FACTORS CONTRIBUTING TO TEENAGE PREGNANCIES IN TUNDURU DISTRICT COUNCIL

FACTORS CONTRIBUTING TO TEENAGE PREGNANCIES IN TUNDURU DISTRICT COUNCIL

By

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A Dissertation Submitted to the School of Public Administration and Management in Partial Fulfillment of the Requirement for the Award of Masters Degree in Health System Management

2015

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled ***Factors contributing to teenage pregnancies: The Case of Tunduru District council: The Case of Tunduru District council,*** in fulfillment of the requirements for the award of Masters degree in Health System Management (MHSM) of Mzumbe University.

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DEDICATION

I would like to dedicate this dissertation to the Almighty God for bringing me this far. Also to all my family members for their moral support. Thank you for being there for me and God bless you abundantly. I love you all.

LIST OF ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
CHMT	Council Health Management Team
DHS	Demographic Health Survey
DMO	District Medical Officer
FP	Family Planning
GB	Great Britain
GDP	Gross Domestic Product
HIV	Human Immune Deficiency Virus
IEC	Information Education Communication
IUDs	Intra-uterine Devices
NBS	National Bureau of Statistics
NCCDPHP	National Center for Chronic Diseases' Prevention and Health Promotion
NGO	Non-Governmental Organizations
PMTC	Prevention from Mother to Child
RCHCO	Reproductive Child Health Coordinator
RCHS	Reproductive Child Health Services
SCO	Social Class Based on Occupation
SHEP	School Health Educational Programme
SIMD	Scottish Index of Multiple Deprivation
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
TAMWA	Tanzania Media Women's Association
TDHS	Tanzanian Demographic Health Survey
TFR	Total Fertility Rate
TP	Teenage Pregnancy
USA	United States of America
VCT	Voluntary Counseling Center
WHO	World Health Organization

ABSTRACT

This study was an attempt to assess the factors contributing to teenage pregnancy in Tunduru District Council. The objectives of the study were to determine whether poverty, awareness and low access to family planning services, peer pressure, and level of education contributed to the problem also to solicit for suggestions on how to curb them. Cross sectional research design was used to show and also help in investigating associations between risk factors and the outcome of interest. Purposive sampling technique was used because it enabled the researcher to include only the respondents that were needed for the study. The target population consisted of 183 respondents who satisfied the inclusion criteria. Primary data were collected from the respondents using self-administered questionnaires via the reproductive health service providers. Validity and reliability issues were considered in order to ensure consistency of the data. Both qualitative and quantitative methods of data analysis were used to analyze data in order to minimize the weakness of one another and thereafter SPSS program version 20 was used to code them. The results revealed that poverty, peer pressure, level of education, poor knowledge on the use of family planning contraceptives, reproductive health, little access of family planning methods, early marriages and low access to family services contributed much to the problem. Pregnancy prevention strategies were recommended based on the results. The strategies focused on improving female literacy rate, establishment of adolescent friendly clinics, revision of the current marriage law, encourage community based programmes for sensitization purposes, establishment of gender help desk specifically for youths in order to help them when in need and many others.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The 2014 World Health Statistics indicates that the average global birth rate among 13 to 19 year olds is 49 per 1000 girls. Country rates range from 1 to 299 births per 1000 girls with the highest rates in sub-Saharan Africa. There has been a marked although uneven decrease in the birth rates among teenage girls since 1990, but some 11% of all births worldwide are still to girls aged 13 to 19 years. The vast majority of these births (95%) occur in low and middle income countries where by the experience poverty, sexual abuse and other factors which contribute to teenage pregnancies (Miller, 2002).

Africa has the highest rate of teenage pregnancies in the world whereby 143 per 1,000 girls aged 15–19 years are in sub-Saharan Africa. In general women in Africa get married much earlier than women elsewhere leading to earlier pregnancies. In Nigeria, according to the Health and Demographic Survey in 1992, 47% of women aged 20–24 were married before 15, and 87% before 18. 53% of those surveyed also had given birth to a child before the age of 19 (Miller, 2002). A Save the Children report identified 10 countries where motherhood carried the most risks for young women and their babies. Most of the teenagers are not aware of family planning methods, something which leads to their being pregnant. Of these, 9 were in sub-Saharan Africa. Niger, Liberia, and Mali were the nations where girls were the most at-risk. In the 10 highest-risk nations, more than one in six teenage girls between the ages of 13 to 19 gave birth annually, and nearly one in seven babies born to these teenagers died before the age of one year (Deardorff, 2005).

East Africa has been rated second globally after West Africa as the region with the highest number of women reporting a birth before the age of 19. Uganda leads the region in the number of teenage pregnancies at (33 per cent), followed by Tanzania (28 per cent) and Kenya (26 per cent). For a region experiencing one of the highest population growth rates in the world, East Africa is also teetering on the brink of a crisis of underage pregnancies. In most of the areas shortage of family planning methods usually occurs and it contributes to the problem of teenage pregnancies.

At least five per cent of young women below the age of 18 in the region are already mothers while four per cent of girls below the age of 15 have children. This is a new report by the United Nations Population Fund (Vibeke, 2001).

Tanzania has a problem with high teenage pregnancy rates. Over 44 percent of Tanzanian girls have given birth or are pregnant by the age of 19. It also has one of the world's lowest rates of transition of both girls and boys from primary to secondary school at 36 percent. Virtually all of these pregnancies are unwanted. Sexual violence is widespread. A national survey in 2009 found that almost a third of Tanzanian girls who had sex before the age of 18 said that it was against their will. In most areas, teenagers have low access to family planning methods which contributes to the problem. According to the survey, almost 40 percent of the girls who experienced sexual violence said that they were attacked either on the way to or from school or while at school. Perpetrators included teachers who sometimes traded sex for grades, bus conductors and taxi drivers (Tanzania Demographic Health Survey 2004).

World Bank data shows that 22.8 percent of girls aged 15 to 19 in Tanzania had children or were pregnant in 2010, while the teenage fertility rate (the number of births per 1,000 girls aged 13-19) was 129, giving Tanzania the highest teenage fertility rate in the world, a situation blamed to a large extent on early marriages and a high school dropout rate which the daily news reported on the 6th of April 2010. The Tanzania Media Women's Association (TAMWA), an NGO for women journalists, says there is a strong correlation between child marriage, school dropout rates, early pregnancy and HIV/AIDS and it estimates that between 20 and 40 percent of Tanzanian girls marry before adulthood. Teenage mothers (Percent of women ages 13-19 who have had children or are currently pregnant) in Tanzania was last measured at 22.80% in 2010 Tanzania Demographic Health Survey 2004).

According to the World Bank, teenage mothers are the percentage of women ages 13-19 who already have children or are currently pregnant. Mtwara Region is one of the leading areas in Tanzania for teenage pregnancies. Statistics show that school dropout caused by pregnancy has increased from 5.2 percent in 2003 to 21.9 percent in 2007 (Makundi, 2010).

In Ruvuma Region, the rate of pregnancy is high, that is, women aged between 13-19 years get pregnant with their first child (Philip, 2008). Teenage pregnancy is prevalent in societies characterized by poverty, low education, fewer job opportunities and families headed by mothers who give birth to their first children during their teenage years (Mwaba, 2000). Teenage pregnancy is also associated with other problematic behaviour such as alcohol, drug use, and early initiation of sexual activity, which have been identified as predictors of pregnancy (Mwaba, 2000). Peter (2007) argued that teenage pregnancies are associated with social disadvantage, poverty, homelessness, unemployment, bad housing, fragmented family structure and stressful life events. The youths emulate the behaviour of their parents and of their society, thus social and cultural factors influence patterns of risk taking.

Tunduru District Council has an estimated population of 315,051 and the literacy rate is 33%. The population has a low socioeconomic status with agriculture as the main source of income. The district has a total fertility rates (TFRs) (0.2%) whereas the teenage pregnancies is 13.8%. The Council Health Management Team (CHMT) delivers reproductive health services in the district. Friendly adolescent family planning clinic services are one of the objectives in the District Health Plan (PHC report 2013).

Family-planning services are delivered through separate programs at the district and health unit level with different program staffs and different clinic hours. Oral contraceptives, Depo-Provera, intrauterine devices (IUDs), and condoms are available for all people including teenagers but not in schools. Tubal ligation services are offered in hospitals for women who have completed their family size but vasectomy is hardly performed because men are not willing to do it. Usually the supply of contraceptives is reliable but occasional shortages do occur (PHC report 2013). Many efforts have been done in order to address this problem. Sex education for secondary school students is provided through the School Health Education Programme (SHEP). The District Health Educator and his assistants regularly visit schools. Teachers teach the teaching modules in school. Other sources of reproductive health information are peers, radio messages broadcast by the local radio stations with special messages for young people, TV shows, femi magazines and newspapers. ‘Straight Talk’ is a newspaper insert, which is very popular and a trusted source of information among teenagers. It is produced by a registered Non-Governmental Organization (NGO) and has tackled controversial issues openly (for example non-

invasive sex). All these have brought about awareness to the teenagers concerning the consequences of engaging in early sexual activities (PHC report 2013).

Different sports activities are usually carried out in schools like football, netball, volleyball, basketball, gymnastics to mention but a few, in order for students to participate in games that they desire and this helps their mind to be occupied and little space is left to think of sexual activities. Others also join music festivals and drama. For those teenagers who get pregnant while in school, they are usually allowed to continue with their studies until they deliver their babies. As for parents, much emphasis is pressed on them during different school meetings to develop the habit of talking to their children both boys and girls concerning the dangers of engaging in early sexual activities without feeling embarrassed in order for them to be aware of the dangers that surround them and be able to protect themselves until they get married (PHC report 2013).

This strategy has not been that much successful yet because most of the parents are ignorant and they feel as if it is a taboo to speak to their children about sexual matters. Also poverty can be contributing a great deal in increasing the pregnancies because many teenagers lack their basic needs and are forced to engage into sexual activities in order to get money to cater for their daily needs as well as their families. Due to cultural activities, some girls enter early marriages by being forced by their parents and most of them are taught how to care for men sexually at a very young age which also creates a problem because they start engaging themselves into early sexual activities leading them to unwanted pregnancies and also they are likely to be exposed to sexually transmitted diseases (STDs) (PHC 2013).

There was a great need of conducting this study in order to inform the public about the implementation of the effort to reduce teenage pregnancies at both national and local levels. The gathered information may be used for planning and designing interventions towards minimizing the extent of the problem.

1.2 Problem Statement

Teenage pregnancy and its consequences in social economic development have been increasing overtime in most developing countries irrespective of the measures to reduce it that have been taken by the government and other stake holders. The high social and economic costs of teen pregnancy and childbearing can have short- and long-term negative consequences for teen parents, their children, and their community (Heaven, 2001). Through recent research, it has been recognized that pregnancy and childbirth have a significant impact on educational outcomes of teen parents. In 2006, about 44,742 children dropped out of primary school, 7,734 students dropped out of secondary schools over 60% being girls. Furthermore in the case of Tunduru District, the effectiveness of the measures that has been taken by the government in reducing the problem is still questionable. Though for the government to take sound measures to solve the problem successfully it needs to understand the possible cause of teenage pregnancy that requires accurate information of the problem that relies on empirical investigation.

Few studies have been undertaken to investigate the factors responsible for the increase of the pregnancies in Tanzania. Makundi (2010), commented that the increase is due to early sexual activities among the youths in the region which is taken as a common habit. Another by Magareth (2010) whose major discoveries were that the educational status and knowledge of reproductive health of these teenagers was low and there were already dropouts from school. Nyakubega (2010) discovered that early childbearing, particularly among teenagers (those under 20 years of age) had negative demographic, socio-economic and socio-cultural consequences. Irrespective of these studies, still the findings on the causes of teenage pregnancies are not the same since they differ from one another. Moreover having no study that has been undertaken to assess the factors responsible for teenage pregnancies in Tunduru District, it demands for further study to investigate the status and causes of the problem necessary for providing desirable information to take appropriate and effective measures to solve it. Thus the aim of this study was to assess the factors contributing to teenage pregnancies in Tunduru District.

1.3 Research Objectives

1.3.1 General Objective

The overall objective was to assess factors contributing to teenage pregnancies in Tunduru District Council.

1.3.2 Specific Objectives

i. To determine whether poverty contributes to teenage pregnancies in Tunduru District Council.
ii. To ascertain whether awareness and low access to family planning services contributes to teenage pregnancy in Tunduru District Council.
iii. To determine whether peer pressure contributes to teenage pregnancies in Tunduru District Council.
iv. To determine whether the level of education of an individual can contribute to teenage pregnancies in Tunduru District Council.
v. To solicit for suggestions on how to curb the problem of teenage pregnancies.

1.4 Research Questions

1.4.1 General Question

What are the factors which contribute to teenage pregnancies in Tunduru District Council?

1.4.2 Specific Questions

i. Does poverty contribute to teenage pregnancies in Tunduru District Council?
ii. Can awareness and low access to family planning services contribute to teenage pregnancies in Tunduru District Council?
iii. Can peer pressure's influence contribute to teenage pregnancies in Tunduru District?
iv. Can the level of education of an individual contribute towards her getting pregnant in Tunduru District?
v. What should be done in order to curb the problem of teenage pregnancies?

1.5 Study Rationale

This study is important because it will help put more emphasis on the importance of sex education in schools and at home to both the teachers and parents so that they can pass the knowledge they have to the teenagers for them to live healthier lives and become empowered to make proper decisions in life.

Due to the high increasing rate of teenage pregnancies in the district, this research will help to determine the level of knowledge and attitude of teenagers towards existing family planning health services and the efforts that were done by parents/guardians and health providers in order to ensure that the teenagers did not engage themselves in early sex.

