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Barriers and Facilitators on Access to Gender-Based Violence Health Services among Adolescent Girls and Young Women in Tanzania: Qualitative Analysis

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Abstract: *Background: Gender based violence (GBV) health services can offer lifesaving prevention and treatment services for GBV survivors especially for adolescent girls and young women (AGYW). GBV services includes provision of post-exposure prophylaxis (PEP), management of physical trauma, psychological counselling and referrals to other GBV response services such as health, social and legal-justice services). Through the social worker, Health care workers (HCW) can also provide important information that may be helpful for legal bodies on prosecution of perpetrators. With all known benefits (HIV prevention, sexual and reproductive health rights and mental well-being) that GBV health service response provides, the number of GBV survivors who access GBV services following violence still remains small. Objective : This study aims at understanding the perceived barriers and facilitators on access to GBV health services among AGYW in Tanzania. Methods: This was a qualitative study that used a structured in-depth interview for AGYW (15-24 years old) in Temeke and Kinondoni districts. The interview guide explored perspective on barriers and facilitators on access of GBV health services. Audio tapes were transcribed and later transcribed. Transcripts were analyzed using inductive content analysis. Results: The findings of this study include facility-based factors (stigma among HCW, availability of GBV services, negative attitudes), individual-based factors (fear and self-esteem), social-based factors (revelation of HIV sero-status, community and parental support, peer education, and media). Conclusion: Based on these results, it is paramount to strengthen existing intervention to address stigma in the community and at the facility, empower survivors to overcome fear and esteem related issues. Additionally, intensify facilitators to increase number of GBV survivors who access GBV health services.*

Keywords: gender-based violence, AGYW, Health care workers, Barriers, facilitators

Background

Gender-based violence (GBV) against adolescent girls and young women (AGYW) is persistent in Sub-Saharan Africa (SSA) including Tanzania, where one in three females has experienced violence of some kind (1). GBV is associated with many negative health consequences for girls and women and transgresses on their holistic development and exacerbates gender inequalities. Gender plays a role in the access to and use of GBV health services on several levels. Gender norms are always determined by culture and the societies in which people live, and vary significantly across and within cultures. Norms also govern differences in roles, rights and opportunities for men and women in the society (2).

There are a number of studies on the prevalence of sexual violence and description of its sequelae among AGYW (3, 4). It is broadly recognized that AGYW are at increased risk of GBV (5, 6). GBV among AGYW has both physical and psychological consequences that vary greatly across different contexts such as increased rates of sexually transmitted diseases such as HIV/AIDS (7) and syphilis (8), unwanted pregnancies (9) and depression (10).

According to the Tanzania Demographic Health Survey (TDHS) 2015 – 2016, the percentage of women who access health services following GBV is still very small (1.1%), despite the Governments effort to prevent and respond to GBV specifically on health response by increasing GBV health services in health facilities. Strategies put in place in line with GBV health response include provision of GBV management guidelines for all health facility level at all health facility entry points, training of health care workers, GBV community outreach programs, establishment of one-stop centers, establishment of national recording system for GBV cases, harmonizing of GBV indicators into the National Health Management Information System (HMIS) and the District Health Information System (DHIS) and assigning GBV focal person for each health facility (11). In Dar es salaam, each ward has

at least one dispensary and or health centre, each district has at least one hospital while each region has at least one referral hospital. Regardless of difference in level of these facilities in terms of expertise, function and population coverage, all are expected to have at least one staff trained on GBV related health services (12).

Access to care and health services is paramount to achieving Universal Health Coverage (UHC). Access to GBV health services can simply be referred to as accessibility, availability, acceptability, affordability and timely use of health services to achieve desired outcome (13, 14). Access to services must be universal and guaranteed for all on an equitable basis, however, AGYW continue to face significant inequalities in accessing and using health care particularly in low-and-middle income countries (15). Health facilities are sometimes the first and only contact for GBV survivors and thus should be able to provide safe place for GBV survivors where they can receive the appropriate treatment as well as referral to other services such as social workers, safe homes, non-governmental organizations (NGO) - (legal clinics and community empowerment) and legal institutions.

