Exploring lived experiences of teenage pregnancy and parenting among school dropouts in Tanganyika district in Katavi

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EXPLORING LIVED EXPERIENCES OF TEENAGE PREGNANCY AND PARENTING AMONG SCHOOL DROPOUTS IN TANGANYIKA DISTRICT AT KATAVI

By

Lucy Elia

A Dissertation Submitted in (partial) Fulfillment of the Requirement for the Degree of Master of Public Health of
Muhimbili University of Health and Allied Sciences
October, 2020

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation titled: ‘‘**exploring lived experiences of teenage pregnancy and parenting among school dropouts in Tanganyika district in Katavi.**’’ in (partial) fulfillment of the requirements for the degree of Master of Public Health at Muhimbili University of Health and Allied Sciences

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Dr. Tumaini Nyamhanga (Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

I, Lucy Elia, declare that 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 award.

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DEDICATION

To GOD, the source of joy in all seasons. To my beloved mother Perucy Mariba Matiko who motivate me to live in the present with joy and face the future with hope and confidence. To my lovely husband John Magori Chacha and our wonderful sons; Daniel John Chacha, David John Chacha and Dalvin John Chacha who showed love, support and encouragement during the entire course. To my friendly daughters Rachel Yusufu, Suzana Kenoghote, Diana Emmanuel and Joyce Joseph who are of great blessings in my family and showed love and support during the entire course To my nephew Daniel Birage who showed great support in my work.

ABSTRACT

Background

In Tanzania Over 70,000 teenage girls were expelled from school due to pregnancy between 2003 and 2015, with the situation being worse in Katavi Region. There is a paucity of studies on the experiences of pregnancy and parenting among teenage mothers who dropped outs from school due to pregnancy. It is this gap that this study intended to fill.

Objective

To explore the lived experiences of teenage pregnancy and parenting among teen mothers in Tanganyika district Katavi region.

Methodology

A qualitative case study design was conducted involving 18 in-depth interviews with teen mothers dropped out of schools between 2017-2019. Purposive sampling procedure was used to recruit participants for this study. Audio-recorded interviews in Swahili was done. The recorded interviews were transcribed, translated to English and qualitative thematic analysis was used to analyze the data.

Results

The results demonstrate that reasons for pregnancies among students included poverty/financial instability-related matters such as: inability to afford safe residence, insufficient food, and limited ability to afford essential requirements. Other explored reasons were related the student's personal attributes, namely: lack of life skills and lust for sexual intercourse. The challenges experienced include: violence, pressure to abort and lack

of social support from parents and boyfriend. Coping strategies included engaging in small scale businesses in order to improve their socioeconomic situation. Nevertheless, some teen mother employed maladaptive ways like attempting abortion.

Conclusion and recommendation

This study has revealed that poverty and lack of life skills are the main reasons for occurrence of pregnancy among students. Violence, pressure to abort and lack of social support from parents and boyfriend this were the challenges which can be controlled by counseling parents who's their teenagers has been dropped out from school due to pregnancy. This teen mother can be assisted in order to help them to avoid maladaptive ways like intended abortion when they are trying to cope with situation. Efforts to address the problem of pregnancies among students must target reasons, challenges and coping mechanisms comprehensively.

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LIST OF ABBREVIATIONS

HIV	Human Immunodeficiency Virus
IDI's	In-depth Interviews
IPA	Interpretative Phenomenological Analysis
MUHAS	Muhimbili University of Health and Allied Sciences
SSA	Sub-Saharan Africa
STDs	Sexually Transmitted Diseases
TDHS	Tanzania Demographic Health Survey
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

DEFINITIONS OF TERMS

Dropout; Refers to a student who quitting school before she graduates due to teenage pregnancy.

Lived Experience; Personal knowledge about the world gained through direct face-to-face interaction, first-hand involvement in everyday events rather than through representations constructed by other people or technological medium.

Parenting; Refers to the process of raising a child by providing protection and care in order to ensure their health development into adulthood.

Teenage mother; these are teenagers who dropped out from school due to pregnancy, and have delivered.

Teenage pregnancy; Means a pregnancy in a woman aged 13–19 years.

Teenage: As defined by the world health organization (W.H.O) is an individual aged between 13 and 19 years.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Problem

A teenager is defined as an individual aged between 13 and 19 years. Approximately teenagers make about 20% of the World's population. This period is characterized by an exceptionally rapid rate of growth coupled with development of the reproductive system, sexual maturation, and formation of identity and gender roles.(1).

Although improvement of teenage sexual and reproductive health is high on the global health agenda, teenage pregnancy remains a major challenge in both developed and developing countries. Teenage pregnancy and subsequent childbirth to women less than 18 years old continues to be a major global public health concern, affecting more than 16 million girls and young women worldwide (World Health Organization,2014).World Health Statistics 2018 reports that 132 of every 1,000 live births are to teenagers.(2)

Globally it is estimated that sixteen million teenagers gives birth every year. About 11% of all birth which occur worldwide are accounted for girls aged thirteen to nineteen; from these 95% teenage delivery occur in low and middle income countries.(3) Each year an estimated 21million pregnancies occur among teenage girls of age15–19 years in developing countries, almost half of which (49%) are unintended. This results in an estimated 16 million births and more than 3.2 million abortions annually.(2)

World Health Organization reports the global teenage birthrate as 49 per 1000 girls aged thirteen to nineteen years, such that almost one fifth (18.8%) teenagers get pregnancy. World Health statistics 2014 show that complications during pregnancy and child birth are the second cause of death for fifteen to nineteen years old girls globally. More than 70,000 teenage girls die every year because of these complications mainly in developing countries. More than 8,000 girls drop out from school due to pregnancy. This is the huge problem in all over the World.(4)

In Sub-Saharan Africa (SSA), it is estimated that 45% of the pregnancies among young women aged between15 and 19 are unintended resulting in unintended births, unsafe abortions and miscarriages. Nearly half of the unsafe abortion cases in sub-Saharan Africa also occur among teenage girls and young women under the age of 25 years.(2)

In Africa a higher prevalence was observed in East Africa sub region (21.5%).(5)

In Kenya, for instance teenage girls make up nearly 17% of post abortion cases and account for 45% of severe abortion related complications treated in health facilities.(2)

Teenage childbearing is common in Kenya and increases dramatically from 2 percent of girls at age 15 to 36 percent at age 19. Teenagers from poorer households are also more likely to have begun having children before the age of 20 (29 percent) compared with those from wealthier households (21 percent). Teenage pregnancies are problematic for a number of reasons: children born to young mothers are predisposed to higher risks of illness and death; teenage mothers are more likely to experience complications during pregnancy some of which can be fatal; and teenage pregnancies often deny young women the opportunity to pursue further education. (2)(6)

It is estimated 13,000 Kenyan girl's drop out of school annually as a result of pregnancy, and about 17 per cent of girls have had sex before the age of 15. The drop-outs occur in spite of a Return to School policy put in place by the Ministry of Education that allows girls to stay in school until delivery, and resume their studies as soon as they are strong enough to do so.(5)

Tanzania has seventeenth highest teenage fertility rate in Africa. Many women begin childbearing in their teenage years as in overall 23% of women aged 15-19 years are pregnant or already have children accounting for fertility rate of 132 births per 1000 women (TDHS 2015) which has been increased compared to fertility rate of 116 births per 1000 women five years back, signifying the advancement of the problem. Young women living in Mainland Tanzania are more likely than young women living in Zanzibar to begin childbearing in their teenage years (24% and 6% of women age 15-19, respectively).

Teenage pregnancy and motherhood are more common among young women living in rural areas and those from poorer families.(7)

Between 2003 and 2011, 55,000 girls dropped out of school in Tanzania because they were pregnant. The majority of these girls were of primary school age (13 to 15 years) and secondary school age (16 to 18 years).(11). Teenage pregnancies contribute to maternal mortality and resulting in health problems such as HIV, STDs, and hypertension. Also infants born to these young mothers in Tanzania are at a much greater risk of death. (12). Analysis shows that more interventions are needed in order to overcome teenage pregnancy and early motherhood in the country.

