FACTORS AFFECTING PREGNANCY CONTROL PROGRAMS AMONG ADOLESCENT GIRLS IN MANZESE WARD IN KINONDONI DISTRICT

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN MONITORING AND EVALUATION OF THE OPEN UNIVERSITY OF TANZANIA

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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by Open University of Tanzania a dissertation entitled, "**Factors Affecting Pregnancy Control Programs Among Adolescent Girls in Manzese Ward in Kinondoni District**", in partial fulfillment of the requirements for the award of Degree of Masters of Arts in Monitoring and Evaluation (MA M&E) of the Open University of Tanzania.

…….……..

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……..……..

Date

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DECLARATION

I, **Delphiner Karumuna**, do hereby declare that the content of this dissertation is a result of my original work and it has never been presented for similar purpose or other awards in any other institution.

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Signature

……..

Date

DEDICATION

This work is dedicated to my daughter Jade James who have been affected in every way possible by this dissertation. Thank you dear, my love for you can never be quantified. God bless you.

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As I reach another milestone in my academic and professional career, I'm no stranger to admit that, it is not possible to prepare a project report without assistance and encouragement of other people. This one is certainly no exception. The completion of this undertaking could not have been possible without the participation and assistance of so many people whose names may not all be enumerated. Their contributions are sincerely appreciated and gratefully acknowledged.

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ABSTRACT

The study aimed to assess the factors affecting pregnancy control programs among adolescent girls in Tanzania, specifically at Manzese Ward in Dar es Salaam. The main objective was supported by three objectives that are; to identify different programs geared to control pregnancy among adolescent girls in Tanzania, to assess the extent to which stakeholders' participation influence the effectiveness of adolescent pregnancy control programs in Tanzania, to determine the role of socio-cultural factors on affecting adolescent pregnancy control projects, to determine how utilization of M&E system influence performance of adolescent pregnancy control project in Tanzania. The study was conducted in Manzese ward. The case study design chosen due to its ability to provide in-depth explanation of the phenomenon under the studies. Both qualitative and quantitative data analysis methods used by this study. The results revealed that Girlhood, Not Motherhood, Tutunzane are the programs geared to prevent and control adolescent pregnancy, while UNFPA, WAMATA, REPSSI and Pathfinder International are the stakeholders involved in prevent and control adolescent pregnancy. The findings indicate that poverty, cultural beliefs, poor availability of reproductive health education, presence of social networks are the factors affecting pregnancy control programs among adolescent girls. The study recommends that government through responsible ministries, stakeholders, and parents should provide the reproductive health and sex education to the girls, eliminate those cultural beliefs which leads to the adolescent pregnancy, and safe abortion information and services should be provided according to existing WHO guideline.

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LIST OF ABBREVIATIONS

M&E	Monitoring and Evaluation
UNFPA	United Nation Population Fund
UNICEF	United Nation Children's Fund
URT	United Republic of Tanzania
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background Information of the Problem

Adolescent pregnancy is one of the global devastating risks facing adolescent girls. Around the world, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities (United Nation Population Fund, 2015). Approximately 16 million adolescents aged 15 to 19 become pregnant each year, constituting 11% of all births worldwide (World Health Organization, 2016). Nevertheless, the problem affects all countries developed and underdeveloped ones where according to UNPFA (2013) approximately 95% of teenage pregnancies occur in developing countries Tanzania inclusively.

It is observed that, these pregnancies occur to those married and unmarried adolescents as each year, about 15 million girls are married before the age of 18 years, and 90% of births to girls aged 15 to 19 years occur within marriage (United Nation Children's Fund, 2013). According to Darroch (2016) twenty-three million girls aged 15 to 19 years in developing regions have an unmet need for modern contraception; as a result, half of pregnancies among girls aged 15 to 19 years in developing regions are estimated to be unintended. This circumstance has been causing the increased maternal mortalities among adolescents as it is identified that adolescents who are 15–19 years of age are twice as likely to die during pregnancy or childbirth compared to women over 20 years of age; adolescents under 15 years of age are five times more likely to die during pregnancy or childbirth (ibid). In fact, adolescent pregnant girls

experience lots of problems as compared to those with above 20 years of age. WHO (2011) adds that, adolescent mothers are more likely to have low birth weight babies who are at risk of malnourishment and poor development. Infant and child mortality is also highest among children born to adolescent mothers.

Furthermore, many adolescent girls get pregnant while at school, the thing which multiplies the problems they face. Some become socially isolated, social sanctioned and difficult choices that have lifelong consequences, while other become discontinued from their schooling as the school or government policies and regulations reveals restriction on that. As WHO (2011) states becoming pregnant could mean expulsion from home and school; vulnerability to early marriage; being shamed and stigmatized by family, community members and peers; increased vulnerability to violence and abuse; and greater poverty and economic hardship and hence contributing to a never-ending cycle of ill-health and poverty worldwide (Neal 2012).

While sub-Saharan Africa is challenged with several economic problems, report indicates that the region has the highest prevalence of teenage pregnancy in the world in 2013 (UNPFA, 2013). Births to teenage mothers account for more than half of all the births in this region: an estimated 101 births per 1000 women aged 15 to 19 (ibid) and the majority of countries with teenage pregnancy levels above 30% occur in sub-Saharan Africa (Loaiza & Liang, 2013). No wonder that, this can as well contribute to the so-called vicious circle of poverty. Nevertheless, studies show that, lower level of education status among girls is associated with increased risks of an adolescent first birth (Neal et al., 2015).

In Tanzania, adolescent pregnancy is one of the devastating common problems challenging the school age girls. It does not only affect the girls but also their families which utilize their resources to upkeep the girl while at school and it is really creating negative impacts in the lives of the poorest populations. According to UNICEF (2014) statistics adolescent population (10-18yrs) comprised 23% of total population of Tanzania, and 18% of adolescents are currently married or living with a partner. Moreover, according to Tanzania Democratic and Health Survey (2015), about 27% of women gave births before the age of 18 years. In Tanzania, adolescents 15-19 have higher birth rate of 116 per 1000 twice world's average of 65 births per 1000 adolescents (UNICEF 2014).

1.2 Statement of the Problem

The Tanzania Adolescent Report (2011) reports that adolescent pregnancy rates contribute to rapid population growth, which in turn puts pressure on government expenditures for social welfare services and impacts national development strategies in reducing poverty. It is further noted that there are currently high rates of female dropping out from schools, prompting the Government and NGOs to invest in programs addressing the issue. According to the Ministry of Health and Social welfare, the government in collaboration with various stakeholders take various initiatives to end the problem.

The government has established various guidelines and laws which deal with people who impregnate adolescent girls. Special and Sexual Provision Act of 2001 for example was enacted among others to protect people from sexual violence an abuse including adolescents and the minor being protected from rape and other sexual

practices. More other project initiated by the government and other stakeholders includes; Prevention and Awareness in Schools of HIV/AIDS, Use of Contraceptives by Tanzanian Adolescents, National Legislations, Policies and Regulations, Establishment of Youth Friendly Services (YFS) and The National Adolescent Reproductive Health Strategies (2001-2006) and (2010-2015). The former Tanzanian First Lady Mama Salma Kikwete established a slogan commonly known as “mtoto wa mwenzio ni wako” aiming at protecting adolescents from any deteriorating practice.

In addition, government forced those girls who get pregnancy to leave the school as a punishment to make other girls not to involve in the same phenomena, so as to control adolescent pregnant. There are also different studies on teenage pregnancy in Tanzania including Mbelwa (2012) who conducted the study on teen pregnancy: children having children in Tanzania, the study which was very much concerned with the factors and consequences of teenage pregnancy in the country.

Moreover, Nyakubenga (2009) conducted the study on the factors associated with adolescent pregnancies among secondary school students in Tanga-Tanzania. This study found that, low socioeconomic status was found to be an important cause for adolescent pregnancies as 57.1% of respondents suggested. Other factors responsible were luxury and deprivation of education to girls (43.5% and 16.5% respectively). Source of reproductive health education was contrary to most previous studies as 82.6% reported to get it from parents and health centers, while schools and peer groups contributed only 29.1% and 7.2% respectively (Nyakubenga, 2009).

