

# Teen Pregnancies Among Day Government Secondary School Students in Ruvuma Region Tanzania

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## ABSTRACT

*This study examined the underlining factors contributing to teen pregnancy among day government secondary school students with a great focus on adolescents in secondary schools within the Ruvuma region. The study was meant to identify factors for early pregnancy among students in day government schools; establish the relationship between factors and early pregnancy; among girls in day government secondary schools in the Ruvuma region. The study adopted both qualitative and quantitative approaches. Seventy (70) participants were involved in the study from five randomly selected secondary schools which were determined well in advance taking into account the errors anticipated from the instruments used and the possibility of obtaining feedback from participants. The study revealed that the underlying factors for early pregnancy in day government schools in the Ruvuma region include poverty and economic status; peer pressure; Lack of parental guidance and counseling; and Lack of reproductive health education. Regarding the findings of the study, it was found worth recommending that the government in collaboration with parents and other stakeholders should discourage the traditions, customs, and taboos for early pregnancies, especially for schooling girls. The government should provide reproductive health education in secondary schools in the country by establishing a course of its own with its curriculum at all levels of education.*

**Keywords:** *Teen Pregnancies; Secondary School; Parental Control; Ruvuma, Community Involvement.*

## 1. Introduction

Teen pregnancy is the pregnancy by female at age between 13 and 17 which usually occur to girls who have not completed their core education; who have few or no marketable skills, are financial dependent upon their parents and/or continue to live at home and is often mentally immature. Teenage pregnancy is a result of early unprotected sexual practices and the mean age of first sexual practices for girls in East, Central and Southern Africa is 13 years (Mbizyo et al, .2008). Risky sex among teenagers is more likely to occur in poor families. Poor countries such as Niger and Bangladesh have more teen mothers compared to economically rich countries such as Switzerland and Japan (UNFPA, 2011). Poverty often forces girls to indulge in sex in exchange for materials and food. Teenage pregnancy is a worldwide problem. According to WHO and UNFPA (2013), it has been estimated that 14-15 million teenage girls become mothers. The statistic accounts to 10% of births worldwide. In Sub-Saharan countries, the number of teenagers becoming mothers at the age of 18 years or less is increasing. The UNFPA statistics shows that, in India 22% of teen girls become pregnant each year. Other countries' statistics are: Ethiopia (22%), Kenya (26%), Uganda (33%), Niger (51%), Tanzania (28%) and India (22%). Teenage pregnancy is one of the alarming problems in Sub-Saharan Africa; and Tanzania is among the countries with increasing cases on girls becoming pregnancy. This has been eventually associated with school dropout among girls in the country (Madeni et al, 2011).

According to the Women Living and Muslim Law, secondary school dropouts in Tanzania are much higher in girls than boys and the common reasons are teen pregnancy and teen marriages. In 2006, about 44,742 dropped out of primary school, 7,734 students dropped out of secondary schools, over 60% being girls. This can be caused by lack of parental guidance, poverty, peer pressure, attitudes and believes lack of reproductive health education. The government of Tanzania has been fighting against physical abuse for girls in both secondary and primary school but there are still problems of drop out in secondary schools (Mbizyo et al, 2008). Unprotected sexual intercourse can lead to an unwanted teen pregnancy which is often considered a serious social and public health problem. Richter and Mlambo (2005) argue that teenage pregnancy appears to be encouraged by lack of access to sex education. According to UNICEF, there are various factors for teenager's pregnancies. The factors are different from industrialized as compared to developing countries, but the factors include Believes and traditions that lead to early marriage.

According to UNICEF, statistically it has been proven that about 10% – 40% of young unmarried girls have had an unintended pregnancy. Ruvuma Times reported in 2007, in Ruvuma region 86 secondary girls were reported to be pregnant. Moreover, the trend of pregnant school girls is even increasing. Teenage girl studying in day government school in Ruvuma face challenges like poverty, lack of parental guidance, beliefs and attitudes, lack of sexuality education, peer pressure and drug abuse. The study sought to assess factors influencing early pregnancy on students in day government secondary schools at Ruvuma region. The general objective of this study was to examine the underlining factors contributing to early pregnancies among day government secondary school's students in Ruvuma region.

