

**TEENAGE PREGNANCY IN SECONDARY SCHOOL IN
TANZANIA: A CASE OF KASULU-DISTRICT**

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**TEENAGE PREGNANCY IN SECONDARY SCHOOL IN
TANZANIA: A CASE OF KASULU-DISTRICT**

By

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A Dissertation Submitted In Partial Fulfillment of the Requirements for the Degree of
Master of Arts in Sociology of the University of Dodoma

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for an acceptance by the University of Dodoma, a dissertation entitled “*Teenage Pregnancy in Secondary School in Tanzania*” in partial fulfillment of the requirements for the degree of Master of Arts in Sociology of the University of Dodoma.

.....

Dr. IBUN S. KOMBO

(SUPERVISOR)

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AND

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I, **Alexandre Chawatu**, declare this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree.

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DEDICATION

This work is dedicated to my beloved wife Mrs. Alice Msambya and My dearest mother Victorine Mateso Asumani for their patience and support all the way since the beginning of my studies.

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There is a saying that no feast comes to the table on its own feet, and so it is with this dissertation. Therefore, I wish to express my thanks and appreciation to the following:

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ABSTRACT

According to American College of obstetricians and Gynecologists, Teen age pregnancy is pregnancy in human females under the age of 20 at the time that the pregnancy ends. A pregnancy can take place after the start of the puberty before first menstrual period, but usually occurs after the onset of periods. Teenage pregnancy is a natural human occurrence that is a poor fit with modern society. In many ways it has become a proxy in what could be called the cultural wars. Teenage pregnancy is defined as occurring between thirteen and eighteen years of age. There are, however, girls as young as ten who are sexually active and occasionally become pregnant and give birth. The study aimed at analyzing Teenage pregnancy in secondary school girls in Kasulu Rural District.

In order to achieve the objectives of the study various methodologies were organized for data collection. These included the interviews, questionnaire and focus group discussion (FGD), as well as transect walk within the secondary school settings (observation), qualitative and quantitative approaches, because emphasized objectivity and use systematic procedures to measure human behaviour by using formal structured instruments when collecting data from respondents.

Through the methodology which was adopted in this study for data collection and the analysis, the major findings from the four secondary schools, students, teachers and education officers as well as parents were categorized into social and economic factors. As how teenage pregnancy results in lower educational attainment, increase rates of poverty, and worse” life outcomes” for children of teenage mothers compared to children of young adult women.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BEST	Basic Education Statistics in Tanzania
DHS	Demographic and House Survey
EU	European Union
FGD	Focus Group Discussion
HIV	Human Immune-deficiency Virus
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
LMP	Last Menstrual Period
MOH	Ministry of Health
NBS	National Bureau of Statistics
NCCDPH	National Centre for Chronic Diseases and Promotion of Health
NDHS	Nepal Demographic Health Survey
NGOs	Non-Governmental Organizations
NHP	National Health Policy
PMCT	Prevention of Mother-to-Child Transmission
RCHS	Reproductive and Child Health Section
REPOA	Research on Poverty Alleviation
SPSS	Statistical Package for Social Sciences
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
UK	United Kingdom
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nation Children's Fund
US	United State
USA	United State of America
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The study aimed to examine Teenage pregnancy in secondary school girls in Tanzania. This chapter presents the background to the problem, the problem statement, and the objectives of the study. Also it presents research questions and significance of the study.

1.2 Background Information to the Study

Worldwide, many adolescents fall pregnant at least 1 in 5 has one or more children or is pregnant (Pathfinder International, 2001). Each year, about 1 million teenage girls under the age of 19 become pregnant; out of whom 600,000 give birth, and 400,000 (40%) opt for abortion (Sadock, 2003).

Since 1950s, teenage pregnancy has attracted a great deal of concern and attention from religious leaders, the general public, policy makers, and social public scientists, particularly in the United States and other developed countries (Realini, 2004). ". In 1998, joint statement of the World Health Organization (WHO), the United Nation Children's Fund (UNICEF) and the United Nations Population Fund (UNIFPA) agreed on the following categorizations of young men and women adolescent as those aged 10 to 19 years, Youth person from the age of 15 to 24 years; and young people as those aged 10 to 24 years. This group can be further subdivided into a number of categories such as male/female, rural/urban, in school/out of school, married/single, sexually active/not sexually active.

Adolescent pregnancy is a worldwide problem. In 1997, Grunseit (1997) found that the USA had the highest rate of adolescent pregnancies. In addition to that, every year more teenage girls become pregnant. Moreover many younger, less than 17 years old commit abortion at early stages, and practice early sexuality. Hence, a high rate of HIV infection became a major area of concern in the world in general and in Africa, particularly, in sub Saharan Africa.

Although sub-Saharan Africa is experiencing an overall decline in the number of births per woman, adolescent birth rates remain high in many countries. Each year, births to adolescent girls aged 15 to 19 accounts for 16 percent of all births in sub-Saharan Africa, (Realini, 2004).

Realini further added that youngest mothers are the most likely to experience complications or death due to pregnancy and childbearing. While the age at first sex is the indicator to determine the average age at which young people become sexually active (Realini, 2004), it can also provide some insight when most young people are exposed to risks related to pregnancy and sexually transmitted infections.

Adolescents rarely use protection when having sex for the first time, that because they are not benefiting the information about safe sex and do not have free access to the contraceptive use, and consequently younger adolescents face a greater risk than older adolescents of acquiring sexually transmitted infections, including HIV. Sexually active young women often face obstacles to accessing contraceptives and health services, increasing the risk of unintended pregnancy and unsafely performed abortions.

In most countries with available data, the median age of first sexual experience for young women is between ages 16 and 18. The average age at first sex in the “red” countries—

including Niger, Sierra Leone, Liberia, Guinea and Uganda—is younger than 17. These countries are identified as “red” since adolescents under the age of 18 are at a higher risk for sexually transmitted infections and poor reproductive health outcomes due to pregnancy and early childbearing (UNFPA, 2012).

In Tanzania, pregnancy is one of the major reasons for school dropout among teenage girls. In 2007, pregnancy accounted to 21 percent of secondary schools dropout (BEST, 2007). Mtwara region is one of the leading areas in Tanzania for teenage pregnancy. Statistics show that school dropout caused by pregnancy has increased from 5.2 percent in 2003 to 21.9 percent in (BEST, 2007). According to Kasulu Rural District Education officer report, from January 20015 to December 20015, about 25 pregnant girls dropped out of school. For this case, the study aimed at assessing the factors that contribute to teenage pregnancies in secondary school girls in Kasulu Rural District.

1.3 Statement of the Problem

Teenagers are trapped in a very difficult situation of early pregnancies causing them to not fulfill their dreams of prosperous future life. The pregnant teenagers face many of the same obstetric issues as other mothers. There are, however, additional medical concerns for mothers aged less than 15 years. For mothers aged 15-19, risks are associated with socioeconomic factors than with the biological effects of age. The WHO, (1998) agreed that risks of low birth weight, premature labour complication, anemia, and pre-eclampsia are connected to the biological age.

Morake (2011) revealed that teenagers appear to be ignorant about issues such as puberty, pregnancy and contraception. Ignorance, aggravated by cultural taboos to discuss sex with their parents or elders, is combined with real or perceived peer group pressure to engage

in sexual activities. Teenagers are further surrounded by sexual images and messages, which imply that sexual activities are the norms of their cultures (Mwaba, 2000).

Yet some parents, and many public institutions, are at best either embarrassed about dealing with young people's sexuality or try to ignore it completely. This leads to the situation where it seems as if sex is compulsory amongst teenagers without giving due consideration that they should reach maturity age before engaging in sexual intercourse. It is against this background that the study on factors contributing to teenage pregnancies was conducted in Kasulu Rural District, with the aim of mitigating and preventing the unplanned pregnancies to school girls.

1.4 Objectives of the Study

1.4.1 General Objective

To assess the factors that contribute to teenage pregnancy in secondary school girls in Kasulu Rural District.

1.4.2 Specific Objectives

- a. To find out factors that influence teenage pregnancies in secondary schools
- b. To explore parenting style in house hold of school going teenagers.
- c. To suggest measures to be taken in mitigating the problem of teenage pregnancies in Tanzania.

1.5. Research Questions

- a) What are the factors that influence teenage pregnancies in secondary schools?

- b) How parents' responsibilities are applied in upbringing teenagers in the household?
- c) What measures can be taken to mitigate teenage pregnancies in Tanzania?

1.6 Significance of the Study

Teenage pregnancy carries a social stigma in many communities and cultures. It lowers the rate of school going teenagers, lowers educational levels and decreases the skilled social capital resulting to higher rate of poverty and other poorer life out comes in children of teenage mothers. Not only that but also it increases the rate of dependency as many teenagers fail to manage their lives and those of their children. Therefore, it is anticipated that the study will contribute to the prevention of teenage pregnancies. The guidelines of this study will be used in schools and health care facilities to educate teenagers on how to avoid unwanted pregnancies. Also, it will provide a frame work for other researchers who will be interested in the same topic of study.

1.7 Conclusion of the Chapter

This chapter briefly has presented the background to the problem, where the emergence of teenage pregnancy in different corners of the world is flashed back and the devoted efforts from different actors with intention of helping the teenagers from the problem. It has also presented the problem statement in overview and the way it affects the teenagers. The objective of the study, including the research questions have also been presented. The impacts of the problem as well, has been briefly presented in the significance of the study.

CHAPTER TWO

REVIEW OF LITERATURE

2.1. Introduction

According to Babbie (1992), a literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work.

The purpose of a literature review is to familiarise the reader with practical or theoretical issues relating to the problem and helps the researcher to lay a foundation for the study. A literature review indicates what is known about an area of inquiry and suggests ways of conducting the study on the topic of interest (Polit & Beck 2004). A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contribution to a particular topic.

The literature review on factors contributing to teenage pregnancy in secondary school assisted the researcher to formulate appropriate research objectives and gain further insight into the Problem and the factors contributing to the high Teenage pregnancy rate.

This chapter consists of definition of terms, theoretical review, empirical review, research gaps, and conceptual frame work as well as the summary of the chapter. This chapter reviews different literatures related to this study.

2.2 Definition of Key Terms

The following are the definitions of key terms as used in this study.