The findings from this study will help to enlighten the community members and the public at large on the positive impact of family planning and factors contributing to teenage pregnancies of which will help them to carry out effective planning and different interventions in order to reduce the problem.

Important information will be revealed to donors, policy makers and other stakeholders who wish to involve themselves in teenage pregnancies prevention campaigns and programmes in order for them to share the knowledge and advice they have and also help support the existing programmes financially.

This study is the requirement for the completion of my Masters degree in Health Systems Management at Mzumbe University.

1.6 Scope of the Study

The study focused on the determining factors which contributed to teenage pregnancies in Tunduru District Council which involved only the selected health facilities and teenagers who were pregnant together with those who were not. Cross sectional study design was used in assessment of the factors, while qualitative and quantitative techniques were used to analyze data.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Literature Review

Theoretical literature review is an evaluation of selected information found in different literature which relates to the study topic. It gives a theoretical base for the study and helps the researcher to determine the problem (Mmari et al, 2000).

2.1.1 Definition of Terms

For the purpose of this study, the following words were used as defined below:

2.1.2 Teenager

Teenagers are people who are in the middle of adulthood and childhood and are aware of their surroundings as well as physical changes of their bodies together with their feelings unlike children. According to Brooker (2006), a teenager is a young person whose age falls within the range of thirteen to nineteen (13-19).

2.1.3 Family Planning Services

Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors to determine freely the number and spacing of their children and to select the means by which this may be achieved (Brooker, 2006).

2.1.4 Contraceptives

Is the use of various devices, drugs, agents, sexual practices, or surgical procedures to prevent conception or impregnation (pregnancy) (Brooker, 2006).

2.1.5 Sex Education

Sex education is education on the subject of sexual activity and sexual relationships. It includes teaching about the male and female bodies so that the learner can understand about sexuality and recognise the onset of puberty, knowledge about personal

relationships, contraception, sexually transmitted infections, pregnancy, childbirth, bonding, parenting and family living (Brooker, 2006).

In assessing the factors contributing to teenage pregnancy and addressing the complexity of the issue and comprehensive strategies needed to address the problem, various theories connected to the problem were reviewed. The selected theories were reviewed because they provide a building block of undertaking this study.

2.1.6 Social Learning Theory

Social learning theory posits that behavior is the reciprocal determination the continuing interaction between a person, the behavior of that person and the environment within which the behaviour is performed. This behaviour can result from the characteristics of a person or an environment and it can be used to change that person or environment as well (Buss, 1991). Therefore behaviour is viewed not in isolation but rather as the outcome of the dynamic interaction of personal and environmental variables. That people learn not only from their own experiences but the actions and reactions of others as well is defined as a limitation or modeling a basic premise of social learning theory. In applying social learning theory to teenage pregnancy prevention, a major component would be modeling teenagers imitate behaviour from others in their environment through observational learning (Buss, 1991).

2.1.7 Sociological Perspectives

Sociologists study the ways in which the society influences sexual behaviour expression. At the macro level of analysis they investigate the ways in which institutions such as religion, the economy, the family, medicine and the law influence sexuality. Sociologists approach the study of sexuality with three basic assumptions (Buss, 1991).

1. Every society regulates the sexuality of its members at macro level
2. Basic institutions of society (Such as religion and the family) affect the rules governing sexuality in that society

3. The appropriateness or inappropriateness of a particular sexual behaviour depends on the culture in which it occur

2.1.8 Evolutionary Theory

A somewhat different approach is taken by evolutionary psychology which focuses on psychological mechanisms that have been shaped by natural selection. If behaviours evolved in response to selection pressures, it is plausible to argue that cognitive or emotional structures evolved in the same way. Socio-biologists view human sexual behaviours as the product of natural selection in evolution and thus view these behavioural patterns as being genetically controlled. Contemporary evolutionary theories view behaviour as the result of an interaction between mechanisms and environmental influence (Buss, 1991).

2.2 Empirical Literature Review

An empirical review in research methodology is when the writer reviews the information and theories currently available concerning the topic and the historical background of the topic (Mmari et al, 2000). Various empirical studies have been undertaken to investigate the factors responsible for teenage pregnancies in Tanzania as far as other developing and developed countries are concerned. The findings of these studies differ from one another lacking common argument on the possible cause of the pregnancies which might be due to some differences in research methodology applied in their analysis, case studies and data analysis techniques.

For instance, the research conducted by Ogori (2013) on causes of teenage pregnancies in Nigeria, discovered that incomplete education, isolation, rejection by parents, mother's health risk during childbirth and financial handicaps were the effects of teenage pregnancy. The study adopted the simple percentage survey research design involving 40 teenagers. A simple percentage rate was used to analyze the data collected. The result revealed that the age at which teenagers engaged in sexual intercourse was too early, socio-economic background, early marriage and traditional gender roles, peer pressure, lack of sex education and the non-use of contraceptives during sexual intercourse are causes of teenage pregnancies which lead them to opt for worse decisions like abortion.

Also that incomplete education, isolation and rejection by parents, mother's health risk during childbirth ansd financial handicaps were the effects of teenage pregnancies.

A study by Nkhumo (2005) on factors contributing to teenage pregnancies in order to assess various factors causing teenage pregnancies in South Africa using exploratory and descriptive study, focus group interviews were conducted with learners from grade 10 – 12, aged 15 - 19. The results found that factors contributing to teenage pregnancies were openness and transparency, sexual violence, access to the government grant, peer influence, poverty, lack of recreational facilities, substance abuse by the learners and attitudes of Health Care Workers at Moshana clinic. It was concluded that although sex education is now part of the Life Skills programme in schools, teenagers still fall pregnant due to lack of openness and transparency when discussing sexual matters.

Adebayo (2013) investigated the factors associated with teenage pregnancies and fertility in Nigeria. A subset of women aged 15 to 19 was extracted from the women data. The results showed that apart from the age of the teenagers, marital status was another strong predictor of the likelihood of being currently pregnant or having a child in the 5 years preceding the survey. An increase in age was associated with increase in the odds of being pregnant. Ensuring that female teenagers remain in school is vital to mitigating the negative outcomes of teenage pregnancies and child bearing.

A research conducted by Malahlela (2012) on the contributing factors of teenage pregnancies and also to investigate the educators‟ perceptions of the effects of teenage pregnancies on the behaviour of secondary school learners in Mankweng area, Limpopo province. Fourteen educators from seven secondary schools in Mankweng area were purposively sampled for the study. Data was collected using in-depth interviews to allow the researcher with a platform to ask open-response questions and to explore the educators‟ perspectives about the effects of teenage pregnancy. The data was analysed thematically by carefully identifying and expanding significant themes that emerged from the informants‟ perceptions about the effects of teenage pregnancies. The study revealed that poverty, shortage of family planning experts, drug abuse, absent parents, and non-use of contraceptives as the factors which contributed to teenage pregnancies. Also it was discovered that teenage pregnancies had a negative or detrimental effect on the school

attendance, academic performance, emotional behaviour and relationships between pregnant teenagers, their peers and educators.

A study conducted by Aurora (2012) in Romania on factors contributing to teenage pregnancies, showed that teen age pregnancies and motherhood were normal along human history but in the present society there are widely recognized the girls' needs and rights to continue with their education, to achieve financial independence. Pregnancy in teenage years is primarily a social "plague", which can have serious medical consequences. There are about 27.000 births to teenagers every year in Romania, plus about 700 births to girls aged up to 15. Others approximately 14.000 teenagers who become pregnant choose to discontinue it and 40% of girls who are today 14 years old will become pregnant at least once before reaching 20, according to a study of the organization "Save the Children" in "Child's abuse and neglect" (2000). The findings of this study were that the most common sources of teenagers' pregnancies were sources of fund, poverty, and drug abuse. Teenage pregnancies in Romania rank them second in Europe after Great Britain and on the third place to abortion after GB and France which shows the failure of sexual health education in Romania and the earlier sexualization of the young generation.

Opeyemi (2010) conducted a study on social and economic influences of teenage pregnancies in Africa and found that teenage pregnancy remains an important and a complex issue around the world, with reports indicating that Africa has higher rates than other continents. Data sets from the World Bank Organisation between 2008 and 2010 specific to 51 African countries were obtained to conduct this study based on availability. Independent t-test, Spearman's correlation and regression analysis were performed. The eight social and economic variables used in this study were: GDP per capita, GINI index (World Bank estimate), Female Literacy rate, Health expenditure, Unemployed female rate, Gender equality, Contraceptive prevalence and Urban population rate. Independent t-test revealed that in countries where teenage pregnancies rate was high, Literacy rate, Contraceptive prevalence rate and Healthcare expenditure rate was low. Spearman correlation indicated that female literacy rate, Healthcare expenditure, GDP per capita and Contraceptive prevalence had a significant inverse relationship with teenage pregnancy rate. Logistic regression indicated that female literacy rate is the best predictor of teenage pregnancy in Africa.

A study conducted in Morocco, Egypt and Turkey by Sutay (2010) on teenage pregnancy by using data from recent Demographic and Health Surveys (DHS) Morocco 2003/04, Egypt 2005 and Turkey 2003 to estimate the timing and determinants of first births among teenage women (under age 20) after controlling the effects of various socioeconomic and cultural characteristics. The study focused on married teenagers who had significantly different experiences than their unmarried counterparts. The results suggested that the probability of having a first birth before the age of 20 had substantially declined since the mid-1990s in Morocco and in Turkey, but had declined only moderately in Egypt. In Morocco and Turkey the decline in teenage childbearing had been driven by all socioeconomic segments, while in Egypt the decline had been driven by women with the lowest educational attainment. Early marriage, low educational attainment of women, poor welfare status and high spousal age difference constituted the major socioeconomic and socio-cultural factors facilitating teenage childbearing in all three countries.

A study conducted in Nepal by Akina (2011) on causes of teenage pregnancies in Nepal was committed to achieving healthy life including sexual and reproductive health of its teenagers. The aim of this study was to explore and analyze the factors contributing to teenage pregnancy (TP) and motherhood in Nepal, its consequences, current policy and program responses in order to improve the reproductive health program. The method used was carried out by doing literature reviews, articles, published and unpublished literature. The conceptual framework was adapted and modified from Ecological and Health Belief Model. The findings showed that worldwide and in Nepal, TP and motherhood of teenage girl was a threat to the mothers and their new born children with serious impact on health, social life and economy. Also it was discovered that teenagers derived different wrong information from their peers concerning the use of family planning methods which lead them to the problem. The main factors were intrapersonal, interpersonal, institutional, structural and public policy. Part of the vulnerability of pregnant teenagers was related to the social determinants that led to early pregnancy.

A study conducted by Nyakubega (2010) on factors associated with teenage pregnancies in Tanga discovered that early childbearing, particularly among teenagers (those under 20 years of age) had negative demographic, socio-economic and socio-cultural consequences. He further reported that in Tanzania the median age at first intercourse for women is just under 17 and most of the teenagers are not aware of the legal age of giving birth as per the

Tanzanian constitution. It should be reviewed and cross-cut age of women to give birth should be included in order for them to be aware. About 15% of women aged 15-19 had sexual intercourse for the first time by the age of 15. By the age of 15, and 18, 65% of women were already sexually active and by 20, about 86% were also sexually active. A cross sectional descriptive analytical study which targeted all girls in secondary schools in Tanga Municipality, low socioeconomic status was found to be an important cause for teenage pregnancies as 57.1% of respondents suggested. Other factors responsible were luxury and deprivation of education to girls (43.5% and 16.5% respectively).

Margareth (2010), carried out a study on factors contributing to teenage pregnancies in Tanzania a case study of Kinondoni Municipal Council. This study showed the social economic characteristics of teenagers, their general knowledge of reproductive health issues and their sources. The major discoveries made from this study were that the educational status, availability of contraceptives, and knowledge of reproductive health of these teenagers was low, even the means to which they heard about reproductive health was from different sources other than health facilities or schools which made some of them to be misled. Some were already dropouts from schools, and others were deprived of the chance to continue with secondary education. They had nothing tangible to do because of their low education and coupled with their low economic status, they were at risk of being involved in sexual activities at an early age ending in pregnancies. In addition, their parents' educational and economic statuses were also found to be low.

A study by Makundi (2010), on factors contributing to high rate of teen pregnancies in Mtwara revealed some of the reasons which led to the problem. The objective of the study was to assess the social cultural factors for teenage pregnancies in Mtwara Municipality. The study involved 186 respondents and 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 identified eligible respondents (those under the age of 19). All eligible respondents in each selected household were interviewed. The findings were that, the majority of teenagers in Mtwara Municipality were exposed to high risk of early pregnancies, sexually transmitted diseases and HIV due to the fact that sexual activities among youths in the region are a common conduct. His findings further revealed that 42(56%) of the male respondents and 63(56.7%) of the female respondents were sexual active.

The median age at first sex was 15 years of age. The findings revealed the social cultural reasons for teen pregnancies among individuals. The introduction of ward secondary schools that forces teens to hire a room far from their parents has also proved to be one of the reasons for increasing sexual activities among teens. Finally, the study also found that there was a positive relationship between social cultural factors and high rate of teen pregnancies.

The study conducted by Maureen (2007), on determinants of teenage pregnancies, confirmed some reasons for teenage pregnancies. This paper investigated the determinants of teenage pregnancies based on a case study of Busia District in Kenya. The data were from a household survey conducted in 1998/1999. Empirical results indicated that girls' education level had significant influence on the probability of teenage birth, with non-schooling adolescents and those with primary school level education being more vulnerable. Among the variables used as proxies for access to sex education, availability of church forums that educate them about sex and family life issues reduced probability of teenage pregnancies. Age is positively related to teenage pregnancies, with the older ones being more predisposed to pregnancies. Though the use of contraceptives was found to have a positive effect, only a small proportion of them was using modern contraceptives and supply side factors such as quality and availability were not accounted for. Other key factors as outlined by the teenagers themselves included peer pressure and social environment-related factors like inappropriate forms of recreation which act as a rendezvous for pre-marital sex, as well as lack of parental guidance and counseling. Overall, lack of access to education opportunities, sex education and information regarding contraceptives, as well as the widespread poverty predisposed girls to teenage pregnancies. For instance, lack of parental guidance on issues of sexuality and sex education was reinforced by cultural taboos that inhibit such discussions.

