

**CONTRIBUTING FACTORS TO EARLY PREGNANCY AMONG GIRLS IN  
PUBLIC SECONDARY SCHOOLS IN ARUSHA CITY**

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**CERTIFICATION**

The undersigned certifies and hereby recommends for acceptance, by the Open University of Tanzania a dissertation titled; “Contributing factors to early pregnancy among girls in public secondary schools in Arusha city”, in partial fulfilment of the requirements for the degree of Master of Arts in Monitoring and Evaluation of the Open University of Tanzania.

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Date

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Date

## **DEDICATION**

I dedicate this work to my family.

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## **ABSTRACT**

This study aimed to investigate contributing factors to early pregnancy among girls in public secondary schools in Arusha City. The objectives of the study were to assess the economic factors associated with early pregnancy among girls, to assess the sexual reproductive health education and information to girls in public secondary school and determine the social cultural factors contributing to early pregnancy among girls in public secondary school in Arusha City. The study employed cross sectional research design which was used to help in investigating these factors so as to curb the problem. Stratified random sampling, Simple random sampling and Purposive sampling technique were employed. Primary data were collected from the respondents using questionnaires and interview guide through the key informants. Validity and reliability issues were considered to ensure consistency of the data. Both qualitative and quantitative methods of data analysis were used to analyze data and thereafter SPSS program were used. The results revealed that poverty, peer pressure, girls don't have the capacity to make the decision on the use of the family planning methods on their own, single parenting, advancement of technology, little access of family planning methods and family separation are the main factors contributing to high early pregnancy among girls in secondary schools in Arusha city. It is suggested that, strategies focused on improving and providing appropriate instructional resources in secondary schools curriculum should be compulsory to all students and introduce re-admission policy. Schools should establish guidance and counseling sessions and collaborate with parents, communities and interested parties in imparting moral values to students through trainings.

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**LIST OF ABBREVIATION**

FLE	Family Life Education
UNESCO	United Nations Educational, Scientific and Cultural Organization
TAMWA	Tanzania Mediation Women Association
URT	United republic of Tanzania
HIV	Human Immunodeficiency Virus
MoEVT	Ministry of education and Vocational Training
TDHS	Tanzania Demographic Health Survey
FP	Family planning
UNICEF	The United Nations Children's Fund
WHO	World Health Organisation

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Chapter Overview**

This chapter highlights the background to the problem, statement of the problem, research objectives, research questions, scope of the study, relevant of the study, significant of the Study, limitation and delimitations and chapter summary.

#### **1.2 Background of the Study**

Early pregnancy among girls occurs in low- and middle-income countries which lead to the adolescence give birth every year (WHO, 2014). Adolescent health and development are of global concern. The 2014 World Health Organisation's statistics indicates that the average global birth rate among 13 to 19 year olds is 49 per 1000 girls. Country rates range from 1 to 299 births per 1000 girls with the highest rates in sub-Saharan Africa. There has been a marked although uneven decrease in the birth rates among teenage girls since 1990, although 11% of all births worldwide are still to girls aged 15 to 19 years (WHO,2016). The vast majority of these births (95%) occur in low and middle income countries where by poverty, sexual abuse and other factors which contribute to teenage pregnancies (Miller, 2002).

Africa has the highest rate of teenage pregnancies in the world whereby 143 per 1,000 girls aged 15–19 years are in sub-Saharan Africa (WHO,2014). In general women in Africa get married much earlier than women elsewhere leading to earlier pregnancies. In Nigeria, according to the Health and Demographic Survey in 1992, 47% of women aged 20–24 were married before 15, and 87% before 18. And 53% of those surveyed also had given birth to a child before the age of 19 (Miller, 2002).

Most of the teenagers are not aware of family planning methods, something which leads to their being pregnant in most of sub-Saharan Africa. Niger, Liberia, and Mali were the nations where girls were the most at risk and more than one in six teenage girls between the ages of 13 to 19 gave birth annually, and nearly one in seven babies born to these teenagers died before the age of one year (Deardorff, 2005).

East Africa has been rated second globally after West Africa as the region with the highest number of women reporting a birth before the age of 19. Uganda leads the region in the number of teenage pregnancies at (33 per cent), followed by Tanzania (28 per cent) and Kenya (26 per cent). In most of the areas shortage of family planning methods usually occurs and it contributes to the problem of teenage pregnancies. At least five per cent of young women below the age of 18 in the region are already mothers while four per cent of girls below the age of 15 have children (Vibeke, 2001). According to Sorre and Akong'a (2009) most of African countries have been using initiations and rituals for teaching life skills. In general, sex education involves acquiring information for developing essential social skills in young people to make informed decisions and choices about their sexual behaviour.

However, UNESCO (2014) proclaims that there exist several challenges that cause secondary school girls acquire incorrect information on reproductive health. This put secondary school girls in difficult situation for making right choices on their sexual life. Sorre and Akong'a (2009) view traditional education structure as affected by modernization through social and economic transformations. Availability of modern technology such as internet, mobile phones and television or video shows have blocked the former traditional social structures that assisted adolescents to acquire



knowledge on sex and reproduction. Early pregnancy is a serious problem among girls in secondary schools in Tanzania (Mbelwa and Isangula -2013).

While strong measures are taken against people who engage in sex with school girls, especially those under eighteen years, cases of early pregnancies are still frequent. The affected girls to assume parental role while continuing with their educational journey or quit from schools. Though there are many approaches through which this crisis can be tackled, sex health education could be the main possible means to use to reduce cases of early pregnancies to secondary school girls. Over 44 percent of Tanzanian girls have given birth or are pregnant by the age of 19. It also has one of the world's lowest rates of transition of both girls and boys from primary to secondary school at 36 percent.