## 2. Literature reviews

Deardorff (2005) pointed out that the combined risk associated with alcohol initiation and risky sexual behavior among young girls help to explain the consistent direct relationship between early puberty and adolescent pregnancy. Although numerous studies have confirmed that early maturation is linked to early alcohol use, sexual behavior, and pregnancy, no study to date has examined the potential role of alcohol initiation in predicting sexual behavior and pregnancy among early-maturing girls. Corbin (2006) states that peer group is the most important socialization agent next to family. The peer group is also a primary source of information about sex. Besides the fact that this information may be incorrect, peer pressure on the teenager to indulge in sex because everyone does it or not to feel out, may be the direct cause of an unplanned pregnancy. Health reproductive education programs that are balanced and realistic encourage students to postpone sex until they are older, and promote safer-sex practices among those who choose to be sexually active, have been proven effective at delaying first intercourse and increasing use of contraception among sexually active youth. These programs have not been shown to initiate early sexual activity or to increase levels of sexual activity or numbers of sexual partners among sexually active youth (Kirby, 2007; Kohler et al., 2008)

There are several factors causing early pregnancy especially for students in government day schools. Hoffman (2006) commented that, poverty is the main reason for early pregnancy in schools. Most of the parents are poor; they cannot afford to provide all the things that their children need for school like pocket money, shoes, lotion, sanitary towels, soap and other basic needs. This makes girls vulnerable. According to Kanku et al., (2010) lack of food at home and at school in some of the schools is among the factors causing early pregnancy. Most of the day secondary schools, students are supposed to report at 7:30 a.m. and even before especially for distance schools where student wake up at 04.00am, and reach at 7.30am and leave at 3:30 p.m. At home sometimes there is no breakfast and also no lunch at school. This combined with the long distances they have to walk to school leaves girls vulnerable. Also it is very hard for students to concentrate in class when they are hungry and this leads to poor grades (Kanku et al., 2010).

Kirby, et al (2001) claim that there is extensive evidence to suggest that girls' pregnancy in secondary schools accelerates poverty in their families, for example 83% of American girl students who give birth are living in families of low-income. They found that those young girls live in de-factor relationship and leave school at a young age, having achieved less well. Unemployment and a steady sexual relationship were identified as clear risk factors. However, the choice of having a child was not a way for a student to ensure income, as at times has been suggested in the media but rather because the mothering role seemed to be an obvious stage in their lives and more attractive in comparison to other options available to them.

Dilworth (2000) asserts that, poverty, school achievement, and self-esteem were also factors which have been said to play a role. Research illustrated that the lack of opportunity and socioeconomic disadvantage significantly contributes to teen age pregnancy. Poverty can be both the consequences and the causes of teen pregnancy and childbearing”

Teen pregnancy is highly correlated with living in poverty. Teens living in poverty were more likely to get pregnant than teens who do not, and furthermore, teen parents often had lower lifetime earnings, as well as more social problems throughout life. Pregnancy rates were highest among teens from single-parent families who had experienced poverty. For these teens, motherhood represented an acceptable solution that would compensate for a life of psychological, moral, family and social hardship.

The extensive literature review by Dilworth (2000) suggested that statistically, young mothers face a life of poverty, have lower levels of education and have less opportunity in the workplace than non-parenting teens. She found that research on teen pregnancy prevention usually focuses on the negative aspects of being a teen parent.

Lack of water and firewood in the families is considered to be among the factors for early pregnancy. When girls get off school, they have to walk very far to look for water and in the dry season. On the way they meet men and boys who keep luring on them into sexual acts. Sometimes because of pressure they end up engaging into sex in exchange of candy, little money to buy basic need, and helping them to carry water and firewood

(WHO/UNFPA 2006). Risky sex among teenagers is more likely to occur in poor families. Poor countries such as Niger and Bangladesh have more teen mothers compared to economically rich countries such as Switzerland and Japan (UNFPA, 2011). Poverty often forces girls to indulge in sex in exchange for materials and food.

