FACTORS CONTRIBUTING TO HIGH RATE OF TEEN PREGNANCY IN MTWARA REGION, TANZANIA

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FACTORS CONTRIBUTING TO HIGH RATE OF TEEN PREGNANCY IN MTWARA, TANZANIA

By

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A dissertation Submitted in partial Fulfillment of the Requirement for the degree of Masters of Arts in Health Policy and Management of Muhimbili University of Health and Allied Sciences

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for examination of Dissertation entitled *"**Factors Contributing to High Rate of Teen pregnancies in Mtwara,**"* in fulfillment of the requirement for the degree of Masters of Arts in Health Policy and Management of the Muhimbili University of Health and Allied Sciences.



Dr. D. C.V. Kakoko

(Supervisor)

Date: 20/06/2012

DECLARATION AND COPYRIGHT

I, Emmanuel Peter Makundi, do hereby declare that this dissertation is my own original work and it has not been presented to any other university for a similar or any other degree award.

Signature ..... Date: 26/06/2010

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Nevertheless, I remain exclusive responsible for any shortcomings in this work.

DEDICATION

This work is dedicated to my Friend Judith Mroky, my Parents Mr. and Mrs. Peter Joseph Makundi, my Brothers Erick Makundi, Enock Makundi, Raymond Makundi and my only sister Agnes Makundi who always encouraged me to go to school.

LIST OF ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
BEST	Basic Education Statistics
BSS	Behavioral Surveillance Survey
DED	District Executive Director
HIV	Human Immune-deficiency virus
MUHAS	Muhimbili University of Health and Allied Sciences
RAS	Region Administrative Secretary
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infectious
THIMS	Tanzania HIV/AIDS and Malaria Indicator Survey
WEO	Ward Executive Director
WHO	World Health Organization
WLUML	Women living under Muslim law

ABSTRACT

Background

Pregnancies, abortion at early stages, early sexuality, and high rate of HIV infection became a major area of concern in Africa particular in sub Saharan Africa. However, an effort to understand teenager's sexual behavior and prevent young girls from reproductive health problems is almost none existing. In Tanzania pregnancy is one of the major reasons for school dropout among teenage girls. In 2007, pregnancy accounted to 21.9 % of secondary schools drop out. 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 2007 (BEST).

Objective

This study had the general objective of assessing the social cultural factors for teen ager pregnancies in Mtwara Municipality.

Methods

The study involved a total of 186 respondents from Mtwara Municipal in Railway Ward. Data were collected using questionnaires and interviews. Household schedules were drawn up listing the basic demographic information about all the occupants of selected household and identify eligible respondents (those under age of 19). All eligible respondents in each selected household were interviewed. Due to time limit two attempts were made to interview respondents, if they were still missing the respondents were substituted.

Findings

Majority of teenagers in Mtwara Municipality are exposed to high risk of early pregnancies, Sexually Transmitted Diseases and HIV due to the fact that sexual activity among youth in the region is a common conduct. Findings reveal that 42(56%) of male respondents and 63(56.7%)

of female respondents were sexual active. The median age at first sex was 15 years of age. The findings reveal the social cultural reasons for teen pregnancies among other things are poor parental monitoring, pressure from peer group, and sexual feelings among individuals. The introduction of ward secondary school that force teens to hire a room far from their parents has also revealed as one of the reasons for increasing sexual activity among teens. Finally, the study found out that there was a positive relationship between social cultural factors and high rate of teenage pregnancies.

Conclusion and recommendations

It is suggested from these research findings; therefore, that high rate of teen pregnancies is not only due to economic and low knowledge about sexuality but also due to other social factors that affect day to day life of the teenagers. Teen pregnancies are due to unprotected and early sexual intercourse which also exposes teenagers to other risks of contacting Sexual Transmitted Infections and other sexual diseases such as HIV AIDS.

Recommendation

Prevention of teenage from having sexual intercourse at early stage stages is very important interventions in preventing pregnancies at early ages. This stud recommends that education on sexuality, its impacts and uses of contraceptives' to be provided in primary school at early grades.

Programs targeting attitudes and social norms that facilitate sexual activities among the youth should be encouraged. Stronger emphasis on secondary school students is vital.

Nevertheless, educational programs that promote sexuality education to teenager who are sexually immature are highly encouraged. This is because it might be too late to introduce such a program for teens who are sexually active about prevention methods for unwanted pregnancies.

Parents/guardian play a vital role in sexual life of their teens. Parents should be encouraged to educate, discuss issues related to sexuality with their children direct or indirect. Parents and guardians should be educated about the prone and cons of doing or not doing so.

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1.1: CHAPTER ONE: INTRODUCTION

1.2 Background information

Teen pregnancy is one of the post global challenges posing potential threat to the future generation. A report by save the children 2005 showed that 13 million pregnancies occurred to women under age of 20 worldwide and 90% of them in developing countries. The highest rate of teen pregnancies is in sub-Saharan Africa. WHO reports (2005) indicate that Africa is the leading continent with the highest rate of teen age pregnancy where women tend to marry early. 53% of women in Africa gave birth before the age of 18

India sub continent is trailing behind Africa in teen pregnancies with the rate of 71 to 119 per 1,000 young girls aged between 15 and 19. In southern Asia, the rate of teen pregnancies is decreasing except for Bangladesh and Indonesia, which have the same trend like India. In India, teen age pregnancies contribute 26 to 37% of death among female adolescents while in Bangladesh the death toll due to teen pregnancies is 26 to 37% (Global incidence of teenage pregnancy, Wikipedia, 2006)

The United States has the low rate compared to the other two continents of Africa and Asia. In USA the birth rate is 53 per 1,000 among woman aging 15 to 19, however, the teen pregnancy trend in US seem to be the highest in the developed world. In Northern America, specifically Canada the rate is 33.9 per 1,000 teen pregnancies (Global incidence of teenage pregnancy Wikipedia, 2006)

Europe has lowest rate of teen age pregnancies compared to other continents. In UK the rate recorded in 2002 was 10.4 per 1,000 young girls in London and 20.20 per 1,000 girls in upcountry. Italy has the lowest among the European countries with 3.3 per 1,000 births among the same age categories as above mentioned (World Health Organization).