There are different interventions for addressing teenage pregnancy in Tanzania as the responses to combat teenage pregnancy one of them is to inform parents, teachers and community members about the dangerous impacts of giving birth at a young age as part of an operation to decrease the number of teenagers becoming mothers. Likewise to maintain access to age appropriate sexual and reproductive health information and services, with voluntary family planning, mostly in remote areas. There is an promotion to end the exclusion from school of pregnant pupils and teenage mothers, and providing re-entry opportunities for young mothers of school-going age(8). On September 15, 2017 Katavi region announced a new regional action plan to reduce teenage pregnancy rate. The plan aims to reduce the rate to 20% by 2020, the national rate was 27%.(4)

1.2 Problem Statement

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child. Childbearing during the teenage years frequently has adverse social consequences, particularly for educational attainment, because women who become mothers in their teens are more likely to curtail their education. In Tanzania Over 70,000 teenage girls expelled from school due to pregnant ,2003-2015(9).Teenage pregnancies is becoming prevalent in Katavi region contributed to school drop outs(4),Katavi being a leading with 45%.(3).

While factors influencing teenage pregnancy among school girls have been generally studied in Tanzania [5,8 – 13], dropout teen mothers' lived experiences of pregnancy and parenting in Tanzania are not fully understood and the literature in this domain is scarce. Moreover, few previous qualitative studies [8,10,13] only collected data from the peripheral stakeholders such as school teachers, parents and the general population of in- and out of school teenagers. There is a paucity of studies on the experiences of pregnancy and parenting among teenage mothers who dropped outs from school due to pregnancy. The voices of the dropout teenage mothers are missing, thereby reducing thoroughness of the interventions responding to this important public health problem. It is this gap that this study intended to fill.

1.3 Conceptual Framework

The framework conceptualizes the reasons for teenage pregnancy, challenges resulted from teenage pregnancies and coping mechanisms for teenage pregnancies and parenting. There are different reasons that lead to get teenage pregnancy, after becoming pregnant there are different challenges that facing school teenagers during pregnancy and parenting in order to cope with situation they choose different copying mechanism for them to survive.

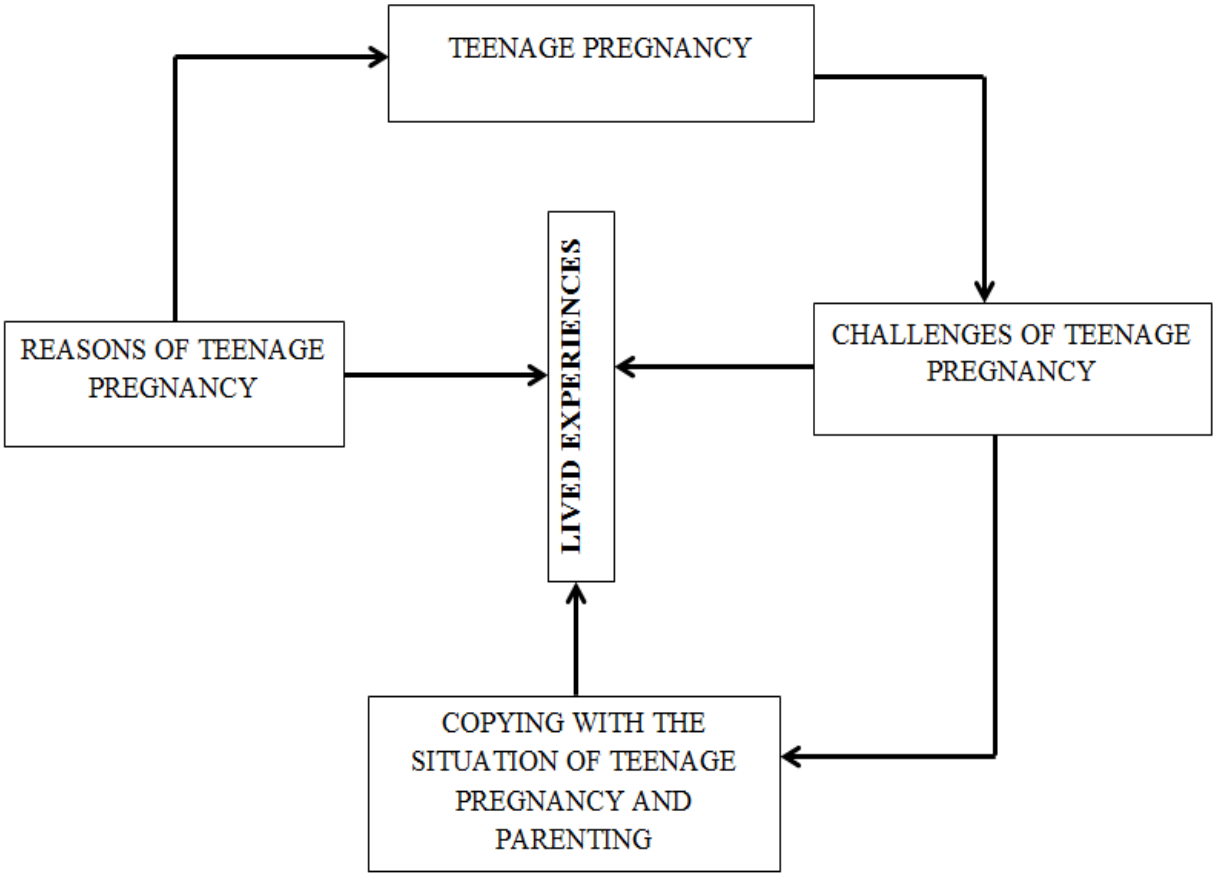


Figure 1: Conceptual framework for lived experience of teenage pregnancy (Prepared by principal investigator 2020).

1.4 Rationale of the Study

The findings of this study contribute to the understanding of lived experiences of teenage pregnancy and parenting among school dropouts in Tanganyika district Katavi. The information gained from this study may inform development of interventions for effective reduction of teenage pregnancy rate in Katavi and in similar settings in the country**.**

1.5 Research Questions

1.5.1 Main Research Question

What are the lived experiences of teenage pregnancy and parenting among school dropouts in Tanganyika district Katavi?

1.5.2 Sub Research Questions

1. What are the reasons for becoming pregnant as experienced by teenage mothers who dropped out of school?

2. What are the challenges related to teenage pregnancy and parenting as experienced by teenage mothers who dropped out of school?

3. How do the teenage mothers cope with situations of teenage pregnancy and parenting?

1.6 Objectives

1.6.1 General Objective

To explore lived experiences of teenage pregnancy and parenting among school dropouts in Tanganyika district Katavi.

1.6.2 Specific Objectives

1. To explore the reasons for becoming pregnant as experienced by teenage mothers who dropped out of school
2. To explore the challenges related to teenage pregnancy and parenting as experienced by teenage mothers who dropped out of school
3. To examine the ways through which teenage mothers who dropped out of school cope with the situations of teenage pregnancy and parenting.

CHAPTER TWO: LITERATURE REVIEW

2.1 Reasons for becoming pregnant.

Globally studies have shown that poverty/financial instability is one of the reasons that can lead to teenage pregnancy. In the study of Investigating Risk Factors Affecting Teenage Pregnancy Rates in the United States.(10) There is high possibility for a teenage living in poor family falling into temptations and involve in sexual risk behavior resulting them to teenage pregnancy. This can be due to the fact that the family cannot provide them for their basic needs such as food, transport fee, school fees, pocket money and clothes, hence they tend to find an alternative for their problems which endangers their sexual health and ultimately to unplanned teenage pregnancy.

In Jamaica there is a study done on Psychological health and life experiences of pregnant adolescent mothers reveals that poverty, sexual violence and abuse, peer pressure are the reasons of teenagers to become pregnant.(11) Some teenage mother are sexual abused by people in authority such as teachers, government leaders and even closed relatives lead to teenage pregnancy, on the other hand raping is the one of the reason of getting teenage pregnancy. Sometimes they get advised from the peer to engage in sex in order to fulfill their sexual desires, on doing that it may lead to teenage pregnancy.

In United States of America there is a study done on investigating risk factors affecting teenage pregnancy. The study reveals that some reasons for becoming pregnant are lack of life skills which consist of low self-efficacy, lack of sexual education, poverty and peer pressure.(10) Lack of life skills such as critical thinking, decision making, problem solving and self-awareness can lead to teenage pregnancy for the teenager who don’t have those skills. These skills should be taught from school and at home but parents and teachers do not reveal those skills to teenagers.

In Texas A&M university it is reported that resilience is one of the reason of becoming pregnant is the ability to control over your impulses and feelings; teenagers with low

resilience are at risk to get teenage pregnancy due to the fact that they fail to control their sexual feelings and become attempted to have unprotected sex that may lead to get pregnancy and STDs. Considering the teenage capacity in order to win teenage pregnancy is very important. This has been revealed on the study of educational experiences of pregnant and mother teens.(12) There is mutual relationship between reason of becoming pregnant on perspective of teenage resilience and teenage pregnancy such that the higher the resilience a teenage has the lower the risk of getting teenage pregnancy

In sub Saharan Africa there is a study that support reasons for becoming pregnant are low self-efficacy, cellphone usage, educational status and age.(13) It is true that teenagers with low education status are more vulnerable teenage pregnancy compared to their counterparts with higher education status because they have much knowledge on safe reproductive health and efficacy.