A study by Monica (2008), on teenage pregnancies in Argentina stated that 14.6 % of the babies born alive were born to parents that were 19 years of age or younger and most of them were born into impoverished families. This socioeconomic disparity is a major barrier to teenage girls attempting to exercise their sexual and reproductive rights in Argentina.

One of the common characteristics among pregnant and parenting teenage girls in the country is poverty. The numbers are unprecedented, 17 of every 18 teen moms live in poverty, a differential that reflects serious social inequality.

In Argentina, over 67 % of the people under the age of 18 are poor. Poverty makes the process by which teenagers develop responsible sexual behavior and prevent unintended pregnancies that is far more complicated in a country such as Argentina. A serious problem for Argentine teens become pregnant or give birth is that too often they do not continue their education. In fact, about 20 % of girls who become pregnant in Argentina do not finish their primary level of education; while among girls who do not become pregnant only about 4 % do not finish their primary level of education. It is also noteworthy that related to the social characteristics of these girls up to 49 % of the teenagers that are mothers live in inadequate housing, and only 27 % have a good health coverage.

A study by Stephen (2014), on social determinants of teenage pregnancies, aimed to explore the temporal patterns of teenage pregnancies in Aberdeen, Scotland and to assess the discriminating ability of three measures of social economic status using a UK obstetric database from 1950 to 2010. The study used two area-based measures, the Scottish Index of Multiple Deprivation (SIMD), and Carstairs index, and one individual-based measure the Social Class based on Occupation (SCO). These measures were compared for their association with teenage conceptions using logistic regression models. The results revealed that all the measures of social economic status were highly associated with teenage pregnancies with the SIMD having the greatest discriminatory effect.

Tebogo et al (2012), carried out a study on factors contributing to teenage pregnancies in the Capricorn district of the Limpopo Province whereby a quantitative descriptive research approach was chosen. The population consisted of all pregnant teenagers attending antenatal care during June to August 2007 at one clinic in the Capricorn District of the Limpopo Province. A simple random probability sampling was used to include 100 pregnant teenagers who satisfied the inclusion criteria. Data were collected through structured self-administered questionnaires. Descriptive statistical data analysis was used. Findings were classified as demographic data where 24% of the respondents were aged between 15–16 years and 76% were aged between 17–19 years.

Findings further revealed that 60% of the respondents started to engage in sex at 13–15 years; 48% of the teenagers' partners were 21 years and above, 44% depended on a single parents' income; 20% father's income, 16% received a social grant and 8% lived on the pension fund of the grandparents.

Frisanco (1985), investigated the determinants of low birth weights infants born to teenage mothers to be 35000 whose age ranged from 12 to 25 years by using cross sectional study of teenage mothers and their newborns. The results indicated that young still-growing teenagers even when matched for nutritional status had smaller newborn rates than older women.

Patra (2013), investigated the levels, trends, determinants and consequences of teenagers' pregnancies in India based on their total number that is (15 to 19 years) pregnancies of 18709 and 14006 teenagers currently married. The study used several predictor variables which were re-coded for the purpose of analyses and effective comparison of the results and chi-square to see the significance of the associations among women's age with pregnancy and delivery complications. The results showed that live birth was significantly higher among teenagers of 18 to 19 years olds than those ageing 15 to 17.

Thobejane (2015), carried out a study in order to investigate the causes and effects of teenage pregnancies in Matjitjileng village, a sub-rural area situated in the Magalakwemna Municipality. The study found that most of the teenagers fell pregnant at the age of 16 to 19 years because of lack of parental guidance and role models in the village. Overall strength and closeness of parent and child relationships seemed to be the best protection of all. Most of them were influenced by peers who fell pregnant at an early age and were ignorant about contraceptives.

Domenico (2007), assessed teenage pregnancy in America with the aim of investigating the causes and consequences of teenage pregnancy intentionally and found out that family structure, sexual abuse, age at first intercourse and little awareness of their life positions and career opportunities contributed to the problem.

Ikramullah et al. (2009), analysed the role of parents in teens decisions about sex using a sample of 4581 teenagers who were 12-14 years old and had never engaged in sexual intercourse at the time of the first survey.

The study found that teens who reported higher levels of parental guidance were less likely to engage in sexual intercourse. While teens who reported the lowest levels of parental guidance were more likely to have had sex before the age of 16.

2.3 Summary of Literatures and Study Conceptualization

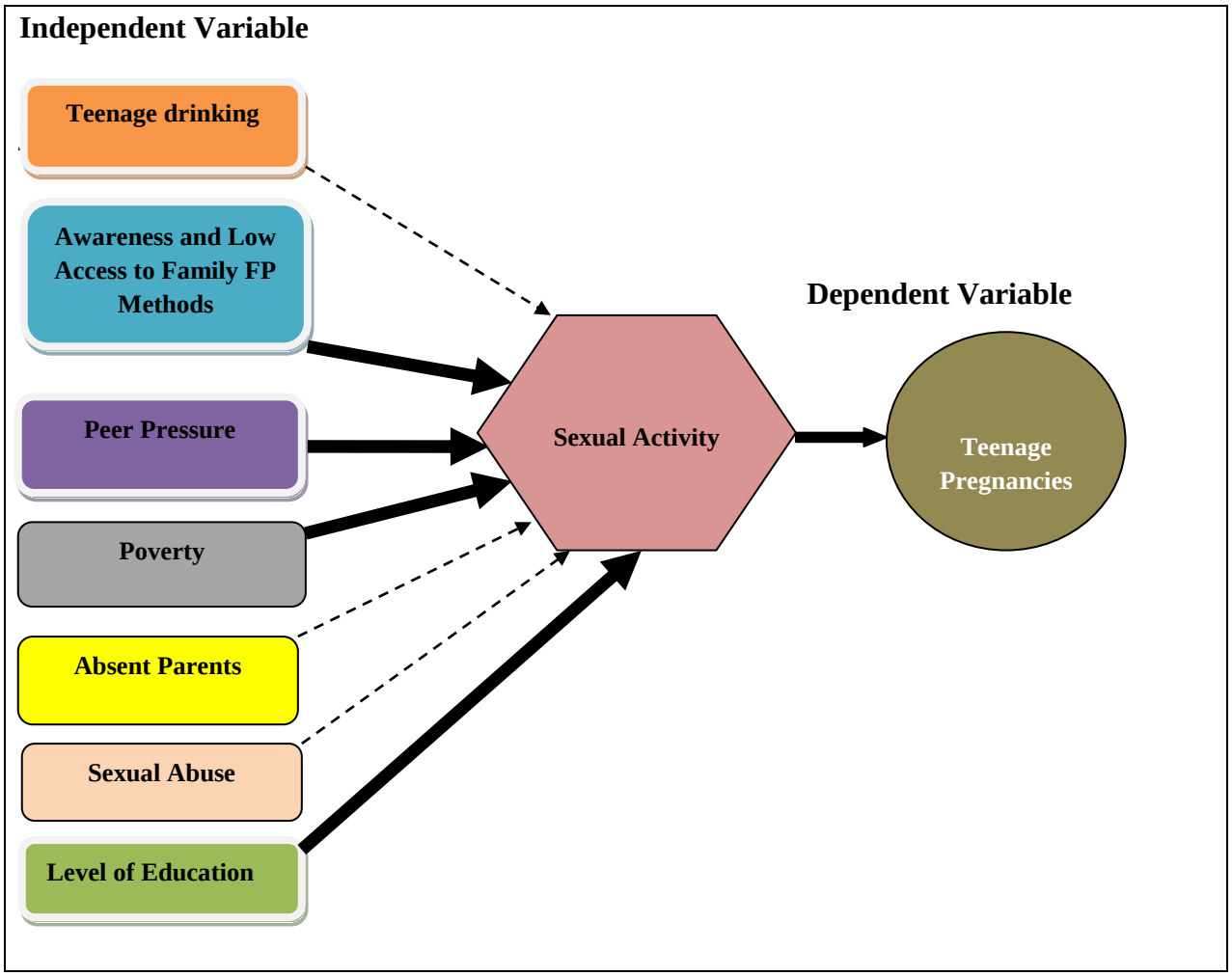
Following the empirical results of the studies undertaken by the former researchers which differ accordingly, lack common argument on the causes of the teenage pregnancies in Tanzania. Some found family structures, sexual abuse, age at first intercourse and little awareness of their life positions and career opportunities as the most responsible factors for teenage pregnancies. While others found absenteeism of parents in Tanzania as well as in other developing countries having few literatures connected to the problem concerned, especially in Tanzania with no study undertaken to assess the causes of teenage pregnancies in Tunduru District, it gives a chance to investigate the phenomenon necessary for formulation of policies of reducing the risks of teenage pregnancies. Therefore the study was set out to assess factors that contributed to teenage pregnancies in Tunduru District.

2.4 Conceptual Framework

A conceptual framework is a model of presentation where a researcher represents relationships between variables in the study and shows the relationship graphically or diagrammatically (Orodho, 2004). Basing on theoretical and empirical literature review the following diagram was designed.

Figure 2.1: Conceptual Framework

Relationships Between Dependent and Independent Variables



Source: Researcher's own construction (Malisa 2015).

KEY

Stands for relationships investigated

Stands for relationships not investigated

Peer pressure, poverty, level of education, and low access to family planning services were used in the study as a proxy for all other factors contributing to teenage pregnancies because the researcher saw that they were the common factors which seemed to contribute to the problem compared to the others.

2.4.1 Description of the Conceptual Framework

2.4.2 Teenage Drinking

Teen drinking can cause an unexpected pregnancy, according to the website Love to Know. Many teens experiment with drugs and alcohol. Drinking lowers a teen's ability to control her impulses, contributing to 75 percent of pregnancies that occur between the ages 14 and 21. Approximately 91 percent of pregnant teens reported that although they were drinking at the time, they did not originally plan to have sex when they conceived (Muchuruza, 2002).

2.4.3 Awareness and Low of Access to Family Planning Services

Teenagers are less likely than older women to seek for family planning services. Low access of those services contributes much to teenage pregnancies. Most teenagers particularly those from lower income families, sometimes lack access to contraceptives use because they cannot afford to buy them hence they practise sexual activities without any protection and at the end they conceive. Contraceptives use among the teenagers is a big problem because prior planning is needed and most of them do not use any method on their first sexual intercourse (Muchuruza, 2002).

2.4.4 Peer Pressure

When children grow up, they start spending more time with their friends and less time with their parents. As a result, friends can influence a child's thinking and behavior. This is the meaning of peer pressure. Peer pressure can be a positive influence for example, when it motivates your child to do well in school, or to become involved in sports or other activities. On the other hand, peer pressure can be a negative influence for example, when it prompts your child to try smoking, drinking, using drugs, or to practise unsafe sex or other risky behaviours (Khoza, 2004).

2.4.5 Poverty

Poverty is one contributor to teen pregnancy, and getting pregnant during the teen years makes it harder to break that cycle of poverty. Many families living in poverty can barely afford to pay the rent and put food on the table, which leaves little funding for birth

control pills, condoms or other forms of contraception hence leading to pregnancy. One reason why this occurs is that teen girls don't have the funds to purchase effective forms of contraception. Throughout the developed world, teenage pregnancy is more common among young people who have been disadvantaged in childhood and have low expectations of education or the job market. (Marlow et al, 2001).

2.4.6 Absent Parents

Teen girls are more likely to get pregnant if they have limited or no guidance from their parents. Many parents have busy lives that prevent them from providing the guidance and support that their young teenagers need to make good decisions on issues such as sex, according to the website Parent Dish. When a teen does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she will more than likely turn to friends for direction on whether or not to have sex, resulting in misinformation and possible teen pregnancy (Khoza, 2004).

2.4.7 Sexual Abuse

Teens can become pregnant as a result of sexual abuse or rape. The Guttmacher Institute states that between 43 and 62 percent of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27. Approximately 5 percent of all teen births are the results of a rape (Khoza, 2004).

2.4.8 Level of Education

Teenagers who have low education level are at a higher risk of getting pregnant than those with a higher level. This is because girls who are much educated have more knowledge of the dangers of engaging in sexual activities at an early age and also they know how to take care of their bodies as well as issues concerning family planning methods and how to use them. Those who are less educated end up getting pregnant due to little knowledge (Khoza, 2004).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This study employed cross sectional design which was mainly descriptive in nature. According to Kothari (2003), research design is the arrangement of conditions for collection, analysis and presentation of data in sequential frameworks to reach the intended end. The researcher chose this study because it showed and also helped in investigating associations between risk factors and the outcome of interest and also was good in determining relationship between variables.

3.2 Study Area

This research was conducted in Tunduru District Council. The study was conducted in a Government and faith based hospital. It was conducted there because there are more teenage pregnancies, the study has never been conducted and also the presence of higher utilization of the FP modern methods. A study area is geographical for which data is analyzed in a report or map (Miller, 2002).

3.3 Target Population

This study targeted the population made up of 183 teenage girls' age between 13 to 19 years who were pregnant and not pregnant receiving reproductive health services from the district. Purposive (Non probability method was used to select respondents in order to avoid bias). The rationale of choosing these girls was that they were considered to be most at risk of unwanted pregnancies compared to the older girls. Population refers to a large group of people possessing one or more characteristics in common on which a research study focuses (Creswell, 1998). The target population is the group of subjects from whom the researcher expects to draw conclusion about the research topic (Kothari, 2003).