Regardless of the efforts being made, adolescent pregnancy has remained a very astonishing problem in our society. The adolescent fertility rate has increased from

116 to 132 between the 2010 and 2015/16 Demographic Health Surveys (TDHS). Teenage pregnancy has also increased by 4 per cent in Tanzania since 2010; by 2016 one in four adolescents aged 15-19 had begun childbearing (TDHS 2016).

In Dar es Salaam, the rate of teenage pregnancy is 12% (TDHS 2016). Furthermore, several studies conducted target on the factors and impact of teenage pregnancies than the programs. This study therefore, wants to assess the factors affecting pregnancy control programs among adolescent girls in Tanzania.

1.3 Research Objectives

1.3.1 General Objective

The general objective of this study was to assess the factors affecting pregnancy control programs among adolescent girls in Tanzania.

1.3.2 Specific Objectives

(i) To identify different programs geared to control pregnancy among adolescent girls in Tanzania

(ii) To assess the extent to which stakeholders' participation influence the effectiveness of adolescent pregnancy control programs in Tanzania.

(iii) To determine the role of socio-cultural factors on affecting adolescent pregnancy control projects.

(iv) To determine how utilization of monitoring and evaluation system influence performance of adolescent pregnancy control project in Tanzania.

1.4 Research Questions

(i) What are different programs geared to control pregnancy among adolescent girls in Tanzania?

(ii) To what extent does stakeholders' participation influence the effectiveness of adolescent pregnancy control programs in Tanzania?

(iii) How do socio-cultural factors affect adolescent pregnancy control projects in Tanzania?

(iv) How does the utilization of M&E system influence performance of adolescent pregnancy control project in Tanzania?

1.5 Significance of the Study

This study therefore, will help different children's rights activists and government to establish effective initiatives towards dealing with the fighting against adolescent child bearing. It will help the government to review the policies, laws and programs concerning adolescent pregnant control in order to make them effective and efficient. It will help agencies implementing pregnancy control programs to rectify their strategies for better results than it is today when there is increased such pregnancies. It will help such agencies by awakening them to ensure the consideration of socio-cultural factors, stakeholders' participation and the use of M&E system in their adolescent pregnancy control programs.

Moreover, the study aims to educate the community, parents and children in particular to take precaution measure against adolescent control. It will expose the community members on how they ought to participate in adolescent control program for the better achievement as the problem is growing now and then.

1.6 Limitations and delimitations of the Study

It is obvious that the study was face several limitations especially during data collection. Because the target group was the adolescent who are automatically schooling, it was difficult to get them as they were at school during data collection. To resolve this, data were collected during the holiday.

Likewise, some of the agencies were not cooperative in providing information related to the programs targeting to adolescent pregnancy control. To control this condition, an introductory letter was collected from Open University of Tanzania and other respective authorities.

The respondents in the other hand can resist to provide information due to the stand of current government on the issue of pregnancy to school girls provided by the president. However, the researcher ensured respondents that, this study is only for academic purpose and that the information treated with confidentiality and for no other purpose.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter tries to explore information from different researchers, books, article news and reports on what other authors have done concerning the related topic. Definition of concepts, theoretical review, empirical review and conceptual framework are the parts to reviewed in this chapter.

2.2 Definition of Concepts

2.2.1 Adolescent/Teenage

The definition of adolescent/teenage varies, for example, WHO (2004) and UNICEF (2011) define adolescent as the second decade of life, the period between the ages of 10 to 19 in which an individual move from the initial appearances of secondary sexual characteristics to full sexual maturity and during which psychological and emotional processes develop from those of a child to those of an adult. However, according to the Cambridge Advanced Learners‟ dictionary, a teenager is someone who is between the ages of 13 and 19 years. The study, therefore, employed the definition by UNICEF and WHO. Teenage and adolescence are used interchangeably in this dissertation.

2.2.2 Adolescent Pregnancy

Teenage pregnancy, also known as adolescent pregnancy, is pregnancy in females under the age of 20. A female can become pregnant from sexual intercourse after she has begun to ovulate, which can be before her first menstrual period (menarche) but usually occurs after the onset of her periods. A teenage pregnancy, as defined by the

American Pregnancy Association, is a pregnancy that occurs for a woman under the age of 20. Although technically not a teenager, a young woman 12 or under who is pregnant falls into this definition of teenage pregnancy as well. That is why UNFPA (2018) defined Teenage pregnancy, or teenage childbearing, as when a girl aged 15-19 is pregnant with her first child or gives birth.

2.2.3 Prevention Program

Prevention programs involve the combination of strategies intended to produce behavioral changes or improve health status among individuals or an entire population. Intervention can be in the form of educational programs, new or stronger policies, improvement in the environment, or a health promotion campaign. The overall objective of the prevention program is to confront a person in a non-threatening way and allow them to see their self-destructive behaviour, and how it affects them, family and friends (HBFF, 2014).

2.3 Theoretical Review

2.3.1 Theory of Change

A Theory of Change has been defined as the hypothesis about the way that a program brings about its effects (Scriven, 1991). A Theory of Change is an organization's hypothesis of the changes that will occur as it is utilizing its strategies and activities to achieve its mission. It is essentially the logic behind an intervention.

Theory of Change emerged in the 1990s at the Aspen Institute Roundtable on Community Change as a means to model and evaluates comprehensive community initiatives. But a hint at its origins can be found in the considerable body of theoretical

and applied development in the evaluation field, especially among the work of people such as Huey Chen, Peter Rossi, Michael Quinn Patton, and Carol Weiss. Weiss popularized the term “Theory of Change” as a way to describe the set of assumptions that explain both the mini-steps that lead to the long-term goal and the connections between program activities and outcomes that occur at each step of the way.

It causally links inputs and activities to a chain of intended, observable outcomes (Rogers, 2008). It helps the organization identify the assumptions that underlie the hypothesis and track the intermediate outcomes that the organization expects to see as it implements its plan toward achieving its long-term goal (Weiss, 1995). The identified changes are mapped – as the “outcomes pathway” – showing each outcome in logical relationship to all the others, as well as chronological flow. The links between outcomes are explained by “rationales” or statements of why one outcome is thought to be a prerequisite for another (Clarck, 2012).

2.4 Empirical Review

2.4.1 Adolescent Pregnancies in Tanzania

According to URT (2015), the number of pregnancies in girls aged between 15 - 19 continues to rise increasing from 23% in 2010 to 27% in 2015. This is higher than it was 20 years ago. Neighboring Kenya has not seen such rises, and teenage pregnancy rates have stayed at around 18% for the last five years. Tanzania has one of the highest adolescent pregnancy rates globally, with an estimated 23 percent of girls between 15 to 19 years old beginning childbearing (Restless Development, 2011). Furthermore, 39 percent of adolescent girls by 18 years old are either already mothers or pregnant. Given that youth under 18 years of age make up 51 percent of Tanzania’s

national population, it is essential to invest in their wellbeing as this group as the potential to contribute towards the country's development.

Early childbearing places girls' health at risk as adolescents in the 15 to 19 years old age group are twice as likely to die in childbirth, as well as being prone to seek unsafe abortion procedures which have caused death and disability in countries where abortions are illegal, including Tanzania (WHO, 2007). The Tanzania Adolescent Report (2011) Reports that adolescent pregnancy rates contribute to rapid population growth, which in turn puts pressure on government expenditures for social welfare services and impacts national development strategies in reducing poverty.

Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant) in Tanzania was reported at 26.7 % in 2016, according to the World Bank collection of development indicators, compiled from officially recognized sources. (World bank 2017). An estimated 8,000 girls drop out of school every year due to pregnancy (Human Right Watch 2017). The educational attainment of pregnant girls and young mothers is reduced from irregularly attending classes or dropping out of school altogether. UNICEF (2013) determines that rural adolescents are likely to begin childbearing even earlier than urban counterparts, while 52 percent of girls with no education experience early pregnancies in comparison to 6 percent of those with secondary education.

