Amua Accelerator Challenge

Background

Every day in developing countries, 20,000 girls under age 18 give birth. This amounts to 7.3 million births a year. And if all pregnancies are included, not just births, the number of adolescent pregnancies is much higher. When a girl becomes pregnant, her life can change radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers. Complications from pregnancy and childbirth are a leading cause of death among adolescent girls. (Adolescent Pregnancy - UNFPA)

Tanzania is a youthful nation. About 63% of the population is between 0-24 years. The country is facing a biggest challenges when it comes to teenage pregnancies. One in four women aged 15-19 (27%) have begun childbearing; this figure is slightly higher than that reported in the 2010 TDHS (23%). The proportion of teenagers who have begun childbearing rises rapidly with age, from 4% at age 15 to 57% at age 19. On average in Tanzania, almost 2 out of 5 girls will be married before they turn 18 (TDHS, 2015/16). Seven percent of Tanzanian women aged between 20 and 25 were married before they turned 15 (UNICEF, 2014)

Adolescent population (10-18yrs) comprised 23% of total population of Tanzania, and 18% of adolescents are currently married or living with a partner. Moreover, 28% of women gave births before the age of 18 years. In Tanzania, adolescents 15-19 have higher birth rate of 116 per 1000 twice world's average of 65 births per 1000 adolescents (UNICEF).

Some of the identified facts by UNFPA on teenage pregnancy to girls include;

1. Girls who are poor, poorly educated or living in rural areas are at greater risk of becoming pregnant than those who are wealthier, well-educated or urban.
2. Girls who lack choices and opportunities in life, or who have limited or no access to sexual and reproductive health care, are more likely to become pregnant.

According to the paper published by Carolyn Mbelwa & Kahabi G Isangula on Teenage Pregnancy, *"Children Having Children in Tanzania"*[1]. The major factors contributing to teenage pregnancy in the country can be classified in 2 groups; Distal Factors (organizational e.g Health Policy and Law) and Proximal (Family, group e.g peer pressure, community and individual awareness).

To tackle some of the these challenges UNFPA established the Innovation Accelerator. The Innovation Accelerator is a mentorship-driven accelerator program supporting young entrepreneurs with seed funding, training and skills development to generate innovative solutions in response to challenges related to Sexual and Reproductive Health services, sexuality education, family planning,

[1] https://www.researchgate.net/publication/255699050_Teen_Pregnancy_Children_Having_Children_in_Tanzania

maternal health and other population development issues in line with UNFPA's mandate.

The Innovation Accelerator is an initiative and model led by the UNFPA East and Southern Regional Office with aims to explore new and engaging ways to tackle pressing population challenges in the region while promoting social entrepreneurship among young people.

UNFPA iAccelerator Tanzania Challenge Statements and Questions.

The goal of the UNFPA iAccelerator Tanzania chapter is to overcome the teenage pregnancy challenge by identifying, mentoring and accelerating innovative solution that can contribute to the reduction of teenage pregnancies in the country. Our specific target group is youths between the age of 15 -24 in Tanzania. We believe some of these innovations will be able to tackle wider SRH issues that led to the outcome of teenage pregnancy.

1. **The provision of age-appropriate comprehensive sexuality education for all young people; (Access to sexual and reproductive health information, avoiding distorted information)**
   Among challenges facing the SRH issues is availability of correct and inclusive information,
   The Questions: *How might we come up with innovative solutions to impact youths at the individual level by providing the right information ? How can we control the distorting SRH information from different sources e.g media sources and uninformed peers ?*
2. **Accounting for the role of boys and men sexual reproductive health, nobody is left behind.** *Findings shows that there is little participation of men in SRH issues due to cultural barriers, e.g. men are not talking on sexuality issues to their families.*
   The Questions: *How may we break cultural barriers that hinder men's participation in SRH issues? How might we come up with innovative solutions to promote co-creation and community inclusivity when it comes to address SRH challenges?*

3. **Access to services that welcome them and facilitate their choices (youth friendly services, changing health services provider attitudes)**
   Access to proper services (youth friendly, diverse choices and quality delivery) are among issues hindering youth access to SRH services.
   The Questions: *How might we come up with innovative ways or tools to help youth access health facilities when they want to get services about their body changes and how to manage themselves? How can we come up with an innovative solution that will address issues of Service provider's attitude towards youths looking to receive ASRH services?*

4. **Existence of contradictory laws, policies, social norms and religious principles that hinder adoption of SRH.**
   Laws, policies, social norms, religious principles and cultural practices are among issues hindering youth adoption to SRH services.
   The Questions;*How can we find innovative ways to advocacy for proper laws and policies on SRH issues? How can we come up with innovative ways to change community perception*

(positive) towards SRH issues ? How can we strengthen effective parent-child communication on ASRH issues (social norms)? How do we innovatively inform policy makers on SRH issues?

5. **Existence of socio economic gaps that prevent people from having their rights to access proper SRH information and services.**
   Youths who are poor, poorly educated or living in rural areas are at greater risk of becoming pregnant than those who are wealthier, well-educated or urban.
   The Questions; *How do we ensure inclusivity on accessibility of SRH services to different social classes of the community? How do we reach people living at the bottom of the pyramid (BoP) with proper SRH information and services?*