Teenager: A teenager is an individual in the transitional stage of development between childhood and full adulthood, representing the period of time during which a person is biologically adult but emotionally not fully matured (South African Concise Oxford Dictionary 2007). In this study, a teenager is a female person aged between 13–19 years.

Pregnancy: Pregnancy is the state in which a fetus develops in the uterus of a woman of childbearing age, during the period from conception to birth (South African Concise Oxford Dictionary 2007).

In the context of this study, pregnancy refers to a period of gestation when a woman aged between 13–19 years has conceived an unplanned fetus in her uterus.

The state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long.

The most important tasks of basic fetal cell differentiation occur during the first trimester, so any harm done to the foetus during this period is most likely to result in miscarriage or serious disability. There is little to no chance that a first-trimester foetus can survive outside the womb, even with the best hospital care. Its systems are simply too undeveloped. This stage truly ends with the phenomenon of quickening: the mother's first perception of fetal movement. It is in the first trimester that some women experience

"morning sickness," a form of nausea on awaking that usually passes within an hour. The breasts also begin to prepare for nursing, and painful soreness from hardening milk glands may result. As the pregnancy progresses, the mother may experience many physical and emotional changes, ranging from increased moodiness to darkening of the skin in various areas (Morake, 2011).

During the second trimester, the foetus undergoes a remarkable series of developments. Its physical parts become fully distinct and at least somewhat operational. With the best medical care, a second-trimester foetus born prematurely has at least some chance of survival, although developmental delays and other handicaps may emerge later. As the foetus grows in size, the mother's pregnant state will begin to be obvious. In the third trimester, the foetus enters the final stage of preparation for birth. It increases rapidly in weight, as does the mother. As the end of the pregnancy nears, there may be discomfort as the foetus moves into position in the woman's lower abdomen. Edema (swelling of the ankles), back pain, and balance problems are sometimes experienced during this time period. Most women are able to go about their usual activities until the very last days or weeks of pregnancy, including non-impact exercise and work. During the final days, some feel too much discomfort to continue at a full pace, although others report greatly increased energy just before the birth. Pregnancy ends when the birth process begins (ibid).

2.3 The Concept of Review of Literature

Review of literature has been defined as “a systematic, explicit, and reproducible method for identifying, evaluating, and interpreting the existing body of record work produced by researchers, scholars and practitioners (Fink, 1998); it is also known as “the process

whereby a researcher identifies and examines research done by the scholars that is relevant to the topic under the investigation” (Frey *et al*, 1991).

2.3.1 Review of literature worldwide

Worldwide, many adolescents fall pregnant; at least 1 in 5 has one or more children or is pregnant (Pathfinder International 2001). Each year, about 1 million teenage girls under the age of 19 become pregnant; out of whom 600,000 give birth, and 400,000 (40%) opt for abortion (Sadock & Sadock 2003).

According to Grunseit (1997), in 1997 USA had the highest rate of adolescent pregnancies. In addition, every year more teenage girls become pregnant, many younger than 17 years old. Pregnancies, abortion at early stages, early sexuality, and high rate of HIV infection became a major area of concern in the world in general.

In Nepalese society, early marriage is the norm (Pachauri & Santhya, 2002). Cultural and social norms in certain communities within Nepal still prefer early marriages. This is particularly true for rural communities, where some people still practice child marriages. This in turn leads to an increase in the likelihood of sexual activities starting at a young age (UNAIDS and UNICEF, 2001). Nepal Demographic Health Survey (2011) reported that 17% of teenage girls had already given birth or were pregnant with their first child. This percentage is increasing rapidly from 1% among those aged 15 to 39 % in those aged 19. So, adolescent fertility rate in Nepal is 81 per 1,000 girls (NDHS, 2011) which is the second highest (51%) among Southeast Asian countries after Bangladesh (64%) (UNFPA, 2007). Similarly, it is reported that every four hours, 11 newborn babies die in Nepal, and most of these deaths occur when the mother is an adolescent (DHS, 2011).

Nepal has Maternal Mortality Ratio of 281 per 100, 000 live births where 30% maternal deaths are of adolescent mothers (NHSPIP, 2010). Similarly, the incidence of spontaneous abortions is high in women below 20 years of age. The statistics from the central hospital in 2003 shows that of all the adolescents who visited, only 4% came for induced abortion and 16% utilized post abortion care due to abortion complications (WHO, 2007). This figure reveals that induced abortion is largely being performed by unskilled people. Other consequences of teenage pregnancy in Nepal are school dropouts, unemployment, unsafe abortion, suicides, anemia etc. UNICEF and UNAIDS, (2001) dual research on Nepal reported that of all adolescent girls who have unprotected sex, 22% teenage boys and 13% girls reported of being infected with STIs. Unfortunately, teenagers prefer to seek advice from a traditional healer or do nothing rather than visiting the doctor for any reproductive health issues (UNICEF & UNAIDS, 2001)

In Western Europe, Britain has the highest teen pregnancy rate, new figures showed today. Only Bulgaria, Romania and Slovakia have a bigger problem with girls aged 15-19 giving birth, the Office for National Statistics said. According to the study into how European countries compare, the UK birth rate among women aged 15-19 was higher than the average across the whole of the 28 countries in the European Union.

For every 1,000 women in the age between 15-19 in the UK, there were 19.7 births, compared to only 12.6 births across the EU. The UK figure is significantly higher than other major European countries like Germany (8 births per 1,000), France (10.7) and Spain (9.1) (Office for National Statistics, 2012).

2.3.2 Review of literature in Africa

In many African countries more than 20% of women aged 15 to 19 have given births to at least one child. In Nigeria, Mauritania and Sudan, more than 15% of the girls have given birth before age 15 (NCCDPH 1999).

According to Irinoye *et al* (2004), about 43% of pregnancies among Nigerian adolescents occurred in non-marital relationships. According to Irinoye *et al* (2004), found that many adolescents were sexually active and engaged in unsafe sexual practices in South Africa and Nigeria. These activities result in STIs, unwanted pregnancy, unsafe abortions and early childbearing, which always come with additional health and social problems.

The NCCDPH (1999) found that pregnancy-related morbidity and mortality in developing countries was higher for women under 19 and those above 35 years of age. In most countries with available data, the median age of first sexual experience for young women is between ages 16 and 18. The average age at first sex in the “red” countries—including Niger, Sierra Leone, Liberia, Guinea and Uganda—is younger than 17. These countries are identified as “red” since adolescents under the age of 18 are at a higher risk for sexually transmitted infections and poor reproductive health outcomes due to pregnancy and early childbearing (UNFPA, 2012).

2.2.3 Review of literature in East Africa

According to Neal *et al* (2015), in East Africa a significant proportion of women gave birth before age 16 (7%-12%). Both the bivariate analysis and logistic regression show that adolescent motherhood is strongly associated with poverty and lack of education/literacy, and this relationship is strongest among births within the youngest age

group (<16 years). There are also marked differences by region, religion and urban/rural residence. Trends over time show there has been limited progress in reducing adolescent first births overall, with no reductions among the poorest. Initially, cross tabulations were created to ascertain the percentage of women aged 20–24 at time of survey that had their first birth at age less than 16, 16/17 and 18/19.

The result of adolescent births desegregated by age for East Africa. Uganda has the highest proportion of women giving birth before 20 years (57%), followed by Tanzania (56%) and Kenya (47%). In all three countries, the highest proportions of first births occur in the 18–19 age groups. The lowest proportions occur in the under 16 age group, but these are by no means insignificant: In Uganda 12% of women gives birth before their 16th birth-day, and the figure is 8% for Kenya and 7% for Tanzania (Bwibo, 1985).

2.2.4 Review of literature in Tanzania

Tanzania is one of the East African countries which face the problem of teenage pregnancies. Teenage pregnancies remain a serious problem in Tanzania. At the age of seventeen, one quarter, and at the age of eighteen 39%, of all females are either pregnant or already mothers. About 0.5 to 1% of primary school girls within the age of fertility (standard 5-7) fall pregnant every year (data is based on the consultancy report PASHA's contribution to addressing teenage pregnancies in Tanzanian Schools done by Regina Goergen in 04/2009). The true figure is likely higher due to spontaneous and hidden induced abortions during early months, preventing teachers and parents from becoming aware of the pregnancy. Related female school drop-outs strongly affect the education sector and have a long-term impact on the girls' educational and socio-economic development. Furthermore, unprotected sex in adolescence can not only lead to unwanted

pregnancies, but also to sexually transmitted infections, which may lead to infertility, HIV and AIDS.

In Tanzania, approximately 20% of women aged 15-19 years are mothers and another 5% are pregnant for the first time (NBS 2000). Physical problems experienced by adolescent mothers younger than 20 years of age in Tanzania and Africa include pregnancy-induced hypertension, premature labour and anemia (NCCDPHP 1999; RCHS 2003). These physical problems might remain undetected because they attend antenatal clinics very late in their pregnancy. Many adolescents will need to discontinue their education, limiting their chances of further education or training and jobs, which can sustain these mothers and their children. Financial hardship can aggravate the adolescent mother's social adjustment problems, increasing the likelihood of resorting to prostitution to augment their incomes. However, unmarried women are at greater risk for the consequences of unintended pregnancy than their married peers (NCCDPHP 1999). Tanzania, like many countries in Africa and elsewhere, has serious problems in relation to sexual and reproductive health issues (RCHS 2004; Irinoye, *et al* 2004).

According to Ikamba and Quedraogo (2003), In their study on high-risk sexual behaviour among youth at Kisangani Ward in Tanga, found that adolescents were sexually active at an early age. Furthermore, 0.3% of the girls and 3.2% of the boys had their first intercourse at about 9 years old; the percentage rose to 10 by the age of 13 years. The largest group (55% of the girls and 45% of the boys) had their first sexual intercourse between 14 and 17 years old. This put the girls at risk of becoming pregnant. Adolescent pregnancies cause adverse health, social and economic implications for the parents, mothers and their children and usually for their grandmothers as well.

2.3 Theoretical Review

Many theories, have been developed in an attempt to explain why teenage pregnancies arise, this study was guided by the theory of knowledge.