2.4.2 Factors Contributing to High Adolescent Pregnancy Rates

2.4.2.1 Early Marriage

Several factors contribute to adolescent Births or teenage pregnancy. In many societies, girls may be under pressure to marry and bear children early, or they may

have limited educational and employment prospects. In low- and middle-income countries, over 30% of girls marry before they are 18 years of age and around 14% before the age of 15 (WHO, 2012).

Child marriage is common in Tanzania. Figures from the 2016 Tanzania Demographic and Health Survey (TDHS) show that 36% of girls between 20 and 24 years old were married before the age of 18. Child marriage is most common in rural areas, but it also occurs in towns and cities and there are large differences across regions. According to the TDHS from 2010, Shinyanga, Tabora, Mara and Dodoma have high prevalence rates of child marriage with 59%, 58%, 55% and 51% respectively whereas Iringa and Dar es Salaam had the lowest prevalence rates at 8% and 17 %. It is interesting also to note that data collected for the 2016 TDHS shows a 5% increase in child marriage in the 15-19 age bracket since the previous survey in 2010 (TDHS 2016).

2.4.2.2 Economic Factors

Despite the abolition of school fees, parents are often unable to meet other school costs. This poses a big challenge on the retention of those enrolled. Some parents migrate to distant farms or other districts during the rainy seasons and their children are prone to expulsion from school if they are absent for three consecutive months. Girls normally work to supplement household income while lack of formal employment opportunities discourages children from completing the primary cycle. Elimu Yetu Coalition (2003).

In addition, Low socioeconomic status is the most contributing factor for adolescent pregnancies as well as Financial problems especially Unemployment and poverty

among girls, lack of information about sexual matters, exposure. They tend to be silent on these obstacles in places where poverty levels are higher and there are greater distances to walk to school.

In addition, there is considerable silence on gender-based violence (TEGINT report 2008 and 2010). Teens in the lowest wealth 10 quintile are over twice as likely to bear children (28 percent) than those in the highest wealth quintile (13 percent) (UNICEF, 2013).

Poor households use their daughters as a source of income, for example they force their daughters to get married so that they can get cows or money. They also engage their daughters in petty business to get income for the family. Poverty of the family, to the large extent, forces girls to engage in sexual affairs in order to earn income. This situation has affected most societies in Tanzania.

Girls are tempted to engage in sexual affairs with men from different cadres including government workers, people who are well-off economically and business men. Girls are lured by small presents which most of them accept because they don't have any other alternative. Upon receiving these gifts, girls are forced to involve themselves in sexual affairs with men while still at a tender age. As a result, they get pregnant in adolescence and risk contracting HIV/AIDS.

2.4.2.3 Lack of Knowledge on Teenage Pregnancy Prevention

Teenage pregnancies are most often a consequence of a lack of knowledge of contraceptive methods and/or a lack of access to family planning services and

products. Lack of appropriate and comprehensive sexual and reproductive health education, including information and services for reproductive tract infections, sexually transmitted infections, and pregnancy related issues indicates that many adolescents do not know how or lack capacity to prevent pregnancy (UNICEF, 2011).

Accurate, balanced sex education including information about contraception and condoms is a basic human right of youth. Such education helps young people to reduce their risk of potentially negative outcomes, such as unwanted pregnancies and sexually transmitted infections (STIs). Such education can also help youth to enhance the quality of their relationships and to develop decision making skills that will prove invaluable over life (AFY, 2007).

2.4.2.4 Peer Group Pressure

Peer pressure is a great influential force during adolescence. During the period of middle adolescence, 15-16 years of age, adolescents begin to develop ideals and select role models. Peers are very important to adolescents in this age group and can be strongly influenced by them (UNFPA, 2009). Smith and Coleman (2012), argue that peer pressure plays a major role in teenage pregnancy. Smith and Coleman (2012) further point out that teenagers can be particularly vulnerable to external influences, especially the opinions and behaviour of their friends and classmates.

Sexual behaviour is one of the many areas in which teens are influenced by their best friends and peers. Teens are more likely to have sex if their best friends and peers are older, use alcohol or drugs, or engage in other negative behaviour. Similarly, they are more likely to have sex if they believe their friends have more positive attitudes

toward childbearing, have permissive values about sex, or are actually having sex. If teens believe their friends support condom use or actually use condoms, chances are greater that they will also use condoms (Kirby, 2011).

2.4.3 Adolescent Pregnancy Control Programs and their Effectiveness in Tanzania

Related female school drop-outs greatly affect the education sector and have a long-term impact on the girls' educational and socio-economic development, their families and society on the whole. Public discourse does not consider sufficiently the issues of schoolgirl pregnancy in relation to forced sex, the risk of sexually transmitted infections, and their long-term consequences, such as infertility and AIDS. Because of this, there have been different programs at National or Regional levels to prevent Adolescent pregnancies in Tanzania.

2.4.3.1 Prevention and Awareness in Schools of HIV/AIDS

PASHA is a project of the Ministry of Education and Vocational Training of Tanzania. It is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) through the German Technical Cooperation (GTZ) in support of the Tanzanian German Programme to Support Health (TGPSH). The Swiss Centre for International Health of the Swiss Tropical Institute has been contracted to provide the technical collaboration and support for implementation of the initiative. PASHA supports extracurricular education in primary and secondary schools under the national "Guidelines for Implementing HIV/AIDS and Life Skills Education Programmes in Schools" (SCIH, 2009). In line with the promotion of sexual and

reproductive health and rights, and HIV prevention, the issue of teenage pregnancies was of great concern to PASHA.

2.4.3.2 Use of Contraceptives by Tanzanian Adolescents

Trends in contraceptive use show that a growing number of sexually active adolescent girls are trying to prevent unwanted pregnancy. Between 2004 and 2010, use of the pill and contraceptive injections rose from 8 to 15% among sexually active girls aged 15 to 19 years (URT, 2004; 2010). However, according to WHO (2012), due to cost, confidentiality and accessibility of the services; teens are less likely to use contraceptives compared to adults.

Moreover, some teens might not want their parents to know they are sexually active. In Tanzania, an average of 90.6 % of the women and 87.2% of the men know that people can reduce the risk of getting infected with HIV by using condoms every time they have sexual intercourse. Despite the above, use of condoms in marriage is very low; and a lack of sexual and reproductive health education in the communities, schools, and families contributes to this situation (TACAIDS, 2008).

2.4.3.3 National Legislations, Policies and Regulations

According to Education Act No 25 of 1978 (60) if a girl becomes pregnant, upon consultation with the school committee or board she will be expelled from school. Thousands of girls in Tanzania drop out of school due to unplanned school age pregnancies. The expulsion of pregnant girls from schools is permitted under Tanzania's education expulsion regulations, which state that "the expulsion of a pupil from school may be ordered where ... a pupil has ... committed an offence against morality" or "entered into wedlock" (Goergen, 2009).

The policy does not explain what crimes against morality are but school officials often interpret pregnancy as such an offence. With the Sexual Offences Special Provision Act (SOSPA) from 1998 a girl below age 18 cannot consent to have sex which implies all sex with a girl below 18 is considered as being rape, if not in the context of marriage. This is automatically a one way of preventing pregnancies among adolescent girls.

2.4.3.4 Establishment of Youth Friendly Services (YFS)

The governments of Tanzania and partners have been able to initiate some programmes on YFS. Among them is the Pathfinder International initiative which was implemented as part of the African Youth Alliance (AYA) in 2001. This project was implemented in 10 strategically selected districts, targeting 1.2 million youth between 10 and 24 years of age both in the urban and rural areas. The objective of the YFS component was to increase the use of quality, youth-friendly adolescent sexual and reproductive health services.

The intermediate results from the component were as follows: availability of quality YFS in the project districts increased, supportive environment for YFS provision increased, demand for YFS services increased, monitoring and supervision of YFS for clinic and outreach activities established competence of facilities to deliver and sustain quality YFS activities improved (Pathfinder International, 2006). In Tanzania, according to UNICEF (2011), about one-third of Tanzania's health facilities are reported to provide "youth friendly" sexual and reproductive health services, including access to contraceptives.