Gender inequalities, rooted with cultural norms and beliefs on gender roles have profound influence on experiences in accessing gender-based violence health services (16). Many social and cultural factors have been reported to play roles for poor access to GBV services (17, 18). Access to GBV health services has been highlighted as an obstacles among AGYW in low-and-middle income countries especially SSA (19). In relation to barriers experienced by AGYW in accessing GBV health services, gender inequality in Tanzania is driven by a patriarchal system that has resulted in providing little or no information regarding to violence, lowering financial resources and opportunities for women thus they do not have power to negotiate and voice their concerns and consequently lack access to GBV health services. Additionally, numerous social and structural barriers have rendered Tanzanian adolescent and young women unable to exercise urgency in seeking health services (20). GBV in Tanzania has been normalized to a point where even GBV survivors are silenced by their own fear of social consequences (20) and in some places, it is accepted as justifiable even by women themselves (21).
The present study was performed to explore perceived barriers and facilitators influencing access to GBV health services in Tanzania.

Objectives
To explore perceived barriers and facilitators on access to GBV health services among AGYW in Tanzania

Methods

Data source and study participants

This study analyzed qualitative data obtained from adolescent girls and young women from Temeke and Kinondoni districts.

Purposive sampling was employed to sample 20 AGYW from both Temeke and Kinondoni districts. The AGYW were part of a Sauti project, a comprehensive community outreach program implemented by Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and Jhpiego in 14 regions of Tanzania. The program aimed to reduce vulnerability of HIV infections among vulnerable population such as AGYW by providing biomedical (HIV testing, STI screening and family planning) and structural intervention including gender-based violence, alcohol and drug screening at community-based delivery. Other vulnerable target group include sex workers, people who inject drugs, and man who have sex with men (MSM). The target group were identified through snow balling in the hotspot areas such as brothels, bars, mining centers and truck shops.
AGYW were approached and requested to participate, only those assented and consented were included in the study

Analysis

We performed tape-based and note based analysis of data. Content analysis was performed manually to identify themes regarding barriers and facilitators on access to GBV health services among AGYW. The data went through a stepwise process of inductive coding performed by the researcher including grouping themes from identified categories.

Ethical consideration

The study was granted ethical approval by the Medical Research Coordinating Committee (MRCC) of the National Institute for Medical Research (NIMR) in Tanzania (NIMR/HQ/R.8a/Vol.IX/2986) and Ethics Committee of the Medical Faculty of Heidelberg University (S-737/2018).

Approval to work in the study wards was obtained through official permission from respective central and local government authorities and leaders. Permission to access the AGYW groups was granted by Jhpiego Country Director.

All participants provided written informed consent for participation in the study. Confidentiality will be maintained for adolescent girls and young women as no names or identification of either the participants was used in this study.

Results

Demographic characteristic of study participants

Most AGYW interviewed were between the ages of 19-22 years (60%) mean age was 19.9 years (SD $\pm$ 12.88). Many of the AGYW were single (60%). Majority of AGYW we interviewed had no children (65%) and either had petty business/traders (45%) or were sex workers (35%) [Table 1].

Table 1. Demographic characteristic of Adolescent girls and young women

Characteristic	Number (%)	
Age	(n)	%
15-18	6	30%
19-22	10	50%
23-24	4	20%
Education level		
No formal education	1	5%
Primary education	12	60%
Secondary education	7	35%
Marital status		
Single	12	60%
Currently married	4	20%
Formerly married	4	20%
Having children		
No	13	65%
Yes	7	35%
Occupation		
*Sex work	7	35%
Petty business/trader	9	45%
Unemployment	4	20%

*Received payment for sex in the last 6 months.

We have adopted the Social-Ecological Model by Dahlberg L.L. and Krug, E.G. (22) designed to understand the influence of violence as well as potential prevention strategies. For the purposes of these study, we adjusted the model to understand barriers and facilitators that hinder and encourage AGYW from accessing GBV health services. According to AGYW, several barriers and facilitators influence the ability of AGYW to access GBV health services. These factors have been divided into individual/personal, interpersonal and institutional factors [Table 2].