Cellphone usage on the other hand makes teenagers prone to persuasion that can lead them into unsafe sexual practice hence teenage pregnancy.

In Tanzania the study reveals that poor knowledge on sex education can be one of the reasons for teenage pregnancy. Some teenage girls they don't have enough knowledge for sexual issues thus they don't know if they can get pregnancy they just try and end up getting pregnancy.(14) Therefore poor knowledge on sex education is one of the major reasons that can influence the teenage pregnancy.

2.2 Challenges related to teenage pregnancy and parenting

In Philippines there is a study done on lived experiences of early pregnancy among teenager reveal that depression, negative reaction from parent and partners are the challenge teenage mother experienced.(15) Some parents react negatively to teenager pregnant they sometimes chased away from home they don't even want to talk to them that can lead depression to teenager pregnant. Partners refuse the pregnancy and convince them to abort, something that can interfere their life which may even cause death.

However receiving insufficient support was mentioned as one of the challenges teen mother encounter. Their parents do not support them as they supported before they get pregnant. There is a study conducted in Irani reveal the truth.(16)

In study of factors influencing teenage pregnancy in public secondary schools in Meru county, Kenya; reveals that parents refused to communicate with teenagers regarding to what they will do after realizing they are pregnant this may lead into depression for teenager pregnant and sometimes may even decide to commit suicide. Few parents react positively and help their teenager to cope with situation.(17)

In Tanzania there is study mentioned that some parents are involved in convincing teenagers to abort in order to continue with their studies .(18)

In a single parent family especially single mother, teenagers are getting positive reactions from her mother they get all supports during and after pregnancy this reduces depression from the teenager.

2.3 Coping with situations of teenage pregnancy and parenting.

In Philippines there is a study reveals that one of the strategies for coping with situation is getting support from parents this help teenage mother to cope with situation (19). If the parent provides support to the teenage pregnant this may reduce depression and stress to the teenagers. Also reduce the chance for her to run away from home or commit suicide. By getting enough support from parent make teenager to cope with situations.

In Gambia there is a study reveals that acceptance and social support are the strategies of coping with situation (20). Acceptance is one of the strategies for coping with the situation of being pregnant; if the teenager accepts the situation of becoming pregnant or teenage mother help she to cope with situation but if is not accepting the situation will be difficult to her to cope with the situation. Peer and partners support teenagers to cope with situation. If they are encouraging and supporting her, some of teenage mother cope with the situation by getting support from peers and partners.

In Zambia there is a study support that one of the coping mechanism is repentance and dependency on GOD (21). Spirituality help the teenage mother and teenage pregnant to overcome the challenges and gain extra energy to face problem. By worship, reading the bible and attending spiritual sites can help teenage mother to cope with situation. Also the author reveal that teenage mother put effort to acquire knowledge from reading books, searching from the internet and asking all the people on how to take care the pregnancy and the baby by doing that they cope with situation, also reveal that focusing on child future is one of the coping mechanism by thinking that a baby is the gift from GOD and future of the baby is unpredictable. Thinking that a baby can be very important person like a minister or a president that makes a teenage mother to concentrate by focusing on the child future.

Summary: Knowledge gap

The experiences of pregnancy and parenting of teen mothers in Tanzania are not fully understood and the literature in this domain is scarce. Moreover, few previous qualitative studies [8, 10, 13] only collected data from the peripheral stakeholders such as school teachers, parents and the general population of in- and out of school teenagers. There is a paucity of studies on the experiences of pregnancy and parenting among teenage mothers drop outs due to pregnancy. It is very important to explore their experiences so as to be able to focus on their needs. The root cause of teenage pregnancy depends on their voices. Their voices will be used by different stakeholders to formulate the best and perfect intervention to tackle the teenage school pregnancy problem. Their views can contribute towards appropriate intervention to a particular population. This study will explore contribution towards addressing this gap.

CHAPTER THREE: METHODOLOGY

3.1 Study Area

The study was conducted in Tanganyika district, Katavi Region. The district is one of the three districts constituting Katavi Region. The other two districts are Mpanda and Mlele. The region population (2012) is 564,604 for all districts(22). Katavi region is reported to be leading in teenage pregnancy in the country with prevalence of 45 percent followed by Tabora (43%), Dodoma (39%), Morogoro (39%), Shinyanga (34%) (5).

3.2 Study Design

This was case study design employing qualitative approach. This study sought to identify experiences of teenage mothers upon teenage pregnancy as linked by selected teen mother who dropped out of school due to pregnancy in rural community using Tanganyika District as a case study.

3.3 Study Population

The participants of this study were teenage mothers (15-19) of age who dropped out from school from 2017 to 2019 due to pregnancy. Information about these teenagers were obtained from school administration, and the health facilities of the selected wards.

3.4 Sample Size and Selection

Data were collected at community level with the help of school administration and the health facilities in charges at the selected wards. The school administration and the health facility in charges were used as the help to identify teen mothers dropped out from school due to pregnancy and houses where teen mothers dropped out from school due to pregnancy resided. The researchers visited the identified teen mothers at their homes. A briefly explanation of the study objectives were given to both parents and others guardians to establish rapport and build confidence among parents, teen mothers and investigator. A sample of 18 respondents were selected purposefully to participate the study. The sample size of 18 respondents was determined in the field after reaching saturation – a point at which no new information were emerging from subsequent interviews.

3.4.1 Data Collection and Management

Data were conducted through in-depth Interviews, which was the help to explore and develop a series of 'life trajectory' stories. In-depth Interviews usually used to obtain great depth of information**.** In-depth interview guide questions and probes was used as a collection tool The question on in-depth interviews was about the reasons for becoming pregnant as experienced by teenage mothers who dropped out of school, challenges related to teenage pregnancy and parenting as experienced by teenage mothers who dropped out of school and the ways through which teenage mothers who dropped out of school cope with the situations of teenage pregnancy and parenting. A tape recorder and handwritten field notes were used to capture information during in-depth interviews which held between 30 to 45 minutes. Swahili language was used as primary language. At the end of the interview the audio data files were downloaded into a password protected computer and back up made to password.

3.4.2 Data Processing and Analysis

A thematic analysis approach was used in analyzing the study's findings, and the use of this approach implies that data were analyzed through the examination and categorization of respondents' opinions. The analysis was carried out in three stages firstly, the line-by-line coding of field notes and transcripts; secondly, the in-depth examination and interpretation of the resultant codes and their categorization into descriptive and analytical themes; and, thirdly, the development of an overarching theme (Table 1). The coding involved the development of concepts − that is, the data were parsed into discrete elements in order to expose underlying thoughts and meanings. The process generated codes, which were further interpreted and categorized into descriptive codes. These latter codes were then further distilled into five abstract analytical themes, which are used as the headings in the ''Results'' section.

3.5 Trustworthiness

Trustworthiness of the study is concerned with the accuracy and truthfulness of scientific findings (27). The soundness of this qualitative was enhanced using four criteria, namely: credibility, transferability, dependability and conformability.

3.5.1 Credibility

In this study the expected respondents at the community level are well informed about the subject matter and play key roles in the exemption services and the information provided was credible to answer the research questions of this study. Also sufficient information was given to the participants before starting to participate in the research. Thorough information before a study began enabled to build up a good trustful relationship between the researcher and the participants thus increasing willingness to participate and give information. The interviews was recorded and notes taken and some documents scanned to ensure that information provided was not skipped and missed.

3.5.2 Transferability

Transferability refers to the degree to which the results of a study can be applied to a setting or sample other than the one studied (27).The researcher ensured transferability by providing detailed description the study setting and participants. This made it possible for the results to be applied to other similar context.

3.5.3 Dependability

Dependability refers to getting the same findings if the research is repeated in the same context with the same subjects. This involves assessment of the quality of the integrated processes of data collection and data analysis. In addressing the issue of reliability, different techniques were employed to show that, if the work were repeated, in the same context, with the same methods and with the same participants, similar results would be obtained. Thus, the research design were viewed as a prototype model, that is, research design and its implementation, describing what was planned and executed and the operational detail of data gathering, addressing the details of what were done in the field

like non –verbal signs of participants which were noted and followed up by the researcher during the interview to enrich the process.