Early sexuality activities, early pregnancies, increased spread of sexually transmitted diseases (STD) and HIV/ AIDS are major challenges facing developing countries in sub-Saharan Africa. About 17 million girls aging 16 to 19 years in sub Saharan Africa give birth each year and most of these pregnancies are not planed. The World Health Organization (WHO) estimates that 4.4

million abortions are sought by young girls each year. The report further reveals that more than 50% of teen agers are at risk of contracting HIV. However, efforts to understand prevent and contain teenagers sexuality behavior related to reproductive health problems are very minimum and in some areas they do almost not exist at all (Vibeke, 2001).

. It is indicated that more than 90 percent of teen pregnancy occur in Africa among young girls aged between 15 to 19 the highest rate of teen pregnancies is 143 per 1,000 girls aged 15 to 19 in Sub Saharan Africa. Due to their social status, young girls are among the vulnerable social group in many African societies. Their low social status in the community poses a high risk for them to be the most victim of sexual exploitation. They are the most affected physically and socially. Ninety percent of maternal death in sub-Saharan Africa is due to teenage pregnancy. Estimated 12 million cases of Sexual Transmitted Diseases (STD) are occurring in worldwide, among them 3 million cases are reported to have occurred among teen ages.

In Tanzania teenage pregnancies is the problem that prevailing almost in the whole country though in some regions the situation seems to be worse enough when compared to others. Transition tares of teen pregnancies indicate that there is an increase of teen ager pregnancies from 5.2 Percent in 2003 to 21.9 percent in 2007 (Tanzania Demographic Health survey 2004)

Pregnancies accounted for 21.9 of school drop outs among secondary school girls in 2007 and 5.6% of school dropout among primary school girls in 2007 (Mpangile and Mbunda 1993). . The rate of unplanned pregnancies and abortion among young women in Tanzania are much higher than generally perceived by parents, teachers and other stakeholders (Mpangile and Mbunda 1993). Among women induced abortion, 32.9 percent were teen ager below 19 years of age, 20% among them being primary/secondary school students (Mpangile *at al* 1993).

Teenage pregnancies are the leading causes of mortality among women aging 15 to 19 in Africa. Report by save the children show that 90 percent of mortality rate in Sub Saharan Africa is due to teen age pregnancies.

Tanzania has recorded 18,000 cases of girls drop out from school since 2006 up to 2008 due to pregnancies (Daily News, Issue No 9688, 2009). Mtwara Region has the highest incidences of

teenage pregnancies. Between 2006 and 2008 the Region has recorded 400 cases of school drop outs due to Pregnancy.

Pregnancy among teenagers has major repercussion to the affected girls. Most of health problems among young woman are associated with early pregnancies. This is due to the fact that the reproductive organs of these youngster ore not fully developed to be able to handle pregnancy. As a result most of the girls die while delivering. Most of the deaths are due to rapture of the uterus, abortion, over bleeding and immature birth. Low birth weight is associated with several infant problems and disorders such us respiratory distress syndrome, intestine problems, underdeveloped organs and finally high rate of infant mortality. (WLUML, 2007)

Children born to teen mothers are more likely to experience social, emotional and other problems including poor nutrition, health care and cognitive and social stimulation. This may position them at risk of lower academic performance, abuse and neglect. Further shows that 13percent of boys born to teen mothers are more likely to be incarcerated later in life while 22percent of girls are at risk of becoming teen mothers themselves later in life (WLUML, 2007)

School drop outs in both primary and secondary schools due to pregnancies will increase the number of illiterate people, this might facilitate the escalation of other social problems such us street children, prostitution ,criminality and other related social problems such us drug abuse. All this may create social unrest which will effect economic growth and social development.

Although the reason for teen pregnancy may vary from one area or society to another, most of its repercussions are almost the same. Teen pregnancies may cause a huge damage to the health of the young mother and her infant both physically and psychologically. This impacts might also reflected to the society and increase the chances of another generation of teen mothers.

Age at the first intercourse marks the time at which, individual are exposed to pregnancies, this is because heterosexual contacts are the main factors that contribute to teen pregnancies. However, these cases differ from one region to another. The information collected by THIMS 2007-2008 on the trimming at first sexual intercourse, in Tanzania showed that Mtwara region is among the top three region with 15% of teens in Mtwara had sexual intercourse before age 15. Rukwa

region was leading with 17.2% of its teen had sexual intercourse before age 16 followed by Morogoro with 17.0%.

Some of the regions have very high rates of teen pregnancies compared to the others. Mtwara Region has recorded 400 cases of teen pregnancies among school girls in two year period. Among others, this situation poses threat to other social development agenda like poverty eradication and increasing the number of school graduates. Letting such huge number of girls out of school, definitely conclude that this social phenomenon can pose a major drawback to the government efforts to reduce gender disparities in the education sector, fighting HIV AIDS, reducing maternal and infant death as well as poverty reduction (WLUML 2007).