Eligibility criteria to maintaining homogeneity of the respondents was considered, for instance only those with the following characteristics were involved in this study: Teenage girls who were between the ages of 13 and 19 years old, the ones who lived in the selected

area of study, those who were willing to participate in the study, those who attended clinic and filled informed consent.

3.4 Unit of Analysis

In this study, the unit of analysis was individualistic because it was my interest to know how each person was affected by the problem and to get an inner depth of the factors contributing to teenage pregnancies and be able to compare them according to how they were responding to the questions. The unit of analysis refers to the specific object to be studied that can be an individual, group, book, town and the like (Drummond, 1998).

3.5 Sampling Techniques

This research employed purposive approach to gather all the information because it suited the purpose of the study which mainly focused on the particular entity. Kothari (2003) suggests that sampling techniques are the strategies applied by researchers during the statistical sampling process and that these techniques help to minimize costs whilst maximizing generalizability. Through this approach the researcher was able to collect reliable information with a higher convenience from the key responsible individuals in each directorate in the organization.

3.6 Types of Data Used

Primary data collected from the respondents using self-administered questionnaires via the reproductive health service providers were used for assessing factors contributing to teenage pregnancies. The data were obtained from the field for the purposes of answering research questions/specific objectives of this study. This type of data helped the researcher to get more recent data because they were derived straight from the field. Primary data refers to data used in research originally obtained through the direct efforts of the researcher through surveys, interviews and direct observation (Miller, 2002). Some of the most prominent used methods are observation, interviews, questionnaires and experiments.

3.7 Data Collection Instruments

Data collection is a series of interrelated activities aimed at gathering information to answer emerging research problem/questions (Creswell, 1998). The researcher used questionnaires to collect data because of their ability to gather a lot of information. In this case, open ended semi structured questionnaires were used to collect information from the respondents. A questionnaire is a research instrument consisting of a series of questions prepared by the researcher for the purpose of gathering information from the respondents (Brink, 2006).

All questionnaires were prepared in both English and Swahili languages and then distributed via reproductive health service providers to the respondents who made themselves available at the hospital premises for reproductive health services. The same opportunity was used to share the theme of the study with them and then they filled all the questions accordingly as per their understanding. Since the questions were very clear, the respondents filled all the details themselves without the researcher's interference (Appendices i and ii).

3.8 Validity and Reliability Issues

For the purpose of achieving validity and reliability, questionnaires were designed in such a way that they captured relevant information for the research objectives. Validity explains the accuracy and truth of the data in research, while reliability means that if the research is repeated by the respondents or independent observers with the same methods they will acquire the same results or data (Kothari, 2003). This supported the findings and ensured that the community accepted the results after being proved that it was true or it would have been rejected. The research instruments were pre tested so as to ensure whether the questions were acceptable, answerable and well understood. The pre-tested instruments helped to identify questions which might have caused ambiguity and contradiction.

3.9 Data Analysis Methods

Both qualitative and quantitative data analysis techniques were used to analyze data so as to minimize the weaknesses of one another. Data analysis is the process of systematically applying statistical and/or logical techniques to describe, illustrate, condense, recap, and

evaluate data (Tobias, 2001). All the responses were coded well and grouped under specific objectives they had addressed. Data was analyzed using SPSS version 20 programme before carrying out an analysis. One of the most important uses of data analysis is that it helps in keeping human bias away from research conclusion with the help of proper statistical treatment (Brink, 2006).

3.10 Ethical Consideration

Ethical considerations in the conduct of this research were followed so as to prevent ethical dilemmas. In order to ensure it, the researcher secured a permit from Mzumbe University so as to be allowed to collect data by writing a letter. Then it was taken to the respective place where the study was to be carried out that is (Tunduru District Council) where permission was given to conduct it. Informed consent was obtained from each respondent who participated and was free to drop out from the study at any stage without fear of retribution. To ensure confidentiality, anonymity, honesty, openness, and fair treatment, the list of their names for sampling purposes were kept safe. Casley (1998) defines ethics as the systematic thinking about the moral consequences of decisions. He states that the importance of ethics in research is that it promotes the aim of it, such as knowledge, truth, and avoidance of error for example prohibitions against fabricating, falsifying, or misrepresenting research data which promotes the truth and avoid error.

CHAPTER FOUR

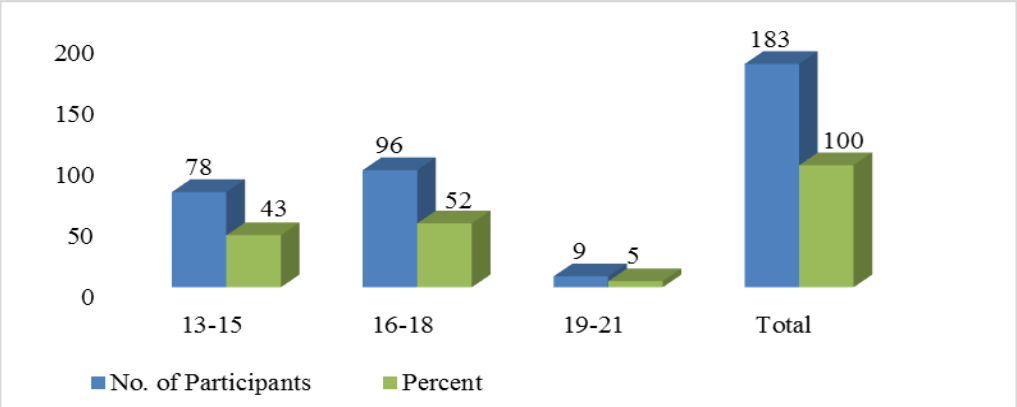
PRESENTATION OF FINDINGS AND DISCUSSION

Generally this study was carried out to assess factors contributing to teenage pregnancies in Tunduru District Council. A total of 183 respondents participated in the study and this is 99% achievement of the expected sample, which were 185 participants. All 183 respondents were females. Their ages varied from 13 to 21 years with the mean age of 17. Data were collected through questionnaires and analysed by using SPSS version 20 after they were coded accordingly. This chapter presented discussion of the findings by using factors which were poverty, peer pressure, level of education, awareness and access of family planning services according to the objectives of the study and also looked into other causes also.

4.1 Social -Demographic Characteristics of the Study Population

Socio demographic characteristics and the rest of the results depended on the specific objectives which had been set as headings. More than 90(53%) of the respondents laid between 16-19years, the females who were older in this study were those whose ages ranged between 19- 21years covering 5% of the total respondents while the females with younger ages laid in the age group of 13-15years (43%) respectively. From this age distribution it was evident that about 95% of them were below 18 years old. The summary of all the descriptions given above is as shown in Figure 4.1 below;

Figure 4.1: Age Distribution of the Study Participants



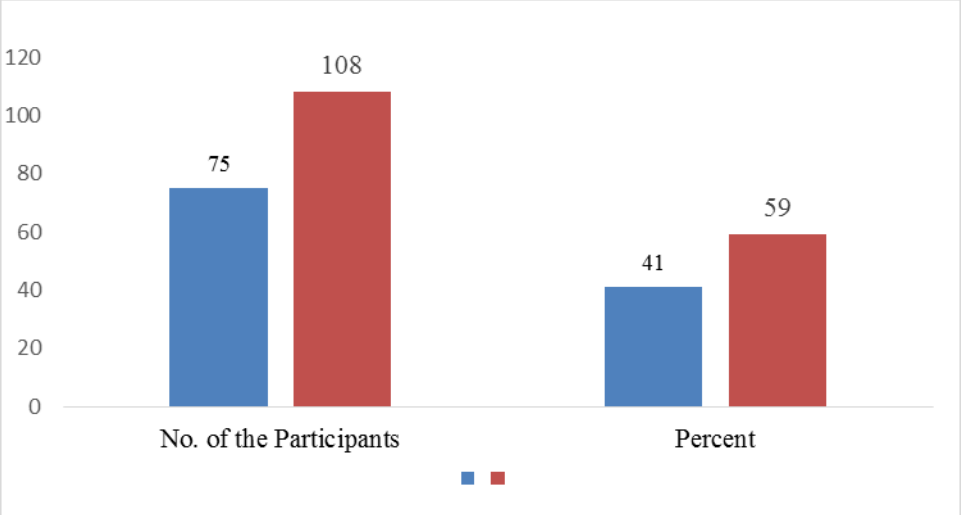
Source: Researcher's own computation 2015

4.1.1 Level of Education

108(59 %) completed secondary education and the remaining, 75(41%) primary school. The researcher further synthesized those figures according to age and found that those whose ages laid between 13-15 years (23%) were found to have secondary education but the remaining77% had primary education, for those within age group 16-18 years only 16% were found with primary education, 84% possessed secondary education and last those within age group 19-21 years were all found possessing secondary education.

The summary of the descriptions given above is as shown in the Figure 4.2 below;

Figure 4.2: Education Levels of the Respondents Involved in the Study



Source: Researcher's own computation 2015

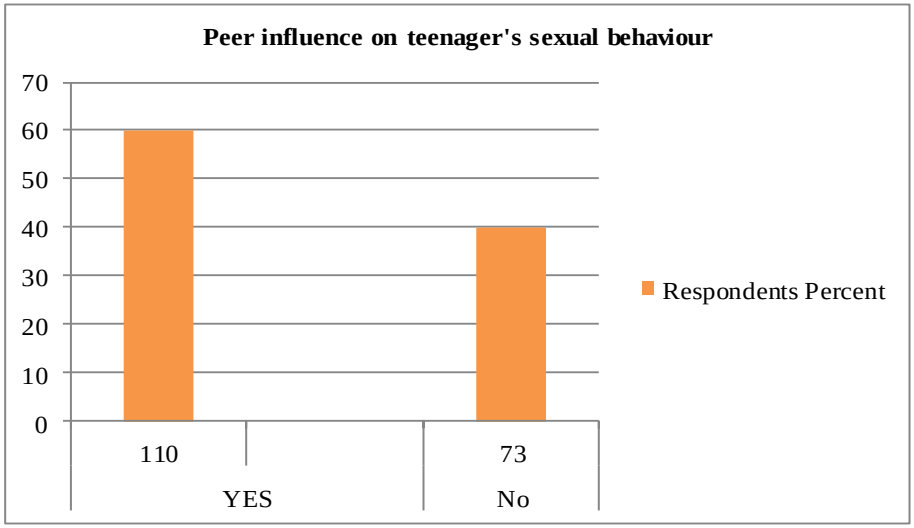
The results reflected that the level of education is more likely to contribute to teenager's pregnancies, these results were supported by the findings on the level of education of the teenagers, those with lower level of education were more likely to be exposed to the risk of pregnancy because they had no knowledge on the use of protective gears than those with secondary education respectively. Ogori's (2013), study on causes of teenage pregnancies discovered that incomplete education was an effect of the problem. Also this point was supported by the study by Maureen's (2007), study on determinants of teenage pregnancy whereby it was discovered that girls' educational level had a significant influence on the probability of teenage birth, with non-schooling adolescents and those with primary school level education being more vulnerable.

4.1.2 Peer Pressure Influence on Teenagers' Behaviour

The researcher wanted to know from the respondents whether their peer friends had any influence in their behaviour, that is, if they encouraged them to engage in sexual activities and the responses were that 60% of the 183 respondents said Yes while the remaining 40% said No.

The figure 4.3 below shows the descriptive pattern above;

Figure 4.3: Peer Pressure's Influence on Teenager's Behaviour



Source: Researcher's own computation 2015

From this study it was discovered that peer pressure was also a factor which could lead to teenage pregnancies because many of the respondents said that their fellow peers encouraged them to participate in sexual activities in order to get money, others did so in order for them not to look out dated. According to Ogori (2013), and Nkhumo (2005) researches on causes of teenage pregnancies, they found that peer pressure was one of the factors which contributed to the problem whereby teenagers are forced to follow their peers' way of life even if is not good in order to be accepted and not to feel denied.

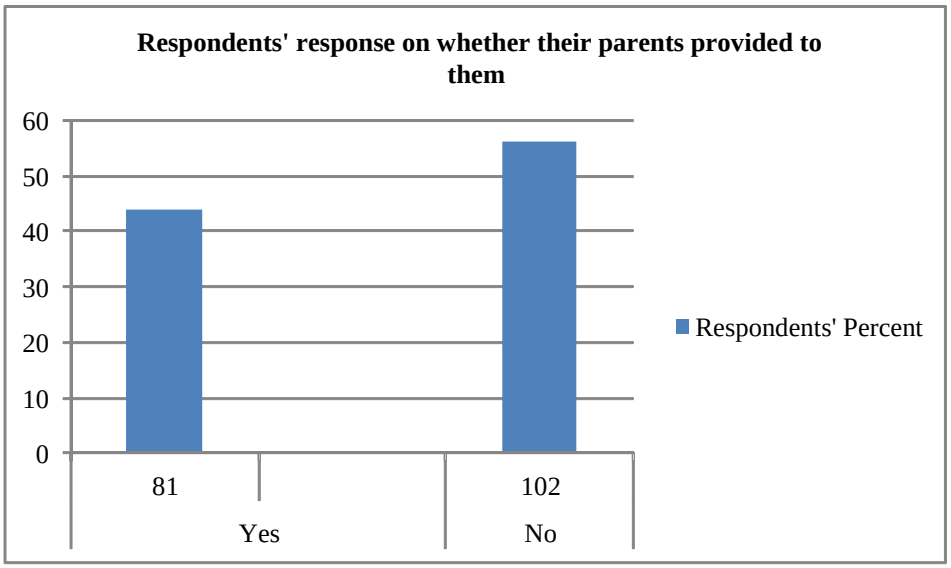
4.1.3 Poverty's Contribution to Teenage Pregnancies

The researcher wanted to know whether poverty contributed towards teenage pregnancies by asking the respondents whether their parents were in a position to provide them with their basic needs and the responses were; 102 (56%) of the respondents said that they do

not get any assistance from their parents while 81(44%) of them responded "yes" to the question.