3.5.4 Conformability

Conformability is a measure of how well the inquiry‘s findings are supported by the data collected. It is concerned with establishing that, data and interpretations of the findings are not imagined thing of the inquirer‘s imagination, but are clearly derived from the data. Conformability has to do with the collected data whether they are real and not produced by the researcher being biased. This were achieved by recording the interview and note taking. Steps were taken to help ensure as far as possible that the work‘s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher.

3.6 Ethical Considerations

Ethical clearance was sought from Muhimbili University of Health and Allied Sciences (MUHAS) Institution Review Board. Permission to conduct the study was sought from the office of the Regional Administrative Secretary as well as Tanganyika district. All participants were well informed about the purpose of the study and an informed consent to participate in the study were obtained from all the participants before being interviewed. For those participants who under 18 of age which led the researcher to consent their parents or guardians. The objectives of the study were explained to the participants. Participation was voluntarily. Those who were willing to participate they signed the informed consent and parents signed the informed consent to allow the teenage mothers under 18 to participate. Participants were ensured that all information will be treated with high confidentiality and remain within the intended aim of the study. To ensure privacy of teenage mothers were interviewed alone without the presence of guardian or parents. Only ages of participants were needed and no names were recorded.

3.7 Study limitation and mitigation

The study might have suffered social desirability bias in the sense the respondents might have over-magnified reasons for pregnancy and challenges in order exclude themselves

from any blame. Nevertheless this limitation was mitigated by proving clear information about objectives of the study and requesting the prospective respondents to be honest. Moreover, teenage mothers might have not disclosed all the details on reasons for teenage pregnancy for fear of legal implications against herself and significant others. This was managed by assuring them of confidentiality.

CHAPTER FOUR: FINDINGS

4.1 Introduction

This chapter presents result obtained from in depth interviews. The study aimed to explore lived experiences of teenage pregnancy and parenting among school dropouts in Tanganyika district at Katavi. This chapter is organized into four sections. The first section describes socio-demographic characteristics of participants; the second section presents the reasons for becoming pregnant as experienced by teenage mothers who dropped out of school; the third section presents challenges related to teenage pregnancy and parenting as experienced by teenage mothers who dropped out of school; and the fourth part presents the ways through which teenage mothers who dropped out of school cope with the situations of teenage pregnancy and parenting. Under each of these main sections, the results are presented as per overarching and analytical themes.

Table 1: Themes Description

Objectives	**Analytical themes**	**Overarching themes**
Reasons for becoming pregnant	Inability to afford safe residence	Poverty/financial instability
	Insufficient food	
	Limited ability to afford essential requirements	
	Lack of life skills	Student personal attributes
	Lust for sexual intercourse	
Challenges related to teenage pregnancy and parenting	Violence	Discrimination and withdraw of social support
	Forcing to abort	
	Lack of support from parents and spouses	
copying with the situations of teenage pregnancy and parenting	Doing small business	Positive adaptive
	Abortion	Mal adaptive condition

4.2 Socio-demographic characteristics

This study comprises a total of 18 participants from Tanganyika district, all of them were drop out teen mothers. Most of them dropped out of school because of the pregnancy at the age of 17 to 19. And most of them were expelled from schools when they were at secondary level, and among them ten were in form three, three were in form one, three were in form two, and only one was at primary level and she was in standard seven. Among all only one was married, and the rest of them (17) were not married. More than half were self-employed (15 out of 18). One was a peasant.

4.3. Reasons for becoming pregnant as experienced by teenage mothers who dropped out of school

This part addresses the first objective of the study which sought to explore the reasons for becoming pregnant as experienced by teenage mothers who dropped out of school in Tanganyika district. Several reasons were explored and analyzed as presented in subsequent sections. The reasons explored are grouped into two overarching themes: namely poverty/financial instability; and the student's personal attributes. Under each of these broad themes, specific reasons are presented in the form of analytical themes.

4.3.1 Poverty/ Financial Instability

Poverty surfaced as major reason leading to adolescent pregnancy. Analytical themes falling under this category include: Inability to afford safe residence, insufficient food and limited ability to afford essential requirements.

4.3.1.1 Inability to afford safe residence

The respondents attributed occurrence of teenage pregnancy to inability to afford safe residence. They inevitably stayed in risky residence since most secondary schools are located far away from home students' parent homes (about 75 kilometers). Although the schools have constructed hostels, the respondent reported that parents preferred renting rooms owned by the community members living close to the schools as they complained that the living costs are on higher side at school owned hostel. They elaborated that for a student to stay at the school hostel the parent has to contribute five tin of maize, five tin of

rice, and 5 tin of beans which were to be consumed in one term of (5-6) months It was reported that parents perceived that the cost is unaffordable, and opted to rent rooms in school neighborhoods which are relatively cheaper.

This was revealed by one of the participants

*I wish I could stay in the hostel but is very expensive my parents could not afford, they need a lot of food and much money I could not afford to stay there. (teen mother17 years old***).**

It was revealed that those cheap residences in the community were risky in the sense that females and males students were living in the same house though in different rooms. It is easy for them to seduce each other and engage in sexual intercourse which lead to teenage pregnancy. This was revealed by one of the respondents;

"We were living in a renting house .Both boys and girls we are living in the same house but in a different rooms, during the night some of us were going in the male's rooms and sleeping together. The house we rented were only students. We were very free to do anything. (Teen mother 18 years old)

"

4.3.1.2 Insufficient food

Insufficient food was mentioned as one of the poverty-related reasons that lead to teenage pregnancy. It was elaborated that parents have a responsibility do provide food to their daughters so that they can be food secure when living in rented rooms. However, some parents gives their students insufficient food. Consequently, sometimes food get finished of term so they decide to look for help from fellow students including male ones and even from the other guys who are not students since their parents' homes are very far and no communication. Consequently, they engage themselves in relationship to get food by so doing leads to teenage pregnancy parents do not provide all essential. This was revealed by one of the respondent;

> "*my mother used to give me 5 kg of rice, small amount of beans and enough maize flour, small fishes and a half liter of cooking oil but they were finished before the end of the term. One man who was not a student supported me and one day he asked me to have a sex with him. I failed to resist because he was helping me, whenever we met he gave TZS 5000. So we continued with love affairs till I got pregnant*" (Teen mother 19 years old).

Another participant said

Every time when I asked my mother to send food to me she did not responds. I stayed without food for days. I used to ask my fellow students but sometimes resist I decided to enter in the relationship with a man who provided money to me. I did not know if I could get pregnancy.(Teen mother 17 years old).

4.3.1.3 Limited ability to afford essential requirements.

It was reported that some parent was financially incapable providing their daughter with essential needs such as pads, oils, clothes and pocket money. Due to this some ladies decided to initiates relationship with guys who are not students who can gave them money to fulfill their requirements they engage in relationship and they get requirement but they end up into sexual affairs that lead to teenage pregnancy. This was revealed by two respondents;

"*My parents provides my requirements but were not sufficient. When the requirements are finished and I asked them to give me another they did not. I found a men who gave me twenty thousand shillings to every time I slept with him" (Teen mother 19 years old)*

"Our life story is hard, we are living alone, father left us when we were still children and now we are living with mother only. Father left us when I was standard three, and we are living in renting house. I decided engaging in relationship so as to fulfill my basic needs" (Teen mother 17 years old)

Another participant pointed out less productivity of the parents' peasantry occupation then the second participant also said:

"Our life at home is not bad and not good, my parents are peasants so their income did not fit my needs as a young girl so I decided to engage in relationship aimed to get money for my survival" (Teen mother 17 years old).

4.3.2. Student's personal attributes

Apart from poverty personal attributes were also reported to have contributed to occurrence of pregnancy. Under this type, two analytical themes emerge namely; lack of life skills and lust for sexual intercourse.