Reports from Basic Education Statistics (BEST) indicate that the rate of school dropout in Tanzania has been increasing drastically. Up to 44,772 pupils dropped from school in 2006 compared to 32,469 in 2005. Likewise 7,734 secondary school girls have abandoned school in 2006 due to pregnancy compared to 6,912 in 2005. Almost 30% of school girls enrolled in primary school in Tanzania do not reach their seven year of primary education due to pregnancy while 20% of secondary school girls do not complete their secondary education due to pregnancy (BEST 2007).

1.2: Statement of the problem

Tanzania has made a great effort in reducing the gender disparities in education between boys and girls. The number of girls' enrolment at primary school has been increasing. On the one hand public education on effects of maternal death and dangerous sign has been provided, but due to the fact that most of the teen pregnant do not attend the clinic due to stigma, maternal and infant mortality will not be fully addressed due to teen pregnancies. Nevertheless, this effort will be fruitless as the numbers of girls who graduate from primary and secondary school are decreasing following high rate of teenage pregnancies.

Currently the number of teen pregnancies in Mtwara Region has been increasing, various study concerning the problem has been carried out. Nevertheless, little is known about the different social factors that has triggered this problem in different settings, cultural and tradition beliefs such us the role of initiation ceremony and tradition dances commonly practices in the region. To

adequately address teen pregnancies problem in Tanzania, it is vital to consider the different needs and constraints of boys and girls in different settings and their traditions and cultural, so as to be able to design interventions accordingly.

1.5: Study rationale

Finding of this study helped researchers advance their understanding on relations between social culture factors and how they contribute to teenage pregnancies. It was further added knowledge to the already existing knowledge about teen pregnancies. Deep understanding of the problem of teenage pregnancies following results of this study contributed to lay down a step stone for further in-depth studies toward understanding this social phenomenon and to solve it.

The information obtained from this study will be used for effective planning and designing of interventions toward minimizing the impact of the problem. That is why there is a need of studying the problem in regarding to its traditional peculiarity in that region compared to other Regions in Tanzania. In order to introduce effective interventions, more knowledge about the factors that facilitate the problem to exist is needed. This study therefore sought to assess the social cultural factors that contribute to teen pregnancies among teenagers in Mtwara.

The study also provided vital information to policy markers, donors and other relevant stake holders involved or intending to be involved into teen ager pregnancies prevention or reduction programs. This study also help to effectively plan, implement and scale up more appropriate future interventions in Tanzania for improving health status of the teenager girls hence increasing their chances of having a better future and improve their dignity as well as increasing the number of educated women.

1.6: Specific objectives

1. To determine the factors that contributes to high rate of teen pregnancies in the region.

2. To establish the role of tradition, norms and culture in facilitating teenage pregnancies.

1.7: Research questions

1. To what extent does the social cultural practice and belief influence the teenager behaviors toward sexual affairs?

2. What should be done to avert the situation?

1.8: Purpose of the study

The aim of this study was to assess the social cultural factors that facilitate the high rate of teen pregnancies in Mtwara Municipality

2.0: CHAPTER TWO: LITERATURE REVIEW

This chapter aimed at revisiting literature that focused on teen pregnancy problem due to the different studies conducted in different parts of the world. This study focused on some shortfalls in explaining the teen problems as explained in various literatures. However, given the different social cultural and geographical set up, this study tried to explain those short falls referring to the findings obtained from the study.

2.1: Teenage sexuality and reproductive health

In any society, there are different social characteristic that shape the social life of the individual in that society. Individual life and behaviors usually tend to mirror this social established pattern of social conduct. Nevertheless, these norms vary according to the gender and social background of the individual living in that society. Sexual activities are among the social conducts that affect an individual and are believed to be shaped by the social life of that society. The United States of America is the leading among the developed countries as far as teen pregnancies is concerned; about one million teenagers get pregnancy each year. Most of the teen start having sex at their mid to late teen. Half of 17 years of age have already involved into sexual activities. In the US drug abuses, peer pressure and poor parental care are factors that attributed with high rate of teen pregnancies

Girls aged between15 to 19 in Sub Saharan Africa have the highest rate of birth compared to the same age grouping in the rest of the world. It is estimated that more than half of the females aging 15 to 19 in Africa are sexually actives. In some other African countries 30-40 % of all women gave birth before reaching 18 years. As a result high rate of maternal morbidity, mortality other sexual transmitted diseases and HIV/AIDS is associated with the problem. There is estimated 12 million cases of sexualy transmitted diseases in the world, 3 million among those cases occur among the teenagers (World Health Report, 1994). This is because teen mothers are at great risk of facing the above mentioned problems due to their sexually immaturity. Early marriages is said to be one of the major factors for teenage pregnancies in Africa.

Teenager is a person aging between 10 to 19 years of age (United Nations 1991), In Tanzania, teenager population account for 24.2 percent of the whole population. (1988 census).Various studies carried in Tanzania show that high percentage of teenagers is engaging into sexual

activities despite of the knowledge about reproductive education given in schools. It is also said that majority of school attending children start sexual relations before 15 years of age. Study by Kitapa(1999) showed that 62.3 % of teenagers had involved in sexual activities and only 10 percent of them had used contraceptives. 14% had abstained from sex. Despite the awareness of HIV and other STI, still these children were sexual active. This indicates that there is a need of exploring other social culture forces that stimulate this youngster to indulge into sexual activities. (Kitapa1999). Study by GTZ, conducted in Lindi show that the median age of sex for girls to be 11 years while for boys is 14 years.