2.3.1 The Theory of Knowledge

Theory of knowledge is a theory of social or existential determination of knowledge thought and the social of structure in which they emerged. The theory explains why there are variations in thought and perception from one place to another. It is a theory of social or existential determination thinking. Also it is concerned with the procedure by which the socio-historical selection of ideational is to be studied (Vincent *et al*, 2001).

The theoretical orientation of this work was the theory of knowledge. Since this study involved with the course and consequences of pregnancy among teenagers, therefore tended to depend on knowledge of individual adolescent as regards what teenage pregnancy was all about. This theory examines the relationship that exists between thought and society. It attempts to relate the idea in a setting to the socio-historical setting in which they are produced and received.

It has something to do with ideology of a people. Since it concerns itself with the thought of a society, it constitutes the sociological focus of a much more general problem than that of the existential determination of thought. As such pregnancy among the teenagers and the resulting abortion to some of them are interrelated problems facing most countries of the world, especially the less developed country youths (Pathfinder International, 2001). Tanzanian youths for example, are also faced with the phenomenon, particularly in Kasulu Rural District.

This necessitated the need to examine the attitudes and perceptions of teenagers in Kasulu Rural District as well as, the attitudes and beliefs of adults towards teenage pregnancy as they were meant to be the custodians and guardians of these youths in matters relating to their general welfare.

2.4 Empirical Review

The safe sex approach, which advocates contraceptive use, has led teenagers to believe that using contraceptives makes engaging in sexual intercourse a safe behavior. Medical evidence indicates that abstinence is the only reliable choice for avoiding pregnancy; therefore this abstinence should be emphasized by the authoritarian parenting style (WHO, 1998).

In an article that compared the effectiveness of school based health clinics that distributed birth control and schools that have abstinence programs, evidence showed that abstinence programs were the most effective technique for preventing adolescent sexual activities and pregnancies (Khaussen, 2003). Khaussen cited one study that was funded by the US department of health and human services.

The study included almost 7,000 teenagers in grade 7, who were taught a values-based curriculum. Three title xx programs were implemented in three school districts and later evaluated. These three curricula, teen-Aid, sex Respect, and values and choices, were written to follow the legislative parameters of abstinence as the preventative measure for teenage pregnancy and sexually transmitted diseases. Pre-and post-test data were collected.

Participants in each of the programs were administered two scales: the affirmation of abstinence and rejection of permissive scales. On the affirmation of abstinence scale for both junior and senior high students, each of these programs produced a change that was statistically significant at the .000 levels for sex Respect and teen-Aid and at the .002 level for values and choices. Researchers found significant differences for the values and choices curriculum and for the sex Respect and Teen-Aid curriculum has been used in positively affecting students' choices regarding abstinence (Khausen, 2001).

The Teen-Aid abstinence education curriculum has been used in Edinburg, Washington, for 5 years. Each year, a report is published concerning the effectiveness of this curriculum in reducing "risky behaviour and attitudes".

This program had a statistically significant impact on the likelihood that participants would not have sexual intercourse before marriage and that the non-virgin teenage participants would cease their sexual activity. There was also a statistically significant change in the teenagers' views about waiting until marriage to engage in sexual intercourse as the best way to avoid unwanted pregnancies and sexually transmitted diseases (Tanas, 2000).

School officials in San Marcos, California, also implemented an abstinence-based program, sexuality, commitment, and family for their junior high school students. This district had one of the highest pregnancy rates: one in five teenage girls became pregnant during the 1983-1984 school years (Richard, 2002). San Marcos junior reported 147 pregnancies during the 1984-1985 school years, the year prior to the initiation of curriculum. Two years later, only 20 pregnancies were reported (Ibid).

2.5 Research Gap

Many researches have been conducted in this field to find the solutions to the problem but the gap was observed as researches did not focus on the predisposing factors or roots causes of the teenage pregnancy. It was important to study these factors in order to gain a better understanding of the antecedents of teenage pregnancy, specifically, for the secondary school teenager girls in Kasulu Rural District.

2.6 Conceptual Framework

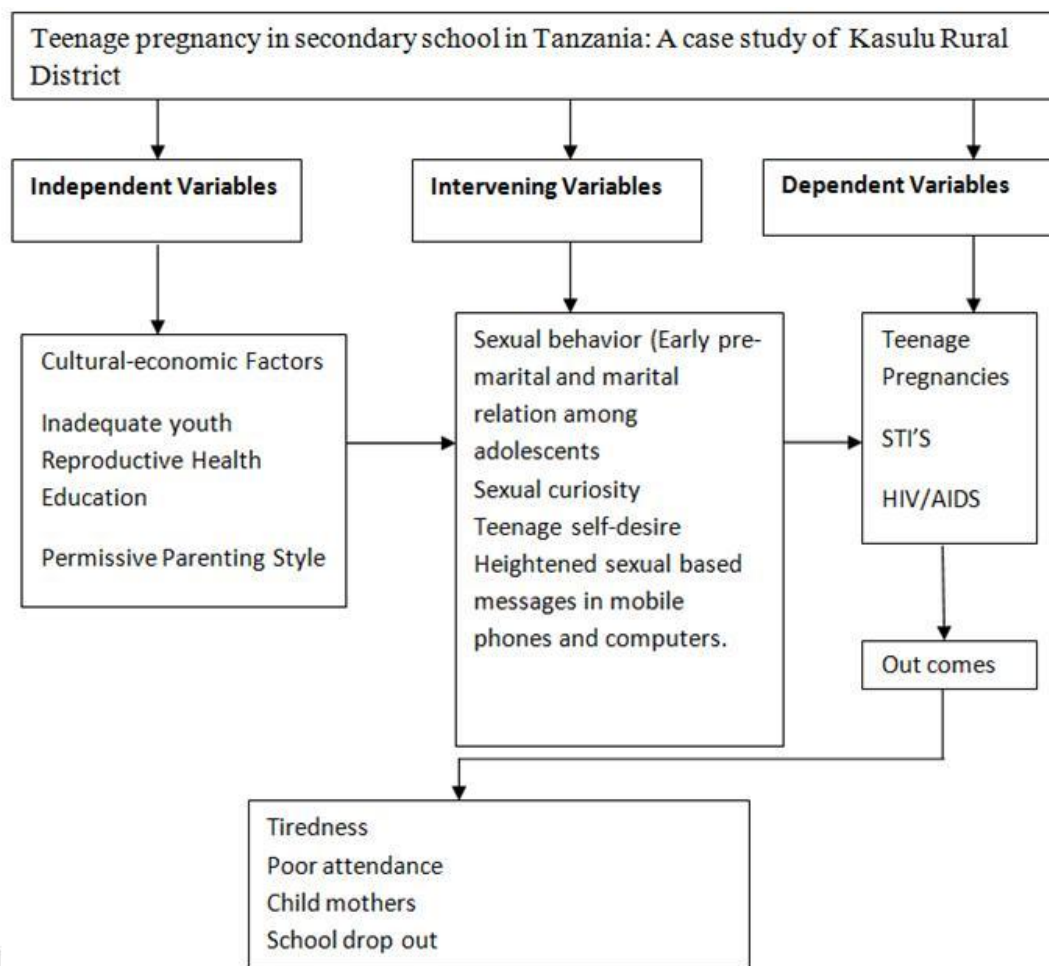


Figure 2.1: Conceptual Framework

Source: Researcher's Own Conceptualization with the Aid of Literature Review

The conceptual framework (Figure 2.1) describes the relationship between independent variables and dependent variables through intervening variables. Intervening variables can influence dependent variables to produce feedback.

In any circumstance, or incidence, there is a predisposing factor or root factor behind contributing to appearance. Teenage pregnancy as a problem is the result of some underlying factors based on the knowledge of people on social or existential determination thinking. The literature suggests that inter-related association of factors determines sexual behavior in turn teenage pregnancy.

The major three levels of Independent variables are cultural and socio-economic factors, inadequate youth reproductive health education and permissive parenting style. Dependent variables are Teenage pregnancy, SI's and HIV/AIDS. These result into poor attendance, tiredness and school drop out.

Identifying the predisposing and root factors contributing to teenage pregnancy will bring change to understanding the working possible solutions to the problem. And this will result into reduction of high rate of teenage pregnancy in Kasulu Rural District.

2.7 Conclusion of the Chapter

This Chapter has presented the empirical and theoretical review of existing body of knowledge relevant to the topic under study. It has also presented the conceptual framework, as a guide for this study. The following chapter presents methodology of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the methods and procedures of data collection and analysis are presented. This is followed by focusing on the research design, population size of the study, sample, sampling procedures, data analysis, ethical issues as well as the summary of the chapter.

Research methodology is a way that solves the research problem. It is necessary for the researcher to know not only the research methods and techniques but also the methodology in which he/she wants to use in his/her research. Researchers not only need to know how to develop certain indices or tests, how to apply particular research techniques, but they also need to know which of these methods or techniques are relevant and which are not.

3.2 Research Design

According to Kothari (2004), research design is the arrangement of conditions for collection and analysis of data, in a manner that aims to combine relevance to the research purpose with economy in procedure. In fact, the research design is the conceptual structure within which research is conducted.

This study used exploratory research design. This design helps to have an in-depth understanding about the phenomenon. Also exploratory design provides the basic information relating to the subject matter of the study. The researcher used this design with a view to clarify and define the existence and nature of a problem.

This study was about assessing the factors contributing to teenage pregnancy in secondary school girls. The investigation was being conducted to find out possible solutions as to reduce the rate of teenage pregnancy to the school girls in Kasulu Rural District.

The study was conducted at four secondary schools, two schools from Nyamidaho ward, and two other schools from Heru Ushingo. The method comprised the use of interview for teachers and education officers ordinarily, structured interview helped to generate standard information from representative sample, questionnaire for students, focus group discussions for parents.

3.3 Research Approach

The study advocated the use of combined approach where both quantitative and qualitative approaches were used.

Qualitative research approach was applied in this study due to its power and ability to examine in details different factors contributing to teenage pregnancy in secondary school girls in the District. Qualitative data were analysed by using the content and structural functional analysis techniques in which components of verbal discussion from different participants were included in the study to examine the factors contributing to teenage pregnancy in secondary schoolgirls in Kasulu Rural District. Quantitative research approach was used because of its accuracy in analysing data statistically. This means that, the data were summarised in tables, figures and have shown frequencies and percentages of various variables (Kothari, 2004).