Again, a girl from poor families has greater risk of pregnancy than girls from higher socio economic status (WLUML, 2007). Example in Tanzania about 429 girls dropped from school for form one for the year 2009. This number however increased to 1,588 (form two), peaking at high in form three (2,177) then decreased as the education level increases, 747 form four; 21 (form five) and 3 (form six). (UNICEF, 2012)

Poverty and cultural factors associated with pregnancy among adolescent girls, Muchuruza (2000) found that adolescents were at high risk of pregnancy at the ages of 14 to 16 years. Moreover, the risk was fifteen times higher in respondents with no formal education and no employment. Also, girls were affected by the mothers' education and the living patterns in the home; living with one parent only or with a guardian compared to living with both parents, and finally, girls from families of low socio-economic status had a higher risk of pregnancy. In Taiwan, Wang, Wang and Hsu (2003) found a lack of necessary material resources to meet the needs of adolescents, because of parents' poor socio-economic status, put adolescent girls at greater risk of pregnancy. Being a young mother in a industrialized country can affect one's education. Teen mother are more likely to drop out of school. The study found that 100 teenage mother live in poverty with nearly half in the bottom fifth of income.

Most people evade their children from talking about sex. In some cases, they provide false information regarding sex and discourage their children to participate in any informative discussion about sex. In some cases, teenage mothers are not well educated about sex before getting pregnant.

Freedburner (2011) says that social consequences such as fear or threats by parents and friends live teen mother alone thus inviting the depression which make most of them to undergo physical or substance abuse and alcoholic drinking, thus affect their academic performance. Many students in secondary school are subject to social isolation while they are pregnant. Some studies put the figure of 42%, with 20% of girls experiencing social isolation for the first time when they are pregnant (Australian Women's Survey, quoted in Laing 2000).

Nassoro (2003) argued that, peer pressure causes teen pregnancy. Some girls join peer groups that encourage promiscuity rather than academics. Most of the girls think it's important to have a boyfriend. With all of the misconceptions about sex, they end up practicing sex. The material things have driven some of the girls to compete with others. The issue of fashion has driven most into temptation as their parents have failed to provide them with other luxurious stuffs like expensive cell phones.

Deardorff, et al (2005) said that, many girls come to school without knowing why they are there. They have no role models. Their parents are uneducated, so girls don't have much to talk about school related issues which makes them loose their visions and mission of schooling.

Adolescent girls often face peer pressure from their boyfriends and social networks to engage in sex. Early sexual debut has become a trend in most societies and this often pressures adolescent girls to indulge in sex because of fear of being stigmatized by their peers Nyangarika (2016a). Most girls become pregnant as they are not fully aware of the consequences of sex and of contraceptive use. Adolescents may lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek information. Adequate knowledge of contraception is often lacking among young women in Africa, due to negative attitudes regarding sex before marriage, which often leads to unwanted pregnancies (WHO, 2012).

Study done by Philemon (2007) at Kinondoni indicated that 78.3% of the respondents suggested that information about reproductive health issues should be given during primary education; 11.3% suggested the information should be given secondary school while 4.4% agreed that the information or education to be provided at higher education level. Philemon further observed that reproduction health is taught in school in Tanzania but inadequate in content and methods due to scarcity of information Education and Communication (IEC).

MacLeod (2000) state that, many teenagers are not taught about methods of birth control and hoe to deal with peers who pressure them into having sex before they are ready. Many pregnant teenagers do not have any cognition of the central facts of sexuality. Some teenage girls have said to be pressured into having sex with their boyfriends at young age, and yet no one taught teens how to deal with the pressure or to say "No".

Sex and contraceptive education may be the most effective way to reduce teen pregnancy. However, efficiency and choices of contraceptive available is a problem where proper education is missing. Only 69% of schools districts in the United State teach sex education. Most of these (86%) promote abstinences (i.e. not having sex) instead of teaching teenagers how to protect themselves from sexually transmitted diseases and how to prevent pregnancy if they are going to have sex (Douglas, 2001).

Dilworth (2000), the reason(s) why teenage women become pregnant or give birth are difficult to categorize. In the body of literature examined, it was reported that the rise in rates was due to the fact that more teenagers were sexually active, were using less contraception, or that there was an individual desire to become pregnant. The first two factors were borne out by the National Longitudinal Survey of Children and Youth (1998/99 and 2000/01) which estimated that 12% of boys and 13% of girls had sexual intercourse by ages 14 or 15. Poverty, school achievement, and self-esteem were also factors which have been said to play a role. Research illustrated that the lack of opportunity and socioeconomic disadvantage significantly contributes to teen age pregnancy Nyangarika et al., (2020a).