455 respondents of women induced abortion, 32.9% were teen agers aged 19 and below, while 20 % among them were primary or secondary school students (Mpangile *at al* 1992). Three out of four mothers has given birth to their first child during their adolescent age (Ngalinda 2005). It has been reported that, there has been an increase of school dropout in Tanzania due to pregnancies since 2003. About 44,742 pupils dropped from primary school in 2006 compared to 32,469 in 2005 and 7,734 secondary school girl students abandoned school in 2006, while in 2005, 6,912 secondary school girl abandoned their studies due to pregnancy (WLUML, 2007) this is due to the medically factors that women who became pregnant during their teens have an increased risk for health complications including premature labor (Hoffman, Maynard, 2007).

2.2: Sexuality and Family life

Lack of sexual education among teenager is argued to be one of the factors that contribute to teen pregnancies. Literatures indicate that the problem of teen pregnancy is due to implementation of sexuality education curriculum developed in Europe. This curriculum does not take into account the different social cultural and beliefs among the societies. As Katz and Finger argue "this curriculum are based on biological facts". A study in Namibia that has originally prepared for US setting has been modified and incorporated into Namibian culture and beliefs in order to prevent teen pregnancy. The study showed significant success Sexuality and Family Life (Katz and Finger 1997).

In Nigeria, a focus group and interview among the Igbo tribe indicate that traditionally, teenagers tended not to be sexually active outside marriages, and out of wedlock pregnancies were rare. Societal mechanism regulated teenage pregnancies and sexual activity. They induced early

marriages. process of rites of passage. In modern society, sexual activities began early and family planning use is low. Thus the rates of out of wedlock premarital, abortion and maternal mortality among teenager females are high. In Lindi Tanzania, study by Katapa indicate that teen agers practice what they have learned from initiation ritual, as a result 50% of women there give birth before 19 years of age, 465 of them are primary school pupils, hence school dropout is a common problem. This also attributed to the high rate of maternal mortality. Maternal mortality ratio is 600 per 1000 (Katapa 1997).

2.3: Pregnancy and traditional beliefs

School children. especially those, who have gone through initiation rites, are well aware as far as cultural traditions are concerned in relation to pregnancy and childbirth. Previous studies in the same region found similar beliefs and traditions are deep-rooted amongst populations. Boys and girls learn about traditions through peer-effect, the socialization process at home and in the community and during initiation rites. However, fear and shyness are related to cultural taboos of discussing sexuality (Mushi *at all,* 2007).

2:4: Family background

It has been noted that in unstable families where there no good relationship between the two parents, children in those families particularly girls tend to be involved into sexual affairs at early stages. This is due to the fact that these kids miss a good parental care that might give them a better education toward sexuality and pregnancies (Rexburg, 2007). Further the study shows that since most of the parents do not talk about sexuality with their children, most of the teens are not well educated about sex activities and its impacts. Most of them gate this education from peers, TV, magazines and school mates. Sometimes this information is misleading

2:5: Gender imbalance and violence against women

Gender inequalities are one of the factors that have been associated with teen pregnancies. In many African societies girls are not given equal chances into family positions and most of them are not well educated. Usually boys are expected to be sexually experienced before they get married. Although there are no sufficient studies to explore teen fathers, it is obvious that given that belief and the position of girls into the society, it is easy for those little girls to fall into traps

of these young boys. However, study of teenage pregnancies into the refugee camps show that 3 out of 5 teen girl pregnancies was a result of rape. A study that intended to identify issues that hinder or enhance parental adolescent communication on sexuality, discovered that young girls are more vulnerable than boys when it comes to sexuality due to their social status. Girls are also least able to negotiate the term sexuality initiation or condom use and also protect themselves against sexual violence (Kajula, 2005).

The exchange of sex with gifts or money as well as sex with older men may also place girls at high risk of teen pregnancies and HIV/AIDS. Young people living in poverty or facing the threat of poverty may be also found themselves vulnerable to sexual exploitation through need to trade or sell sex in order to survive. About 50% of sexual experienced females reported having received a gift for their sexual encounter (Kaaya, Leshabari & Mbwambo, 1998).

2.6: Sexual behavior

As noted by some scholars, explaining sexual behavior among teenagers is not an easy task. Most of the schools only end up in documenting the trend rather than explaining it. This is attributed to gender perception among the communities. For example, girls are easily labeled as prostitutes if it is known that they are sexually active. As a result, girls' sexual activities are surrounded by secrecy environment. Following that scenario, the source of information pertaining to sexuality and reproductive health are shifted from parents to peer group. As a result peers and not parents are the most source of information on sexual matters (Fugleman, 1997).

Although some of the parents are aware of the sexual behavior of their youngsters, they tend to remain quiet because by doing so they relieve them from financial responsibilities. The study carried in Dar es salaam also indicate that having a boy friend is prestige among girls since the conduct rise social status of the girl among her peer in the group. The girls choose to have sexual partners because the social status in the peer group depending on nice material possession. Usually these materials are supplied by their boyfriends whether old or young (Vibeke, 2001).

2.7: Policy issues

Currently, there is no policy in Tanzania to allow school girls who get pregnant and deliver to continue with education. UNAIDS report for "Girls Education and HIV prevention 2006 calls

for African nations to allow their schools to respond to the problem of teen age pregnancies, through provision of comprehensive sex education so as to reduce pregnancy and hence improves sexual health. The reports further calls for inclusion of policies on how to encourage teenage mothers to go back to schools (UNAID, 2006)

This policy might be achieved through introduction of programmers that will ensure basic literacy, numeracy and life skills for girls and young women outside of formal schools through equivalent or second chances programmers (UNAID, 2006).

