector is a positive step towards government taking initiatives to unleash the potential of youth in Tanzania. Tanzania has a robust legal and policy framework including plans and strategies which have components on youth and it has ratified international conventions and regional instruments that focus on youth, hence reflecting the country's commitment towards advocating for Sexual and Reproductive Health Rights (SRHR) of youth.

This case study seeks to analyze and document the pro-youth policies and selected health policies and laws related to youth. It has also highlighted the implementation of the existing health policies and portrayed the lessons from the existing successful policy framework on youth. The strategies that have been used and results are worth sharing in the search of results for development.

Despite all the policy ambitions, youth are heavily affected by Tanzania's urgent development issues with age and gender hierarchical societies reinforcing youth exclusion in decision making from community to national level. Tanzania has

the tenth largest youth population globally (Restless Development, 2011). Youth in Tanzania between the ages of 15 to 35 years form almost 68% of the population (NBS, 2013). Given the power and potential of youth and the importance of health policies, it is imperative to contemplate on the successful lessons in health policies in Tanzania in relation to youth. Considering also the fact that the figure is set to rise significantly, understanding youth and their situation is critical (Restless Development, 2011).

Specifically, youth feature to varying degrees in overall development policies and sectoral policies relating to education, employment, social protection, poverty, health, environment, agriculture and rural development (Sumberg et al 2012). In Tanzania, the National Youth Development Policy 2007 calls on the government to provide adequate mechanisms for the participation of youth in key decisions making structures at the national and international levels, including the formation of the National Youth Council. However, despite progress being made with regards to youth participation, and the presence of dedicated national youth policies aside, coverage of young people within other national policy documents is patchy; either they are scarcely mentioned or their visibility is inconsistent across different areas of policy concern. Although from another perspective, it can be argued that there are also some areas of improvement with regard to implementation of the progressive policies and strategies, and fulfillment of international commitments in relation to youth and their health in Tanzania.

This study is based on existing literature review and analysis of selected policies and laws related to youth, including review reports from government ministries, departments and agencies (MDAs) in addition to civil society organizations (CSOs) reports on children, youth and sexual and reproductive health related issues.

Analysis of pro-youth and related health policies and laws that impact on sexual and reproductive health and rights

Tanzania has had robust pro-youth policies developed since the 1980s in order to cater for the young people and youth sexual and reproductive health and rights. Likewise, the country also has its fair share of contradictory laws that affect the health and development of youth. In this case study, a selected number of international conventions, regional instruments and national laws will be considered.

International level

Article 12 of the **International Covenant on Social Economic and Cultural Rights, 1966** stipulates that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. In this regard, state parties are obliged to take steps to ensure the health of their citizens and this includes the creation of conditions which could assure to all medical service and medical attention in the event of sickness. Therefore, nations like Tanzania which have ratified this Convention ought to take care of the health of youth.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities including education, health and employment. Article 2 of CEDAW provides that state parties will undertake the following selected steps: 1) ensuring elimination of all acts of discrimination against women by persons, organizations or enterprises, 2) taking all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women and 3) repealing all national penal provisions which constitute discrimination against women. With regard to this convention, it's mainly female youth

who are protected from discrimination and in relation to SRHR, the emphasis is on equal access to education and health services.

Article 12 of CEDAW provides for the health of women and stipulates that the state should take measures to ensure equality of men and women with regard to health care including access to health care services like family planning. Article 16 of CEDAW provides for marriage and family life. These two articles are relevant for SRHR of female youth in Tanzania since the Law of Marriage Act, 1971 permits girls to get married at the age of 15 years and even below 14 under special circumstances. Given such legal provisions, it is relevant for the female youth to access SRHR services including family planning given the issue of child marriage are permitted within the legal framework despite ratification of CEDAW. It is noted that child marriage affects the SRHR of youth although it is permitted in the Law of Marriage Act, 1971.

International Conference on Population and Development (ICPD)

Under the ICPD in Cairo the aspects related to youth SRHR is based on the agreement amongst countries including Tanzania that population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual advancement and balanced development. In the context of Tanzania and African countries, generally youth are an important part of the population and taking care of their SRHR is crucial.