The application of both qualitative and quantitative research approaches enabled the researcher to use different methods of data collection such as interview, questionnaire, documentary review and observational methods.

In order to collect the secondary data, on number of organizations providing support to schooling teenagers in Kasulu Rural District, number of friendly teenager spaces, the distance of roads from home to school, I adopted quantitative research approach because it emphasizes objectivity and uses systematic procedures to measure human behavior by using formal structured instruments when collecting data from respondents (Brink 2006). The qualitative research approach included open ended interviews, discussions, and observations, measurements with teenagers, teachers and education officers.

3.4 Location of the Study

Kasulu Rural district is located in Kigoma Region, north-west of Tanzania. It is 91 km from Kigoma which is the regional headquarters. Kigoma Region is located in the northwestern corner of Tanzania, on the eastern shore of Lake Tanganyika. The Region is bordered to the north by both Burundi and Kagera Region. To the east, it is bordered by Shinyanga and Tabora regions, to the south by Rukwa Region, and to the west by Lake Tanganyika, which forms a border with the Democratic Republic of Congo.

The Region's total area is 45,066 square kilometres (17,400 sq mi), of which 37,037 square kilometers (14,300 sq mi) is land and 8,029 square kilometres (3,100 sq mi) is body of water. The region's total area is just 161 square kilometres (62 sq mi) less than that of Estonia. Approximately 20,000 square kilometres was forests and 12,000 square kilometres were arable land (URT, 2012).

Kigoma Region is on a plateau that slopes from the northeast at about 1,750 meters down to 800 meters at the shore of Lake Tanganyika. The topography in the north and east is gently rolling hills that gradually become steeper as they get closer to the Albertine Rift margin. The region is administratively divided into eight districts: Buhigwe, Kankoko, Kasulu Rural, Kasulu Urban, Kibondo, Kigoma Rural, Kigoma Urban and Uvinza (Ibid).

3.4.1 Reasons for selection of the Study area

Kasulu Rural District was one among the areas where high rate of school drop out has been reported in Kigoma Region due to teenage pregnancies. There was a need to examine in depth and understand the factors contributing to teenage pregnancy in secondary school girls in Kasulu Rural District.

This study, focused on two wards namely Heru ushingo and Nyamidaho in which refugee camp is found. These wards, were selected for the study because are the parts of Kasulu Rural District where teenage pregnancies are mostly reported.

3.5 Study Population

Kothari (2004) argued that study population is also known as a well defined collection of individuals or subjects, known to have similar characteristics. In this study the research targets were female students from four different secondary schools from Kasulu Rural District as well as parents, secondary school teachers and education officers. All four Schools were sampled randomly for this study. These girls were selected because they were thought to be sexually active.

3.6 Sample and Sampling Procedures

Adam (2008) defines sample as a subset of universal set of population. Sample is a representative of the whole population. The sample for this study was drawn from categories namely secondary school female students, teachers, Education officers and parents in Kasulu Rural District.

For possible access and manageability, the sample management comprised of eighty-six (86) respondents. Out of eighty-six respondents forty (40) were secondary school girls equivalent to forty-six point fifty-one percent (46.51%), twenty (20) teachers equivalent to twenty-three point twenty-five percent (23.25%) and twenty parents (20) equivalent to twenty-three point twenty-five percent (23.25%) as well as six (6) education officers which was equivalent to six point ninety-six percent (6.96%) as indicated in the Table 3.1. below.

Table3.1: Sample size of Respondents

Category of Respondents	Number of Respondents	Percent
Girl students	40	46.51
Teachers	20	23.25
Parents	20	23.25
Education officers	6	6.96
Total	86	100

Source: Survey Field data 2016

3.7 Sampling Techniques

Kothari (1999) defined sampling techniques as the procedures used to select the sample to represent the entire population. This is due to the fact that, it is not possible to involve the whole population for a proposed study area due to time limit, accuracy and financial constraints (Enon, 1998).

An exploratory research methodology was used on the sample population of the teenage secondary school girls, which was then filtered out to maintain consistency in the data. The primary and secondary research methods were used in order to gain a complete insight into the issue. Purposive sampling technique was used to select two wards in Kasulu Rural District where the rate of teenage pregnancy incidents had mostly been reported. Then, four secondary schools were randomly selected from these wards. In this technique, all members of the population had an equal chance of being selected to form a sample.

Therefore, parents were selected randomly. Moreover, purposive sampling was used to select teachers. This was because not all teachers were assigned to make follow up of teenage pregnancies at schools.

3.8 Type of Data

Data were generally collected from primary and secondary sources. Primary data were obtained from students themselves, teachers, education officers and parents. Secondary data were obtained by utilizing books, magazines, and the internet to gain further knowledge and information about teenage pregnancy.

3.8.1 Primary Data

According to Panneerselvam (2004), primary data are data that are collected for the first time by direct observation and from the original source in a controlled or uncontrolled environment. They are also known as raw data. Primary data are very important in research because they are data that are collected for the first time through observation, interview survey and questionnaire.

Questionnaires were used to collect data from secondary school female students, so as to give them adequate time to provide correct answers. Interviews were used for teachers and education officers given the sensitivity of the topic. Lastly, FGD Were used to collect data from parents. This method was used to parents as to give them chances to provide or give out their constructive opinions about early pregnancies for female students.

3.8.2 Secondary Data

Kothari (2004) defines secondary data as the data obtained from secondary sources; such as reports, books and journals, documents, magazines, and websites. In this study, secondary data involved visiting school offices reviewing report documents and school record keeping concerning teenage pregnancies in schools.

3.9 Methods for Data Collection

This study used the survey method, as the researcher visited four (4) schools from two wards namely Nyamidaho and Heru ushingo.

3.9.1 Instrument for data collection

In this study various instruments were used for data collection.

3.9.1.1 Interview

According to Kothari, (2004) interview method as the method of collecting data involves presentation of oral verbal stimuli and reply in terms of oral verbal responses. The method was used when the participant is willing to talk and has sufficient knowledge to the research problem. The data collected through interview were analysed using the content and structural functional analysis technique in which components of verbal discussions from teachers and education officers were broken down into smallest meaningful units of information, perception and opinions. The key issues were recorded so as to get explanation, interpretation and discussion of findings related to the problem of teenage pregnancy.

Teachers and education officers were interviewed by using checklist guide. It was guided by both structured and semi-structured questions, to obtain information from one person about teenage pregnancy. The interview was used because of the sensitive nature of the study; subjects had to be interviewed as individuals because questions which seem personal sometimes could be responded to an individual capacity.

3.9.1.2 Questionnaire

Panneerselvam (2004), argued that a questionnaire consists of a set of well formed questions to probe and obtain responses from the respondents. A questionnaire is a means of eliciting the feelings, beliefs, experiences, perceptions or attitudes of some sample of

individuals. In this study, questionnaire as a tool of collecting data involved the use of written questions, to which respondents replied in writing.

This instrument was used to secondary school female students, so as to give them adequate time to provide correct answers. In this study questionnaire comprised of both open and closed ended questions for the purpose of collecting primary data from students. This was adopted in this study so as to provide an adequate time for students to give well thought answers.

3.9.1.3 Focus Group Discussion

Focus Group Discussion is a method in which the researcher brings together a small number of respondents to discuss the topic of interest (Rutman, 1996). In this study, Focus Group Discussion involved parents, whereby four groups of five respondents each were formed. Two groups composed of male parents while the other two composed of female parents. A female researcher assistant was employed to facilitate the discussion with female parents. This method was used by the researcher to hold in-depth discussions with parents in order to examine the factors influencing teenage pregnancies. This method allowed the researcher to be flexible to ask supplementary questions, which arose depending on the need to get precise information.

3.10 Data Analysis Procedures

According to Rubin and Rubin's (1995), definition of data analysis, "Data Analysis begins while the interview is still underway". This simply means that data were analyzed during and after the interview. Questions were restructured during the interview in order to direct focus on the critical issues of the research. After the interview the researcher

began a more detailed and fine-grained formal way of the analysis, the researcher certainly discovered additional themes and possible concepts and there to build towards an overall and explicit explanation.

To begin the final data analysis researcher had to put into account one category all material from all viewpoints. Material was compared within the categories to look for variations in meanings. The chief goal was to combine and formally integrate the themes and concepts into theory that offers an accurate, detailed, yet subtle interpretation of the research design. Finally the analysis was complete if uncovered theory could be shared in order to understand the factors contributing the teenage pregnancy and, social and educational world of the parenting learner as a "child in education".

In this aspect, data were analysed both qualitatively and quantitatively. From questionnaires, data were organised into various themes regarding the views or opinions of respondents. Also some information pertaining to quantification were computed using a computer soft ware (SPSS) to obtain quantitative explanations through tables, figures, percentage and frequencies. In addition, data from interview and focus group discussion were analysed and interpretation from such analysis was established by the researcher (manually) during the interview and finally, SPSS computer software package was used as well.

3.11 Data Reliability and Validity

3.11.1 Data Reliability

A measuring instrument is reliable if it provides consistent results (Kothari, 2004). It is the quality of a measurement procedure to provide reputability and accuracy. In this

study, the same questionnaire was used in each category of respondents in order to obtain consistent results.

3.11.2 Data Validity

According to Downson (2002), once the researcher has constructed data collection tools, he/she must pilot to test them. The researcher did this by asking teachers and education officers to read and see if they conformed with the really situation in the field. This helped to avoid ambiguity such as wording, length and the structure of questions.

In order to make the collected data valid, the researcher and the assistant female researcher were guided by pre-test in order to conduct interview in appropriate manner. Therefore, the collected data seemed to be valid and reliable.

3.12 Ethical Consideration

Pera and Van Tonder (2005) define ethics as “a code of behaviour that is considered correct”. Ethical considerations in the conduct of research were followed to prevent ethical dilemmas. To ensure ethical conduct of the study, permissions to conduct this study were obtained from the relevant authorities. These included the written permission from the University of Dodoma, and Kasulu Rural District. In addition, free informed consent was obtained from each respondent. To ensure confidentiality and anonymity, neither the name of the respondent nor that of the institution involved was requested on the questionnaires. No physical or psychological risks were involved as the study was non experimental. The list of respondents’ names for sampling purposes was kept safe to ensure confidentiality and anonymity.