Study by Nyakubega (2009), indicated that the poverty of families in Tanga was found to be the major cause of early pregnancies. The results show that 57.1% of respondents in Tanga for the study done in 2009 indicated that the early pregnancy is contributed by poverty. The result goes hand with John (1995), who reported that unwanted pregnancies were contributed by a wide range of factors, including financial problems – especially unemployment and poverty among girls, lack of information about sexual matters, exposure, too much leisure, illiteracy and low level of education among girls.

Issues related to the rights of children are addressed by the Law of Child Act of 2009. The law address issues related to care, education, health and employment. Section 83 of the Law of Child Act 2009; stipulate the prohibition of sexual exploitation. It is unlawful for any person to use inducement or coercion in the encouragement of a child to engage in any sexual activity.

In Tanzania Educational Act 1978 requires a pupil who has fallen pregnancy to withdraw from school. This Act is contrary to the law of child Act of 2009 which said a child needs care, education, health and employment so when girl students expelled from school her present and future change radically and rarely for the better. Her education may end, her job prospects evaporate and vulnerabilities to poverty, exclusion and dependency multiply. There is no law allowing a girl child to be in a school right after deliverance. Girls are allowed to join evening classes or special education if she decided after deliverance.

### 3. Material and Methods

Qualitative approach was used to increase the richness of the research findings and to get users understandings of the early or early pregnancies. The analysis of the underlying factors for early pregnancies among day government schools was done using the collected secondary data.

The study was conducted in Ruvuma region and involved five schools including Ndela Secondary School, Lituhi Secondary School, Nakapanya Secondary School, Rwinga Secondary School, Mtelele Secondary School. Ruvuma Region is one of Tanzania's 31 administrative regions. The regional capital is the municipality of Songea. The area was selected because of having a good number of secondary schools which bordered with Mozambique, Malawi na Zambia. Convenient of visiting the identified schools was another reason for selection. The coverage of the entire population could have not been possible because of time, financial resources and workforce available. The population of the study was comprised of teachers, students and parents. Covering thousands of schools in the country could have been not possible instead the non-probability (purposive and convenient) sampling technique was used to select the schools. On the same line, the random sampling was used to select the students and teachers from the identified schools. The sample size was calculated prior to visiting the schools. The model used was guided by the Godden (2004). A total of 70 respondents were obtained from the formula.

$$S=Z^2*p*(1-p)/c^2$$

Where s is the sample size; z is z-value with confidence level at 95% (standard value of 1.96); c=confidence interval expressed with margin of error (0.10); p is the percentage picking choice (20%)

The sample size calculated as:

$$s= (1.96)^2*0.2*0.8/ (0.10)^2 =61.4656 \sim 62$$

The above estimated sample size s=62, if added the 5% (4) of those who failed to submit their questionnaire on time and 5% (4) of those who returned with errors. This made the total sample size of 70.

### 4. Results

About 38.9 per cent of the respondents were male while female was 61.1 per cent. Sixty-four (64) per cent of the teachers interviewed were diploma holder while the remaining thirty-four (34) per cent were degree holders as presented in Table 4.1. The number of years of teaching ranged from 1 year to 30 years. The average number of

years of teaching was about 7 years. From Table 4.1 it can be seen that the majority (82 per cent) are less than ten years in service. It was also revealed that about 5 per cent of the participants have more than twenty (20) years serving as teachers.

**Table 4.1: Demographic Data**

Gender (%)		Education (Teachers)- %		Years of service for teachers		
Male	Female	First Degree	Diploma	1-10	10-20	20-30
38.9	61.1	36	64	82	13	5

On other side the students who participated in this study were 40 in total, in a balanced number between boys and girls. That makes this study to obtained balanced ideas from the two genders of participants. While the age of all students ranged from 14 years to 20 years old. Due to maturity of the participants ensured this study with quality of data since students provided their ideas without fear. Levels of education, the student's participant were form two and form three students. Ten parents were also participated in the study from the surrounding selected schools.