Nevertheless, all this is possible when the problem is well understood, the question that this study is intending to find. The review shows that numerous factors have been investigated in their relation to the teen age pregnancies. However, few have been deeply focused on different social cultural behaviors. Most of the literature seems to concentrate on the low knowledge of sexuality among the youths. The main causes of teen pregnancies, no much efforts has been placed in social cultural behaviors that might encourage the youth to indulge into sexual activities. This might be social practices such us "Initiation rites" circumcision ceremonies and traditional cultures. Statistic indicates that almost thirty percent of children enrolled in primary school in Tanzania do not reach their seven years of primary education while for secondary school, 20 percent of girls do not complete their secondary education due to pregnancy. Nevertheless, drop out due to pregnancy seem to be higher in some areas compared to others in the country. Southern part of Tanzania, specifically Mtwara Region seem to be the leading region of high rate of teen age pregnancies. The Basic Education Statistics (BEST) show that pregnancies are one of the major factors that contribute to school dropout. Mtwara region alone has recorded 400 cases of school dropout due to pregnancies in the year 2006.

Teenage pregnancy if not checked can lead to long term repercussions to the teen mothers, farther, family and the whole society at large. There is great possibilities of children born to teen mothers facing a great challenge to grow up compared to those born to older married couples.

3.0: CHAPTER THREE: STUDY METHODOLOGY

3.1: Study design

This was cross sectional study design.

3:2: Area of the study

The study was conducted in Mtwara Municipality at Railway ward. Mtwara is one of the Regions with high rate of teenage pregnancies in Tanzania.

3.3: Study population

Teenager pregnancy is defined as teenager or underage girl (usually between the age of11-19)becoming pregnant.The target population was both male and female teenagers aged 11 to 19 years living in the Railway ward at Mtwara municipal. The decision to include this young people of this age was mainly due to the fact that majority of unwanted pregnancies and its repercussions occur in this age group.

3:4: Sample and sampling procedures

The sampling strategies for qualitative data were purposeful. Such sampling focuses on the selection of particular people from the target of the study. As such, purposeful sampling seeks information-rich cases which can be studied in depth (Hoepfl, 1997).There were no strict criteria for sample size in qualitative research. The sample size in qualitative research is unlikely to be known with certainty at the start of the research (Denscombe, 1998). In this study, the sample for focus group discussion (FGD) were obtained in a process of "saturation" in which data were collected until they were rich, thick and started to replicate (Morse and Rirchards, 2002).

Quantitative samples were random. In this part of quantitative sampling, the sample unit was households. Only teenagers at the age of 11 to 19 from the selected households participated in this study.

Household were chosen at random with probability proportional to size. A household schedule were drawn up listing the basic demographic information about all the occupants of selected household and identify eligible respondents(those aged 11to19) All eligible respondents in each selected household were interviewed. Due to time limit two attempts were made to interview

respondents. if they were still missing the respondents were substituted. The estimated sample sizes N was calculated using the formula:

$$N = \frac{z^2 p(1-p)}{d^2}$$

Where: N =sample size

Z = standard normal deviation of 1.96 corresponding to 95%

P = Is the prevalence of teen pregnancy in southern regions, which is 14%

D = standard error, which is 5%

$N = 1.962 \times 0.14(1-0.14)/0.05^2$

$= 185$

3.6: Data collection

Data were collected using, questionnaire and Focus Group Discussion as described below. Two instruments were used for data collection starting with questionnaire and in-depth interview guide.

3.7: Questionnaire

Questionnaire were developed in English and then translated to Kiswahili, the national language. The instrument was reviewed for content validity and revised before data collection began. The questionnaire consisted questions on socio-demographic characteristics of the respondents, knowledge about teen pregnancies, attitude toward sexuality, social beliefs toward pregnancies and perceived efficacy to avoid teen ager pregnancies.

3.8: Focus group discussion

Focus Group Discussion method was employed at the end of other interviews for the purpose of cross-checking issues not rose in the interviews. The participant for the discussion were selected

criteria of knowledge of teenage pregnancy, sex (male and Female), and age. 15 years and seem to be matured enough given the sensitivity of the topic.

discussions were conducted in separated session between male and female and combined that included both men and women. In separate session 5 participants were participated female group and 4 in male group, thereafter in combined session where 9 participants took This is because it might be difficult to organize and facilitate the discussion if the number of pant were too big.

Data processing and analysis

qualitative study, data analysis involved organizing data, breaking it into manageable synthesizing it, searching for patterns, discovering what is important and what is to be Quantitative data were analyzed using SPSS computer program.

Ethical Consideration

Research ethics cover a number of concerns including ensuring the welfare of those who participate in the research, maintaining honesty in conducting research and treating information given by participants with utmost and confidentiality (Field, 2004). In the process of adhering to the ethical issues, ethical clearance were sought and obtained from Muhimbili University of Health and Allied Sciences (MUHAS) prior to the study. Research permit were also be sought and obtained from the Mtwara Region Administrative Secretary (RAS) Mtwara Municipal Council Executive Director (DED) and Railway Ward Executive Officer (WEO).

Informed consent were also sought and obtained from participants before they participated in the study. Participants were informed about the objectives of the study and that their participation was to be voluntary as there were no and cohesion for participating. In addition, participants were free to decline or withdraw any time in the course of the study. It was clearly clarified that the information provided whether orally or in writing were for research purposely and were therefore strictly anonymous and dealt with confidentiality.