The figure 4.4 below shows the descriptive pattern above;

Figure 4.4: Role of parents



Source: Researcher's own computation 2015

From this study it was discovered that poverty was also a factor which could lead to teenage pregnancies because many of the respondents said that their parents could not afford to provide them with their basic needs or give them financial assistance when they were in need which forced them to look for other alternatives elsewhere. This finding can be supported by the findings of Monica (2008) on factors contributing to teenage pregnancies in Argentina who discovered that poverty made the process by which teenagers developed irresponsible sexual behavior and caused unintended pregnancies.

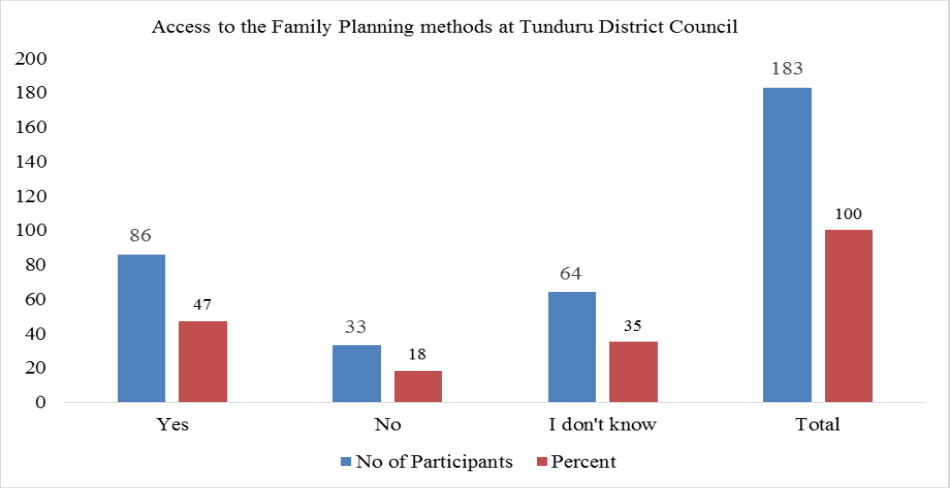
4.1.4 Low Access to Family Planning Services

4.1.4.1 Level of Access of Family Planning Contraceptives Among Teenagers

As far as family planning services are concerned, one of the critical factors which always affect the utilization of the methods among other factors is the accessibility of the methods in the health facilities. The researcher was interested to know whether they were capable of providing the family planning services to all 122 respondents who mentioned that they

were aware of the methods. The responses were that, 86(46%) reported that they had access to the services of their choices, 33(18%) reported that they did not, and the remaining 64(38%) responded that they did not know whether the facilities had the services or not. The summary is as shown in figure 4.5 below.

Figure 4.5: Access of Family Planning Methods



Source: Researcher's own computation 2015

According to these findings, it was noted that teenager's access to family planning services was very important because when they lacked them, then the risks of getting pregnant increased. The answers here varied because the distance could be the barrier as other teenagers lived far from health facilities that are in places with poor infrastructure, so maybe they could not manage to get the service from the facilities. These findings are supported by the findings of Maureen (2007) who stated that though the use of contraceptives among teenagers is found to have a positive effect, only a small proportion of them were using modern methods and their supply, quality and availability was low.

4.1.5 Awareness on The Use of Various Family Planning Methods

4.1.5.1 Teenagers' Awareness on the Term Family Planning

The respondents were then asked if they had any idea of the term family planning, that is, if they had ever heard about it and their responses were as follows, 161(88%) of them had heard about it, 146(80%) had heard about it together with its methods, and 22(12%) had

not. But also, of those who had heard about it, 15(9%) did not know anything about its methods.

The researcher also wanted to learn about the risks they had incurred, those who did not hear the term "family planning" as well as its methods by revisiting their age groups and the findings showed that 16(20%) were from age group of 13-15 years, while 28(36%) of the same age group did not have any idea and 3(33%) were from the age group of 19-21 years.

These three respondents were over 18 years but were not yet exposed to any information on family planning. Only 3% of those who reported that they did not hear the term were from the age groups of 16-18years respectively. From these findings, those who had heard both the term family planning and family planning methods of age group 13-15years, were found more at risk than any other group. For instance, of the 22 respondents who reported they had not heard the term "family planning", 73% were from such age group and for those 37 who reported that they had not heard about family planning methods, 76% were from the same age group respectively.

The summary of all the descriptions given above is as shown in the Table 4.1 below;

Table 4.1: Respondents' Knowledge on the Term "Family Planning" and its Methods

Have you ever heard the term Family Planning?							**Have you ever heard of Family Planning Methods?**					
Age Groups	**Yes**		**No**		**Total**		**Yes**		**No**		**Total**	
	No. of Respondents	**%**	**No. of Respondents**	**%**	**No. of Respondents**	**%**	**No. of Respondents**	**%**	**No. of Respondents**	**%**	**No. of Respondents**	**%**
13-15	62	79	16	21	78	100	50	64	28	36	78	100
16-18	93	97	3	3	96	100	90	94	6	6	96	100
19-21	6	67	3	33	9	100	6	67	3	33	9	100
Main Total	161	88	22	12	183	100	146	80	37	20	183	100

Source: Researcher's own computation 2015

Teenagers' lack of awareness on the term family planning. Many of them do not have any education about that term. If the knowledge could be passed to them, then the problem would be reduced because they would be aware of the different methods and how to use them (Monica, 2007).

4.1.6 Respondents' Knowledge on the use of Family Planning Methods

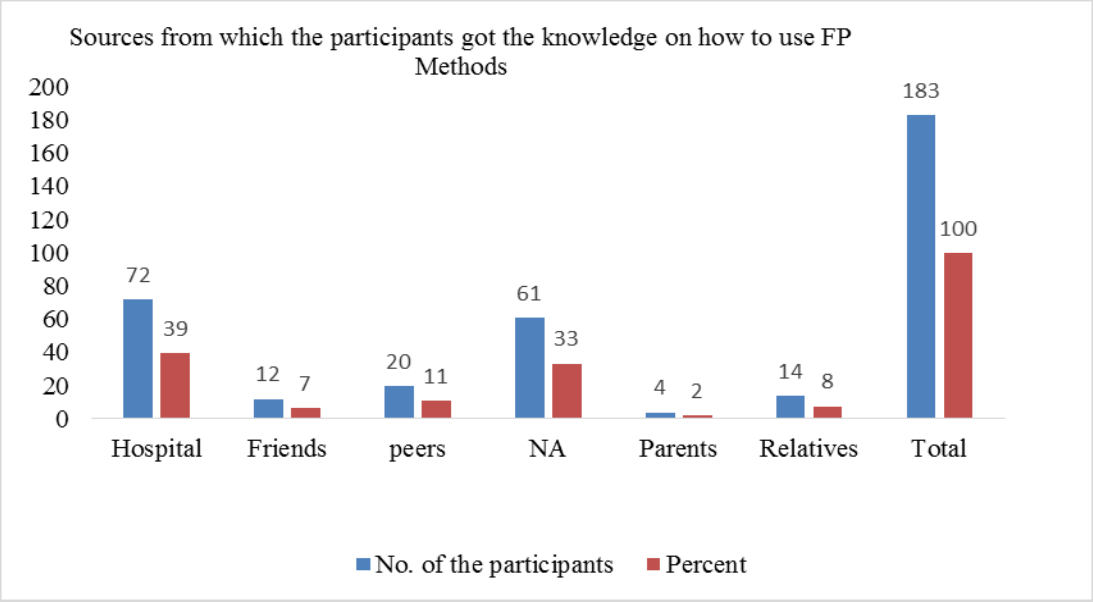
The researcher then posed a question about respondents' knowledge on the use of those methods which they had heard about as they previously stated, their responses were as follows; 122(67%) of all the respondents reported that they knew how to use them, 36(20%) responded that they did not know how to use them and 25(14%) said it was not applicable because they never had sex with any partner. The findings showed that there was a very strong association that is the respondents' knowledge on the proper use of family planning methods which was more likely to prevent teenagers' pregnancies. Teenagers lacked awareness on the use of family planning methods which contributed much to their getting pregnant. Most of the teens lack information on the use of contraceptives. Many health facilities do not offer education to the teenagers who visit the health facilities for clinics. If the knowledge could be passed to them, then the problem would be reduced (Monica, 2007).

The researcher further followed up those who had mentioned that they knew how to use them by asking them where they had learnt from and their reaction to the question was as follows:

4.1.7 Sources of Knowledge on How to Use Those Methods

Out of the 183 respondents who were involved in the study, 72(39%) of the them reported the health facilities to be the places they learnt from, about 61(33%) of them were not ready to mention the sources, however among them are those 35 respondents who never had sex and so the follow up question was not directed to them. Also about 20(11%) of the respondents reported their peers as being the main source of information, 14(8%) of them reported relatives as their references, 12(7%) mentioned their friends and only 4 (2%) of the respondents involved in this study mentioned their parents. The summary of all the descriptions given above is as shown in the Figure 4.6 below;

Figure 4.6: Knowledge on how to use FP methods



Source: Researcher's own computation 2015

This findings showed that the majority of the respondents derived their knowledge from the health facilities which was an advantage to them because there was a presence of skilled professionals there. For those who said they received from their peers, friends and relatives were not that much on a safe side because they might have got some misinformation which could lead them to the problem. Akina (2011), comments on this by saying that most of the teenagers derive different information on family planning contraceptive uses from different people especially their peers other than health professionals which makes them have little knowledge on their uses therefore ending up getting pregnant.

4.1.8 Whether Lack of Various Family Planning Methods Contributes to Teenage Pregnancies

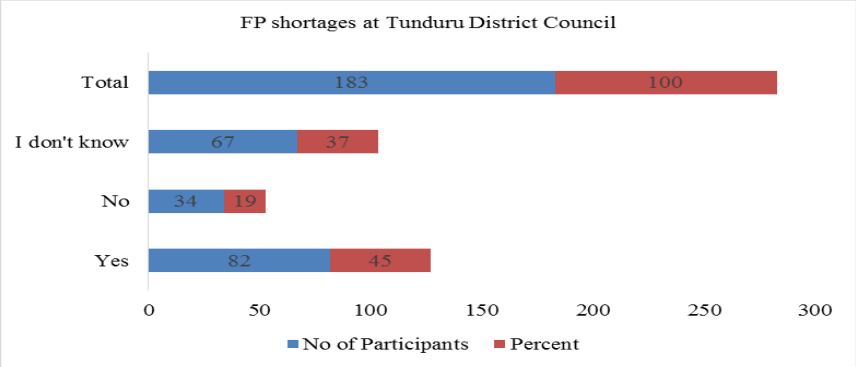
4.1.9 Shortage of Family Planning Contraceptives Services to Teenagers

Here the researcher focused on understanding whether there was availability of all FP methods ranging from short term, long term and permanent methods at the health facilities and the responses showed that 82(45%) of all the participants responded that there was no shortage of the family planning methods, 34(19%) of them reported that there was a shortage, while the remaining 67(36%) had no idea whether there was a shortage or not as

they did not use the particular services via the facilities and others (35 participants) did not respond because they had never had sex yet. When the researcher probed more on whether they were friendly attended by the service providers or they had to pay any amount of money, the response from 82(45%) was that they were not charged during the services but 35(20%) did mentioned the services were not free but did not clearly state how much they paid and the remaining 66(35%) did not know anything about that aspect.

The summary of all the descriptions given above is as shown in the Figure 4.7 below;

Figure 4.7: Shortages of Family Planning Contraceptive Services



Source: Researcher's own computation 2015

This finding showed the importance of having constant supply of contraceptives in health facilities in order for people including teenagers to have easy access of them. Margreth (2010) whose study focused on factors contributing to teenage pregnancies said that other teenagers ended up practising unsafe sex or engage in sexual behaviour due to the fact that they were not always available and so they end up becoming pregnant.

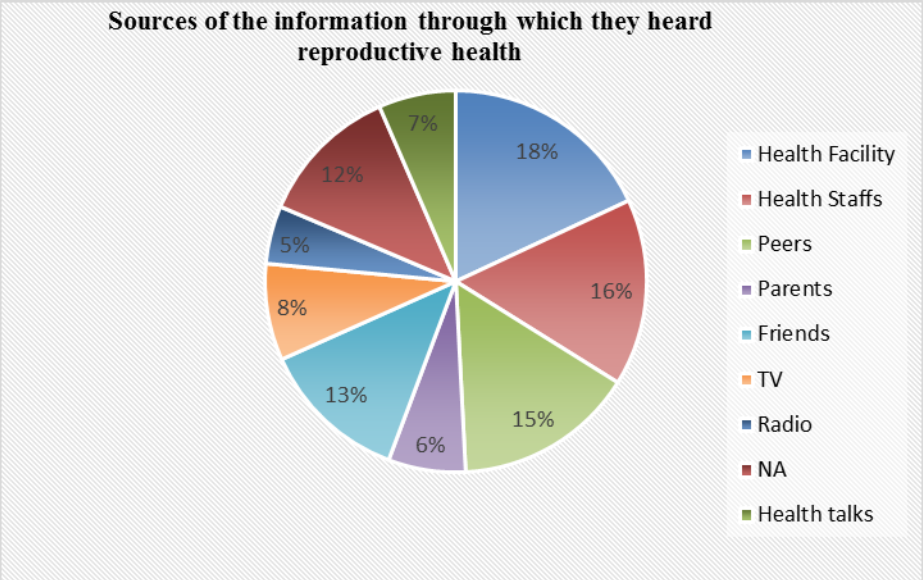
4.1.10 Teenager's Source of Information Concerning Reproductive Health

The researcher wanted to test the awareness of teenagers on the concept of reproductive health, and 96(53%) of them responded that they knew it and the remaining 87(47%) reported that they did not know. The researcher further counter checked their answers in relation to age factor, it showed that, of those 96 who responded that they knew it, majority were from age group 16-18, then followed by those from age group 19-21 and then those from age group 13-15 respectively.