2.4.3.5 The National Adolescent Reproductive Health Strategies (2001-2006) and (2010-2015)

The Adolescent Health and development Strategy (ARSH), (2001-2006) aimed at improving the overall quality of life for adolescents. The strategy provided a framework to guide the government, NGOs and private sector partners in addressing adolescent health and development in Tanzania (URT, 2001).

The strategy outlines a range of services needed by young people in Tanzania, including: information and education on adolescent development and sexual and reproductive health and rights issues; information and education on basic health and lifestyles; contraceptive services, STI management maternal health services, management of teenage pregnancy including post-abortion care, HIV related services; and management of sexual violence.

After the completion of the NARHS (2001-2006), another strategy was developed for 2010-2015. The development of the NARHS (2010-2015) sought to strengthen the adolescent policy, legal and community environment for sexual and reproductive health information, services and life skills.

Generally, it aimed to improve health system responses to adolescent health needs and to provide a platform for linkages with other sectors dealing with adolescents and young people (UNICEF, 2011). The instrument further seeks to ensure that adolescents received all the necessary information they need on SRH issues to make the right choice on matters pertaining to sexuality.

2.4.4 Factors Affecting Pregnancy Control Programs Among Adolescent Girls

It is well noted that, there are different kinds of pregnancy control programs among adolescents including, parent-child communication programs, school-based clinics, comprehensive youth development programs, community-based programs, use of mass media, and other approaches, each of which may or may not include a curriculum. These programs face some common obstacles, including;

Data Collection

Some teen pregnancy prevention intervention faces the constrain of data collection. Many programs want to operate in schools, where there are assembled groups of youth. But sexuality education interventions often face resistance from principals, teachers, and superintendents who are fearful of parental backlash. Such programs often have to secure active parental consent for their children to participate, and certainly for their children to be part of an evaluation collecting data on sexual behaviors. The students too, need to have such sensitive data collected with assurances of confidentiality. And questions asked of these young people must be on their reading level and take account of their cultural backgrounds and language proficiency. Failure to collect data with protocols considering these challenges can lead to false or incomplete information.

Recruitment or Targeting

As noted by the very earliest attempts to delineate the characteristics of effective programs to prevent teen pregnancy, these programs must be able to reach the population at risk of early conceptions and births. Effective recruitment depends on identifying who these young people are, knowing where to find them, devising

effective strategies to recruit them, and then engaging them in an effective intervention. However, most of the programs might miss the most “at-risk” (Philliber 2015).

Loss to Follow-Up—In any study of teen pregnancy prevention, following young people for longer periods of time allows measurement of how long any discernible program effects might last or measurement of how long it takes for program effects to appear. But the most at risk students are often mobile, particularly in poorer, high risk neighborhoods.

When a study begins with 100% of those assigned to the program and control groups or with only 90% to 80% of the intended sample since all of the parents did not consent to their children’s participation, and then over subsequent years more and more of them are lost, the study loses its quality (Philliber, 2015). Particularly if the loss to follow-up is higher in the program or control groups or if the loss is particularly common among one type of student—say the boys, for example—what began as two well-matched and comparable groups can degenerate into unmatched, small, and thus, non-comparable samples.

Political, Legal and Regulatory Barriers

WHO’s Global reproductive health strategy emphasizes the importance of legislative and regulatory frameworks that support and facilitate universal and equitable access to sexual and reproductive health services. It notes that it may often be necessary to remove existing legal and policy barriers that impede the use of life-saving interventions and other necessary services (WHO 2011). Political, legal and

regulatory environments are key determinants of accessibility to, and availability and quality of health services. Further, the human rights to participation and non-discrimination are essential to the process of developing supportive laws and policies.

2.5 Conceptual Framework

A Conceptual framework is a hypothesized model identifying the model under study and the relationships between the dependent variable and the independent variables (Mugenda &Mugenda, 2006) and has potential usefulness as a tool to support research and, therefore, to assist a study to make meaning of subsequent findings (Smyth, 2002).

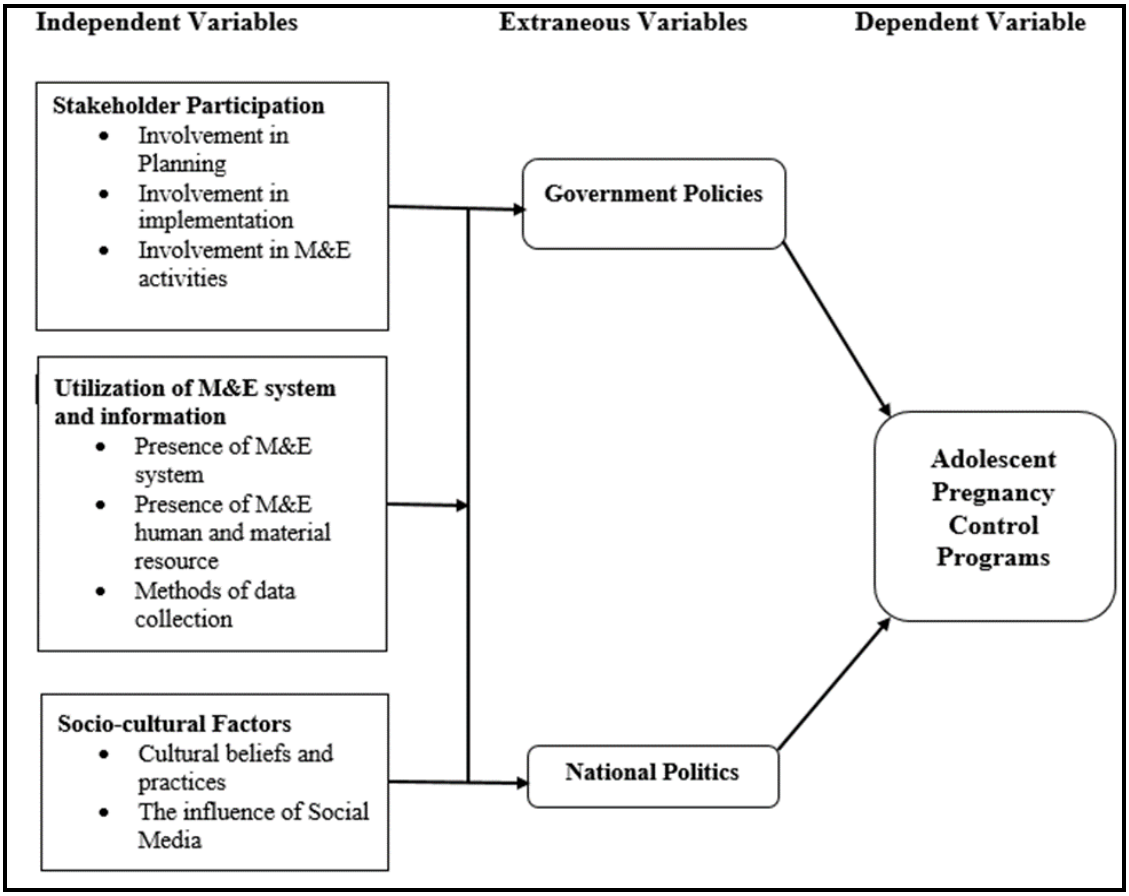

Figure 2.1: Conceptual Framework

Source: Researcher (2019)

A dependent variable is the outcome variable, the one that is being predicted on the study. The independent variables, also known as the predictor or explanatory variables, are factors that explain variation in the dependent variable (Alison, 1996). This research looks at the Factors Affecting Pregnancy Control Programs Among Adolescent Girls. These factors are stakeholders' participation, socio-cultural factors and the effective utilization of M&E system and information. Though extraneous variables like national politics and policies may also influence the dependent variables but are not a point of interest in this study. Figure.1 shows how each as well as combinations of the independent variables explain how adolescent pregnancy control programs are being influenced.