Regional level

The Abuja Declaration on HIV/AIDS, Tuberculosis and other infectious diseases, 2001

In the Abuja Declaration, the key issues declared related to the SRHR of youth include: 1) placing fight against HIV at the forefront as highest priority issue of national development plans including resolving to prevent HIV through multi-

sectoral approach and protecting those who are not yet infected such as youth through appropriate and effective prevention programmes; 2) pledge of African states to set aside 15% of annual budget for improvement of health sector and 3) commitment of African states themselves to develop special youth programmes to ensure an HIV free generation.

The African Youth Charter 2006

According to Article 16 (1) of the African Youth Charter, every young person shall have the right to enjoy the best attainable state of physical, mental and spiritual health. In terms of youth, Article 2 advocates for securing the full involvement of youth in identifying their reproductive and health needs and designing programmes that respond to these needs with special attention to vulnerable and disadvantaged youth and providing access to youth friendly reproductive health services including contraceptives, antenatal and post natal services.

Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights, 2007-2010

The Maputo Plan of Action focuses on the family planning and reproductive health priorities for Africa in the context of achieving ICPD goals and Millennium Development Goals. It also portrays the political will of the African countries including Tanzania to provide quality information services to women, men and young people.

Output 4 of the Maputo Plan of Action (MPOA) focuses on youth-friendly SRHR services positioned as the key strategy for youth empowerment, development and wellbeing. According to the MPOA, the main strategic action is advocacy/policy to strengthen implementation and advocacy for policies that support the provision of SRHR services, addressing the needs of young people. As mentioned in MPOA, the indicator for measuring this action is the number

of countries that have developed policies to support SRH services for young people (MPOA). According to MPOA the other key strategic actions include: 1) Capacity building through development and implementation of information and communication strategies that support both abstinence and condom use as effective strategies to prevent HIV/AIDS/STIs and unplanned pregnancies and link information to service delivery, 2) Build capacity of Service Delivery Points (SDPs) and all levels of service providers to provide a comprehensive gender sensitive package of care for young people, 3) Develop and implement information, Education and Communication (IEC) strategies for parents and educators to communicate to young people, 4) Assess and establish/strengthen youth-friendly services at SDPs and 5) Integrate provision of youth friendly services including promotion of abstinence and dual protection methods within existing services.

MPOA has also touched on the issue of increased resources for SRHR including Implementation of the Abuja Heads of State Declaration on national budgetary allocation for health to at least 15% of the total national budget, with an appropriate proportion of that for SRHR as a policy advocacy issue. Other strategic actions related to this issue in MPOA include advocate for prioritization of SRHR in national poverty reduction strategy papers (PRSPs) and other national development plans and advocate for increased support to SRHR programmes from donors and development partners.

Africa Health Strategy, 2007–2015

The vision of the Africa Health Strategy is *an integrated and prosperous Africa free of its heavy burden of disease, disability and premature death*. The mission is *to build an effective, African driven response to reduce the burden of disease and disability, through strengthened health systems, scaled-up health interventions, inter sectoral action and empowered communities*.

The goal of the Africa Health Strategy is to contribute to Africa's socio-economic development by improving the health of its people and by ensuring access to essential health care for all Africans, especially the poorest and most marginalized. The overall objective of this strategy is to strengthen health systems in order to reduce ill-health and accelerate progress towards attainment of the Millennium Development Goals in Africa.

National level

The National Youth Development Policy of 2007 focuses on youth development issues which include: economic empowerment, environment, employment promotion, youth participation, HIV and AIDS, gender, arts and culture, sports, adolescent reproductive health and family life issues. Youth development is considered to be a crosscutting issue, which requires multisectoral approach for effective implementation. The policy clearly states that the Ministry responsible for youth development shall collaborate with local governments, youth organizations, faith based organizations, private organizations and other stakeholders in developing programmes for the youth on prevention, care, support and impact mitigation as stipulated in the National Multi-sectoral HIV/AIDS Control Strategy. The policy also mentions that CBOs, NGOs, religious institutions and the private sector shall collaborate and compliment efforts in youth empowerment programmes and awareness creation in youth development services.