The major barriers identified by adolescent girls and young women were individual barriers, such as lack of knowledge on availability of GBV health services; low self-esteem and negative attitude in accessing GBV health services; fear of health care workers, parental and community stigma because they are scared they will be blamed for the violence; lack of parental support; and fear of knowing HIV status post sexual violence. on the other hand, AGYW identified the most imperative facilitators as social and

interpersonal factors such as knowing another GBV survivor who has received GBV health services, supportive family and community and positive prior experience with professional health workers [Table 2].

Table 2: Barriers and Facilitators that hinder & encourage AGYW from accessing GBV health services

Characteristics	Barriers	Facilitators
Individual/Personal factors	Lack of knowledge on availability of GBV services offered at health facilities	Awareness of services at health facility
	Stigma from health care workers and the community	
	Low self-esteem and negative attitude towards accessing GBV services	
	Lack of parental support	
	Fear of disclosing perpetrator	
	Fear of HIV testing	
Social/Interpersonal factors	Fear of being judged by healthcare workers	Peer support
	Fear of being judged by parents & the community	Supportive family and community
	Denied permission to leave the house	Positive prior experience with health workers
	Parents or guardians silenced by perpetrators	
Institutional factors	Bad experience with health care providers	Posters with GBV messages
	Cost of GBV treatment	Media/GBV messages from radio and IEC materials such as leaflets
	Health facility barriers such as lack of enough space for privacy & confidentiality	NGO's working on Community outreach programs such as 'Huduma rafiki'

Individual barriers

Lack of knowledge on availability of GBV health services

Knowledge of availability of GBV services at health facilities and community is important for both facilitating and sustaining changes in provision of GBV health services for AGYW. However, AGYW indicated a lack of awareness of the available GBV health services offered at the health facility. The services are not popularized enough for AGYW to understand existence of these services.

> *"I think many girls do not know if dispensaries offer services for girls who have experienced violence. Before I heard of such services, I used to go to Pharmacies and buy myself pain killers or pen v if I had vaginal itching or discharge"* #AGYW 20

> *"Women do not know of such services, I knew of the police but not dispensaries. As for me I only got to know of PEP when I joined this group (SBCC Sauti groups) and at that time it was too late as I had already contracted HIV"* #AGYW 11

Low self-esteem and negative attitude towards accessing GBV health services

Several AGYW identified that majority of them already have low self-esteem and negative attitude towards GBV health services which consequently has a significant impact towards accessing GBV health services. In addition, self-frustrations from life in general brought about the negative attitude towards accessing services. AGYW also indicated that they have received discouraging advice and remarks from their peers, health facility staff, parents and the community.

> *"I know I am a sex worker and am at risk of being raped but that does not give the health care workers opportunity to call me names and blame me for being a victim…I am not worthy enough to receive any care….I am not even sure if the services will be of help anyway….I would rather walk to a pharmacy and explain my self and get medication rather than go to a hospital."* #AGYW 14

Most AGYW tend to not seek help because they somehow assume the responsibility for the perpetrator's violence, blame themselves for it and blame health care workers, believing that the abuse was their fault even if it was not.

> *"I know the work that I am doing* [prostitution] *causes men to rape me. My life as it is already stressful enough and on top of it when I go to the hospital, the doctors and nurses will blame me thus there is no need to go and get myself embarrassed. It is not that I want to get raped or sell my body. But what can I do, it is what it is…"* #AGYW 17

Fear of stigma from health care workers, parents and the community

AGYW noted that they encountered labeling, stereotyping and separation especially for AGYW who experienced sexual violence. They were labelled as being promiscuous and fear the stigma associated with the outcome of the tests. Health care workers call them names and shout at them leading some not to even mention that they have experienced violence.

> *"After my form four graduation, we went clubbing with my friend to celebrate. I was then raped by 4 different strangers. I was scared of how people would think of me. Following treatment, my mother decided we move from Kinondoni to Temeke as people were already talking"* #AGYW 19

Some AGYW who are accompanied with the parents at the health facilities hesitated to ask for any advice since they were in company of their parents or guardians since this would require disclosing the GBV occurrence to both parents and health provider. Discussing about a GBV encounter was like a taboo, parents and the community are more ashamed to talk about violence.