2.6 Research Gap

Previously, there are different studies conducted on teenage pregnancy in Tanzania including Mbelwa (2012) who conducted the study on teen pregnancy: children having children in Tanzania, the study which was very much concerned with the factors and consequences of teenage pregnancy in the country. Also, Nyakubenga (2009) conducted the study on the factors associated with adolescent pregnancies among secondary school students in Tanga-Tanzania. Furthermore, Malimbwi (2018), Dunor (2015) conducted research on adolescent pregnancies in Tanzania but there is no study conducted on factors affecting pregnancy control programs among adolescent girls in Tanzania specifically in Manzese.

CHAPTER THREE

METHODOLOGY

3.1 Chapter Overview

This chapter presents research methodology. Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. This chapter gives an overview of the research design, area of study, target population, the sample and sampling techniques, methods of data collection and data analysis techniques.

3.2 Research Design

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research (Creswell, 2014). It typically includes how data was collected, what instruments were employed, how the instruments were used and the intended means for analyzing data collected. It was a set of advance decisions that make up the master plan specifying the methods and procedures for collecting and analyzing the needed information.

This study used case study research design. Saunders et al, 2007 pointed out that; the case study had considerable ability to generate answers to the question ‘why?’, as well as ‘what?’ and ‘how?’ questions. The case study design chosen due to its ability to provide in-depth explanation of the phenomenon under the studies. It was appropriate for gathering data from various sources, including documentary reading, questionnaires and interviews.

3.3 Study Area and Its justification

Manzese is one of the 17 wards in the Kinondoni district of the Dar es Salaam region. It is located 7 kilometers from the city centre and it is 6-8 kilometers to the west of Dar es Salaam. Manzese ward has six sub-wards namely Mnazimmoja, Midizini, Uzuri, Muungano, Mvuleni and Kilimani (Natty, 2010). According to the census 2012, the ward has a population of 70,507. Female members of this community count 36,012 while male members are 34,495 (NBS 2012) and all are living in 5,500 households (Alicia& Seonghye, 2012). The area selected because of strategic reason as it is one of ward with high dropout of school due to early pregnancy. The study covered all primary schools located in Manzese ward those are: Manzese, Ukombozi, Uzuri and Kilimani.

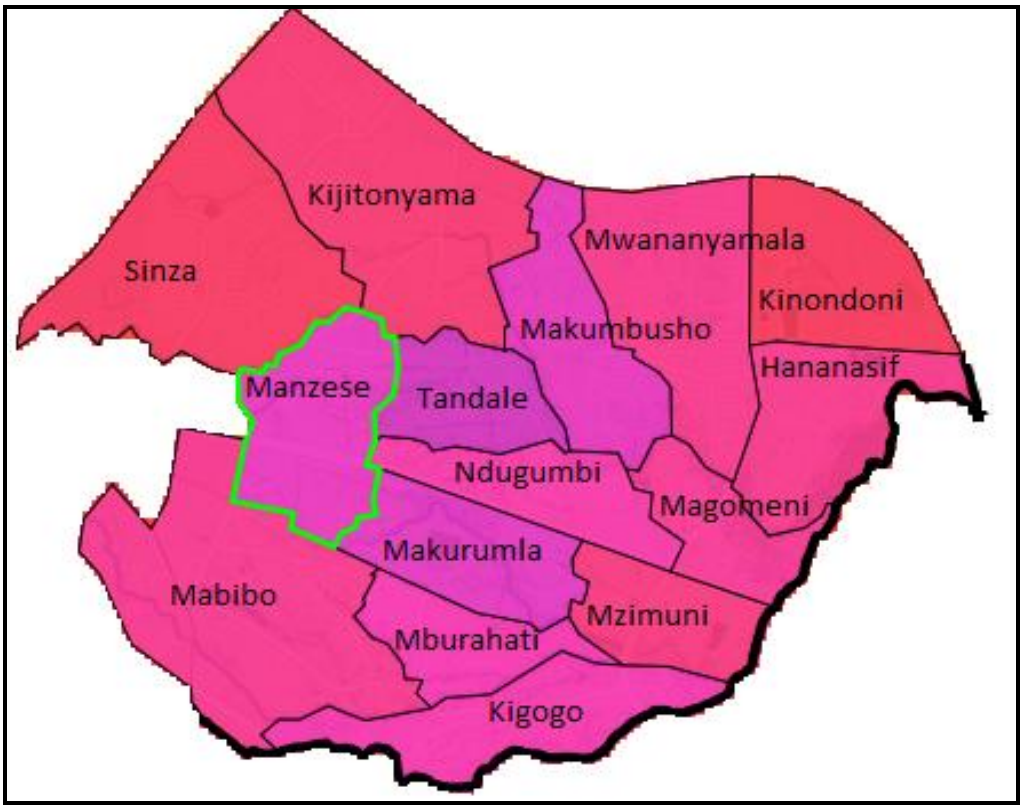

Figure 3.1: The Map Showing the Structure of Manzese Ward

Source: citypopulation.info (2019)

3.4 Population

Population refers to the entire group of people, event or things of interest that the researcher wishes to investigate, it forms a base from which the sample or subjects of the study will be drawn (Bryman, 2008). The data were collected from people living in a Manzese ward including the head of households, the teenagers especially school girls, local government authorities such as hamlet leaders, village executive officer and ward executive officer, different practitioners working with teenagers related issues such as teachers and nurses. This population was given priority due to the needs of getting empirical evidence from Manzese Ward on the challenges facing pregnancy control programs among adolescent girls as they are either directly or indirectly involved in such programs in the area.

3.4.1 Sample Size

According to Kothari (2008) sample size is the number of items to be selected from a population to constitute a sample. The target group must be an optimum size that should neither be excessively large nor too small. To obtain sample of the study the Slovin's formula used. The Slovin's formula identified as:

$$n = \frac{N}{(1 + N(\varepsilon)^2)}$$

Where n = Sample size

N = Population (Households)

e = Level of precision

Then N = 5,500, e = 10%, n =?

n = 5500/ $(1+5500(0.1)^2)$ = 98

Therefore, the study used 98 respondents.

For the purpose of this study, non-random sampling techniques used to obtain 98 respondents; thus, two techniques used which are purposeful sampling and snowball sampling due to the nature of the study and selected sampling frame.

3.4.2 Sampling Frame

According to Lewis-Beck (2004), the sampling frame defines a set of elements from which a researcher can select a sample of the target population. For the purpose of this study, there shall be selected of four 18 local authorities, 20 primary teachers, 20 community members, 10 social welfare practitioners working in teenage pregnancy programs and 30 teenage (school) girls.

3.5 Purposive Sampling

Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study. This is a non-probability sampling method and it occurs when “elements selected for the sample are chosen by the judgment of the researcher. Researchers often believe that they can obtain a representative sample by using a sound judgment, which will result in saving time and money (Black 2010).

The technique used to select study units due to the nature of the study which demanded collection of data from units which researcher believed they obtain crucial information, with specialty hands on experience and knowledge on the studied subject/topic, (Adam and Kamuzora, 2008). Here some of the organization key informant officials implementing adolescent pregnancy control programs, local

governmental officials and other experts like teachers and social welfare practitioners were purposefully selected to cutter for the needed information.

3.5.2 Snow Ball Sampling

Snowball or referral sampling is where the current respondent refers the researcher to other respondents who meets the criteria of the researcher (Kothari, 2006). Initially the potential subjects in the population identified. Often, only one or two subjects can be found initially. There after those subjects were asked to recruit other people and then ask those people to recruit. The same process repeated until the needed sample reached. Snowball sampling enabled the researcher to meet respondents based on what another respondent has referred to. Some specific respondents were selected from the general public served by the ministry of home affairs and the workers as well.

3.6 Sources and Types of Data

This study used both primary and secondary data in gathering information. The primary data are those data, which are collected afresh and for the first time and thus happen to be original in character (Kothari, 2004). These are the materials that you directly write about, the “raw data” (Booth, 2003).