4:0: CHAPTETR FOUR: FINDINGS OF THE STUDY

4:1: Introduction

This chapter presents the results that were obtained into the survey. These results are presented in terms of tables and Figure. Short explanations are provided below the table and Figures for more elaboration about the meanings and interpretations of the finding represented in each table or Figure. A total number of 186 teenagers ageing between 11 to 19 years old participated in the study. Among them, 75(40.3%) were male and 111(59.7%) were females. Data in table 1 shows the number of respondents by age, sex and other social-demographic characteristics.

Table 1: Demographic characteristic of the study participants (%)

	Social demographic characteristics	Males N=75	Females N=111	Total N=186
Age	11-14	24	29.7	27.4
	15-19	76	70.3	72.6
Level of Education	No education	4	5.4	4.8
	Primary education(Not completed)	16	46	33.9
	Completed primary education	24	10.8	16.1
	Secondary education(not completed)	4	5.4	4.8
	Secondary education (completed)	4	2.7	3.2
	Secondary education(still in school)	48	29.7	37.1
Religion affiliation	Christian	40	46	45.5
	Muslim	60	54	56.5
Occupation	Peasant	8.0	8.1	8.1
	Petty traders	4.0	8.1	6.5
	Employees	4.0	2.7	3.2
	Students(secondary school)	52.0	35.1	41.9
	Student(Primary school)	24.0	8.1	14.5
	No formal employment	8.0	37.8	25.8

Table 2: Proportionate of the study population indicating ever had sexual intercourse

Have you ever had sexual intercourse? (here we refer to penetrative sex)	Yes	No	Total
Male	42(56.0%)	33(44.0%)	75(100.0%)
Female	63(56.7%)	48(43.3%)	111(100.0%)
Total	105	81	186

There were no significant differences in terms of percentage between male and female who had ever had sexual intercourse. Male percentages were 56 while female were 56.7. Chi squire test also show that there were no significant differences between male and female respondents about having sex.

To determine the age at which teenagers started having sex, the respondents who had sexual intercourse were asked to state the age at which they had sexual debut. The age group was categorized into three groups. First group were those Below 11 years, second group was those aged 11 years up to 14 and last group consisted those ageing 15 years up to 19. The life median age at first sex is a convenient measure for indicating sexual activity and age at which people start to have sexual intercourse. The objective of this indicator was to measure the age at which young people starts to have penetrative sex. Participants were asked to indicate whether they have ever had penetrative sex and also to indicate the age at which they had penetrative sex. The result show that teenagers in Mtwara start sexual activities earlier when compared to other regions. The median age for sexual debut for male participants were 13 while for female is 14. The national estimate for life table median age at first sex is 16 for men and 17 for female (Behavioral surveillance survey among youth, 2002).

Table 3: Distribution of the study population indicating % at the first sexual intercourse

Age group	Male	Female	Total	Percentages
<11 years	2	6	8	7.6
11-14	19	29	48	45.7
15-19	21	28	49	46.7
Total	42	63	105	100

Most of the respondents had sexual intercourse at the age of 15 to 19 years. Percentage of respondents who had Sexual intercourse at this age group was 46.7. The data here show that penetrative sex which is one of the factors for pregnancy starts a little bit earlier among teenagers at Mtwara municipality.

In order to establish the facts that attract teenagers to engage into sexual intercourse, respondents, both who had and had not been having sexual intercourse were asked to mention the reasons that attract teenagers to do penetrative sex

Table 4: Proportionate of the study population indicating reasons for having penetrative sexual intercourse

Perceived reason for having sexual intercourse	Male	Female
Sexual desires	22(29.3%)	14(12.6%)
Group Pressure influence	24(32.0%)	42(37.8%)
My partner	11(14.7%)	16(14.4%)
Parents guardians	10(13.3%)	26(23.4%)
Others	10(13.3%)	11(9.9%)
Total	75(100.0%)	111(100.0%)

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Total	75(100.0%)	111(100.0%)

Table 6: Frequency distribution of the study population indicating respondents said that traditional ceremonies contribute to teen pregnancies

Perception toward contribution of traditional ceremonies to teenage pregnancies	Yes	No
Male	66	9
Female	102	9
Total	168	18

Parent are the most influential and mentors to their children, Since parents are more close to their families, the respondents were asked to state whether their parents/guardians were discussing with them anything relating to pregnancies and the impacts of early and unsafe sex.

Table 7: Proportion of the respondents discussing with their parents about sexuality and early pregnancies

Does your parents, guardians discuss with you about impact of early pregnancies and sexuality?	Yes	No
Male	24(32.0%	51(68.0%)
Female	81(73.0%)	30(27.0%)

Majority of female respondents reported that their parents/guardians discuss with them the impacts of pregnancies. The percentages for female who discuss with their parents about impacts of early pregnancies is higher for female (73.0%) than the males (32%) The different between male and female respondents about discussing impact of early pregnancies were significant. (χ^2 30.56 p<0.01).

Table 8: **Proportion of the respondents towards awareness about impact of teenage pregnancies**

Are you aware of any of the impacts of having pregnancy at the teen ages?	Yes	No	Not sure
Male	50(66.7%)	20(26.7%)	5(6.6%)
Female	78(70.2%)	13(11.7%)	20(18.1)

Most of the female respondents were awere about impacts of having pregnancy at the teen ages than male respondents. More than 70% of female respondents reported to be aware about the impacts of teen pregnancies. There was significant difference between male and female respondents about awareness of early pregnancies. χ^2 4.96 $p<0.026$

Table 9: **Proportion of the female respondents who have been pregnant by the time of the study**

Have you ever been pregnant?	Frequency	Percentages
Yes	30	27.0
No	81	73.0
Total	111	100.0

Among the female respondents, 73% had never been pregnant but 27% had been pregnant. For those who had been pregnancy were also asked to state how many times they have been pregnant up to time of the study.