The study involved finding out the factors for teen pregnancies in government day secondary schools in Ruvuma region. As from the adopted conceptual framework, six factors were idealized for early pregnancies among students in government schools as adopted and modified from Mbizyo and Deardorff theories. The factors were rated by the use of likert-type scale as given in the questionnaire. The factors considered include poverty; lack of parental guidance; use of drugs and drug abuse; peer pressure; lack of reproductive health education; and believes and attitudes. Use of Cronbach Alpha was employed to check the consistency of the data obtained from measuring the factors for teen pregnancy. Table 4.2 gives the result of internal consistency of the factors under consideration.

**Table 4.2: Reliability Scale**

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
.798	.808	6

According to Ritter (2010), the application of rule of thumb on the ratio on the above table indicate that the ratio is between 0.7 and 0.9 which is consider as good where a ratio less than 0.5 is unacceptable. However, the factors considered and measured were acceptable for further analysis.

**Table 4.3: Mean and Standard Deviation on factors of Teen Pregnancy**

Items	Mean (N=70)	Std. Deviation
Poverty	4.22	1.353
Peer Pressure	4.17	.383
Use of drug and drug abuse	3.20	.786
Lack of parental guidance	3.85	.594
Lack of sex health education	4.05	.616
Believes and attitude	2.22	1.396

From Table 4.3 on item statistics, a likert-type scale was applied ranging from 1 to 5. The scale of 1 represented "Strongly Disagree", 2 represented "Disagree", 3 represented "Neutral", 4 represented "Agree" and 5 for "Strongly Agree". Based on the above scale it can be seen that the participants agreed on the factors based on the provided scale for early pregnancy among students. Several factors are strong associated with and contribute to increase risk of teenage pregnancy includes poverty; peer pressure; Lack of sexual health education and lack of parental guidance. Other factors considered in the study but rated insignificant include use of drug and drug abuse; and believes and attitude.

The findings in this study indicated that poverty and economic status of the family for student contribute significantly to early pregnancies. The study is in agreement with the study by Kilolonga (2012) which was conducted at Biharamulo. The study identified that the main contributing factors for early pregnancies were unsafe sex (83%), single parent (83%), economic hardship (80%) followed by early marriage (70%). The most age group affected was between 17 – 19 years' old that was 83%. The majority of pregnant girls were from rural areas (80%) compared to urban areas 20%. No one reported to dropout from school due to pregnancy. The

generally implications are that, the impact of the problem is that it will result to low education, low income, increased number of disadvantaged children/street children, increased new HIV/AIDS and maternal and infant mortalities. Similar study conducted at Tanga by Nyakubega (2009), indicated that poor families in Tanga was found to be the major cause of early pregnancies. The results show that 57.1% of respondents in Tanga for the study done in 2009 indicated that the early pregnancy is contributed by poor factor. The result goes hand with John (1995), who reported that unwanted pregnancies were contributed by a wide range of factors, including financial problems -especially unemployment and poverty among girls, lack of information about sexual matters, exposure, too much leisure, illiteracy and low level of education among girls Nyangarika et al., (2020c). In this category 4.17 average of the respondents agreed that peer pressure was amongst the causes of early pregnancy. They said that some of girls engaging to have a boyfriend as fashion and who do not have a boyfriend seen to be out of dated, this made them to become promiscuity. The material things have driven some of the girls to compete with others. The issue of fashion has driven most into temptation as their parents have failed to provide them with other luxurious stuffs like expensive cell phones. This result is agreed with the study done by Nassoro (2003) argued that, peer pressure causes early pregnancy. Some girls join peer groups that encourage promiscuity rather than academics. Most of the girls think it's important to have a boyfriend. With all of the misconceptions about sex, they end up practicing sex at earl age.

Lack of sexual health education from female students is one of the reasons of teen pregnancy in secondary schools. Four point five 4.5 average of the respondents argued that lack of sexuality education leads to early pregnancy. They said that sexuality education is important because it will empower young and youth with right information on understanding about their bodies and be responsible of whatever they are doing with their bodies. In supporting of the study findings by Ritcher and Mlambo (2005) indicated that teen pregnancies are strongly associated lack of sex education and how to use contraceptives. In their studies, majority of respondents had knowledge about the use of contraceptives and other ways of preventing unwanted pregnancy apart from total abstinence from sexual activity. The results revealed that 88% of participants were knowledgeable about the use of contraceptives and 12% not. Those who were knowledgeable about contraceptives chose not to use them or keep the use of any contraceptives a secret. A Study by Nyakubega (2009) indicated that higher percentage of students who got sex health education from their parents/guardians and health centres (82.6%), while those who got it from school and peer groups were only 29.1% and 7.2% respectively. This goes contrary to Muhondwa study done in Mtwara rural and Makete district in Tanzania (1999) which revealed that parents and schools were not among the source of sexual knowledge.