On the other hand, Kothari (2004) defines secondary data to be the data, which have already been collected or analyzed by someone else, which have already been passed through the statistical process. These are research reports, whether books or articles, based on primary data or sources, (Booth et al., 2003).

3.7 Data Collection Method and Tools

3.7.1 Interview Method

According to Kothari (2004), the interview method of collecting data involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses. The study used this method in order to collect data from the respondents' point of view. Moreover, this method allows for follow-up and clarification as soon as possible which enables the researcher to further understand the meanings attached by people on daily life practice through observation and interviews (Patton, 2002). The Interviews schedules were administered face to face between the respondents and the researcher. The method specially used to collect information from 20 local community members and 30 adolescent girls. This method used to collect qualitative information as it allows respondents freedom to express their views. Tape recorder (smartphone) used as a tool for collecting qualitative information.

3.7.2 Questionnaires

A questionnaire is the method of data collection which consists of a number of questions printed or typed in a definite order on a form or set of forms (Kothari 2004). Questionnaires especially administered to 5 social welfare officers, 5 executive officers, 20 primary teachers and other 18 local government authorities as they capable of accurately using them and they have regular offices to find them for close follow-ups of such questionnaires.

3.8 Data Analysis and Strategies

Kothari (2004) defines data analysis as the computation of certain measures along with searching for patterns of relationship that exist among data groups. The

qualitative data generated from open ended questions were categorized in themes in accordance with research objectives and reported in narrative form along with quantitative presentation. The qualitative data used to reinforce the quantitative data.

The data collected from questionnaire were analyzed through calculators, excel and Statistical Package for Social Sciences (SPSS), this is a package of programs for manipulating, analyzing and presenting data. Quantitative data obtained from respondents were summarized, cleaned, coded and analyzed using Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics (frequencies, percentages, and Likert scale), and graphs were used to facilitate the assessment of factors affecting the adolescent pregnancy control programs.

3.9 Validity and Reliability of Data

3.8.1 Validity of Instrument

A valid instrument should accurately measure what it is supposed to measure. After administering the instruments to the selected respondents, the data obtained should be a true reflection of the variables under study. To ascertain the validity of the research instrument, adequate coverage of the research objectives emphasized as a matter of priority and this was confirmed through pilot survey in which content of the questionnaire founded to be representative. Opinion from supervisor used to check on the content validity of the instruments.

3.9.2 Reliability of Instrument

That is, this reliability referred to whether “the measurement obtained from variables of interest is constant”. In this research, reliability achieved by first pre-testing

structured questionnaires with respondents from the target population and experts in the field to obtain consistency and accuracy. Before distributing questionnaires, a pilot study conducted so as to pre-test them to ensure that there are no ambiguous or unnecessary questions. The aim is to test whether the instrument elicit responses required to achieve the research objectives. Their comments and corrections incorporated in data collection instruments and re-tested prior the use in the field.

3.10 Ethical Considerations

Prior to conducting the study, a letter for requesting permission was sent to Kinondoni Municipal Director's Office, with a copy to Ward executive officers, street executive officers of the selected ward and streets. Informed consent used to the respondents in this study to ensure clients rights and researcher's responsibility. Concert was also sought to the individuals involved in the study. Efforts were made to ensure that privacy of the respondents is maintained and honored. The researcher seeks permission and informed consent from respondents on the provision of their information. The study ensured that confidentiality of the data is maintained, as well as the privacy of the subjects.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Chapter Overview

This chapter presents analysis, presentation and discussion of demographic information of respondents (gender, age, education level, employment category), and research objectives.

4.2 Demographic Information of Respondents

This section presents general information of respondents such as gender, age, education level, and employment category.

4.2.1 Gender of Respondents

The study found that 91.8 percent (78 females) of the respondents were female. Researcher favored female because they are the ones of being affected by pregnancy, they contain many information of the topic than male.

Table 4.1: Gender of Respondents

Gender	Frequency	Percent
Male	7	8.2
Female	78	91.8
Total	**85**	**100**

Source: Field Data (2019)

4.2.2 Age of Respondents

The study findings indicate that only 5.9 percent of respondents were above 50 years were. The results showed that many respondents were youth because they contain vital information since they are in adolescence period.

Table 4.2: Age of Respondents

Age	Frequency	Percent
Below 21 years	35	41.2
21-30 years	20	23.5
31-40 years	16	18.8
41-50 years	9	10.6
Above 50 years	5	5.9
Total	**85**	**100**

Source: Field Data (2019)

4.2.3 Education Level

The results reveal that 44.7 percent of respondents were primary level. This is due to fact that researcher favored primary school girls as key informants. Also, the study revealed that 24.7 percent of respondents were holder of certificate of secondary education.

Table 4.3: Education Level of Respondents

Education Level	Frequency	Percent
Bachelor holder	6	7.1
Diploma holder	12	14.1
Certificate	8	9.4
Secondary level	21	24.7
Primary level	38	44.7
Total	**85**	**100**

Source: Field Data (2019)

4.2.4 Employment Category

The findings reveal that 35 respondents (41.2 percent) were students, and 23 respondents (27.1 percent) were entrepreneurs. The results showed that many respondents were primary students, since they are key informants in this study.

Table 4.4: Employment Category of Respondents

Category	Frequency	Percent
Teacher	20	23.5
Welfare Officer	1	1.2
M&E Officer	3	3.5
Entrepreneur	23	27.1
Student	35	41.2
Others	3	3.5
Total	**85**	**100**

Source: Field Data (2019)

4.3 Programs Geared towards Pregnancy Control among Adolescent Girls

In this objective, respondents were asked to identify any program that was conducted to control and prevent pregnancy among adolescence girls. The following are the programs mentioned;

> *"…There are many programs conducted to prevent and control adolescence pregnancy…UNFPA conducted program called Girlhood, Not Motherhood… UNFPA educate society on how to prevent and control adolescence pregnancy… UNFPA is the big stakeholder in prevent and control adolescence pregnancy…"* (Interview with respondent 9th August 2019).

Another respondent said that;

> *"…I receive education on how to prevent and control adolescence pregnancy from Tutunzane program…Tutunzane program taught me to teach my daughters about pregnancy when they enter adolescence period…"* (Interview with respondent 9th August 2019).

In addition, one respondent said that;

> *"…WAMATA since 2010 has the program of bring back to school girls who drop out due to adolescence pregnancy…Funding vulnerable girls so as they can get education…Also, they teach girls how to reject men..."* (Interview with respondent 9thAugust 2019).

Furthermore, another respondent said that;

> *"…Since 2017 REPSSI started their campaign of talking with society in streets, farms, and all gathering in order to deliver education on how society can raise and take care of girls morally…"* (Interview with respondent 9thAugust 2019).

The study revealed that Childhood, Not Motherhood, Tutunzane programe are the pprograme conducted so as to control adolescent pregnancy. Also, the findings found that WAMATA and REPSSI conduct programes which aim at control adolescent pregnancy. The findings supported by the survey conducted by WHO (2012) in Tanzania which found that in Tanzania there are many programes conducted to control adolescent pregnancy such as Mtoto wa Mwenzio ni Wako, Childhood,Not Motherhood, Tutunzane, PASHA, and ASRH. Also, Malimbwi (2018) found the same programes when conducting the study of socio-economic factors influencing adolescent pregnancies in secondary school.

Table 4.5: Stakeholders Participation

Stakeholders Participation		**Frequency**	**Percent**
Financial and material resources	Agree	67	78.8
	Disagree	18	21.2
Decision making	Agree	56	65.9
	Disagree	29	34.1
Planning	Agree	60	70.6

	Disagree	25	29.4
Monitoring and Evaluation	Agree	10	11.8
	Disagree	75	88.2
Provide education	Agree	79	92.9
	Disagree	6	7.1

Source: Field Data (2019)

4.4 Stakeholders' Participation in Adolescent Pregnancy Control Programs

The study wanted to know how stakeholders participate in various programs of control and prevent adolescent pregnancy. The findings revealed that mostly stakeholders provide financial and materials resources to support certain programs, also they provide education which can help society to prevent and control adolescent pregnancy.