4.3.2.1 Lack of life skills

Most of dropout teen mothers lacked the knowledge in life skills particularly on decision making, reasoning capacity, self-esteem. Most respondent failed to answer the questions on life skills since they even didn't remember when they were taught about life skills, neither did they know the subject in which life skills are taught. One of the teen mothers honestly admitted that:

"About life skills honestly today is my first time to hear, but I only know about school skills" (Teen mother 17 years old)

Therefore due to lack of the knowledge on life skills most of teenagers seemed to have had poor decision making as it was easy for them to be persuaded to inter into love affairs. Without life skills the teens could not firmly say no to sexual advances from older men in the surrounding community or even from their fellow students. One of the teen mothers disclosed how a man maliciously persuaded:

"He said I love you, and I don't want to play with you, and am just waiting until you finish studying then I marry you then I agreed as you know for us girl if a boy said I will marry you we quickly get convinced" (Teen mother 19 years old)

Similarly, some teen mothers reported to have succumbed to peer pressure – as one of them revealed:

"We were living three ladies in a rented room, every lady had a boyfriend, they convinced me also to be like them, and I said am still young but they continue convincing me until I agreed" (Teen mother 19 years old)

4.3.2.2 Lust for sexual intercourse.

Some of teen mother stated clear that that poverty and lack of life skills were not major reasons for their engagement in sexual affairs. Instead, they said they had internal drive for sex, and as a result they were sexually attracted to men who eventually impregnated them. This was well captured from a remark made by one of the teen mother;

"When I saw him my body became sexually aroused and the man also told me that he similarly become sexually aroused when he looked in my eyes. From that day we develop the relationship and started dating". (Teen mother 17 years old)

4.4 Challenges related to teenage pregnancy and parenting as experienced by teenage mothers who dropped out of school

This part addresses the second objective of the study which sought to explore the challenges related to teenage pregnancy and parenting as experienced by teenage mothers who dropped out of school in Tanganyika district .Analysis of data on the challenges gave rise to two analytical themes, namely; violence, pressure to abort and lack of social support from parents and boyfriend. These were further synthesized into one overarching theme; Discrimination and withdraw of social support.

4.4.1. Discrimination and withdraw of social support

The respondent reported that as a result of being pregnant when they were student they experienced various forms of mistreatment discrimination and denial of social support, which are presented in details under analytical themes in the sections that follow.

4.4.1.1 Violence

Some of teen mothers stated clearly that, when they were identified that were pregnant and were expelled out of schools, their parents bit them up as the way of punishing them. Other teen mothers were locked up in the police station for three days as the way of pressurizing them to disclose the man who is responsible for pregnancy. This was revealed by the one of the respondent;

"They took me into lockup for three days because I rejected to say who concern with the pregnant "(Teen mother 17 years old)

4.4.1.2 Pressure to abort

Some of participant were forced to abort by their nearing people, like partners, parents, neighbors, friends so as to continue with studies before they have known at school, so they use very dangerous ways to abort without their willingness.

One of the teen mothers from the study area said;

"Parents advised me to abort, I was living with my sister, and even she also advised me too so as to continue with studies bad lack it came to be known at school before I abort"

(Teen mother 16 years old)

Some of them they tried to abort but they failed, and this was given out by one of the participant when she said;

"Parents advised me to abort and I started to use the contraceptive pills but it failed"(Teen mother 16 years old*)*

And some of them were forced by their boyfriend to abort for fearing to be jailed; this was explained by one of the respondent;

"My partner forced me to abort and I rejected when I told him that am pregnant he said we abort it but I was not ready to do so"(Teen mother 16 years old)

4.4.1.3 Lack of social support from parents and boyfriend.

It was reported that some of the teen mothers were discriminated by their parents. Parents reduce loves that had to them before they got pregnant due to that they even not getting their basic needs from their parents everything they asked they are being told that go and ask the man who gave you a pregnancy. Due to pregnancy condition sometimes they feel to eat certain kind of foods but they don't get because their parents do not provide money for them. This was revealed by one of the participants;

"I wished to eat something but I failed to get, when I told my mother she did not respond. I just looked and drink water to satisfy my soul" (Teen mother 16 years old)

Some of teen mother were rejected by their boyfriend when they realizing that they become pregnant therefore their boyfriend don't provide money for them. One of the respondents Cleary explained;

"*Before I got pregnancy my boyfriend gave me money every time asked but after becoming pregnant he did not gave me money but he run away to Zambia even after giving birth he did not send any money to me this become very difficult for me to take care of my baby"(Teen mother19 years old)*

Due to this they even suffer with financial constrains due to that they failed to get their requirements and when they gave birth they failed even to taking care for their babies. Some of the respondent reported that;

"When a child got sick and I don't have money I even fail to buy medicine" (Teen mother 19 years old)

Sometimes they fail to get money so as to fulfill the basic needs like clothes to their children. This was explained by the one of the respondent;

"I wished to buy a certain clothes to my child but I didn't have money to buy so I failed" (Teen mother 17 years old)

4.5 Ways through which teenage mothers who dropped out of school cope with the situations of teenage pregnancy and parenting.

This part addresses the third objective of the study which sought to explore the ways through which teenage mothers who dropped out of school cope with the situations of teenage pregnancy and parenting. Analysis of data on this gave rise to two analytical themes, namely; small scale business and attempting abortion. These were further synthesized into one overarching theme; namely: positive and maladaptive coping strategies.

4.5.1 Positive and maladaptive coping strategies

Some of the teen mother reported that for them to adapt with the situation of teenage pregnancy they react differently in order to cope with the situation. Others they decide to abort so as to continue with school. This was analyses as maladaptive. Some of them are dealing with small business. This is analyzed as positive adaptive strategies as to afford their basic needs with their babies.

4.5.1.1 Positive coping strategy: Doing small scale business

It was reported that. Some of the teen mothers are trying hard to improve their socioeconomic situation so as to improve their health status and that of their children. They decided to do small scale businesses like selling cooked food, pleating hair for their needs and their children.

This is exemplified by two participants;

"I always cook food and sale in order to get money to keep my baby" (Teen mother years16 old)

Another participant added that:

"I sell buns in order to get money to buy food for my child (Teen mother 17 years old)

4.5.1.2 Maladaptive coping strategy: Attempting abortion so as to continue with studies.

Some of teen mothers had unsuccessfully attempted abortion in order to continue with studies such attempts to abort were prompted the desire to hide the phenomenon, to avoid being identified by the school administration and parents. This was well pointed out by one of the respondent who said;

"I tried to abort but it failed, I used tea leaves the whole packet but it did not, I used ashes putting then in injection tube and insert then through the anus, there after I used concentrated salt but it failed"*(Teen mother 17 years old).*

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter presents a discussion of key findings as per the research questions and objectives. It consists of three sections. The first one is on the reasons for becoming pregnant, second section is on challenges related to teenage pregnancy and parenting and the third section is coping with situation of teenage pregnancy and parenting among teen mothers.

5.2 Reasons for becoming pregnant.

The results demonstrate that reasons for pregnancies among students included poverty/financial instability-related matters such as: inability to afford safe residence, insufficient food, and limited ability to afford essential requirements. Other explored reasons were related the student's personal attributes, namely: lack of life skills and lust for sexual intercourse. The challenges experienced include: violence, pressure to abort and lack of social support from parents and boyfriend. Coping strategies included engaging in small scale businesses in order to improve their socioeconomic situation. Nevertheless, some teen mother employed maladaptive ways like attempting abortion.

5.2.1 Poverty/ Financial Instability

The study has revealed that due to poverty at household level the risk of a female student getting unwanted pregnancy increases. Participants had difficulties to afford safe residence. This means a student from a poor household is compelled to rent a room in crowded settlements which are likely to be visited by men who are relatively better off economically and exploit poverty facing women there in order to meet their sexual needs This finding has been reported in Uganda(23). However the context of Uganda and Tanzania are likely to be the same due to similarities in social economic perspective.

Additionally the study found that poverty results into food insufficiency – particularly among students who stay in rented rooms which are allocated hundreds kilometers away

from their parental homes. Poor parents fail to sustainably ensure availability of food for their daughters, who inevitably become sexually permissive in order to survive**.** Food is the one of the basic needs without food death can occurs, in absence of food any one can do anything in order to survive. This is in an agreement with the study conducted in United States.(10) Which found that there is high possibility for a teenage living in poor family involves in sexual risk behavior resulting them into teenage pregnancy. Moreover the current study seems to be in line with findings from studies done in Jamaica which found that poverty, peer groups are the reasons of teenagers to become pregnant (11). Basing on this finding, it can also be argued that poverty is major reason to teenage pregnancy among school teenagers.

5.2.2 Inadequate knowledge on life skills

This study found that lack of life skills is the one of the reasons for teenage pregnant. Many students are not aware about life skills, contributing to making to wrong life decision**.** Without enough knowledge of life skills a teenager cannot reason properly, cannot have critical thinking that could lead a teenager to have poor decision making. With enough knowledge of life skills a teenager will critical think before making decision, will have ability to say no to love affairs while they are in school that will help them to avoid teenage pregnancy. This is in an agreement with the study conducted in Zimbabwe found that poor life skills is the one of the major factor that is promoting teenage pregnancies.(24) Another study conducted United State found that lack of life skills such as critical thinking, decision making, problem solving and self-awareness can lead to teenage pregnancy for the teenagers who don't have these skills.(10). From this finding, it can be noted that inadequate knowledge of life skills is another reason that is also leading to teenage pregnancies.