Table 10: Proportion of the female respondents to indicate how many times they have been pregnant

How many times have you been pregnant by now	Frequency	Percentage
Once	15	46.7
Twice	10	33.3
More than twice	5	16.7
Total	30	100.0

A large amount of the respondents who had ever been pregnant 46.7% had been pregnant at list once, 33.3% had been pregnancy more than once, 16.7% more than two times and 3.3% don't know how many times.

Prevalence of exchanging sex for money or gifts was measured by asking respondents to indicate whether they had exchanged sex for money or gifts

Table 11: Percentage of respondents who had exchanged sex for money /Gifts

Have you exchanged sex for money or gifts?	Yes	No	Total
Male	12 (16.0%)	63 (84.0%)	75(100.0%)
Female	24 (21.6%)	87 (78.4%)	111(100.0%)
Total	36	150	186

The percentage of respondents who reported to had received or given gifts or money in exchange for sex was higher for females (21.6) than for males (16.0). However, this difference was not statistically significant (χ^2 0.91 p=0.341). Nevertheless, more males gave money or gifts for sex than female who received money or gifts for sex.

Data collected qualitatively indicated that the level of stigimization of girls who had become pregnant is not high compared with other regions. " *Unlike chaggas it is not a shame for girl to give birth while still living with their parents*", while in the Northern area that practice are heavily punished including chasing out the girls from her home, here in Mtwara that punishment is not usually applied. As a result teenagers have no fear of having sex compared with other areas. Having babies is also considered as a sign of respect and signal for a girl that she has grown up.

The introduction of ward secondary schools has also been mentioned as one of the reasons that contribute to high rate of teen pregnancies in the region. Students of this school had to move closer to the school where they hire rooms in nearby area and live alone with minimum supervision of the parents. These young girls had been targeted by lustful men, young and old and usually most of those school girls are falling in a trap of men. Given their inability to negotiate safer sex, inexperienced in living alone as an adult and sometimes need for money, those girls had fallen into males trap and found themselves exchange sex for material benefits such us perfume, soap gold rings and mobile phones.

One of the respondents had said that she is willing to had sex with people from Dar es Salaam because it gave her a high level of reputation in her peer group. Parent monitoring has also been mentioned as one factor that contribute to teen pregnancies in Mtwara. Most of the parents have little time with their children. This is due to the fact that most of the parents are busy or just careless about the affairs of their children. "Most of these girls who become pregnant receive minimum support from their families after giving birth; hence the chance of becoming pregnant in the second time is high, said one of the respondents. This is because the girl has to find money to support her and the baby hence some of them have to do sex again with different men.

"Most of the mothers are also sex workers, that is why their daughters also become sexual active in early stages"

Most of the cashew nuts industry in Mtwara employed women; most of them were from the rural. One of the respondents has explained that these young women are now facing hardship because their employment is temporally and wages are not enough. This woman tends to have multiple partners. By doing so, they set up bud examples to their daughters. As a result it is hard

for them to control their daughters from practicing sex activities since mothers themselves are doing so.

Peer pressure has been also reported that they so because *everyone is doing. Everyone one is doing so why shouldn't I?* This young lady has said that she is having a boy friend because almost all of her friends are doing so. If you don't have a boy friend they see you as outdated or ugly. Statement like that encourage girls to indulge into sexuality, however this is due to lack of information on sexuality and poor parental control. In a peer group girls having boy friends are most respected and admired. This is because those boy friends are supplying girls with luxurious materials such as soap, perfume and sometimes close.

Initiation ceremonies have been also associated with teenager sexuality. "*I practice what they taught me to do* "Although initiation ceremonies are not intended to encourage girls and boys to practice sex. it has been argued that these youngster found it very had to wait till they marry. *We spend too much time schooling we can't wait that long*. Some of the respondents have explained

CHAPTER FIVE: DISCUSSION

5.0: Social demographic profile of the study population

Generally this study was carried out to explore the social cultural factors that contribute to high rate of teen pregnancies in Mtwara region. The study population comprised 186 respondents among them 75 were male and 111 were female. Targeted group were those people at the age range of 11 to 19 years.

Various reasons has been suggested for explaining the problem of teenage pregnancy which range from luck of information, poor utilization of contraceptives social cultural factors such us poverty and cultural acceptance. However, the reality of this problem is still complex than it is expected. The problem is why teen pregnancies are high in some regions like Mtwara compared to other regions. The reason could be culture, lack of education or means for earning life?

The results of this study show that the phenomenon is complex and there is no single factor to explain it. The factors for teenage pregnancy are many and they reinforce each other.

5.1: Sexual behavior

Sexual intercourse is the starting point for exposing young girls to the risk of getting pregnancy and other sexual related diseases. From this study, the result found that most of the teenagers at the study area have already started sexual activities despite of their young age. Most of the respondents had indicated that they had sexually intercourse at list once up to the time of this study. The median age at first sexual intercourse was 13 for male and 14 for female respondents; this is below the national average age at first sex which is 16 for male and 17 for female. These results conclude that prevalence of premarital sex at Mtwara region is higher than other areas of Tanzania.

The Proportionate of female who had sex is great than those of male. More than half of the female respondents have admitted to have sex by the time of the study.

Age at first sexual intercourse is very important because it mark the beginning of the exposure of risk such as pregnancies among young girls. Some of the respondents have reported to have sex

at the age below 11 years, while others had sex between 11 to 14 years. Majority of the respondent had started having sexual intercourse at the age of 15 to 19 years.