When asked about where they first heard the term reproductive health; their responses were as follows:18% of all the respondents reported that health facilities were their main source of information, 16% of them referred to the health staffs,15% received from their peers, 13% mentioned their friends, 12% of the respondents reported they had no idea of it, 8% of them said that they heard from the television, 7% considered various health talks on youth skills, 6% of them said their parents and relatives while 5% reported to have heard the message from the radio respectively.

The summary of all the descriptions given above is as shown in the Figure 4.8 below;

Figure 4.8: Respondents' Sources of Information on Reproductive Health



Source: Researcher's own computation 2015

From this finding, it was discovered that awareness on reproductive health is a very important aspect because it helps in preventing the unwanted pregnancies because the teenagers become aware of how their bodies work. The teenagers that were between the ages of 13-15 had low knowledge of it and they were the most affected. Margareth (2010), stated that, teenagers had little or poor knowledge of their bodies and the consequences of early pregnancies. Many of them are usually ready to receive information at the appropriate time during primary education. Most of them receive information on reproductive health from different sources which can be dangerous because they might get

misinformation about it. She concluded that the precise area to get the information was in the health facilities and schools.

The researcher feels strongly that it is the responsibility of all key players to take their role as educators, counselors, and care givers of teenagers seriously.

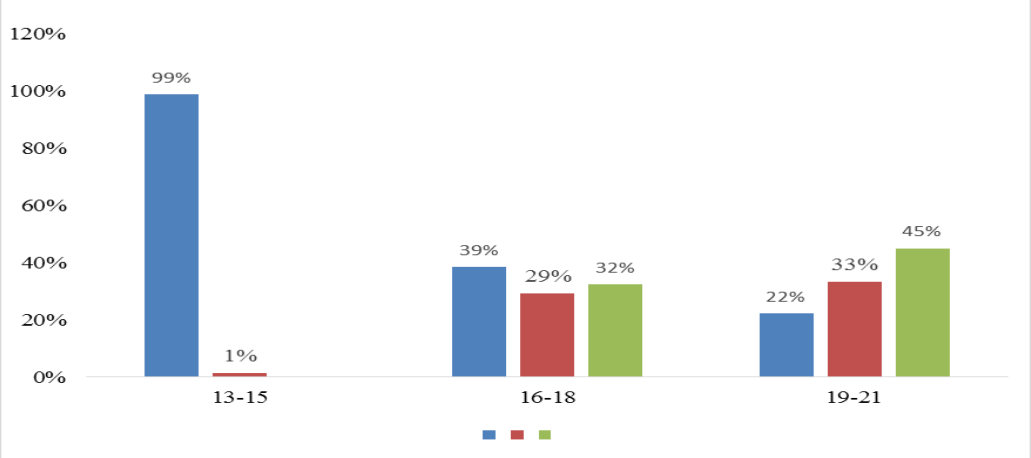
The researcher investigated on other factors which could lead to teenage pregnancies a part from those that were intended in the study the intention being to get different factors that could lead to the problem, know the level of awareness of the respondents concerning the issue and also to solicit for different ways that could be used in order to curb the problem. The results were as follows:-

4.1.11 Marital Status

About 116(63%) of the respondents were single, 32(17%) were married, and 35(19%) were cohabiting with their partners. 98% of the single respondents were those from the age group of 13-15 years. Only 1% from this age group was married. For the age group of 16-18years, 29% were married, 39% of them were single and 32% were found cohabiting with their partners. Those within the age group of 19-21years, their marital status were as follows; 22% were single, 33% were married and 45% were cohabiting with their partners.

The summary of all the descriptions given above is as shown in the figure 4.9 below.

Figure 4.9: Marital Status of the Respondents



Source: Researcher's own computation 2015

These results showed that marital status was more likely to contribute to teenager's pregnancies, the details on marriage showed that of the 32 married women, 21(66%) of them were legally married and had given birth to more than one child. Also 22(62%) of all 35 cohabiters already had given birth. Adebayo's study (2013) on factors associated with teenage pregnancies stated that marital status was another strong predictor of the likelihood of being currently pregnant or having a child in the 5 years preceding the survey. Marriage during teenage years could be a very high risk to them because their bodies are still developing and the consequences and outcomes of pregnancies are frequently favourable. Also he continued by saying that it could derive them from their education which could have equipped them to earn a reasonable living.

4.1.12 Causes of Teenage Pregnancies

The researcher asked what were the factors which contributed to teenager's pregnancies in order to test their knowledge. To respond to this question, every respondent mentioned as many points as they could, then the researcher, through the use of SPSS version 20, applied a multi response function to compute the percentage of the factors starting with those with high frequencies to the least one.

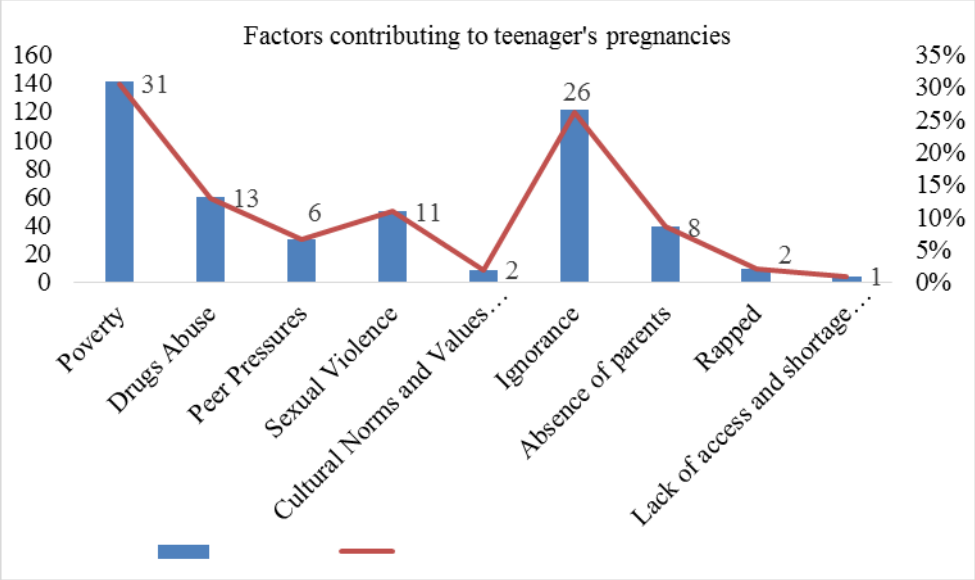
4.1.13 Teenagers Response on the Causes of Teenage Pregnancies

The answers showed that 31% of the respondents saw poverty as the cause, 26% of them mentioned ignorance mainly on how to protect themselves, 13% mentioned drug abuse, 11% commented on sexual violence, and 8% reported absenteeism of parents as a cause.

Other responses were, 6% of the respondents reported of peer pressures, 2% of the respondents reported both negative cultural norms and values together with rape to contribute to teenager's pregnancies and last but not least, 1% of the respondents of this study mentioned that lack of access and shortage of family planning contraceptives contributed to teenage pregnancies as those who are in need of the services know how to use them but do not have access either due to shortage, distance or shortage of professionals.

The findings above are denoted by Figure 4.10 below;

Figure 4.10: Causes of Teenagers' Pregnancies



Source: Researcher's own computation 2015

Moreover, after mentioning those factors, the researcher followed up on what could have contributed to poverty and other factors. The respondents' responses changed as their age advanced as far as teenagers' pregnancies were concerned more than their counterparts, this finding also reflected that those who were younger were more at risk of being impregnated than their counterparts due to the level of knowledge and other exposures as far as reproductive health was concerned.

Also, the results of the findings showed that marital status was found more likely to contribute to teenagers' pregnancies. The details on marriage showed that of the 32 married women 21(66%) of them who were legally married were found already to have given birth to more than one child. Also 22(62%) of the cohabiting women of all 35 cohabiters had already given birth.

According to this finding, it was evident that poverty was the leading cause of pregnancy to teenagers because many of them could not afford even to buy the smallest necessities for themselves, hence forced to look for sexual partners to give them money. Ignorance was also a menace because without proper information, teenagers are more likely to be lured in negative behavior.

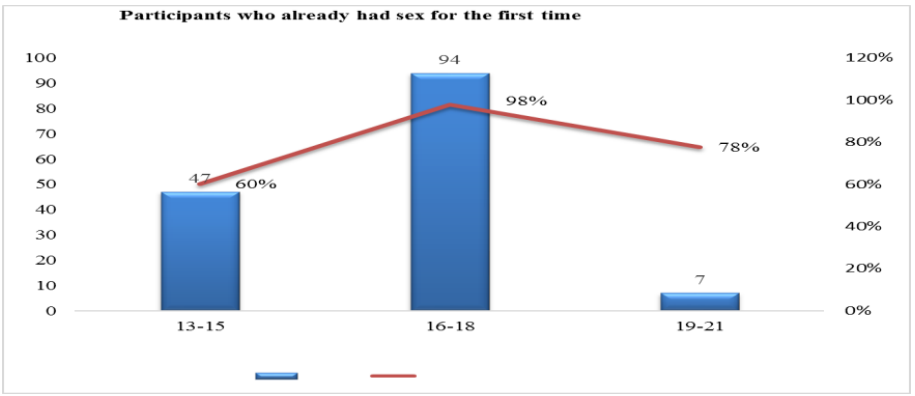
The researcher's view was that also poverty, lack of education, early marriages, religious influence, poor knowledge on how the use of family planning methods and shortages of contraceptives may have contributed much to the problem because the teenagers who experienced that problem were those who were at a higher risk. According to Nkhumo's (2005) study on factors contributing to teenage pregnancies were openness and transparency, sexual violence, poverty, access to the government grant, peer influence, lack of recreational facilities, substance abuse by the learners and attitudes of Health Care Workers.

4.1.14 Respondents Who Had Already Had Sex

After understanding their awareness on the reproductive health, the researcher asked them a bit sensitive question as to whether they had ever had sex in their life, and the responses were that 148(81%) had already had sex, while the remaining 35(19%) had not. The researcher then cross checked those respondents with their age groups to know the risks related as far as associated sexual results were concerned. The responses showed that 94(98%) in the age group of 16-18 years had already practised it and only two answered "no" (2%). For the age group of 19-21 years which had 9 respondents, 7(78%) responded that they had already done it and again two only had not. Also, the age group of 13-15years which in total had 78 participants, 47(60%) of them reported that they had already practised it, and 31(40%) reported "no" respectively.

The findings above are denoted by Figure 4.11 below;

Figure 4.11: Respondents Who Already Had Sex for the First Time



Source: Researcher's own computation 2015

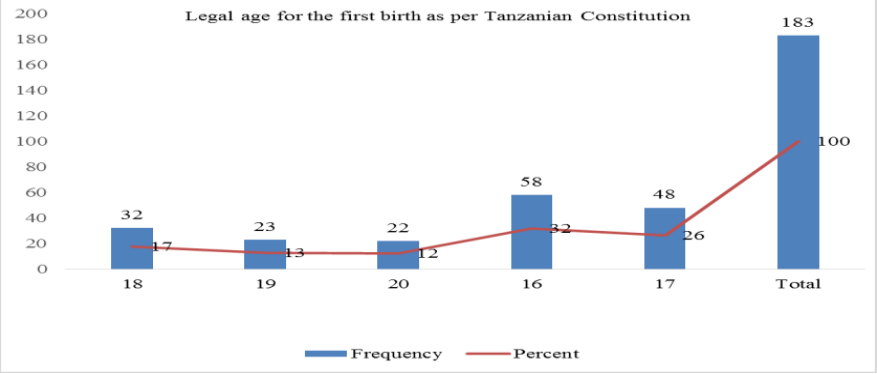
These findings showed that the majority of the respondents who had already done it were between the ages of 16-18. Many teenagers nowadays start practising sexual activities while very young and this becomes a risk to them because they become vulnerable in getting pregnant. Ogori's (2013) study results revealed that the age at which teenagers engaged in sexual intercourse was too early. He continued to say that this habit has led to unexpected pregnancies which forced teenagers to opt for other worse decisions like abortion. Nyakubega's (2010) study also revealed that in Tanzania the median age at first intercourse for women is just under the age of 17.

4.1.15 Legal Age For The First Birth as per Tanzanian Constitution

The researcher also wanted to know from them if they also understood which age was considered appropriate for young women to give birth as per the Tanzanian constitution and their responses were as follows: About 58 (32%) of all the respondents thought that the precise age was 16, 48(26%) said the age of 17, 32(17%) had the idea that 18 is the appropriate age, 23(13%) thought of 19 years and the other 22(12%) concluded that the age of 20 is fine for the first birth respectively.

The findings above are denoted by Figure 4.12 below;

Figure 4.12 Legal Age For The First Birth as per The Tanzanian Constitution



Source: Researcher's own computation 2015

According to this result, it was observed that many teenagers were not aware of the exact age of giving birth as per the Tanzanian constitution, and this ignorance contributes towards their engagement in sexual activities while still young. Nyakubega (2010), states

that most of the teenagers are not aware of the legal age of giving birth as per the Tanzanian constitution.