5.3 Challenges related to teenage pregnant.

The study found out dropout teen mothers were discriminated and mistreated by their own families and even the larger community. Some of them reported rejected by their parents and in extreme cases they were even chased away them from home. The way families and

communities respond to teenage pregnancies among students is rooted in the patriarchal culture which frowns upon premarital sex. Discrimination gives teen mothers a lot of stresses and often results into abortions and even deaths. This is in agreement with the study conducted in Philippines which found that negative attitude from parents and the depression from their partners are the challenges teenage mothers are facing. (15)

5.3.1 Withdrawal of Social Support

This study has found out that pregnant adolescents and teen mothers lack or have limited social support. This suggests that as a result of stigma and discrimination related to adolescent pregnancy, the girls are literally rejected at the time when they need much social and psychological support. Limited social support is manifested through financial instability which continues from the period of pregnancy till parenting. This affects their health and may have a negative impact on pregnancy outcomes as poor adolescents may not have money to meet costs involved in preparedness for safe childbirth. Specifically, pregnant or teen mother may lack money for transport to hospital/ clinic, for buying nutritious food, and for buying clothes for themselves and their babies. This is in an agreement with the study conducted in Boltang'ata Ghana (7) found that poor social support to teenage mother is the one of the major challenge to them that affect their health and some of teen mothers decided to commit suicide due to lack of social support. Similar findings were reported in Zambia (21). Basing on this finding, it can also be argued that lack of social support is the one of the major challenge that teen mothers encounter.

5.3.2 Pressurized to Abort.

This study also found that most teenagers who become pregnant while still schooling are pressurized to abort by their parents and even boyfriend who made them pregnant before the school realize that they are pregnant. Some of the participants were forced to abort so as to continue with studies in another school far away from previous school especially in private schools this can be understood from a socio-legal perspective. That is, since

premarital sex is socio-culturally disapproved, the family feels ashamed when their daughter becomes pregnant. Therefore, some parents do attempt to force their daughters to undergo abortion. Similarly, making a school girl pregnant is a criminal offence – consequently the man/ boy responsible for the pregnancy strive to abortion performed at any cost to avoid going to jail. Sometimes the poor pregnant "students" succumb to pressure and attempt to use very dangerous ways of abortion something which seriously endangers their health, and often culminates into death**.** This finding was supported by the study conducted in Municipality of Ghana which mentioned that some parents are involved in convincing their children to abort in order to continue with their studies.(25) . From this finding, it can be noted that not all pregnant teenagers are willing to abort some of them are being pressurized by nearing people like parents, boyfriends and neighbors. This is the one of the challenges a teen mother come across

5.4 Coping with situation of teenage pregnancy and parenting.

Both positive and maladaptive coping strategies were identified. On the positive side, some teen mothers reported to be doing small scale business in order to earn income for meeting basic needs. This is a good undertaking which should be supported and nurtured by parents and local government leaders. However, some teen mothers reported to attempted abortion in order to resume studies. This is a maladaptive way of coping with the problem of teenage pregnancy, suggesting a need to re-think laws and regulations governing education in Tanzania on question of pregnancy. Currently, when a girl is expelled from school due to pregnancy she is not allowed to go back to study even after childbirth. This is particularly the case for government- owned schools**.** However some of the participants they engage into a new relationship with another man different from the one who impregnated her. They are doing this for them to survive and getting money for their basic needs since their parents discriminate them. This is very dangerous because they can get another pregnancy in their teen age. They can also get sexual transmitted diseases that put their health in dangers. This is agreement with the study done in Nigeria that found that some of the teen mother are engage in prostitute for them to survive (26).Another study conducted in Zambia reported that teen mothers are engage in love affairs as the one of coping strategies

for them to cope with the situation(21). Basing on this finding, engaging in doing small scale business is positive coping strategies that some of the participants engage. However it can be argued that attempting to abort and engaging in another new sexual relationship are the maladaptive coping strategies a teenager bump into.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

Basing on these findings**,** the researcher concluded that poverty and lack of life skills are the main reasons for occurrence of teenage pregnancy among students. Moreover, violence, pressure to abort and lack of social support from parents and boyfriend seems to be the major challenges teenage pregnant encounter. Furthermore, teen mothers employ both positive and maladaptive coping strategies. Interventions seeking to prevent teenage pregnancies among students need to take on board voices of the victims themselves.

6.2 Recommendation

Based on the study finding, the following are recommended

6.2.1 Recommendation for practice

1. The Ministry of Education should plan to teach children about life skills from their childhood in order to attain behavioral change.

2. People in the rural communities must be empowered economically. Reproductive health education must also be introduced in schools, and parents also need to be informed on its importance in protecting the girl child against getting pregnant early. The government should also put in place and ensure full implementation of laws that adequately protect the teenagers

3. The Education Ministry should influence to every school to build and dormitories so as to avoid the issue of students living in rented houses. Living in the school Hostel/ Dormitories should be made mandatory with low cost.

4. The government should look into ways of socioeconomically supporting teen mothers so as to help them manage their life and their children.

5. Parents, teachers and other people in Tanganyika district should take much care on where and how their student live when they are out of school.

6.2.3 Recommendation for future research

The study was conducted in a small geographical area in the rural setting. A future similar study can be conducted in other Regions in the country.

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APPENDICIES

Appendix I: Interview guide English version

IDENTIFICATION

NAME……..

AGE……

RELIGION……

MARITUAL STATUS…….

LEVEL OF EDUCATION……..

AGE AS AT THE TIME OF PREGNANCY……

OBJECTIVES	ISSUES, QUESTIONS AND PROBES
REASONS FOR BECOMING PREGNANT	Tell me anything about yourself? How do you understand about life skills and pregnancy? Can you tell me the story that led to your pregnancy despite of being at school?

CHALLENGES RELATED TO TEENAGE PREGNANCY AND PARENTING	How did it felt to be pregnant despite of being at school? Can you explain the reactions of your parents, partner and school for being pregnant? Can you tell me how you felt immediately after giving birth? Can you tell me how your parents cooperated after giving birth? Have you ever had experience of caring for a newborn? If yes how? And if no what did you do?
COPYING WITH THE SITUATION OF TEEN AGE PREGENANCY AND PARENTING	Can you tell me how did you cope with the challenges of teenage pregnancy and parenting?

Appendix II: Mwongozo wa mahojiano – Swahili version

UTAMBULISHO

JINA……..

UMRI……

DINI……

HALI YA NDOA…….

KIWANGO CHA ELIMU……..

UMRI WAKATI WA UJAUZITO……

LENGO	MATUKIO, MASWALI NA UCHUNGUZI
SABABU ZA KUPATA UJAUZITO	Niambie chochote kuhusu wewe? Unaelewa nini kuhusu mimba na stadi za maisha? Niambie ilikuaje ukapata ujauzito ukiwa bado mwanafunzi?
CHANGAMOTO ZINAZO HUSIANA NA MIMBA ZA UTOTONI NA MALEZI	Ulijisikiaje ulipogundua una ujauzito ukiwa shuleni? Wazazi, walimu na mwenzi wako walichukua maamuzi gani baada ya kujua una ujauzito? Ni changamoto gani ulizo kutana nazo wakati unajifungua? Unaweza nielezea changamoto nyingine ulizo kutana nazo wakti wa ujauzito? Umewahi kua na uzoefu wa kulea mtoto mchanga? Kama

	NDIO uliupata wapi? Kama ni HAPANA ulifanyaje?
KUKABILIANA NA HALI YA UJAUZITO PAMOJA NA MALEZI	Ulitumia mbinu gani kukabiliana na changamoto wakati wa ujauzito? Vipi kuhusu malezi, ni changamoto gani ulikutana nazo?

Appendix III: Asset form English version for teenagers of age 15 – 17.

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

EXPLORING LIVED EXPERIENCES OF TEENAGE PREGNANCY AND PARENTING AMONG SCHOOL DROPOUTS IN TANGANYIKA DISTRICT KATAVI

Dear Sir/Madam

You are hereby invited to participate in a study conducted by LUCY who is a student at Muhimbili University of Health and Allied Sciences. Lucy is conducting this study for her masters' dissertation.