3.13 Conclusion of the Chapter

This chapter has presented the research design and approach, location of the study, sample and sampling procedures, method for data collection analysis procedures. It also presented data reliability and validity as well as ethical consideration and the summary of the chapter. The following, chapter four, presents the findings, analysis and discussion.

CHAPTER FOUR

FINDINGS, ANALYSIS AND DISCUSSION

4.1 Overview

This chapter presents the respondents' demographic profile, including age and sex of respondents; category of respondents, education level and other information of respondents. Also this chapter presents the discussion about factors contributing to teenage pregnancy in secondary school girls and further the chapter presents the suggested ways to mitigate this problem.

4.2 General Characteristics of Respondents

This section presents the demographic characteristics of respondents, name of wards, and education level of respondents.

4.2.1 Name of the Wards

The study focused on four secondary schools in two wards of Nyamidaho and Heru Ushingo.

Table 4.1 Respondents' Category by Ward

Variables	Wards		
	HERO USHINGO	NYAMIDAHO	Total
Students	20	20	40
Parents	10	10	20
Education Officers	3	3	6
Teachers	10	10	20
Total	43	43	86

Source: Survey field data 2016

4.2.2 Respondents' Sex

In this section, the sex of respondents was considered to be an important Variable because the selection of female students had to base on Sex. However, even the selection of other respondents was based on their sex characteristics. Table 4.2.below, shows that seventy-three percents (73%) of the respondents were female and twenty-seven percents (27 %) were male respondents. The researcher has aimed at reducing the gender bias but it was not possible as the main respondents of the study were teenage secondary school girls who are the bearer of the early pregnancies. That is why there was a significant variation between female and male involvement in the study.

Table 4.2: Respondents' Sex

Sex of Respondents	Frequency	Percent	Cumulative Percent
FEMALE	63	73.3	73.3
MALE	23	26.7	100.0
Total	86	100.0	

Source: Survey Field Data 2016

The number of female respondents were larger which were 63 out of 86 total number of respondents compared to the number of male respondents; 23 out of 86 total number of all respondents.

4.2.3 Respondents' Age group

Figure 4.1 below shows the age group of respondents, as one of the important parameters in assessing the factors contributing teenage pregnancies in Tanzania. The age of respondents was as follows: Thirteen to twenty two years old (13-22) were school girls who were forty in number (40), equivalent to forty-six point fifty-one percents (46.51%). Another age group comprised of parents, education officers and teachers. These were aged between twenty-three to thirty-two (23-32) years old. They were twenty-three (23), equivalent to twenty-six point seventy-four percent (26.74%).

Yet, another group comprised of twelve respondents (12) aged between thirty-three to forty-two (33-42) years old, which was equivalent to thirteen point ninety-five percents (13.95%), while seven (7) respondents were those aged between forty-three to fifty two (43-52) years old equivalent to eight point thirteen percent (8.13%). In addition, there were the respondents whose age group ranged between fifty-three and above (53+). They were four, equivalent to four point sixty-five percents (4.65%).

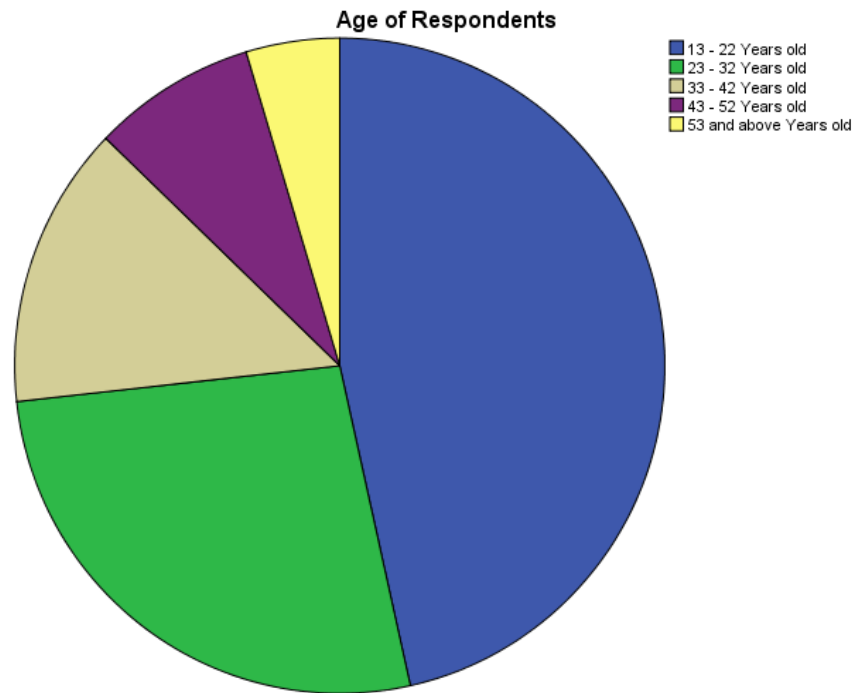


Figure 4.1: Respondents' Age group

Source: Survey Field Data 2016

4.2.4 Respondents' Marital Status

Table 4.3 below shows that married respondents were thirty-three (33), equivalent to thirty-eight point thirty-seven percents (38.37%), and single/widow/widower were forty-seven (47), equivalent to fifty-four point sixty-five percents (54.65%); while divorced/separated were six (6), which was equivalent to six point ninety-seven percents (6.97%).

Table 4.3: Respondents' Marital Status

Marital Status	Frequency	Percent	Cumulative Percent
Married	33	38.4	38.4
Single/widow(er)	47	54.7	93.0
Divorced/separated	6	7.0	100.0
Total	86	100.0	

Source: Survey Field Data 2016

Based on the statistics above, most of the respondents 54.7% were single/widow(er) since half of the respondents were school going girls who were not yet married. While 38.4% were married respondents involving parents, some teachers, and education officers and 7% were those respondents who divorced or separated among them were parents and Teachers.

4.2.5 Education Level

Figure 4.3 below shows the education level of respondents. The respondents who had primary school level of education were six (6), equivalent to six point ninety-seven percents (6.97%). For those who had secondary school education were grouped in different categories depending on their respective classes as follows: Form One were seven (7), equivalent to eight point thirteen percent (8.13%), while Form Two were nine (9), which was equivalent to ten point forty-six percents (10.46 %).

Form Three were seven (7), equivalent to eight point thirteen percents (8.13 %), Form Four were Twelve (12), equivalent to thirteen point ninety-five percents (13.95%). Form Five were Seven (7), equivalent to eight point thirteen percent (8.13 %), while Form Six were Five (5), equivalent to five point eighty-one percent (5.81%) and for those who had

completed Form six were twenty-one (21) which was equivalent to twenty-four point forty-one percent (24.41%).

In Tertiary level, there were twelve (12) respondents who had attended university level, which was equivalent to thirteen point ninety-four percents (13.94%) of respondents.

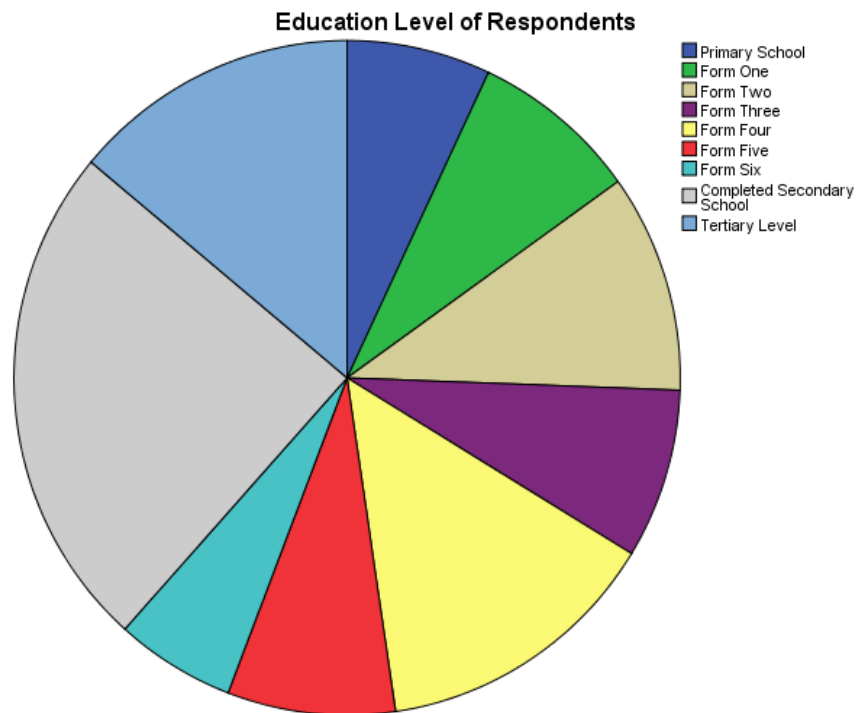


Figure 4.2: Respondents' education level

Source: Survey Field Data 2016

Based on the above statistics, six (6) respondents had attended primary school. They were among the parents, the respondents who were from form one up to form six there were Forty schooling girls and Seven parents, among the respondents who completed their secondary schools there were teachers and some parents. The respondents who attended tertiary level of education involved some teachers, parents and education officers. This gives hope that establishment of Youth Reproductive Health Education at secondary

school may work in intellectual manner in this area as the management of schools is controlled by higher educated persons.

4.3 Factors Contributing Teenage Pregnancies in Kasulu Rural District.

With regard to the first objective, questions were given to respondents based on the factors contributing to teenage pregnancies in Kasulu Rural District

4.3.1 Causes of Early Pregnancies to Teenage Girls in Secondary School in Kasulu Rural District.

Several causes were mentioned. Among them, the following had high frequency. It was found that twenty-six (26) respondents which is equivalent to thirty point twenty-three percent (30.23%), responded on the Adolescent Sexual Behavior (Peer Pressure) among teenagers as a most significant factor contributing to teenage pregnancy, while twenty-two (22) respondents which was equivalent to twenty-five point fifty-eight percents (25.58 %) responded on lack of parental guidance. In addition, fifteen (15) respondents, about seventeen point forty-four percent (17.44%) responded Teenager Self-desire. Respondents who responded on Inadequate Knowledge of Teenage about Safe Sex were Thirteen (13) which equivalent to fifteen point eleven percents (13.11%).