On financial and material resources one respondent said that;

> "…*Stakeholders pay school fees, and provide exercise books, books, school uniforms, and other important materials for school to girls students whose can't afford those things so as to enable girl student to study hence prevent her from adolescent pregnancy…"* (Interview with respondent9thAugust 2019).

Another respondent said that;

> "…*we as stakeholder we provide education to the society on how to prevent and control adolescent pregnancy through conducting seminars to primary and secondary schools…. We deliver education by conducting concerts which comprise great artists… Also, we conduct some programs on televisions and radios…"*
> (Interview with respondent 11thAugust 2019).

On monitoring and evaluation one respondent said that;

> *"…Stakeholders after conducting certain programs of how to prevent and control adolesecnt pregnancy to the society they not come back to see how much the program succeed, is adolescent pregnancy decrease or not, once the gone they gone forever and if*

> *they come, they come with another program…"* (Interview with respondent 9th August 2019).

This study findings are supported by report of Marie Stopes Tanzania (2013) which revealed that Marie Stopes Tanzania and other stakeholders on control adolescent pregnancy provide financial and material resources support to various adolescent pregnancy programes, also they making decisions on various strategies which can be used to control adolescent pregnancy. Also, the results are similar with UNICEF (2015) study of Adolescent in Tanzania which revealed that stakeholders played important role by planning programes and strategies to control adolescent pregnancies, also they provide education to public on how to control pregnancies among young girls.

4.5 Socio-cultural Factors thatAffect Adolescent Pregnancy Control Projects

The study revealed that 41.2 percent of respondents were strongly disagreed that availability of reproductive health service is factor that contribute to the adolescent pregnancy, 23.5 percent were disagreed, while 17.7 percent were agreed, 11.8 percent were strongly agreed, and 5.9 were not sure. This means that parents and society should talk to girls about reproductive health so they can know how to prevent and control pregnancy.

The study findings showed that 47.1 percent were disagreed, 30.6 percent were strongly disagreed, 10.6 percent were not sure, 17.7 were agreed, and 4.7 percent were strongly agreed that gender equality is the factor leads adolescent pregnancy control projects failed.

Also, the results found that 62.4 percent were disagreed on the statement said that political and law statements leads to the adolescent pregnancy, 20.0 percent were strongly disagreed, 8.2 percent were agreed, 5.9 percent were strongly agreed, while 3.5 were not sure.

Furthermore, the findings indicated that 74.1 percent of the respondents were agreed that presence of social networks contribute to the adolescent pregnancy, while 15.3 percent were strongly agreed, 4.7 percent were disagreed, 3.5 percent were not sure, and 2.4 percent were strongly disagreed.

In addition, the study results showed that 50.6 percent were not sure if sexual harassment contribute to the adolescent pregnancy, 32.9 percent were agreed, 7.1 percent were disagreed, 5.9 percent were strongly agreed, and 3.5 percent were strongly disagreed.

The study wanted to know if cultural beliefs and practice contribute to the adolescent pregnancy and the findings revealed that 80.0 percent of the respondents were strongly agreed that cultural beliefs and practice contribute much to the adolescent pregnancy, while 20.0 percent were agreed. Cultural beliefs and practice are the leading factor that lead adolescent pregnancy especially customary ceremonies known as “Kuchezwa”, girls learned sexual issues while they are very young, and lead them to desire to get married hence adolescent pregnancy. Also, there is customary ceremonies known as “Vigodoro” contribute much.

The results revealed that the formation of a single parent contribute to the adolescent of pregnancy since 65.9 percent of respondents were strongly agreed, 29.4 were agreed, while 4.7 percent were disagreed. Parents let their daughters walk at night, go night club, go to "Vigodoro" hence contribute much to the adolescent pregnancy.

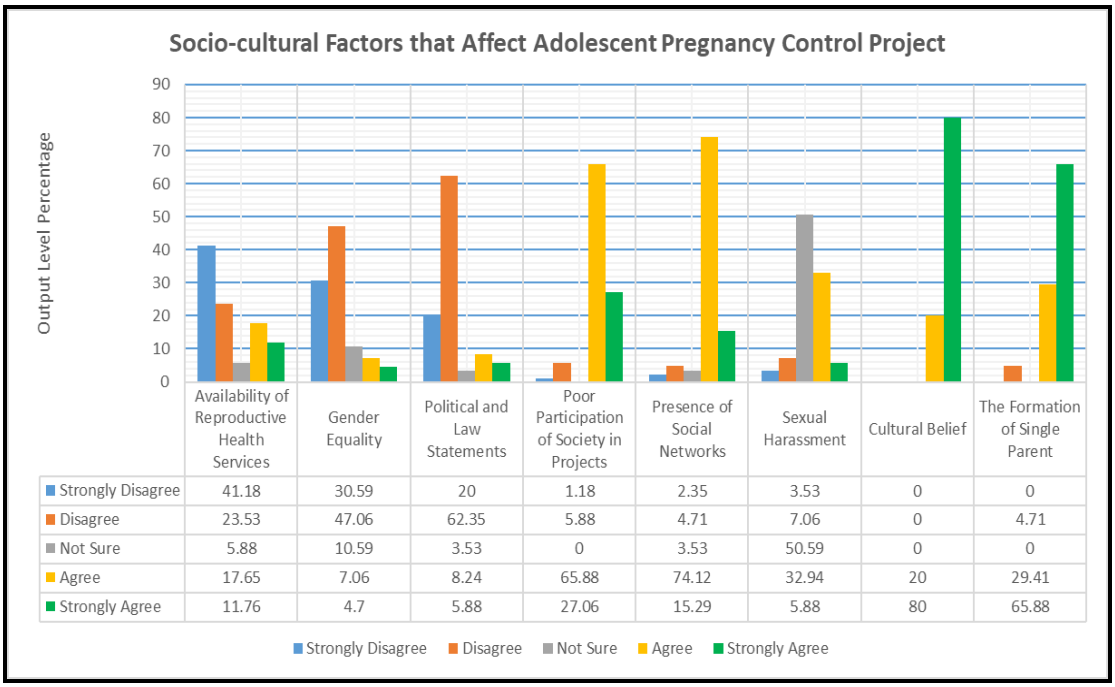

Figure 4.1: Socio-cultural Factors that Affect Adolescent Pregnancy Control Projects

Source: Field Data (2019)

Additionally, one respondent said that:

> *"…Poverty is also factor which contribute much to the adolescent pregnancy…Girl can fall in adolescent pregnancy due to find what she wants since family failed to provide some of the needs especially luxury things like chips, smartphone, and clothes…*"(Interview with respondent 11thAugust 2019).

The results are supported by study conducted by Philliber (2015) which revealed that many programmes conducted by adolescent pregnancies still increasing due to bad cultural beliefs and practice especially known as "Kuchezwa" and "Vigodoro", also

political, and laws statements affects much adolescent pregnancy control programmes. Additionally, the findings are similar to the WHO (2012) report which revealed that adolescent pregnancies control programmes failed to reach their goals due to the poor availability of reproductive health services, gender equality, and the formation of single parent family. Furthermore, both WHO (2012) and Philliber (2015) revealed that presence of social networks, and poor participation of community to the projects are the critical problems which adolescent pregnancy control programmes faced hence failed to reduce adolescent pregnancy control.

4.6 Utilization of M&E System on Adolescent Pregnancy Control Project

The study wanted to know how M&E system utilized on adolescent pregnancy control project. The results revealed that stakeholders do not conduct monitoring and evaluation on adolescent pregnancy control project.

One respondent said that:

> *"…I've never seen stakeholders return to see if their program succeeds or fail… their programs are very good but they do not monitor and evaluate their programs that's why adolescent pregnancy increases instead of decreases…"* (Interview with respondent 11thAugust 2019).

Another respondent said that;

> "*…It's true that we as stakeholders failed to monitor and evaluate the implemented programs due to the limited financial, materials, and human resources…few donors provide fund to monitor and evaluate programs for a certain period of time…*" (Interview with respondent 11thAugust 2019).