Your daughter's participation in this study is entirely voluntary. You should read the information below and ask questions about anything you do not understand before deciding whether or not to allow your daughter to participate in the study. You are being asked to allow your daughter to participate in this study because she is among the eligible candidates for the study in Tanganyika districts.

Purpose of the study

The purpose of this study is to explore experiences of teenage pregnancy among teenage mothers contributing to high proportion of teenage pregnancy in schools in Tanganyika district at Katavi. We hope to use all the information from this study to understand experiences contributing to high proportion of teenage pregnancy in schools in Tanganyika district at Katavi. You will be informed on the findings through the planned means of results dissemination through publication and thesis for academic purpose.

Voluntary participation

Please note that your daughter's participation in this study is voluntary and you have the right to refuse to asset. If you agree to allow your daughter to join this study you will be required to sign this consent form and answer the questions that the interviewer will be asking you.

Benefits

There is no direct benefit for participating in the study. However the study findings will derive key components on factors contributing to high proportion of teenage pregnancy in secondary schools in Tanganyika district at Katavi. This will help the administration, policy makers and health system in general to put in place the best system on protection of teenagers against pregnancy at young age.

Risks and discomfort

There are no risks or discomforts involved in this study. Participants will be asked questions through in-depth interviews that they will be able to give their experience, ideas and views concerning the study.

Compensation for time

You will not receive any payment or other compensation for participation in this study. Also there is no cost for you to participate in the study.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by the law. We will not use your name in any of the information we shall get from this study in any way we think is best for publication or education. Any information we use for publication will not identify your name.

Asset form

I confirm that I have read carefully and I have understood the information provided and I allow my daughter to participate in this study. I am aware that I can freely withdraw from this time at any time I wish to do so.

Whom to contact

If you ever have questions about this study, you should contact the Principal investigator Lucy, from Muhimbili University of Health and Allied Sciences, P.O Box 65001 Dar-es-Salaam. If you ever have questions about your rights as a participant, you may call Prof. Said Aboud, Chairman of the Research and Publication Committee, P.O Box 65001, Dar-es-Salaam. Tel: 2150302-6

Do you agree? Yes……. No…….

Parent/Guardian of participant agrees……. Parent/Guardian of participant disagrees…….

I ……..have read the contents of this asset form and my questions have been adequately answered. I therefore agree to allow my daughter to participate in this study.

Signature of the parent/guardian……
Date…….

Name of the minor…….. Age of minor…….

Signature of the interviewer……

Date…….

Appendix IV: Consent form English version for teenagers of age 18 and 19.

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

EXPLORING LIVED EXPERIENCES OF TEENAGE PREGNANCY AND PARENTING AMONG SCHOOL DROPOUTS IN TANGANYIKA DISTRICT KATAVI

Dear Sir/Madam

You are hereby invited to participate in a study conducted by LUCY who is a student at Muhimbili University of Health and Allied Sciences. Lucy is conducting this study for her masters' dissertation.

Your participation in this study is entirely voluntary. You should read the information below and ask questions about anything you do not understand before deciding whether or not to participate in the study. You are being asked to participate in this study because you are among the eligible candidates for the study in Tanganyika districts.

Purpose of the study.

The purpose of this study is to explore experiences of teenage pregnancy among teenage mothers contributing to high proportion of teenage pregnancy in schools in Tanganyika district at Katavi. We hope to use all the information from this study to understand experiences contributing to high proportion of teenage pregnancy in schools in Tanganyika district at Katavi. You will be informed on the findings through the planned means of results dissemination through publication and thesis for academic purpose.

Voluntary participation

Please note that your participation in this study is voluntary and you have the right to refuse to consent. If you agree to join this study you will be required to sign this consent form and answer the questions that the interviewer will be asking you.

Benefits

There is no direct benefit for participating in the study. However the study findings will derive key components on factors contributing to high proportion of teenage pregnancy in secondary schools in Tanganyika district at Katavi. This will help the administration, policy makers and health system in general to put in place the best system on protection of teenagers against pregnancy at young age.

Risks and discomfort

There are no risks or discomforts involved in this study. Participants will be asked questions through in-depth interviews that they will be able to give their experience, ideas and views concerning the study.

Compensation for time

You will not receive any payment or other compensation for participation in this study. Also there is no cost for you to participate in the study.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by the law. We will not use your name in any of the information we shall get from this study in any way we think is best for publication or education. Any information we use for publication will not identify your name.

Consent form

I confirm that I have read carefully and I have understood the information provided and consent to participate in this study. I am aware that I can freely withdraw from this time at any time I wish to do so.

Whom to contact

If you ever have questions about this study, you should contact the Principal investigator Lucy, from Muhimbili University of Health and Allied Sciences, P.O Box 65001 Dar-es-Salaam. If you ever have questions about your rights as a participant, you may call Prof. Said Aboud, Chairman of the Research and Publication Committee, P.O Box 65001, Dar-es-Salaam. Tel: 2150302-6

Do you agree? Yes……. No…….

Participant agrees……. Participant disagrees…….

I …….. have read the contents of this consent form and my questions have been adequately answered. I therefore agree to participate in this study.

Signature of the participant…….. Date…….

Signature of the interviewer…… Date…….

Appendix V: Ridhaa ya kushiriki katika utafiti: (umri 15 – 17) – swahili version

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

MKURUGENZI WA UTAFITI NA MACHAPISHO

UZOEFU WALIOUPITIA WAKINA MAMA WENYE UMRI KATI YA MIAKA 13 – 19 WAKATI WA UJAUZITO NA MALEZI WILAYANI TANGANYIKA MKOANI KATAVI.

Habari

Nakukaribisha kumruhusu binti yako kushiriki katika utafiti unaofanywa na Lucy ambaye ni mwanafunzi kutoka katika chuo kikuu cha afya na sayansi shirikishi Muhimbili. Lucy anafanya utafiti huu kwa ajili ya stashshada ya pili.

Kumruhusu binti yako kushiriki katika utafiti huu ni kwa hiari. Unatakiwa kusoma taarifa zote katika fomu hii na kama kuna swali kuhusu jambo lolote ambalo halikueleweka unaweza kuuliza kabla hujaamua kushiriki au kutoshiriki katika utafiti huu.

Umeombwa kumruhusu binti yako kushiriki katika utafiti huu kwa kuwa yeye ni mmoja ya watu ambao wanakidhi vigezo vya kushiriki katika utafiti huu kutoka katika wilaya ya Tanganyika mkoani Katavi.

Madhumuni ya utafiti

Dhumuni la utafiti huu ni kuangalia uzoefu unaopelekea mimba za utotoni kwa mabinti wadogo.

Ushiriki

Kumruhusu binti yako kushiriki katika utafiti huu ni hiari na una haki ya kukataa kumruhusu kushiriki katika utafiti. Kama umekubali kumruhusu binti yako kushiriki utatakiwa kuweka sahihi yako katika fomu hii na binti yako atajibu maswali ambayo msahili atamuuliza.

Faida

Hakuna faida yoyote ya moja kwa moja kwa wewe kushiriki katika utafiti huu. Ila matokeo yautafiti huu yatasaidia katika kutengeneza sera za afya juu ya mimba za utotoni na kutafuta njia mbadala ya kuwalinda vijana wadogo juu ya janga hili.

Hasara

Hakuna hasara yoyote ya moja kwa moja inayotokana na utafiti huu. Washiriki wataulizwa maswali kwa mahojiano na msahili, ambapo watakua na uhuru wa kutoa majibu, mawazo na maoni yao kutokana na maswali yatakayoulizwa.

Malipo

Hakutakuwa na malipo yoyote kutokana na ushiriki katika utafiti huu na pia kama mshiriki hakutakua na gharama yoyote unayotakiwa kutoa kwa ajili ya kushiriki katika utafiti huu.

Usiri

Taarifa zote zitakazokusanywa zitashughulikiwa kwa usiri wa hali ya juu, na pia zitatolewa kwa ridhaa yako maalum kutokana na utaratibu wa sharia. Jina lako halitatumika katika taarifa zozote zitakazopatikana katika utafiti huu.

Fomu ya utafiti

Nakiri kwamba nimesoma maelezo yote kwa umakini na nimeelewa kila kilichoandikwa katika fomu hii.Na nimemruhusu binti yangu kushiriki katika utafiti huu. Ninaeleewa kwamba muda wowote ninaweza kujitoa endapo nitahitaji kufanya hivyo.