Ritcher & Mlambo (2005) state that teenage pregnancies result from lack of knowledge about contraception and many other misconceptions. It was indicated that injectable contraceptives because weight gain and watery discharges, whilst contraceptive pills were only taken when they planed sexual intercourse or only after the engagement because it could prevent them from becoming pregnant when used in that way. Also Mwaba (2000) indicated that teenage girls expressed a preference for receiving the injectable contraceptive and stated that condoms were not their birth control method of choice. Respondents further mentioned that teenage boys did not visit family planning clinics and were reluctant to use condoms as a form of contraceptive and a method of infection control. The teenage boys refused to use condoms because they commented that sex with a condom was not enjoyable. This is in agreement to the answers provided through the focus group discussion where boys were against the contraceptives methods including the use of condoms.

The findings presented above revealed that lack of parental guidance leads to teen pregnancy. Respondents from the study comment that school girls who do not get parental care seems to find other person to give care. Most of school girl do not get information regarded sex and do not participate in any informative discussion about sex. 3.85%. Parental caring and counseling was also mentioned as the cause of early pregnancy Nyangarika (2016b), this was also supported by Rash et al., (2010) who said that, poor parental care influences early pregnancy among secondary school's students. Some parents are so harsh to their children. They beat them like drums, they shout at them, they make them work like donkeys, and they show no love at all Nyangarika et al., (2020b). Some use abusive words towards their kids; they even call them 'mistakes'. Some girls have no peace and feel unloved, so when these cunning men approach them with charming words, they see them like a shoulder to lean on because home is so bad.

Respondents in this study had agreed that the use of drug abuse was also one of the factors for early pregnancy in government day secondary schools. This is in agreement with the study done by Nassoro (2003) which shows that, drug abuse and alcoholism causes early pregnancy in secondary schools. Some girls use drugs like marijuana and nicotine and some also taking excessive alcohol. These drugs affect their brain system in a way that it becomes difficult to make the right decisions. It leaves them vulnerable to being raped or engaging on unsafe sex. Use of drugs and alcohol encourages unintended sexual activity. Intoxicated adolescents often forget to use protection. Young people are twice as likely to have unprotected sex while under the influence of alcohol

or drugs compared to when they are sober. This often results in girls becoming pregnant and risking HIV infection (Cook, 2010).

The study showed that some of the respondents agreed that believes to be the factor of teen pregnancy. There are parent's sticks on traditions and see education as the enemy and will make sure that the girls are not supported for their education Nyangarika, (2016c). Therefore, parents who stick to these traditions see education as an enemy and they intentionally to make sure that the girls are not supported for their education. Attitudes of students have been considered to be the factors causing early pregnancy. In Sub-Saharan African Countries and the Indian Sub-Continent, early pregnancies are often regarded culturally as a blessing in other words as proof of the young women's fertility and ripeness to face the future as a blessed mother (UNAIDS, 2010). Such cultural perceptions are very common in rural communities where culture hugely influences people's behavior. From the literature review of other studies, it has been established that teen pregnancy is associated with many factors, including lower educational levels, higher poverty rates, use of drugs and alcohol, lack of education and availability of contraceptive measures, sexual abuse, age difference in relationships and peer pressure to have sexual intercourse (UNAIDS, 2011). Statistics reveal that in low and middle income countries, over 39 per cent of girls marry before they are 18 years old, around 14 per cent the age of 15(WHO, 2012). It was also noted that teen pregnancies result from sexual abuse of teenage girls by their male partners, family members and criminals. The rate of physical and sexual abuse is high all over the world. Study by WHO (2010) revealed that globally, between 3.6 and 50 per cent of young women aged 15 to 19 reported suffering physical or sexual violence from their male partners. Studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy, especially in developing countries.