> *"We are afraid of discussing the issue with anyone. Our parents and people around are even ashamed to discuss on the topic of violence especially sexual violence. They do not want anyone to know that their daughter or sister was raped"* #AGYW 16

Fear of disclosing the perpetrator

AGYW indicated that many of them do not access health facilities for fear of disclosing the perpetrator especially if the perpetrator was a spouse, boyfriend or someone well known to them. This is because majority AGYW reported that disclosing their identify would trigger more violence upon themselves if they reported them. Some also mentioned that the perpetrators were their major breadwinners and reporting them meant they will stop providing for them financially hence they lose everything. Some AGYW also experience resounding shame of disclosing the perpetrator since there is a social expectation that women should remain with their male-partners at all costs.

> *"I fear...I fear going to the facility because I will end up being asked a lot of question that will put him [boyfriend] in trouble and he might beat me up or chase me out of the house… and I do not have anywhere to go"* #AGYW 11

> *"My sister and I used to live with our uncle, who used to rape us. We both contracted HIV from him. We were afraid to tell anyone as he was paying for our school fees and other things"* #AGYW 14

Fear of HIV testing

Fear of testing was a dominant theme that emerged from the data. This fear of testing is realized through the interaction between AGYW and the environment with behavior relating to their sexual activities. AGYW who have experienced sexual violence mentioned that they avoided health facilities for fear of getting tested for HIV.

> *"I am a sex worker so I am at risk of getting AIDS so why should I go and get embarrassed and end up being discriminated by people? I would rather not go. Eventually everyone dies, I would rather not know"* #AGYW 18

> *"Sometimes when you sleep with these men, they tend to break their condoms on purpose. That way am at risk of contracting HIV. I am scared of getting tested"* #AGYW 5

The quote below points out to the inability of AGYW to cope and manage with the consequences of a positive HIV results hence the fear of testing and consequently avoiding accessing GBV health services

> *"I know if one is taking HIV drugs, they need to eat well and take good care of themselves otherwise the drug kills you before the disease, I have seen this happening to some girls. As it is, I don't have the money to eat sometimes, I have to rely on my friends and roommates for food. Trust me it is not easy to go and get tested after rape knowing all this"* #AGYW 19

Lack of parental support

Preventive health services are important for child development, and parents play a key role in facilitating access to services. AGYW reported a general discomfort and worry about their parent's reaction because they felt like they were not getting any support from their parents. Sometimes parents/guardian are the perpetrators themselves or they have been paid off by the perpetrator to keep the issue silent.

> *"I told my parents once I experienced violence and they did not do anything to help…. instead they told me not to talk about it with anyone ever again…I felt so sad because I thought they would help me get treatment.* #AGYW 5

> *"I reported my uncle to my mother for raping me and instead I was told to stay quiet, this is because my uncle is the one providing money to my family.* #AGYW 3

Some AGYW also mentioned they were not getting any support after they experienced violence because their parents were embarrassed that their daughter experienced violence particularly sexual violence.

> *"I was raped when I was 12 years old, I was still living in the village. I was so scared of telling my mother and grandmother as I knew they would have not helped me and seen me as an embarrassment. They still do not know this happened to me"* #AGYW17

Interpersonal facilitators

Peer support

AGYW mentioned that knowing other GBV survivors who had previously received GBV health services was of importance in terms of advice & encouragement. Through this, GBV survivors would understand the nature of the services offered at the health facilities. Additionally, linkage to other support groups such as SBCC groups and other small community groups.

> *"One of my neighbours was raped and got help. Through her I got to know that hospitals that offer GBV health services. She even encouraged me to join the group"* #AGYW 2

> *"If an adolescent girls experiences violence, then she goes to the facility to seek for help and they are assisted, it motivates others [GBV survivors] if they hear of such stories"* #AGYW 9

Supportive family and community

AGYW consistently described the immediate family as the first source of help-seeking when they experienced GBV. The family offered advice, emotional support and in most cases they escorted the survivor to the hospital and police GBV desk. Additionally, some mentioned that their families paid for their hospital bills. AGYW also mentioned that if an issue could not be solved by the family they immediate sought help from the community head.