Mawasiliano

Kwa mawasiliano zaidi kuhusu utafiti huu unaweza kuwasiliana na mtafiti, Lucy kutoka katika chuo kikuu cha afya na sayansi shirikishi Muhimbili, S.L.P 65001 Dar-es-Salaam. Au kama una swali kuhusu haki zako kama mshiriki unaweza kuwasiliana na Prof. Said Aboud ambaye ni Mwenyekiti wa Idara ya Uatafiti, S.L.P 65001 Dar-es-Salaam. Simu namba 2150302-6

Je unakubali kumruhusu binti yako ashiriki? Ndio ..... Hapana.....

Mzazi/Mlezi amekubali ..... Mzazi/Mlezi amekataa .....

Mshiriki amekubali…….. Mshiriki amekataa……..

Mimi …… nimesoma maelezo yote katika fomu hii na maswali yangu yameweza kujibiwa. Nakubali kumruhusu binti yangu kushiriki katika utafiti huu.

Sahihi ya Mzazi/Mlezi ..... Tarehe .....

Jina la mtoto…… Umri …….....

Sahihi ya msahili…… Tarehe …….....

Appendix VI: ridhaa ya kushiriki katika utafiti: (umri 18 – 19) – swahili version

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

MKURUGENZI WA UTAFITI NA MACHAPISHO

UZOEFU WALIOUPITIA WAKINA MAMA WENYE UMRI KATI YA MIAKA 13 – 19 WAKATI WA UJAUZITO NA MALEZI WILAYANI TANGANYIKA MKOANI KATAVI.

Habari

Nakukaribisha kushiriki katika utafiti unaofanywa na Lucy ambaye ni mwanafunzi kutoka katika chuo kikuu cha afya na sayansi shirikishi Muhimbili. Lucy anafanya utafiti huu kwa ajili ya stashshada ya pili.

Kushiriki kwako katika utafiti huu ni kwa hiari. Unatakiwa kusoma taarifa zote katika fomu hii na kama kuna swali kuhusu jambo lolote ambalo halikueleweka unaweza kuuliza kabla hujaamua kushiriki au kutoshiriki katika utafiti huu.

Umeombwa kushiriki katika utafiti huu kwa kuwa wewe ni mmoja ya watu ambao wanakidhi vigezo vya kushiriki katika utafiti huu kutoka katika wilaya ya Tanganyika na Mpanda mkoani Katavi.

Madhumuni ya utafiti

Dhumuni la utafiti huu ni kuangalia uzoefu unaopelekea mimba za utotoni kwa mabinti wadogo.

Ushiriki

Ushiriki wako katika utafiti huu ni wa hiari na una haki ya kukataa kushiriki katika utafiti. Kama umekubali kushiriki utatakiwa kuweka sahihi yako katikafomu hii na kujibu maswali ambayo msahili atakuuliza.

Faida

Hakuna faida yoyote ya moja kwa moja kwa wewe kushiriki katika utafiti huu. Ila matokeo yautafiti huu yatasaidia katika kutengeneza sera za afya juu ya mimba za utotoni na kutafuta njia mbadala ya kuwalinda vijana wadogo juu ya janga hili.

Hasara

Hakuna hasara yoyote ya moja kwa moja inayotokana na utafiti huu. Washiriki wataulizwa maswali kwa mahojiano na msahili, ambapo watakua na uhuru wa kutoa majibu, mawazo na maoni yao kutokana na maswali yatakayoulizwa.

Malipo

Hakutakuwa na malipo yoyote kutokana na ushiriki katika utafiti huu na pia kama mshiriki hakutakua na gharama yoyote unayotakiwa kutoa kwa ajili ya kushiriki katika utafiti huu.

Usiri

Taarifa zote zitakazokusanywa zitashughulikiwa kwa usiri wa hali ya juu, na pia zitatolewa kwa ridhaa yako maalum kutokana na utaratibu wa sharia. Jina lako halitatumika katika taarifa zozote zitakazopatikana katika utafiti huu.

Fomu ya utafiti

Nakiri kwamba nimesoma maelezo yote kwa umakini na nimeelewa kila kilichoandikwa katika fomu hii. Ninaeleewa kwamba muda wowote ninaweza kujitoa endapo nitahitaji kufanya hivyo.

Mawasiliano

Kwa mawasiliano zaidi kuhusu utafiti huu unaweza kuwasiliana na mtafiti, Lucy kutoka katika chuo kikuu cha afya na sayansi shirikishi Muhimbili, S.L.P 65001 Dar-es-Salaam. Au kama una swali kuhusu haki zako kama mshiriki unaweza kuwasiliana na Prof. Said Aboud ambaye ni Mwenyekiti wa Idara ya Uatafiti, S.L.P 65001 Dar-es-Salaam. Simu namba 2150302-6

Je unakubali kushiriki? Ndio……. Hapana……

Mshiriki amekubali…….. Mshiriki amekataa……..

Mimi …… nimesoma maelezo yote katika fomu hii na maswali yangu yameweza kujibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki…… Tarehe ……

Sahihi ya msahili……. Tarehe …….....

The PI is required to:

Appendix VII: Approval for ethical clearance

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. HD/MUH/T.701//2019

30th July, 2020

The Regional Administrative Secretary,
P.O. Box 235,
KATAVI.

Re: INTRODUCTION LETTER

The bearer of this letter is Lucy Elia, a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing MPH-Regular Track.

As part of her studies she intends to do a study titled: "**EXPLORING LIVED EXPERINCES OF TEENAGE PREGNANCY AND PARENTING AMONG SCHOOL DROPOUTS IN TANGANYIKA DISTRICT KATAVI.**"

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Sharifa Kumby
For: DIRECTOR, POSTGRADUATE STUDIES

cc: Dean, School of Public Health and Social Sciences, **MUHAS**
cc: Lucy Elia

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

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Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. HD/MUH/T.701//2019

30th July, 2020

The District Administrative Secretary,
P.O. Box 103,
TANGANYIKA.

Re: INTRODUCTION LETTER

The bearer of this letter is Lucy Elia, a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing MPH-Regular Track.

As part of her studies she intends to do a study titled: "**EXPLORING LIVED EXPERINCES OF TEENAGE PREGNANCY AND PARENTING AMONG SCHOOL DROPOUTS IN TANGANYIKA DISTRICT KATAVI.**"

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Sharifa Kamby
For: DIRECTOR, POSTGRADUATE STUDIES

cc: Dean, School of Public Health and Social Sciences, **MUHAS**
cc: Lucy Elia

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

MKOA WA KATAVI

Anwani ya Simu: ***"REGCOM"***
Simu/Fax: *025-2957108*
Barua pepe:ras.katavi@tamisemi.go.tz

OFISI YA MKUU WA MKOA,
S. L. P. 235,
MPANDA - KATAVI.

Unapojibu tafadhali taja:-
Kumb. Na. DA.103/390/01 "E"/42

07.08.2020

Mkurugenzi Mtendaji,
Halmashauri ya Wilaya ya Tanganyika.

Kuh: <u>BI. LUCY ELIA KUFANYA UTAFITI KATIKA HALMASHAURI YA WILAYA YA TANGANYIKA</u>

Tafadhali husika na mada tajwa hapo juu.

2. Ofisi ya Katibu Tawala Mkoa imepokea barua yenye Kumb. Na. HD/MUH/T.701/2019 ya tarehe 30 Julai, 2020 kutoka kwa Mkurugenzi wa Chuo Kikuu cha Afya Muhimbili cha Jijini Dar Es Salaam ikihusu kumtambulisha Bi Lucy Elia.

Mtajwa hapo juu ni mwanafunzi wa Chuo Kikuu cha Afya Muhimbili Dar es Salaam mwenye namba ya usajili HD/MUH/T.701/2019 anayesoma Shahada ya Uzamili ya Afya ya Jamii. Anafanya Utafiti kuhusu ***"Exploring Lived experiences of Teenage Pregnancy and Parenting among School Dropouts in Tanganyika District Katavi"***

Kwa barua hii, kibali kinatolea kwake kufanya utafiti kama alivyoomba kuanzia tarehe **10 Agosti, 2020** hadi **10 Septemba, 2020**. Mnaombwa kutoa ushirikiano kwa Mwanafunzi huyo ili kukamilisha utafiti huo muhimu kwa muda uliopangwa.

Nakushukuru kwa ushirikiano.

Florence Ngua
Kny: Katibu Tawala wa Mkoa,
KATAVI.

Nakala:- Katibu Tawala Mkoa
KATAVI – *Aione katika Jalada.*

" **Bi. Lucy Elia**