Although most of the youth are aware about sexuality and impacts of pregnancies at young ages, yet most of them had sexual intercourse. Among the respondents, more than half of the respondents are aware about the impacts of teen age pregnancies, and less than ten percent were not sure about the impacts of pregnancies. Although these girls are aware about the impact of sexual intercourse and pregnancy yet they are taking the risk by having unprotected sexual intercourse.

Parent Guardian is most key figures in shaping the youngsters. This study attempted to find out the level of interactions in terms of exchange of information about sexuality and pregnancies between parents/guardian and their children. Most of the respondents have admitted that their parents and guardian do not discuss with them about sexuality and pregnancies, and when it comes to level of monitoring, most of the respondents have indicated that the level of parental monitoring over them is very limited. As a result most of the children have an ample time to decide and practice thing s in their own. This also gives them time to practice sex, staying with peers who have become the major source of information about sexuality. Many youth are also found to be leaving alone.

It has been noted that the level of awareness about the impact of teenager early pregnancies is high among the female and low among the male respondents. There was significant difference between male and female respondents about awareness of early pregnancies. However, male has great influence when it comes to sexual decision making. Due to social cultural set ups and gender imbalances, men has great influences of sexuality. Given their low understanding of impacts of teen pregnancies, male has played a great role in facilitating teen pregnancies through persuading females to have unprotected sex.

One respondent said that she live with her aunt because she has to come close to her new day secondary school that she is studying. "My aunt told me one day that she can't give me food and fragrant. She told me that being a form three girl I am a grown up girl so I should seek for my

Own perfume" she claimed. Statements like this indicate that some of the guardians and parents do encourage their youngsters indirectly to indulge into sexuality. Study by Rexburg also found out the same results, that although some of the parents are aware of the sexual behavior of their youngsters, they tend to remain quiet because by doing so they relieve them from financial responsibilities.

Although it is commonly known that most of the teenagers do sex for economic reasons, this study found another relevant reasons that attributing to the sexual conduct among the teenagers. When asked about reasons for having sex at the young ages. Peer pressure has been strongly emerged as one of the main reasons that attract teenagers to have sexual intercourse. Some of the respondent has said that they do so because. "Everyone is doing it so .This shows that there is a gap between parents and children in terms of delivering information about reproduction health. Now this gap is now filled by peer group who also have no enough knowledge about it.

Some of the teens has also pointed that their parents, guardian have been encouraging them to have a partner of different sex. This is more experienced by girls who are not leaving with both of their parents or leaving with relatives. Pattern of settlements has also been one of the reasons for having sex. Teen are sometimes forced to hire a room with two or more partners. These are those teen who are attending day secondary school far from their homes. This is also supported by reported no parent control by some of the respondents

Parents have been reported to have spent little time with their children. This is due to several factors including single parenthood, excessive alcohol drinking. This situation gives the teen's ample time to spend with peer group which encourage them to engage into sexual conducts.

It has also noted that getting pregnancy in small age is not something regarded as shame among the Makonde societies. "Unlike others who impose heavy punishment to their daughters when they became pregnant out of wedlock including chasing them out of their home, the situation is quite a different in this area. Young girls who become pregnant are not usually kicked out of the family. However, sometimes they receive minimum support from the family due to economic limitations. This little support may sometimes force those girls to seek for a man to support them the situation that expose them to the second danger of becoming pregnant again.

Introduction of new economic opportunities in the region has also said to be one of the factors for teen pregnancies in the region. The construction of Mtwara Dar road into tarmac level has increased the floatation of people and goods into the region. This mixture of cultures has confused some of this little girls who are easily trapped into this new comes.

Poor communication of sexual information between parents and their children has forced the youngsters to depend on peer group. This study shows that since most of the parents do not discuss sexuality with their children, peer became the most source of information to this youngster. Since this information is not accurate, most of these young girls are misdialed and fall into trap of unwanted pregnancies.

This study has also find out that some of the girls perceive sexual relation as symbol of high social status among the peers, having a boyfriend increase social status in a group. the study by Vibeke carried in Dar es salaam also had the same result that having a boy friend is prestige among girls since the conduct rise social status of the girl among her peer in the group. The girls choose to have sexual partners because the social status in the peer group depending on nice material possession. Usually these materials are supplied by their boyfriends whether old or young (Vibeke, 2001).

5 RECOMMENDATIONS

Prevention of teenagers from having sexual intercourse at the very young ages is a vital intervention in pregnancy prevention among teenagers. It is important to stage a strong educational and behavioral change program that will encourage youth from to abstain from sex.

From the study, knowledge about pregnancies seems to be not a strong barrier to avoid teen pregnancies. Substantial amount of respondents are aware about impacts of being pregnant at teenagers. Hence the program should focus more into attitudes and social norms that facilitate sexual activities among the youth. The program should also put stronger emphasis on secondary school students at school. Achieving the following should be done:

Join up actions to ensure that health and education services work together effectively. Prevention of teenage pregnancy through, better sex education and improving contraceptive and advice for young people. Involving young people in supporting the parents of teenager, to talk about sex and relationship and targeting high risk groups. Better support for teenage mothers, including help them returning to education, advice and support work with young fathers, and lastly better childcare and increasing availability of supporting housing to ward secondary school students.

5 Suggested area for further studies

The study was focused on teenage pregnancies ageing between 11 to 19 years of age. The f study was conducted in only one ward of Railway, among other five wards of Mtwara municipality. Hence there is need for further study to the wide area in the same field. The study was focusing on social cultural factors contributed to teenage pregnancies; further study should be carried out to analyses the factors for teen pregnancies. The main constrain for this study was limited time and budget.

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