> *"I was working as a house maid for a family. The man of the house used to rape me. Once the wife found out, she put all the blame on me (even cut my hair) and started beating me badly. The neighbors heard the commotion and came to my rescue. Few neighbors took me to the hospital, where I got help"* #AGYW 5

> *"When I got raped and told my mother she took me to the hospital where I got treated. My mother is closely working with the social worker in following up on the an who raped me. My father is not cooperative at all but that has not stopped my mother..* #AGYW13

Positive prior experience with professional health workers

Some respondents mentioned that they had very good experiences with HCW to the extent of being linked to other GBV services such as social workers.

> *"Through this project [Sauti] I was referred to the hospital. The HCW was so friendly to me and advised me to use medicine [PrEP]. I would advise girls like me not to be afraid to seek health services"* #AGYW7

> *"I went to the hospital for a burn wound injury but did i not mention of any violence as I was scared. the nurse called me aside after dressing my wound and pleaded with me that I can open up and tell her the truth, she was kind. I eventually told her that I was burnt by my partner. She advised me to go and talk to a social worker and counselling.* #AGYW3

Discussion

This study fills a gap by providing rich descriptions of AGYW's perceived barriers and facilitators that hinder and encourage AGYW from accessing GBV health services thereby augmenting the existing literature on adolescent girl's involvement in reproductive health including GBV in Tanzania. AGYW play an important role so as to facilitate timely access to health care.

In identifying these barriers and facilitators, adolescent girls and young women acted as a key source of information for understanding barriers and facilitators of GBV health services. This is because they are the main recipients of the study that receive the care. AGYW highlighted barriers such lack of knowledge on GBV and availability of GBV health services in the health facilities. These was similar to a study conducted in Kenya to determine barriers adolescent females living with HIV face in accessing services (23).

Stigma was a key barrier emphasized in our study. Stigma undermines treatment and successful health outcomes. Addressing stigma is fundamental to delivering quality GBV health care and achieving optimal health for AGYW. Stigma perpetuated by health care providers, parents and the community has been shown to be a primary barrier among AGYW in accessing GBV health services. This was similar to a study among HIV-uninfected adolescents seeking reproductive health services in resource-limited countries (24). Our study has gone further to indicate that the stigma AGYW face is due to the fact that they are being labelled as promiscuous. These is based on institutional perception and community norm about when an adolescent should be engaged in sexual activities. School-based interventions in resource limited settings have been critical in changing norms among adolescent girls and leading in behavior change (25). Some AGYW in this study also pointed out that some health care providers have already visited their schools to promote adolescent knowledge about GBV services.

Fear of testing for HIV was also dominantly highlighted by AGYW. A fundamental issue mounting the fear of testing for HIV is an individual's own sexual behavior. Adolescent girls who were sex workers were found to be very reluctant to seek for GBV services for fear of being tested for HIV. This fear can be equated by a lack of knowledge of how to cope with a positive result once tested. Existing literature highlights some of the barriers that exist because of personal factors include personal behavior and how it can affect their intention to test consequently creating a fear of testing for HIV (26, 27). The fear of HIV-related stigma are well acknowledged in existing literature (28) and supported in this study, act as robust barrier to testing for adolescent girls and young women.

Some participants but not all had issues with social support from parents and community in our study. Parental involvement in assisting to seek GBV health services may be instrumental especially in decision making and creating a welcoming environment. AGYW's perception about lack of support network such as not creating safe spaces or environment for young women created a number of other barriers like fear of stigma, which may not exist if perceived stigma were diminished. There is considerable literature on the challenges and potential benefits of parental involvement in care (29).