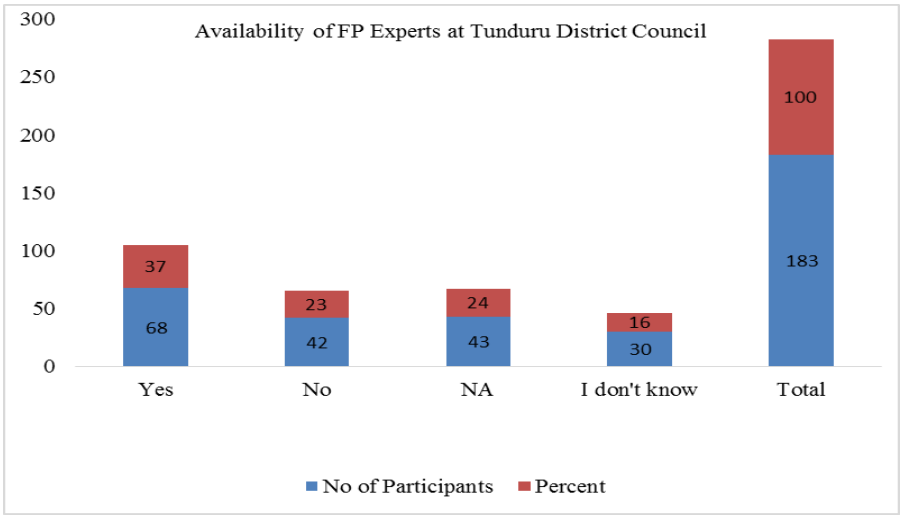
He said that it should be reviewed and the cross-cut age of women to give birth should be included in the constitution in order for them to be aware the right age to give birth.

4.1.16 Availability of Family Planning Experts

Linked to access is the availability of experts on all family planning methods at the specified Health Facilities in Tunduru, especially the long term and permanent methods which cannot be done by lay people. The responses to this question were as follows: 68(37%) of the respondents who did mention above that they had had access to the services, said that there were experts for all methods, 43(24%) of them are those who did not respond because of the fact that they had never had sex, the other 42(23%) reported that there are no experts, and the remaining 30(16%) responded that they did not know if those experts were available.

The figure 4.13 below reflects in summary the descriptions of this paragraph.

Figure 4.13: Availability of Family Planning Experts



Source: Researcher's own computation 2015

This result showed the importance of having experts of family planning methods in health facilities because they could provide advice and education on using the methods therefore helping teenagers to have the knowledge and know how to protect themselves. Malahlela (2012) says that the problem of shortage of experts on family planning methods

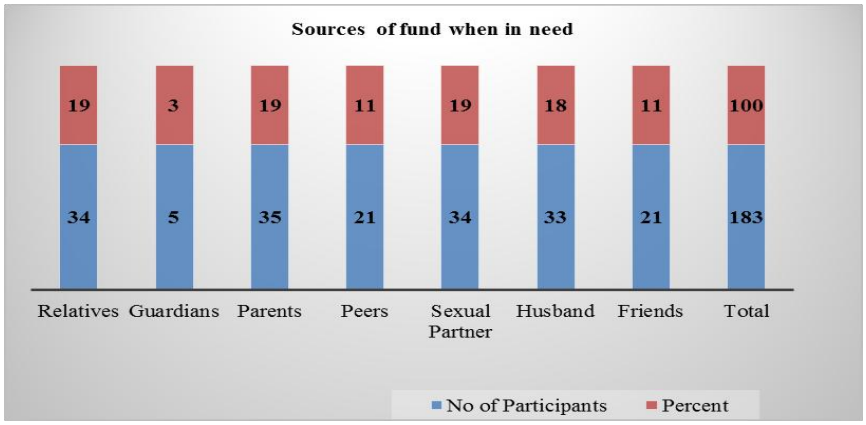
contributes to teenage pregnancies because if they are few then teenagers will look for assistance from other people who may give them wrong information.

4.1.17 Teenagers' Sources of Fund

Due to the mixed information above on the status of availability of family planning services, the researcher followed up the respondents in order to understand whether they had different sources of fund from which they could buy them so as to prevent themselves from getting pregnant because some had already mentioned that they were not free. Their sources of funds varied much. For instance 35(19%) reported that their parents were the main source of income when they were in need, the other 34(19%) responded that their relatives or sexual partners were their sources, 33(18%) reported that they received from their husbands, peers and friends both were at 21(11%). Only 5(3%) reported their guardians as their sources.

The figure 4.14 below shows such described pattern

Figure 4.14 Teenagers' Sources of Fund



Source: Researcher's own computation 2015

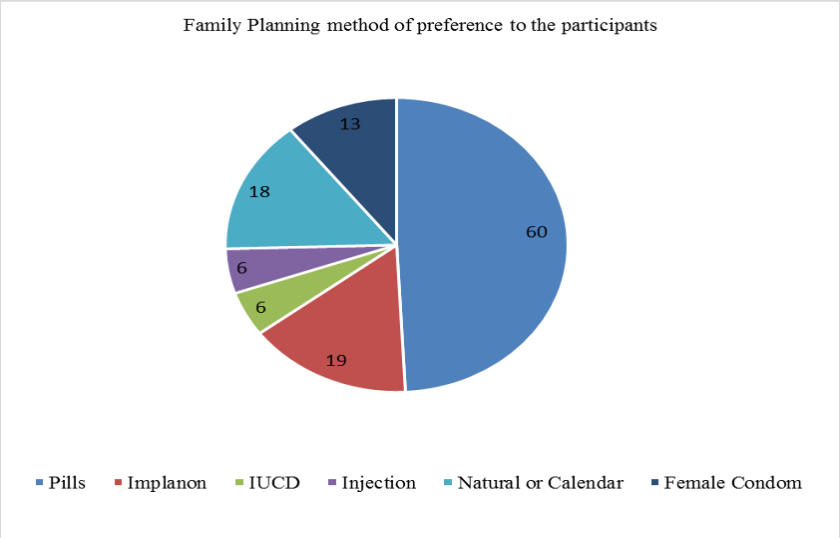
This study found that where the teenagers got their sources of fund mattered a lot because of those who got it from their sexual partners like boyfriends, also peers and friends were at a higher risk compared to the rest because they had a higher chance to be lured in sexual activities compared to the others. Aurora's (2012) study on factors contributing to teenage pregnancy stated that teenagers' source of funds determine so much their getting pregnant because of being lured into sexual activities by men using their money and since most of them are in need, they end up entering into their traps.

4.1.18 Family Planning Methods Preferred by the Respondents

Having shared the ideas on teenagers' knowledge on the methods and testing their awareness on the usage of those methods, the researcher directly asked those who answered that they knew how to use the methods about their preferences and the responses were as follows: 60(49%) of the 122 respondents who mentioned that they knew how to use the methods reported pills, 19(16%) of them preferred implanon, 6(5%) preferred intrauterine devices (IUCD), 18(15%) mentioned natural methods for example counting their safe days using the calendar because it did not conflict with their faith, 6(5%) of them mentioned that they preferred using injections and the remaining 13(11%) mentioned that they used female condoms respectively.

The figure 4.15 below shows such described pattern

Figure 4.15 Family Planning Methods Preferred by the Respondents



Source: Researcher's own computation 2015

According to the study, it was noted that an individual's preference on the method of family planning mattered according to their choices and likes. Many thought of pills and condoms to be the best because they needed little knowledge on how to use them. Opeyemi 2010 stated that the natural method and condom use could be the best alternatives because the other ones like pills, injections, IUCD and implanon are a bit more complicated and need much supervision, otherwise they may bring other negative results like irregular

menstruation flow that is when using injection, loss or gaining of weight when using pills and many other relevant complications.

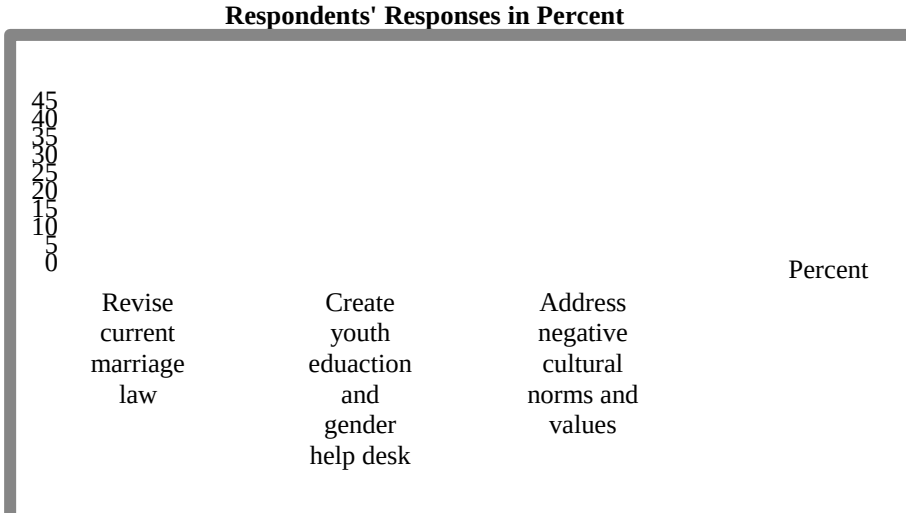
4.1.19 Responses on Measures to be Taken in order to Curb the Problem

4.1.19.1 By the Government

The researcher wanted to test the knowledge of the respondents by asking them what they thought the Government should do in order to curb the problem and these were their responses; 35(19%) said that they should revise the current marriage law in order to prevent young girls into getting married that is, state the precise age for people to get married, that is, when they are adults. They continued saying that strict measures should be taken upon those who break those laws. 66(36%) of them recommended on creation of youth education and gender help desk in order for teenagers to be educated and also report on any matter that would arise as a result of sexual abuse or forced marriages. 82(45%) of the respondents commented on addressing negative cultural norms and values in the society in order to put a stop to the practise of teaching small girls issues concerning sex at a tender age.

The figure 4.16 below illustrates the above description;

Figure 4.16: Respondents' Responses on What the Government Should Do in order to Reduce Teenage Pregnancies



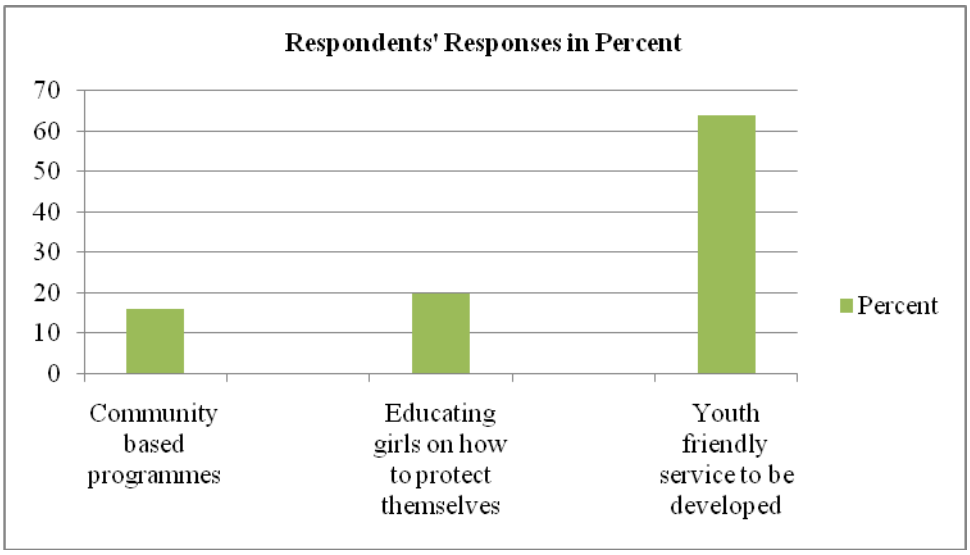
Source: Researcher's own computation 2015

This study realized that every teenager had different ideas on how the problem could be handled. The majority of them suggested the Government to address negative cultural norms and values while others commented on creation of youth education and gender help desk while a few said that the marriage law should be revised. A study by Opeyemi (2010) on teenage pregnancies in Africa suggests that a practical approach to reduce teenage pregnancy rate is to implement strategies and policies aimed at improving female literacy rate. Nyakubega (2010) talks od discouraging early marriages to young girls and instead focusing mostly on their education.

4.1.19.2 By Tunduru District Council

The researcher also asked the respondents what they thought Tunduru District Council could do in order to curb the problem, and these were their responses; 29(16%) said that they should develop community based programmes to sensitize people on how to curb the problem, 37(20%) of them recommended on educating girls on how to protect themselves and refrain from getting pregnant while still in school, and 117(64%) of the respondents commented on youth friendly services to be developed in order to educate girls on reproductive health and about different methods of contraceptives and how to use them.

Figure 4.17: Respondents' Responses on What the Tunduru District Should Do in order to Reduce Teenage Pregnancies



Source: Researcher's own computation 2015

This study realized that the majority of the respondents suggested on adolescent friendly clinics to be encouraged because they will help pass knowledge to girls concerning their bodies and how to protect themselves from getting pregnant. Others commented on educating girls on how to protect themselves by introducing sex education in schools, and a few stated that community based programmes should be developed in order to pass information to the community concerning the problem and how to tackle it. Akina's (2011) study on causes of teenage pregnancy in Nepal stated that provision of adolescent friendly reproductive health services following WHO framework would help solve the problem.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

The study was conducted with the overall objective of assessing on the factors contributing to teenage pregnancies in Tunduru District Council. The assessment was done by investigating four objectives. Firstly, to determine whether poverty contributed to teenage pregnancies; secondly, to ascertain whether awareness and low access to family planning services contributed to teenage pregnancies, thirdly, to determine whether peer pressure contributed to teenage pregnancies, and fourthly, to determine whether the level of education of an individual contributed to teenage pregnancy. The study was carried out in a Government and faith based hospital. The targeted population consisted of 183(99%) 'teenage girls' out of 185 who were targeted. The dependent variable was teenage pregnancy while the independent were poverty, peer pressure, level of education, low access to family planning services, teenage drinking, sexual abuse and absent parents.