The last group of respondents was ten (10) which was equivalent to eleven point sixty-two percent (11.62%). These responded on the socio-economic factors in families of teenagers. Refer figure 4.3 below. For this matter self-awareness education to adolescents (teenagers) is to help them understand themselves.

Responses on the Causes of Early Pregnancies to Teenager in Secondary School

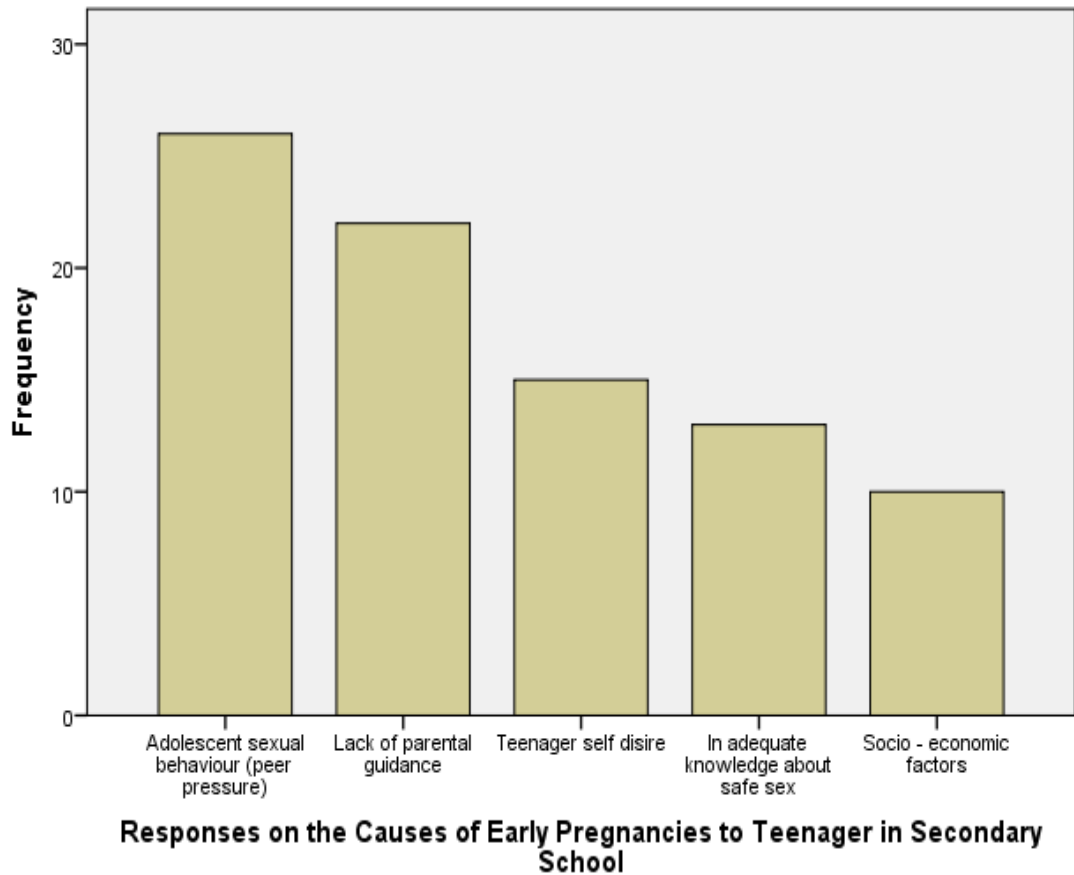


Figure 4.3 Frequencies of Responses for Early Teenage Pregnancy in Secondary Schools

Source: Survey Field Data 2016

Teenage pregnancy is among the core problems facing youth in Tanzania (BEST, 2006). This problem is characterized by adolescent sexual behavior or peer pressure. It has been revealed that peer pressure is a major factor that encourages teenage boys and girls to engage in sexual activities. There is a great surge of genital sexual development during adolescence. Due to the increased hormones, secondary sexual characteristics appear. Masturbation and sexual fantasies are common. In general, adolescents face a confusing and difficult time and need parental guidance (Heaven 2001; Marlow & Redding 2001).

Moore, Miller, Sugland, Morrison, Gleib and Blumenthal (2004) found that early sexual activity is affected by developmental characteristics, such as early puberty and high levels of androgen hormones (i.e. testosterone), which are associated with increased adolescent sexual behaviour.

Lack of parental guidance, and more permissive attitudes in single parent families evade children from talking about sex. In some cases, they provide false information regarding sex and discourage their children to participate in any informative discussion about sex. In some cases, teenage mothers are not well educated about sex before getting pregnant and thus this leads to lack of communication between the parents and the children.

It was found that the self-desire of teenagers leads them to engage in sexual activities willingly, after experiencing body desire they decide to practice sexual intercourse with boys consequently. They, therefore find themselves in the trap of pregnancies, as testified by one of teenager in front able interview.

Also, most adolescents are unaware of safe sex. They probably have no access to the traditional methods of preventing pregnancy. And the main reason behind is that they are either too embarrassed or fear to seek information about it (Dlamini, 2002).

Teenage girls who belong to poor families are more likely to become pregnant as they are expecting some material or money supports from their boy friends and then to meet their needs in turn they engage in sexual activities.

During an interview one of interviewee argued on the adolescent sexual behavior (peer pressure) as the major factor of leading to early teenage pregnancy as he said

“in more time adolescent girls spend with their friends out of both family and school and there they learn a lot of bad practices including sexual practice, from one another, which they consider themselves as modern ones; consequently they found themselves in the trap of early pregnancy” (Education officer) argued.

Given the above findings, the researcher is of the opinion that boys and men, parents and adolescents themselves should be involved in strategies to reduce adolescent pregnancies

4.3.2 Reasons of Teenager Girls to Engage in Love While Schooling

With regard to the question which asked why teenager girls engage in love while schooling, the study found that thirty-one respondents (31) which was equal to thirty-six point four percent (36.04 %) responded on Heightened Sex-based messages in modern devices (mobile Phones and computers), while twenty-four (24) respondents equivalent to twenty-seven point ninety percents responded on peer pressure and, eighteen (18) respondents which was equivalent to twenty point ninety-three percents responded on family breakdown, also thirteen (13) respondents equivalent to fifteen point eleven percents responded on influence from boy/man as the reason of teenager girls to engage in love while schooling. Refer Table 4.4 below.

Table 4.4 Reasons of Teenager Girls to Engage in Love While Schooling

Reasons for Engaging in Love		Frequency	Percent	Cumulative Percent
	Heightened sex based messages in modern devices (Mobile phone and Computers)	31	36.0	36.0
	Peer Pressure	24	27.9	64.0
	Family breakdown	18	20.9	84.9
	Influence from boy/man	13	15.1	100.0
	Total	86	100.0	

Source: Survey Field Data 2016

With regard to the Table above, high rate of messages sent and received through mobile phones and electronic- mails among teenage girls based on sexual issues. These influence them to engage on sexual practice ending up on teenage pregnancies.

Mwaba (2000) found that the main reason (66.0%) for sexual debut was the pressure exerted by boys/men on girls to have sexual intercourse. Cuesta (2001) found that among 21 pregnant teenagers, the pregnancy occurred in the context of a genuine love affair, although they had not intended to fall pregnant. According to Ehlers (2003), the reasons for sexual debut included: “did not know ”or “it just happened” (8); were asked or coerced by partner (8); loved their partner (6); were curious (5), or succumbed to peer pressure (4). In Nigeria, the RCHS (2004) and Irinoye *et al* (2004) found that some mothers encouraged their sons into sexual activity to be “real men”, and asked the boys if something was wrong if there was no sign of relationship with girls.

During a discussion with female parent group, one of participant argued on the heightened sexual based messages on the mobile phone and computer as the reason of teenage girls to engage in love while schooling

“.....a current girl is willing to forget or leave her worn skirt instead of forgetting or leaving her mobile phone away, that because each time they are exchanging the messages sexually based and these excite them to engage in love while they are at school” she argued.

4.4 Parenting Style in House Hold of Teenagers

With respect to the second objective, respondents were asked to explore parenting style in house hold of school going teenager girls.

4.4.1. Knowing how often do parents and Teenager girls have time to talk about girls’ needs or problems in their households.

It was found that thirty-four (34) respondents who were Thirty-nine point fifty-three percents(39.53 %) responded that they have never had a parent-girls talk in their house hold, while fifteen (15) respondents equivalent to seventeen point forty-four percents (17.44 %), had a talk only once in life. Three (3) respondents which was equivalent to three point forty-eight percents (3.48 %) have a talk once per day, while nine (9) respondents equivalent to ten point forty-six percent (10.46 %) have a talk once a month. Also, twenty-five (25) respondents equivalent to twenty-nine point six percents (29.06 %) reported that they had a talk once per year. Consider Table 4.5 below.

Table 4.5: Frequency of Talks Between Parents and their Teenager Schooling Girls

Frequencies of Talks		Frequency	Percent	Cumulative Percent
	Never Talk	34	39.5	39.5
	Only Once in Life	15	17.4	57.0
	Once Per Day	3	3.5	60.5
	Once a Month	9	10.5	70.9
	Once Per Year	25	29.1	100.0
	Total	86	100.0	

Source: Survey Field Data 2016

The researcher discovered that the absence of talks between parents and their girls is a factor strongly associated with and contributing to teenage pregnancies, as many of those teenagers are not informed about their body development and changes that may occur in their developmental life. Many parents, especially in rural areas in the Africa context, do not have talks with their daughters concerning their body change. They consider it as a taboo, associating with cultural beliefs, and in most cases they evade their children from talking about sex. In some cases, they provide false information regarding sex and discourage their children to participate in any informative discussion about sex.

Speaking during a male group discussion, a parent said: *“I find it difficult to have a meeting with my daughters talking about the changes on their body or their body development. Some times, I think I can be considered as an abnormal parent”*

4.4.2. Parents’ Reaction, once they know their Girl is in Sexual Relation with Someone.

Regarding this question which questioned what parents may do once they know their daughter is in sexual relation with someone; forty-two (42) respondents; equivalent to forty-eight point eighty-three percent (48.83 %) of respondents responded that parents do

nothing; while nineteen (19) respondents which was equivalent to twenty-two point nine percents (22.09%) of respondents responded that parents blame girl and ask her to stop relation. The last group of twenty-five (25) respondents equivalent to twenty-nine point six percent (29.06%) responded that parents provide advice to a girl, as shown in the Figure 4.4 below.