Low self-esteem and negative attitude to access GBV health services was a particular barrier expresses by participants. Self-esteem and positive attitude has been shown to enhance an individual's ability to cope with a situation and or disease (30). Some participants showed a lack of self-love or happiness to deserve receiving any health services as well as lack of reliance in health care providers and that their particular responses would compromise their confidentiality and how people view them in the community. These poses a potential problem for designing strategies that encourage and support adolescent girls to improve their elf-esteem and access GBV health services.

Participants noted that knowing another GBV survivors who had previously received GBV health survivors was helpful. They would narrate their experiences while receiving GBV health services and the type of service and how they were handled by the health provider. Peer-to-peer interaction is one strategy that has been used to motivate and encourage adolescent to be interactive in any activity. They can also be used to improve access to health services.

AGYW reported that they find effective help from the supportive parents and the community
For GBV survivors. Local community leader featured as key gatekeepers as the second stop for GBV survivors. They were referred to as 'Ten Cell Leaders" despite the fact that these leaders rarely have any GBV training. This was consistent with Tanzania Demographic Health Survey data (2015) that indicate that indicate the low prevalence of help-seeking among GBV survivors in Tanzania. However, majority of GBV survivors first seek assistance from family or another member of the survivor's close social network.

Positive prior experience with professional health providers meant that providers delivered outcomes that matter most to the AGYW. Positive prior experience with health workers is an important parameter to measure the overall outcome guiding quality improvement in health care settings. Adolescent girls preferred health care workers who listened to them and showed they cared hence good communication and high-quality information from arrival to discharge makes AGYW feel engaged in clinical decision-making. This was contradicting in other studies that indicated prior positive experience with health providers could indicate different levels of satisfaction from different people (31).

Our study has several strengths, including sampling AGYW from a range of different wards within Temeke and Kinondoni districts. The open-ended questions allowed for AGYW to voice different barriers and facilitators. Nonetheless, our study has a few limitations. The study interviewed AGYW who were already part of a country-wide AGYW project being implemented by the Ministry of health and Jhpiego. However, the project implemented a community-based method to recruit the study participants. Additionally, studies investigating adolescent girls perspective have identified some similar barriers and facilitators to access of services among adolescent youths (32).

Conclusion

Our study identified individual barriers and institutional facilitators as the major barriers and facilitators that hinder and encourage AGYW to access GBV health services. Given the high prevalence of gender-based violence among AGYW in Tanzania, it is imperative that AGYW access to GBV health services be improved. This should be considered as a missed opportunity for AGYW for accessing GBV services. Improved strategies should aim to increase access to GBV health services for AGYW. However, these were perspective from the demand side, it would also be important to get insight from the supply side.

Abbreviations

AGYW: Adolescent girls and young women
GBV: Gender based violence
HCW: Health care worker
HIV: Human immunodeficiency virus
HMIS: Health management information system
PEP: Post exposure prophylaxis
SSA: Sub Saharan Africa
TDHS: Tanzania demographic health survey
STI: Sexually transmitted infection
UHC: Universal health coverage

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Availability of data and materials
The full dataset (transcripts) generated and analyzed during the current study is not publicly available due to privacy concerns but can be made available from the corresponding author on reasonable request.

Contributions
CM designed and carried out the study, analyzed and interpreted the data and drafted the manuscript. ES, SL, BM, GM, ES, RM & AJ Participated in revising the manuscript for important intellectual content. CM and ES completed the process of code development and assignment, and SL and ES refined the conceptual content of the data. Findings were then reviewed with full team members. The author(s) read and approved the final manuscript.

Ethical declarations
Ethics approval and consent to participate
The study was granted ethical approval by the Medical Research Coordinating Committee (MRCC) of the National Institute for Medical Research (NIMR) in Tanzania (NIMR/HQ/R.8a/Vol.IX/2986) and Ethics Committee of the Medical Faculty of Heidelberg University (S-737/2018).
Approval to work in the study wards was obtained through official permission from respective central and local government authorities and leaders. Permission to access the AGYW groups was granted by Jhpiego Country Director.

Consent for publication
The participants where told (orally) that the findings would be published in scientific journals and that the findings would be presented in the form of examples/quotes provided by the participants.

Competing interests
The authors declare that they have no competing interests