Generally, there are several factors towards teen pregnancies as presented above. The factors have been grouped and measured by the use of the agreed scale as presented above. However, based on the adopted and modified theory by Mbizyo major factors were found to be poverty; peer pressure; lack of sex health education and lack of parental guidance. Use of principle component analysis from SPSS version 25, resulted to the detail correlation measured as presented by the use of the likert scale measurement indicated the correlation matrix Table 4.4.

**Table 4.4: Inter correlation matrix for item statistics**

	Statistical Items	x1	x2	x3	x4	x5	x6	x7
x1	Poverty	1.000						
x2	Lack of parental guidance	-0.033	1.000					
x3	lack of sex health education	0.151	-0.088	1.000				
x4	use of drugs and drug abuse	-0.023	0.211	-0.331	1.000			
x5	Peer pressure	-0.166	0.193	0.488	0.220	1.000		
x6	Believes and attitude	0.316	-0.223	0.120	0.252		1.000	
x7	Teen Pregnancy	0.689	0.439	0.535	0.354	0.685	0.354	1.000

The result from the findings revealed that the teen pregnancy is having a relationship with other six parameters as conceptualized. The degree of relationship differs from one parameter to another. Significantly, early pregnancy was found to be related with poverty; peer pressure; lack of sex health education; lack of parental guidance and counseling. Use of drugs and drug abuse and Believes and attitude were found to have insignificant relationships with early pregnancy. The findings show that their strong relationship between poverty and teen pregnancy. This results concur with other researchers conducted in different countries had also shown that poverty has strong relationship with early pregnancy. For instance, a study conducted by Lurker's (2000) analysis shows there is strong case for the role of poverty in the path to early parenthood.

However, the result from the findings agrees with a study conducted by Dilworth (2000) revealed that the reason why teenage women become pregnant or give birth is poverty. Research illustrated that the lack of opportunity and socioeconomic disadvantage significantly contributes to teen age pregnancy. Teen pregnancy is highly correlated with living in poverty. Teens living in poverty were more likely to get pregnant than teens who do not, and furthermore, teen parents often had lower lifetime earnings, as well as more social problems throughout life. Pregnancy rates were highest among teens from single-parent families who had experienced poverty. She found that research on teen pregnancy prevention usually focuses on the negative aspects of being a teen parent.

Moreover, Lee (2004) in his study showed that, having a lack of financial resources of individuals and families have to make choices regarding the necessities of life. These choices may deprive individuals of opportunities to develop their capabilities. For example, children from lower-income families are not likely to have a computer at home and to participate in extracurricular activities. Women with lower incomes can't afford paid child care. On the other hand, The National Kids Count data show that, among young people who delay pregnancy until they are 20 years of age, graduate from high school, and are married, only 8 per cent live in poverty. However, of those who fail to meet these their goals, 78 per cent live below the poverty line. The implication of this statistics is that, if only these teenagers would make different decisions, they, too, would live prosperous lives (Maynard, 1997).

Contrary, Kristin Luker (2000) conceptualized that teen pregnancy does not cause poverty for one this, 80 per cent of teenage births are to mothers who were poor when they got pregnant, and plenty of evidence suggests that those who grow up in poverty have a difficult time moving up in income when they reach adulthood. By Luker's analysis shows that the low-income of young people face an adulthood of limited prospects and may have little reason to avoid pregnancy. In this particular study the researcher observed that poverty has a very strong relationship with early pregnancy compared with believes and attitudes which have weak relationship. From the FGD students agreed that, those students who come from poor family are mostly affected by teen pregnancy because their parents cannot afford to provide all the things that the girl students need at school like pocket money, learning materials, school uniform and other basic needs. They were suggested that reproductive health education should be provided at school so that girl students will avoid getting pregnancy. Also they suggested that school curriculum should include Education for Self Reliance where by students will be able to engaged in economy activities, for example to establish vegetables garden were by they will get money to buy their basic needs. This will develop a self –reliant mentality by knowing their responsibility, to where they are going and to make their own decision. These suggestions concur with the speech of our former president Mwl Nyerere (1998), made an emphasis on Education for Self Reliance he said that, "Education has to work for the common good, foster co-operation and promote equality. He comments that teachers and students should engage together in productive activities, productive work should become an integral part of the school Curriculum". Shaklee (2000) assert that, by reducing teens pregnancy will help to sustain the recent decrease in poverty. Poverty is a cause as well as consequences of early pregnancy and some impoverished young mother may end up faring poorly no matter when their children are born.