The main variables that were used in the study were poverty, peer pressure, level of education and access of family planning services as a proxy of other contributing factors because the researcher saw that they were the most common contributors of teenage pregnancies in the district. Both qualitative and quantitative data analysis techniques were used so as to minimize the weakness of one another. The sampling technique of a purposive approach was used because it suited the purpose of the study which mainly focused on that particular entity. Primary data was used because it enabled the researcher to get more recent information straight from the field and was collected using questionnaires because of their ability to gather a lot of information. Validity and reliability issues were considered in the study in order to ensure consistency of the work.

Findings revealed that 148(81%) of all the study participants had already had sex while the remaining 35(19%) had not, about 108(59 %) completed secondary education and the remaining 75(41%) completed primary school, about 116(63%) of the participants were single, 32(17%) were married, and 35(19%) were cohabiting with their partners, 96(53%) of them knew about family planning methods and the remaining 87(47%) reported that they did not.

Of all those participants, 161(88%) had already heard the term family planning but only 146(80%) had heard about it and its methods, 22(12%) had not heard about it. According to peer pressure's influence 102(56%) of the respondents responded by saying that they did not get their daily basic needs from their parents because they could not afford it while 81(44%) said that their parents could afford. 110(60%) said that their friends influenced their sexual behaviours while 73(40%) disagreed. 35(19%) suggested on revision of the current marriage law, 66(36%) commented on youth education and gender help desk while 82(45%) talked of discouraging negative cultural norms and values as ways the Government could use to prevent the problem, while 29(16%) of the 183 respondents suggested on community based programmes, 37(20%) commented on passing education to girls, while 117(64%) said youth friendly clinics to be encouraged in order to reduce the problem in the district.

Furthermore, the findings found that participants' responses changed as their age advanced as far as teenagers' pregnancies were concerned more than their counterparts. Those who were younger were more at risk of being impregnated than their counterparts due to ignorance. Marital status was found more likely to contribute to teenagers' pregnancies, also the results reflected that the level of education, poverty, peer pressure, were more likely to contribute to teenagers' pregnancies; knowledge on the proper use of family planning methods was more likely to prevent teenage pregnancies significantly. Pregnancy prevention strategies were recommended based on the results. The recommendations focused on developing youth friendly services for teenagers, revisiting current marriage law to avoid early marriages, initiating community based programmes at rural setting to educate girls on how to protect themselves, creating pregnancy prevention programmes among others.

5.2 Conclusion

Teenage pregnancies are still a major health concern in Tanzania, Africa and elsewhere in the world. The increase in the number is causing a great concern and is becoming a critical issue. Teenage mothers' socio-economic advancement, education and job opportunities are limited and stunted by premature pregnancy. The study found that poor knowledge on the use of family planning contraceptives, little access of family planning methods, low educational level, lack of knowledge/information on reproductive health and early

marriages as the main factors contributing to high teenage pregnancy rate in Tunduru District Council, therefore, there is a high demand of addressing these problems in order to curb the problem and also to put urgent attention of every section of society in order to prevent family life from disintegrating completely. These findings give a basis of formulating recommendations regarding precautionary measures that have to be taken in order to curb the problem as illustrated below.

5.3 Recommendations

This part presents recommendations regarding the findings of the study according to the objectives of the study which provided the basis for deliberate measures of curbing the problem of teenage pregnancies that should be taken by the Government in Tunduru Distict, and other stake holders. Therefore basing on the findings, various measures have been recommended as follows:

5.3.1 Regarding the Influence of Level of Education on Teenage Ppregnancies

Based on the findings, the government of Tanzania should contribute towards the effort to reduce teenage pregnancies by providing stable funding for comprehensive education for teenagers of both sex to make sure that they reach a certain level in education which will help to increase their knowledge on various issues of life.

Also a practical approach to reduce teenage pregnancy rate should be to implement strategies and policies aimed at improving the female literacy rate, health care expenditure and the GDP per capita of a country. Additionally, an increase in female literacy rate would concurrently increase Contraceptive prevalence rate.

5.3.2 Regarding Low Access, Availability of Family Planning Methods and How to use Them

Establishment of youth friendly services to help young people to know early the risks associated with their biological changes and their surroundings for a safe future. Public clinics should all be made ’youth-friendly’ through existing support programmes. These programmes have been proved to improve the quality of care, counseling, support, expand access to contraceptives and offer them information on how to use them.

There should be increased access to dual methods of contraception at clinics and they should be available to all girls and young women who need it.

5.3.3 Regarding the Influence of Peer Pressure on Teenage Pregnancies

Parents should guide their children on choosing the right company to hang out with in order to avoid being involved in bad companies which may lead them astray.

Teenage girls should create the habit of visiting health facilities in order to be educated on ways to avoid getting pregnant together with how to use contraceptives correctly in order to reduce the problem. This should be done in order for them to pass the knowledge to their fellow peers and help them avoid listening to misleading advice from others regarding different uses of the family planning methods because to most of them, their knowledge is low.

5.3.4 Regarding the Influence of Poverty on Teenage Pregnancies

Following the finding that poverty is among the causative factors of teenage pregnancy, community development or economic empowerment to address it and reduce incidence of teenage pregnancies should be encouraged. Families should be empowered by the Government and other stakeholders by providing them with entrepreneur skills and creating a conducive environment for parents to effectively participate in economic activities.

Teenagers should be enlightened on the consequence of having sex at the early stage of their lives and parents should stand out best to meet the needs of each child.

5.3.5 Further Measures That Have to be Taken by the District Council and Government in General to Curb the Problems According to Respondents' Suggestions

Revise the current marriage law to legally declare cutoff age of women to become mothers. From this study it was noted that young girls do not know the constitutional agreed age of giving birth and getting married, and also the youth should be directed on how to access the services.

Community based programmes should be initiated at rural settings in order to educate them about demerits of some weak cultural norms and values especially those of forcing young girls to be married below the acceptable age for their future betterment.

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

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

There should be a gender help desk specifically for young girls when raped or forced to enter such relations and supported friendly to arrest any unhealthy environment.

Another study is also necessary to be conducted on the effective utilization of the family planning methods to enhance positive results. It has been noted in this study that people report that they are using family planning methods but most of them report unplanned pregnancies at the same time.

Other studies should be conducted and include teenage boys, parents and health professionals in order to hear their views on how they perceive the problem and the measures they take to prevent teenage pregnancies.

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

The study recommends that sex education should be taken seriously in secondary schools; educators should liaise it with health professionals in the community; pregnant learners to be supported and not being humiliated or stigmatized by school stakeholders; educators to encourage teenagers to use preventive and protective measures and to encourage learners to delay engaging themselves in sexual relationships.

5.4 Limitations and Suggestions for Further Studies

The study was limited to determine factors contributing to teenage pregnancies in Tunduru District Council using cross-sectional study design. Another limitation was that the participants that were involved were only teenage girls of 13-19 years of age but did not include boys, parents and health professionals in order to get their side of view. Therefore, it is recommended that further studies should be done in other districts using other research designs, including other variables that have significant influence on teenage pregnancies, and other groups such as boys, parents and health professionals.

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APPENDICES

APPENDIX 1

QUESTIONNAIRES

Dear respondent; I am Judith Malisa a student at Mzumbe University Morogoro undertaking a course of masters in Health Systems Management. As part of my course, students are required to undertake research work. Please I hereby requesting your sincere cooperation in answering these questions as part of my primary data for the study. The objective of the study is to determine awareness on the use of family planning methods, and factors contributing to teenage pregnancies in Tunduru District Council.

You are kindly requested to respond freely to the questions to the best of your knowledge as it will bring vital achievement to the report. All information will strictly be confidential and be used for academic purpose only and not otherwise.

Thank you in advance.

SECTION A: INTRODUCTION

1. Name…….
2. Age……
3. Level of education……
4. Marital status……
5. Religion……

SECTION B: AWARENESS ON THE USE OF FAMILY PLANNING AND FACTORS CONTRIBUTING TO TEENAGE PREGNANCIES IN TUNDURU DISTRICT COUNCIL

Please tick where appropriate

1. Have you ever heard of reproductive health?
    1) Yes
    2) No
2. At what age do you think it is legally right to give birth according to Tanzanian Constitution?

    ……
3. Have you ever had sex?
    1) Yes
    2) No
4. Have you ever heard of the term family planning?
    1) Yes
    2) No
5. Where did you hear it?
    1) Health facilities
    2) Health staffs
    3) Peers
    4) Parents
    5) Friends
    6) Others (mention)…….
6. Have you ever heard of family planning methods?
    1) Yes
    2) No
7. Do you know how to use them?
    1) Yes
    2) No

8. Which FP method/methods you mainly prefer?
    1) Pills
    2) Long term methods (iucd, implanon and depo/injection)
    3) Others-mention……

9. Where did you get the knowledge from?

    ……

10. Which family planning method do you use?

    ……..

11. Do you get easy access to family planning methods?
    1) Yes
    2) No

12. Do family planning service providers friendly attend you?
    1) Yes
    2) No

13. Does Tunduru Hospital have experts for all FP methods of choice to the clients?
    1) Yes
    2) No

14. Do shortages occur sometimes of family planning methods?
    1) Yes
    2) No

15. Are family planning services provided free of charge at Tunduru Hospital?
    1) Yes
    2) No

16. What factors do you think contributes much to teenage pregnancies?

    …….

17. Does your parent/guardian provide to you your basic needs when you are in need?
    1) Yes
    2) No
18. Where do you get financial assistance when in need?

    ……

19. Do your friends encourage you to engage in sexual activities?
    1) Yes
    2) No

20. What do you think Tunduru District Council should do in order to reduce teenage pregnancies?

    ……

21. What do you think the Government of Tanzania should do in order to reduce teenage pregnancies?

    ……

APPENDIX: 2

DODOSO (UTANGULIZI)

Naitwa Judith Malisa mwanafunzi katika chuo kikuu cha mzumbe. Kama sehemu ya kozi yangu, natakiwa nifanye utafiti kuhusiana na sababu zinazopelekea vijana kupata ujauzito pamoja na ufahamu wao katika utumiaji wa njia mbalimbali za uzazi wa mpango wilayani Tunduru. Tafadhali naomba ushirikiano wako katika kujibu maswali haya niliyoyaandaa kama sehemu ya ripoti yangu. Maelezo yako yatabaki kuwa siri yako wewe na mtafiti (Mimi).

Natanguliza shukrani.

SEHEMU A: UTANGULIZI

1. Jina……
2. Umri……..
3. Kiwango cha elimu……...
4. Hali ya ndoa…….
5. Dini……...

SEHEMU B: UFAHAMU KUHUSU NJIA MBALIMBALI ZA UZAZI WA MPANGO NA SABABU MBALIMBALI ZINAZOSABABISHA MIMBA KWA VIJANA

Weka tiki sehemu itakayoitajika

1. Je mshawahi kusikia kuhusu afya ya uzazi?
    1) Ndio
    2) Hapana
2. Ni katika umri gani unafikiri inakubalika kisheria kupata ujauzito kulingana na katiba ya muungano wa Tanzania?

    ……
3. Je umeshawahi kufanya mapenzi?
    1) Ndio
    2) Hapana
4. Je umeshawahi kusikia kuhusu uzazi wa mpango?
    1) Ndio
    2) Hapana
5. Je ulisikia kutoka wapi?
    1. Vituo vya kutolea huduma za afya
    2. Watumishi wa afya
    3. Vijana
    4. Wazazi
    5. Marafiki
    6. Sehemu nyingine (Taja)…….
6. Je umeshawahi kusikia kuhusu njia za uzazi wa mpango?
    1) Ndio
    2) Hapana
7. Je unajua kuzitumia?
    1) Ndio
    2) Hapana

8. Ni njia gani za uzazi wa mpango unazopendelea zaidi?
    1) Vidonge
    2) Njia za muda mrefu (iucd, vipandikizi na sindano)
    3) Zingine-Taja……
9. Ulipata wapi ujuzi huo?

    ……
10. Je ni njia gani ya uzazi wa mpango unayotumia?

    ……
11. Je wewe huwa unapata njia za uzazi wa mpango kwa urahisi?
    1) Ndio
    2) Hapana
12. Je watumishi wa afya katika kitengo cha uzazi wa mpango huwa wanakuhudumia vizuri?
    1) Ndio
    2) Hapana
13. Je Hospitali ya Tunduru ina wataalam ya njia zote za uzazi wa mpango kwa wateja?
    1) Ndio
    2) Hapana
14. Je kuna wakati njia za uzazi wa mpango zinakosekana hospitalini?
    1) Ndio
    2) Hapana
15. Je huduma za uzazi wa mpango zinatolewa bure katika hospitali ya Tunduru?
    1) Ndio
    2) Hapana
16. Ni sababu zipi unafikiri zinachangia upataji wa mimba kwa vijana?

    …….
17. Je mzazi/mlezi wako anaweza kukupa mahitaji yako ya kila siku?
    1) Ndio
    2) Hapana

18. Je wewe huwa unapata wapi hela za matumizi ukiwa na mahitaji?

    ……

19. Je rafiki zako huwa wanakushawishi kufanya matendo ya ngono?

    1) Ndio
    2) Hapana

20. Unafikiri Halmashauri ya Wilaya ya Tunduru inatakiwa ifanye nini ili ipunguze tatizo la upataji wa mimba kwa vijana?

    ……

21. Unafikiri Serikali ya Jamhuri ya Muungano wa Tanzania inatakiwa ifanye nini ili ipunguze tatizo la upataji mimba kwa vijana?

    ……