The findings are similar to Dunor (2015) study of school based reproductive health education programmes and teenage pregnancy revealed that organizations that conduct adolescent pregnancy control programmes/project do not conduct monitoring and evaluation, and most of organization do not have monitoring and evaluation system.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Chapter Overview

This chapter presents the summary and conclusion of the key findings, and recommendations of the study.

5.2 Summary and Conclusion of the Key Findings

The study aimed to assess the factors affecting pregnancy control programs among adolescent girls in Tanzania, specifically at Manzese Ward in Dar es Salaam. Also, the study had the specific objectives to identify different programs geared to control pregnancy among adolescent girls in Tanzania, to assess the extent to which stakeholders' participation influence the effectiveness of adolescent pregnancy control programs in Tanzania, to determine the role of socio-cultural factors on affecting adolescent pregnancy control projects, to determine how utilization of M&E system influence performance of adolescent pregnancy control project in Tanzania.

The study findings indicated that there are many programs conducted by government and non-government organization so as to control and prevent adolescent pregnancy,

such as Girlhood, Not Motherhood conducted by UNFPA. Also, Pathfinder International conducting programs called Tutunzane which provide reproductive health to the society. WAMATA has program of bring back school girls who drop out due to adolescent pregnancy, and funding girls school fees and material. Lastly, REPSSI has the program of providing education to the society on how to raise and take care of girls morally.

Also, the results found that 78.8 percent of respondents agreed that stakeholders participate in control adolescent pregnancy by financial and material resources while 21.2 percent were disagreed. 65.9 percent of respondents agreed that stakeholders participate through decision making while 34.1 were disagreed. It's true that stakeholders plan various strategies that control adolescent pregnancy since 70.6 percent of respondents were agreed while 29.4 percent were disagreed.

On monitoring and evaluation side, stakeholders do not participate much since 88.2 percent were disagreed that stakeholders participate in monitoring and evaluation while 11.8 percent were agreed. Lastly, 92.9 percent were agreed that stakeholders participate in provision of education so as to control adolescent pregnancy while 7.1 percent were disagreed. This showed that stakeholders participate in control adolescent pregnancy by providing reproductive health education to the girls and society, providing financial and materials resource for girls, planning various strategies, and making various decisions that can control adolescent pregnant, but stakeholders they do not monitor and evaluate programs to know if their programs succeeds or not.

Additionally, the findings indicate that 64.7 percent were disagreed that availability of reproductive health service is factor that contribute to the adolescent pregnancy while 29.4 percent were agreed. 77.7 percent were disagreed that presence of gender equality leads to the adolescent pregnancy while 22.4 percent were agreed. Also, 82.4 percent disagreed that political and law statements cause adolescent pregnancy while 14.1 were agreed. In addition, 89.4 percent were agreed that presence of social networks contribute to the adolescent pregnancy while 7.1 percent were disagreed. Furthermore, 38.8 percent were agreed and 50.6 were not sure if sexual harassment contribute to the adolescent pregnancy. Also, cultural beliefs contribute to the adolescent pregnancy since findings revealed that 100 percent were agreed. 95.3 percent of respondents were agreed that the formation of a single parent contribute to the adolescent pregnancy while 4.7 percent disagreed. Lastly, many respondents talk about poverty as the main source of adolescent pregnancy. Finally, the study findings reveal that stakeholders they do not monitor and evaluate adolescent pregnancy control programs.

5.3 Recommendations of the Study

Based on the obtained findings of the study, the study came up with the following recommendations so as to prevent and control adolescent pregnancy.

(i) Government through responsible ministries, stakeholders together with parents should provide the reproductive health and sex education to the girls inside of schools and outside of schools. Also, ensuring delivering of contraceptive education and accessibility of contraceptive service. This will meet educational and services needs of adolescents.

(ii) Government though responsible ministries, stakeholders and society should eliminate those cultural beliefs which leads to the adolescent pregnancy.

(iii) In order to reduce school dropout due to adolescent pregnancy, safe abortion information and services should be provided according to existing WHO guideline of safe abortion (Safe abortion: Technical and Policy Guideline for Health Systems, 2nd edition).

(iv) Lastly, government through responsible ministries, society and parents should work on factors that contribute to the adolescent pregnancy.

5.5 Recommendations for Further Study

The study assessed the factors affecting pregnancy control programs among adolescent girls in Tanzania, specifically at Manzese Ward in Dar es Salaam, other studies can be assessing factors affecting pregnancy control programs among adolescent girls in other areas of Tanzania. Future studies can also be conducted among adolescent girls and boys to determine their level of understanding. Also, more studies can be assessing effects of adolescent pregnancy.

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APPENDICES

Appendix I: Questionnaire

Dear respondent,

I am Delphiner Karumna, a student of Open University of Tanzania pursuing a Masters in M&E. I am currently conducting a study on Assessment of the Factors Affecting Pregnancy Control Programs Among Adolescent Girls in Tanzania: A Case of Manzese Ward in Kinondoni District. The information collected through this questionnaire will be treated with confidentially and used for academic purpose only. Kindly take a moment to answer all the questions as accurately as possible.

SECTION A: General Information

1. Gender

1. Male 2. Female

2. Age

1. Below 21 years 2. 21-30 years

3. 31-40 years 4. 41-50 years 5. Above 50 years

6. Marital Status

1. Married 2. Single

3. Divorced 4. Other, specify…….

3. Level of education

1. Bachelor holder 2. Diploma holder

3. Certificate holder 4. Secondary level

5. Primary level 6. Other, specify…….

4. Employment category

1. Teacher 2. Welfare officer

3. M&E officer 4. Entrepreneur

5. Student 6. Other, specify…….

5. Where are you live…….

SECTION B: Stakeholders' Participation in Adolescent Pregnancy Control Programs

7. Have you ever participate in planning of any adolescent pregnancy control program in your area?

1. Yes 2. No

8. Have you ever participate in monitoring and evaluation of any adolescent pregnancy control program in your area?

1. Yes 2. No

9. Have you participate in discussion with important stakeholders of adolescent pregnancy control program?

1. Yes 2. No

10. Adolescent pregnancy control program beneficiaries participate fully in decision making of which program is suitable for pregnancy control?

1. Yes 2. No

11. Local government participate in planning, implementing, monitoring and evaluating adolescent pregnancy control program?

1. Yes 2. No

12. Which stakeholders participate in adolescent pregnancy control program?

…….

…….

13. What are the contributions of stakeholders in adolescent control program?

1. Financial and material resources 2. Decision making

3. Planning 4. Monitoring and Evaluation

5. Education 6. Other, specify……

SECTION C: Socio-cultural Factors Affecting Adolescent Pregnancy Control Projects

Please you are required to put a tick in a proper answer by using the answers;

1. Strongly Disagree (SD) 2. Disagree (D)

3. Not Sure (NS) 4. Agree (A)

5. Strongly Agree (SA)

No.	Statements	DS	D	NS	A	SA
14	Availability of reproductive health services					
15	Gender equality					
16	Political and law statements					
17	Presence of social networks					
18	Sexual harassment					
19	Cultural beliefs					
20	The formation of a single parent					

21. In your opinion, why there is increase of adolescent pregnancy while there are great efforts taken to decrease it?

……

……

……

……

SECTION C: Effects of Monitoring and Evaluation systems in adolescent pregnancy control programs

Please you are required to put a tick in a proper answer by using the answers;

1. Strongly Disagree (SD) 2. Disagree (D)

3. Not Sure (NS) 4. Agree (A)

5. Strongly Agree (SA)

No.	Statements	DS	D	NS	A	SA
22	Program has monitoring and evaluation system					
23	Program is capable enough to conduct evaluation					
24	Program has control information system					
25	M&E system meet the needs of data to workers					
26	Program has instruments for monitor data					
27	Available M&E data meet other stakeholders needs					
28	M&E data can be accessible by other stakeholders					
29	M&E data are available for uses any time needed					