From the surveyed schools in the FGD students comment that the reproductive health education has skills which are useful to both male and female students. Teachers also should get such skills and knowledge to impart it to students. It was revealed by the students that, most of the female students lack interaction skills when they are attempted sexually. Due to the lack of interaction skills, students are found to be tempted and engage in sexual activities causing them early pregnancy. Relatively in supporting this facts similar study conducted by Bendera & Mboya (2006) indicated that, early pregnancy can be prevented through reproductive health education education, considering the age, and stages of child development. Female students will be mostly affected by early pregnancy since they have no knowledge on how to get rid of the temptations that causes them to engage in sexual activities too early. Nevertheless, Mbonile, & Kayombo, (2008), commented that, well designed reproductive health education is important because it will empower young and youth with right information on understanding about their bodies and be responsible of whatever they are doing with their bodies.

In his study conducted at Tanga, Nyakubega (2009) argued that no student responded to early marriage as a cause of early pregnancy. This is in contrary to WHO (1998) report which indicated that about two-thirds of sub-Saharan African women gave birth before 20 years of age due to cultural norms which encourage early marriage and proving fertility at young age. Such a discrepancy above can be explained by the fact that WHO report is regional and the situation can vary locally. Furthermore, the report stipulates that over 30 per cent of girls in developing countries marry before 18 years; and around 14 per cent of those do so before the age of 15 years. The findings show that lack of awareness of sex education has relationship with teen pregnancy. Female students do not aware of sex education since were not taught to schools and from their parents. Similar study conducted by Nyakubega (2009) pointed out that awareness of contraceptive methods; contraceptive pills were the most known method of prevention of unwanted pregnancy among students (60.7%) in Tanga. In his study he found that only 23.5%, 26.9% and 45% of students in age groups of 13-15,16-18 and 19+ respectively were having correct knowledge of days in which a woman can conceive, which is not satisfactory. Fundikira (1985), in his study found that ignorance and misconception about the reproductive biology and contraception contributes significantly to high rates of pregnancies among sexually active adolescents. Other finding from this study is the higher percentage of students who got reproductive health education from their parents/guardians and health centers (82.6%), while those who got it from school and peer groups were only 29.1% and 7.2% respectively. This goes contrary to Muhondwa study done in Mtwara rural and Makete district in Tanzania in

1999 which revealed that parents and schools were socio-economic and cultural factors associated with pregnancy among adolescent girls.

## 5. Conclusion

The teen pregnancy in secondary school developing and developed countries has brought a number of debates. For Ruvuma region, the challenge has been surrounded by many factors as conceptualized and presented in this study. The other parameters including poverty and lack of reproductive health education were established to have the relationship with the early pregnancy. The study has identified the underlying factors which need to be addressed by all stakeholders. Provision of skills and knowledge on key issues surrounding the early pregnancy was underscored to be the most notable initiative to address the teen pregnancy challenges facing girls in government day secondary schools for Ruvuma region. The government should review the current policy and provide clear guidelines to a person who will pregnant a school girl and to allow a school girl to continue with her studies after the deliverance. Providing necessary needs to the female students while at school was suggested as a solution to help female students to escape from pregnancy. Other factors mentioned to help individual students to escape from teen pregnancy was including guidance and counseling. To reduce the impact of early pregnancy for girls in government day secondary school, the following initiatives are recommended: The government should institute a policy and legal instruments addressing the teen pregnancies for teenagers to enable them to continue their education after delivery. Also to put in place measures to enforce the legislation on sexual harassment especially on school going girls. The government in collaboration with parents and other stakeholders should discourage the traditions, customs and taboos for early pregnancies especially for girls in school. Also to establish a good parent-student relationship, parent-teacher relationship, and teacher-student relationship will help in shaping secondary school behaviors and in the cases of school's pregnancy and dropout. The government should provide the reproductive health education in secondary schools in the country by establishing a course of its own with its curriculum at all levels of education. Sex education curriculum prior to secondary school entry should clearly define the decision making process for a sexual relationship, the outcome of sexual relationship and the choose to abstain from sex without a sense of guilt. For future research, the following areas are recommended for studies: how early pregnancy affect academic performance of the female students in secondary and primary schools; and analysis of long distance to schools in relation to early pregnancies.

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