National population policy of 2006 has categorized youth as a special group. The Policy highlights the several factors that should be taken into consideration with respect to this group. It reports that low productivity and output, shortage of basic needs and lack of employment and modern amenities in rural areas have forced young people to migrate to urban areas in the hope of meeting their expectations, but the majority of them end up in frustration.

Furthermore, it is the most vulnerable group in the HIV and AIDS pandemic. In terms of policy direction targeting youth, the policy aims to i) promote youth participation in decision making and coordinating development programmes for youth reliance and access to resources; ii) encourage the private sector participation in development initiatives for youth and iii) promoting the rights of youth. The policy objectives aim to promote public awareness of sexual and reproductive health and rights and promote and expand quality reproductive health services and counselling for adolescents, men and women.

The National Health Policy of 2007 has been implemented through the Health Sector Strategic Plan of 2009-2015 and enactment of the Public Health Act, 2009. The policy, law and strategic plan have taken into consideration youth related health issues. The National Health Insurance Fund also covers youth and promotes their right to access health services. However despite the plans and strategies in place the government has not adequately funded the health sector. Although Tanzania is a signatory of The Abuja Declaration on HIV/AIDS, Tuberculosis and other infectious diseases, whereby African head of states pledged that each of the countries would commit 15% of its budget to the health sector, Tanzania has not been able to fulfill this commitment. Inadequate funding of the health sector implies limited access to user friendly health services for the youth. According to Legal and Human Rights Center (LHRC) annual report 2013, ‘...legal protection of the right to health is highly guaranteed at international and regional levels, through conventions and declarations, compared to the situation at the national level. Most African states do not guarantee this right in their constitutions... including Tanzania’ (LHRC 2013).

The youth have also been considered in the **HIV/AIDS Prevention and Control Act, 2008** since they are also at risk. It is a criminal offence to

intentionally infect another person with HIV and this includes the youth. In addition, for children below 18 years, the consent of parent or guardian ought to be sought before they are tested since the issue of establishing sero-status is on voluntary basis. Having voluntary counseling and testing provided for in the law and the National policy on HIV/AIDS 2001 has promoted the establishment of youth friendly voluntary counseling and testing centers (VCT) in many regions in the country. The municipality councils in Iringa, Kinondoni and Ilala have increased their own resources for provision of friendly sexual reproductive health services for young people. (Bernt et al, 2015)

The Penal Code Revised Edition (which incorporated the Special Offences Special Provisions Act of 1998) included some offences such as female genital mutilation (FGM) which affects the health of young girls. It is an offence to commit the act of FGM on a girl below 18 years. This cultural practice has negative health implications on youth and although it has been outlawed, it is still practiced in some parts of Tanzania such as Mara. There is also a loophole/grey area in the law since it does not explicitly prohibit FGM for youth specifically girls and women above 18 years. According to the Tanzania Demographic Health Survey (TDHS) 2010, 15% of women in Tanzania are circumcised and younger women especially those between the ages of 15-19 years are less likely to be circumcised. The TDHS 2010 confirms that almost all women and men (approximately nine in ten) say that they favour the discontinuation of the practice of FGM. Even among women who are circumcised themselves, 77 percent believe that FGM should be discontinued (TDHS 2010).

The Law of Marriage Act of 1971 provides for marriage for girls at the age of 15 and boys 18. It further stipulates that both boys and girls can get married below the age of 14 under special circumstances with the permission of court. Such

provisions in the law contribute to early marriage for the boys and girls especially young girls. . According to the Restless Development report 2011 'Women face further burdens through early marriage, teenage pregnancy, and their overall status within society. 44% of women are either mothers or pregnant with their first child by the age of 19. By age 15, 5% have started child bearing. This curtails young women's education, and results in morbidity, creating a loss to the potential of young people for Tanzania's growth and development (Restless Development, 2011). Although the law has not yet been amended, government initiatives such as the Constitution Review Process and Enactment of the Law of the Child which stipulates the age of a child as 18 and promotes the welfare of the child will contribute to counteracting this practice. Human and child rights activist organizations are also involved in campaigns to reduce this practice of early marriage which affects the health and potential of youth.