Figure 4.4 Frequency of Parents' reactions on Girls' Sexual Relationship

Source: Survey Field Data 2016

It was found in this study, in most cases parents do not react to the bad behaviour of their children and some others support their children in bad way of life, especially those children in single parent families. Such a situation is mostly observed in many families where parents are in low economic status. And some parents apply the authoritarian

parenting style where they tend to blame and some times chase the child away from home instead of providing advice.

Few parents have the competency to advise their children whenever they denote some thing wrong from them. It is clear that, a family where parents apply authoritative parenting style, which gives time to the parents to educate their children by providing advice and model of living; children behave in a good way and have time to protect themselves against any bad attempt to them as they are well prepared.

as illustrated by one participant in the group discussion of parents : *“Some parents are irresponsible in their families to the point that they escape to respond to their child demands, even fail to explain to their children the real life situation, on contrary they stay quite regardless what wrong action is done by the child “*. Said participant in group discussion.

4.4.3 Parent-Girl talks about Reproductive Health Education

Regarding the question which questioned on whether parents talk with their girls at home about youth reproductive health, fifty-six (56) respondents, equivalent to sixty-five point twelve percents (65.12%) of respondents responded NO, while twenty-three (23) respondents equal to twenty-six point seventy-four (26.74%) said YES, and seven (7) respondents equivalent to eight point fourteen (8.14%) that they responded DO NOT KNOW as illustrated in the Table 4.6 below.

Table 4.6: Parent - Girl Talks about Youth Reproductive Health Education at Home

Reproductive Health Education	Frequency	Percent	Cumulative Percent
YES	23	26.7	26.7
NO	56	65.1	91.9
DO NOT KNOW	7	8.1	100.0
Total	86	100.0	

Source: Survey Field Data 2016

Sexual and reproductive health education would empower adolescents with knowledge and life skills about the changes occurring in their bodies, and reproductive health issues. The purpose would be to postpone sexual intercourse and reduce the occurrence of STIs and pregnancy. Menarche is a factor contributing to adolescent pregnancies. Regarding contraceptive awareness and use, Dlamini *et al* (2003) and Nasoro (2003) found that the age of menarche was 11 to 15 and was associated with increased sexual activity, which put teenagers at risk of unwanted pregnancy and STIs.

It is expected that adolescents should have high knowledge and parents should be knowledgeable as they are the first teachers to their adolescent girls. Parents should also talk openly at home about these issues in order to prevent adolescent pregnancies, sexually transmitted disease including HIV/AIDS. In addition, in a study done by Mwaba (2000) and Vundule *et al* (2001), it was found that most teenagers had negative attitudes towards pregnancy as 77% of girls and 85% of boys regarded it as wrong, and 92.7% of the girls said they wanted to complete school.

It is expected that open talk of parents with their teenage girls about reproductive health will encourage teenagers to abstain early sexual intercourse and reduce the rate of pregnancies.

Pardue (2003) found that increased abstinence was the major cause of declining birth and pregnancy rate among single teenage girls. Most striking among these findings is that among unmarried teenage girls aged 15 to 19 increased abstinence accounted for 67 percent of the decrease in pregnancy rate. Similarly, a 51 percent of the drop in the birth rate for single teenage girls 15 to 19 is attributed to abstinence (<http://www.heritage.org./Research/Family>).

But parents, in our rural context, are not accustomed to talking with their children. As argued one of participants in female discussion group: *“Truly speaking parents, especially male parents make themselves aggressive and escape willingly to talk with their children not only about their body development but also different issues affecting them. They do that willingly as to escape from the demand of kids in the regard with their needs. That why you find many girls had not yet talk to their parent about such issues since long time”* said participant.

This indicates that adolescents can be encouraged to postpone sexuality and pregnancy by abstaining, and those who cannot abstain should be encouraged to use Contraceptives.

4.5 Measures to be taken in Mitigating the Problem of Teenage Pregnancies

In accordance to the third objective which aimed at suggesting measures to mitigate the problem of teenage pregnancies; ways to mitigate the problem to teenagers, were proposed. Respondents were given opportunity to suggest measures that could be taken in order to save teenager girls in Kasulu Rural District, from early pregnancies.

As Table 4.7 indicates, about thirty-two (32) respondents equivalent to thirty-seven point twenty percents (37.20 %) of respondents suggested that the better way to mitigate the

problem is to conduct sessions and seminars on self-awareness and youth reproductive health education to teenager schooling girls.

While twenty-nine (29) respondents which was equivalent to thirty-three point seventy-two percents (33.72%), suggested that encouraging parents to handle talks with their teenager girls to identify and respond to their needs and problems is as well one of the ways to mitigating the problem of teenage pregnancies in secondary schools. In addition, twenty-five (25) respondents, equivalent to twenty-nine point six percents (29.06%) proposed facilitating the establishment of adult-teenage communication programs with guidelines to give adults information and skills to communicate effectively with young people about reducing risky behavior, as it is shown in the table 4.7 below.

Table 4.7 Ways to Mitigating the Problem of Teenage Pregnancies in Secondary School

Ways to Mitigating		Frequency	Percent	Cumulative Percent
	Conduct sessions and seminars on self awareness and Youth Reproductive health education to school teenage girls	32	37.2	37.2
	Encourage parents to handle talks, with their teenage girls to identify and respond to their needs and problems	29	33.7	70.9
	Facilitate the establishment of adult - teenage communication programs	25	29.1	100.0
	Total	86	100.0	

Source: Survey Field Data 2016

Providing education to teenage girls on self-awareness and youth reproductive health is one way to help teenagers to know more about their body developments and changes they are supposed to undergo in their life long, this will alert them to take prevention measures to avoid any harm that would endanger their life as well as challenging themselves whenever they are pushed by their own desire.

In addition, parents need to be encouraged to bring closeness handling talks with their teenage girls, identifying the needs and problems of their daughters so as to respond to them in such way they may not look any other supports out of parents' willingness. This will make a way to the teenage to report perpetually to their parent whenever they are in need of any thing they prefer. This habit should be sustained and inclusive to all adults building or establishing communication programme between adults and teenage girls with the purpose of instructing girls to protect from teenage pregnancies.

4.6 Conclusion of the Chapter

This chapter has presented the causes of the teenage pregnancies to the secondary school girls in Kasulu Rural District as they were collected from the respondents. The major factors mentioned were Adolescent sexual behavior (peer pressure), Lack of parental guidance, Teenager self-desire, and Inadequate knowledge about safe sex as well as Socio-economic factors. On another hand, it has represented the suggested measures to be taken as the ways to mitigating the problem of teenage pregnancies to the secondary school girls.

The measures suggested are Conduct sessions and seminars on self-awareness and youth reproductive health education to school teenage girls, Encourage parents to handle talks with their teenage girls to identify and respond to their needs and problems, and Facilitate

the establishment of adult-teenager communication programmes with guidelines to give adults information and skills to communicate effectively with young people about reducing risky behaviour. For that, the application of the suggested measures is necessary as to mitigating the problem of teenage pregnancies to secondary school girls in Kasulu Rural District. The next Chapter presents the Summary, Conclusion and recommendation.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusion and recommendations obtained from the findings as discussed, according to the research objectives and questions of the study.

5.2 Summary

The study aimed at assessing the factors contributing to teenage pregnancy in secondary schools in Tanzania. The study was conducted in two wards namely Nyamidaho and Heru ushingo wards in Kasulu Rural District.

The respondents were both females (especially schooling teenage girls and female parents, teachers, and officers) and males (male parents, teachers and officers) in order to dig views from both sides so as to have an accurate analysis of the findings. This was done purposefully to have a better knowledge from the selected topic. Respondents were categorized according to the need. A total of sixty-three female respondents and twenty-three male respondents were involved in this study as elaborated in chapter three.

Focus group discussion questions and interviews were conducted for the purpose of achieving the objectives of the study. Also, different documents and books were used to explore the statistics of teenage pregnancies.

This situation of teenage pregnancy has reached at the level of being realized from the family to international level. This shows that schooling teenage girls are vulnerable group

to early pregnancy. The study demonstrated several factors that include adolescent sexual behaviour (peer pressure), lack of parental guidance, teenager self-desire, inadequate knowledge of teenager about safe sex and socio-economic factors.

The study also revealed that there were various reasons that teenage girls considered as challenges which pushed them in the trap of early pregnancy. Such reasons were heightened sex based-messages in modern devices (mobile phones and computers), peer pressure, family break down and influence from boys/ men

Although there are devoted efforts by the government and non-government organisations, to protect school girls from early pregnancies, still many school teenage girls are reported pregnant. This is due to difficulty of the society to change their attitudes concerning the importance of girl and woman in sustainable development especially in African context.

5.3 Conclusion

Teenage pregnancies are still a major concern in Tanzania, Africa and elsewhere. Teenage mothers' socio-economic advancement, education and job opportunities are limited and stunted by premature pregnancy. The study found that adolescent sexual behavior (peer pressure), lack of parental guidance, teenager self-desire, inadequate knowledge of teenage about safe sex, and Socio-economic factors were the main factors contributing teenage pregnancy in secondary school in Kasulu Raral District, Tanzania. The increase in the number of teenage pregnancies is causing great concern and is becoming a critical issue. This situation requires the urgent attention of every section of society in order to prevent family life from disintegrating completely.

From this study it has been clear that parents, community and the government in general are important sources of reproductive health education to adolescents and hence useful for preventing adolescent pregnancies, therefore it is high time for education stakeholders, including the government, to work on measures to revive and sustain societies' high moral stand

The fact of not introducing reproductive health education at schools makes it possible to a certain extent for learners to involve themselves in unsafe and unprotected sexual practices, thus subjecting themselves to be vulnerable to Sexually Transmitted Diseases or become young parents. This study attempted to investigate the extent of the problem and eventually offered different ways to solutions.