Outcomes and overall assessment

The government of Tanzania has all the knowledge, policies, strategies and guidelines necessary for a nationwide scaling up of youth friendly SRH services. It is clearly seen that the Government is committed to promoting the potential and health of youth as seen in the laws and policies despite some contradictions, the gaps and budget deficit in the health sector.

Although Tanzania has ratified several international conventions, regional instruments and made commitments at both international and regional level, the international conventions have not been adequately domesticated by amending the national laws which do not promote SRHR of youth. These laws include the Law of Marriage Act, 1971 which still permits early marriage and the Penal Code Revised Edition which prohibits FGM for girls below 18 years hence leaving a gap which affects female youth above 18 years.

Civil society organizations have been very instrumental in influencing and implementing the pro-youth policies related to unleashing the health potential of youth. A significant number of youth friendly services, advocacy and awareness raising programmes have been implemented in the country. In many parts of the country, health workers have confirmed that the willingness to get tested has increased over the last years in the areas where SRHR projects have been implemented and that the awareness of SRHR increased. However, health workers have also stated that it was common that community members did not want to test for HIV at the village health centre as they know the health service providers. They prefer to go to another village where they are anonymous. There is a need to continue addressing stigma and discrimination in local communities. Concerted collaborative efforts between the Government, CSOs and the private sector would contribute significantly towards promoting sexual and reproductive health rights and services of the young people.

In the current Tanzania, 5th Phase Government, initiatives undertaken by the Government during the first months in leadership have strongly indicated that the health sector will be given high priority in the National Budget but this remains to be confirmed through an increase in the allocation of funds to the health sector. There have been targeted and deliberate interventions to rectify longstanding misnomers in the public sector; and civil servants including health personnel are working diligently to rectify the situation in areas that need improvement. Furthermore, the recent 5th Phase Government initiative on free education up to Form 4 may contribute towards keeping the adolescent girls in school and hence reduce the risk of under-age marriages.

Conclusions and lessons learnt

The mere fact that the country has ratified important international and regional instruments should act as a momentum to push the agenda of sexual and reproductive health rights for youth. Also, the analysis of Tanzania's situation calls African countries to translate international agreements into appropriate national laws and policies or update the existing ones.

The Tanzania Ministry of Health and Social Welfare has partnered with several stakeholders including development partners, higher learning health institutions, civil society organizations and youth to take part in the implementation of its plans and strategies related to youth health issues. For instance, the issue of gender based violence which is a crosscutting issue that also affects the health of youth has been collaboratively incorporated in the training curriculum of health institutions.

This highlights that collaboration between the Government and its partners will promote effective provision of services to youth. There is need to document sustainable interventions and be forward looking due to the fact that changing the environment in terms of social norms, community support, and sustaining behavior change among adolescents and their families require interventions that invest in long term programming.

Policy implications and recommendations

Policy: Concentrated efforts in legislation, policy formulation, research and funding can point the way forward to improved and more equitable youth access to sexual and reproductive health and rights and related services. However, despite the existence of good laws and policies, effective implementation can only be managed through political commitment, adequate resource allocation, capacity building and the creation of systems of accountability. For example, Tanzania like other countries has laws that recognize a child

as any person under 18 years, but strangely enough the Law of Marriage Act 1971 allows a girl to be married at 14 years (with consent of the parent). This is a contradictory situation that needs to be urgently addressed.

Financial commitment: It is recommended that the government prioritize resource allocation to meet the target of 15% of the national budget for the health sector so as to honor international commitments such as the Abuja Declaration and framework of Action signed in 2001. Such allocation will accelerate the implementation of the National Adolescent Reproductive Health strategies.

Legal reform: There is need to amend the Constitution and ensure that the right to health is incorporated since the current Constitution of Tanzania does not provide for right to health. Revival of the Constitution review process i.e. referendum and adequate allocation of resources in the health sector will make a difference in the potential of youth.

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