No one can deny the negative impact of teenage pregnancy and child bearing can cause on the course to fulfillment of better education and a promising future. First the disturbance which the pregnancy will present and the subsequence abortion or birth and upbringing process is not something a teenager can cope with, let alone the ostracizing she will have to deal with from friends, family, school and society. It is of importance to recondition the mindset of the learners back to her educational goals after pregnancy, but most importantly to lead teenagers to responsible and independent adulthood.

5.4 Recommendations

The factors driving teenage pregnancy are complex and varied and therefore require multifaceted intervention strategies. There is a wide variety of strategies aimed at preventing adolescent pregnancy including education programmes, family planning services, school-based health centres, youth-friendly clinics and youth development

programmes. The following pregnancy prevention strategies are recommended for practice based on the results of this study:

5.4.1 Ministry of Education and vocational training

Increase awareness and knowledge about and availability of emergency hormonal contraception; since this safe, effective and reliable method of post-coital contraception is paramount to tackle the unplanned pregnancy rates.

Deliberate efforts should be made to ensure that as many girls as possible continue with secondary education, especially because of being at risk.

Vocational training should be provided for adolescents with secondary education dropouts to occupy them and develop a future.

Girls should receive education about menstruation, sexual intercourse, pregnancy and contraceptives before they reach the age of 13 when a number of them have already had their menarche and some even their sexual debut.

5.4.2 Community Support System

The parents/guardians need to be equipped with knowledge and skills regarding reproductive health issues, so that they can communicate with their children adequately.

Parents are the first educators of their children, and should use religion to teach moral and ethical issues to abstain from or postpone sexual activity. It is therefore important for the community and individual families to improve the quality of life of their families and their economic status.

Community centres should be used to provide information for the youth on reproductive health issues, including dramas, seminars and workshops.

Facilitate the establishment of male involvement programmes for prevention efforts that specifically target boys and young men. Effective programmes for boys include programmes such as community service or other out-of-school activities with a cultural component. Boys and young men have information needs and anxieties about sex and relationships

5.4.3 Health Services Management

Public clinics should all be made 'youth-friendly' through existing support programmes. These programmes have been proven to improve the quality of care and expand access to contraceptives, support and counselling. There should be increased access to dual method contraception at clinics and contraception should be available to all girls and young women who need it.

Reproductive health services should be accessible to, friendly and affordable for adolescents.

Develop sustainable reproductive health programmes and implement the programmes at all clinics. The programmes should be audited at regular intervals.

Health care workers should be sensitive to the needs of adolescents by creating supportive environments and programmes to prevent and address the causes of adolescent pregnancies.

5.4.4 National Level

The government, NGOs and private sector should continue to endeavour to improve and encourage the economy.

Facilitate the establishment of adult-teenage communication programmes with guidelines to give adults information and skills to communicate effectively with young people about reducing risky behaviour.

The media should be actively involved in providing information to the community on the prevention of adolescent pregnancy, and STI/HIV/AIDS infection.

Develop country partners in Africa to generate new knowledge and develop systematic guidelines at programme and policy level

Pregnancy prevention programmes with guidelines should be available and utilised appropriately in all areas where teenagers are found.

Teenagers should be offered information on how to use contraceptives. Contraceptive use should be promoted through education and service provision to reduce teenage pregnancy.

5.5 Limitation

The researcher identified the following limitations in the study. The study was limited to the factors contributing teenage pregnancy in secondary school in Kasulu Rural District therefore the findings cannot be generalised to the entire country. This imposed a further limitation on the generalisation of the research results, as it cannot be assumed that the

respondents who participated in the study had the same knowledge, attitudes and perceptions regarding teenage pregnancy as those who did not participate.

5.6 Area for Further Research

Further research should be conducted on the following topics:

Sexuality education, gender and reproductive issues related to changes during puberty for girls.

Parents' occupational and economic status as factors contributing to adolescent pregnancies

An investigation into parents' knowledge with regard to sexual education of their children

Contraception awareness and use among adolescents who are sexually active

What male partners can contribute to the prevention of adolescent pregnancy

A survey on school dropouts.

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APPENDICES

Appendix I Questionnaire for students of secondary schools

Dear respondents,

This questionnaire aims to collect data regarding Factors Contributing Teenage pregnancies in the secondary school girls in Tanzania: a case study of Kasulu Rural District”.

The study is conducted by ALEXANDRE CHAWATU student in Master of Arts in Sociology at the University of Dodoma. Dissertation Submitted in Partial Fulfillment of the Requirements for the Course of Social Science Research Methods.

REMEMBER: The information provided is confidential and will be used for the research purpose only, will not be passed to anybody else.

Please respond to the following set of questions by ticking (√) in the appropriate place

Thank you for agreeing to take part in this study.

Section A: Demographic Characteristics of Respondents

1) Sex of respondent:

2) Age of the respondent:
(Select relevant age)

13-15 years old	<input type="text"/>
16-18 years old	<input type="text"/>
19-21 years old	<input type="text"/>
21 and over	<input type="text"/>

3) Education Level of respondent:

a. FORM ONE	()
b. FORM TWO	()
c. FORM THREE	()

- d. FORM FOUR ()
- e. FORM FIVE ()
- f. FORM SIX ()

Section B: Predisposing factors of early pregnancy to the secondary school girls.

4) What do you think are the causes of early pregnancy to teenagers in secondary schools?

.....

.....

.....

.....

5) Why teenager girls engage in love while schooling?.....

.....

.....

.....

6) How often do you have time to talk with your parents about your needs or problems, as a girl?

a. NEVER TALK	<input type="text"/>
b. ONLY ONCE IN LIFE	<input type="text"/>
c. ONCE PER DAY	<input type="text"/>
d. ONCE A MONTH	<input type="text"/>
e. ONCE A YEAR	<input type="text"/>

7) What do you think parents may do, once they know you are in sexual relation with someone?

.....

.....

.....

8) Do your parents talk with you about youth reproductive health education at home?

a. YES

b. NO

c. DONOT KNOW

9) What measures do you think can be taken to mitigate early pregnancy to the secondary school girls?

.....

.....

.....

THANK YOU FOR YOUR PARTICIPATION!

Appendix II: Interview for Teachers and Education Officers

Dear respondents,

This questionnaire aims to collect data regarding Factors Contributing Teenage pregnancies in the secondary school girls in Tanzania: a case study of Kasulu Rural District”.

The study is conducted by ALEXANDRE CHAWATU student in Master of Arts in Sociology at the University of Dodoma. Dissertation Submitted in Partial Fulfillment of the Requirements for the Course of Social Science Research Methods.

REMEMBER: The information provided is confidential and will be used for the research purpose only, will not be passed to anybody else.

Please respond to the following set of questions by ticking (√) in the appropriate place

Thank you for agreeing to take part in this study.

Section A: Demographic Characteristics of Respondents

- 1) Sex of respondent:
- a. MALE
- b. FEMALE
- 2) Age of the respondent:
- 3) Marital Status of respondents
- a. Married ()
- b. Single/ Widow(er) ()
- c. Divorced/ Separated ()
- 4) Education Level of respondent:
- a. SOME SECONDARY SCHOOL
- b. COMPLETED SECONDARY SCHOOL
- c. TERTIARY LEVEL (UNIVERSITY)

Section B: Predisposing factors of early pregnancy to the secondary school girls.

5) What do you think are the causes of early pregnancy to teenagers in secondary schools?

.....
.....
.....
.....

6) Why teenager girls engage in love while schooling?

.....
.....
.....

7). How often do parents and teenager girls have time to talk about girls' needs or problems?

- a. NEVER
- b. ONLY ONCE IN LIFE
- c. ONCE PER DAY
- d. ONCE A MONTH
- e. ONCE A YEAR

8). What may parents do, once they know their teenage girl is in sexual relation with someone?

.....
.....
.....

9). Do parents talk with their teenage girls about youth reproductive health education at home?

a. YES

b. NO

c. DO NOT KNOW

10). What measures do you think can be taken to mitigate early pregnancy to the secondary school girls?.....

.....

.....

THANK YOU FOR YOUR PARTICIPATION

Appendix III: FGD Questions for Parents

Dear respondents,

This questionnaire aims to collect data regarding Factors Contributing Teenage pregnancies in the secondary school girls in Tanzania: a case study of Kasulu Rural District”.

The study is conducted by ALEXANDRE CHAWATU student in Master of Arts in Sociology at the University of Dodoma. Dissertation Submitted in Partial Fulfillment of the Requirements for the Course of Social Science Research Methods.

REMEMBER: The information provided is confidential and will be used for the research purpose only, will not be passed to anybody else.

Please respond to the following set of questions by ticking (√) in the appropriate place

Thank you for agreeing to take part in this study.

Section A: Demographic Characteristics of participants

1) Sex of group participants:

a. MALE

b. FEMALE

2) Age group of participants:

a. 23-32 ()

b. 33-42 ()

c. 43-52 ()

d. 53 -62 ()

e. 63 and over ()

3) Marital Status:

a. Married ()

b. Single/ Widow(er) ()

c Divorced/ Separated ()

4) Education Level completed:

- | | | |
|----|-----------------------------|----------------------|
| a. | PRIMARY SCHOOL | <input type="text"/> |
| b. | SOME SECONDARY SCHOOL | <input type="text"/> |
| c. | COMPLETED SECONDARY SCHOOL | <input type="text"/> |
| d. | TERTIARY LEVEL (UNIVERSITY) | <input type="text"/> |

Section B: Predisposing factors of early pregnancy to the secondary school girls.

5) What do you think are the causes of early pregnancy to teenagers in secondary schools?.....

.....

6) Why teenager girls engage in love while schooling?.....

.....

.....

7) How often do you have time to talk with your teenage girls about their needs or problems?

- | | |
|----------------------|----------------------|
| a. NEVER TALK | <input type="text"/> |
| b. ONLY ONCE IN LIFE | <input type="text"/> |
| c. ONCE PER WEEK | <input type="text"/> |
| d. ONCE A MONTH | <input type="text"/> |
| e. ONCE A YEAR | <input type="text"/> |

8). What may you do, once you know your teenage girl is in sexual relation with someone?

.....

.....

9). Do you talk with your teenage girls about youth reproductive health education at home?

a. YES

b. NO

c. DO NOT KNOW

10). What measures do you think can be taken to mitigate early pregnancy to the secondary school girls?

.....
.....

THANK YOU FOR YOUR PARTICIPION