Virtually all of these pregnancies are unwanted and sexual violence is widespread. A national survey in 2009 found that almost a third of Tanzanian girls who had sex before the age of 18 said that it was against their will. In most areas, teenagers have low access to family planning methods which contributes to the problem. According to the survey, almost 40 percent of the girls who experienced sexual violence said that they were attacked either on the way to or from school or while at school. Perpetrators included teachers who sometimes traded sex for grades, bus conductors and taxi drivers (TDHS,2004). Tanzania is one of the nations with highly experienced adolescents' pregnancy rate in the world affecting their full potential in life and more vulnerable to meet challenges impregnated them are government staff, bust conductors, business man, tax drivers and motor vehicle riders, and well off people (TAMWA 2010).

Girls may have high aspirations for their education, but issue like early pregnancy, poverty, gender based violence and early marriage and lack of school facilities seemed to be factors that inhibit the realization of their full potential. Every year more than eight thousand girls drop out from the school due to pregnancy. Though African countries agreed to increase opportunities for all children to have education in millennium development Goals, girls' student's pregnancy is among the rapidly growing social challenges that hinder the realization girl child to education (MoEVT 2008).

Moreover, according to statistics from the Ministry of Education and Vocational Training (MoEVT) of the United Republic of Tanzania (URT), between 2003 and 2011, pregnancy led to over 55,000 girls' school dropouts (URT, 2013). MoEVT stipulates that the rate of girls' dropouts due to pregnancy in secondary schools has increased from 4,941 in 2009 to 5,775 in 2010 (Basic Education Statistics in Tanzania, 2009 and 2010). To make matters worse the government of Tanzania demands that girls should be expelled from schools in the case of pregnancy. Based on these data, an early pregnancy secondary school girl is the major cause for school dropouts among school girls in Tanzania (Madeni *et al.*, 2011; Maluli and Bali, 2014).

In addition there is a silence on gender- based violence (TEGNINT report 2010). They tend to be silent on these obstacles in places where poverty levels are higher and there are greater distances walk to school. There was a great need of conducting this study in order to inform the public about the implementation of the effort to reduce early pregnancies among girls in secondary schools at both national and local

levels. The gathered information may be used for planning and designing interventions towards minimizing the extent of the problem.

### **1.3 Statement of the Problem**

The high social and economic costs of teen pregnancy and childbearing can have short- and long-term negative consequences for teen parents, their children, and their community (Heaven, 2001). A study done by Margareth (2010) whose major discoveries were that, the educational status and knowledge of reproductive health of these young girls was low and there were already dropouts from school. Nyakubega (2010) on factors associated with teenage pregnancies in Tanga discovered that early childbearing, particularly among secondary school girls (those under 20 years of age) had negative demographic, socio-economic and socio-cultural consequences.

In the same way Makundi, (2010), commented that the increase is due to early sexual activities among the youths in the region which is taken as a common habit. Generally, these studies identify early pregnancy among secondary school girls as a serious problem to societal development that is caused by financial status of the family, lack of sexual reproductive health education and social cultural factors. Despite all the efforts done by Tanzania government and other stakeholders still the problem of early pregnancies among girls in secondary schools is still a problem in Arusha city.

Statistics taken from Arusha City Secondary Department for the period of the year 2015 and 2016 there were twenty pregnancies (20) while for the period of 2017 and 2018 there were hundred pregnancies (100). So the statistics shows the increase of

pregnancy in public Secondary Schools. Therefore, this study seeks to assess factors contributing to early pregnancy among girls in public secondary schools in Arusha City, Tanzania.

#### **1.4 Objective of the Study**

##### **1.4.1 General Objective**

To assess the factors that contributes to early pregnancy to the girls public secondary school in Arusha City.

##### **1.4.2 Specific Objectives**

- i. To assess the economic factors associated with early pregnancy among girls in public secondary schools in Arusha City.
- ii. To assess the sexual reproductive health education and information to girls in public secondary school in Arusha City.
- iii. To determine the social cultural factors contributing to early pregnancy among girls in public secondary school in Arusha City.

#### **1.5 Research Questions**

The research questions are:

- i. What are the economic factors associated with early pregnancy among girls in public secondary schools in Arusha City?
- ii. What are the sexual reproductive health education and information given to girls in public secondary schools in Arusha City?
- iii. What are the social cultural factors contributing to early pregnancy among girls in public secondary schools in Arusha City?

### **1.6 Scope of the Study**

This study was covered only the selected five public secondary schools; which are Lemara, Ngarenaro, Sombetini, Suye and Elerai. The purpose of selecting these schools is due to the fact that they are among of the schools which are more affected with the problem compared to other secondary schools for instance statistics from 2017-March, 2019 Ngarenaro school had sixteen pregnancy, Lemara had nine pregnancy, Elerai had six, Suye had five and Sombetini had three (statistics from Arusha City Secondary Department). Also the choice made on public schools rather than private schools because this problem does not affect many private schools for instance the said period only one pregnancy occurred in private schools. The study was focused on assessing factors which contributing to early pregnancy among girls in public secondary schools in Arusha City.

### **1.7 Significance of the Study**

This research sought to assess and investigate the factors that are contributing to early pregnancy among girls in secondary school, with particular attention to the public secondary school girls in Arusha City. Therefore, the finding of this study will be used to facilitate the provision of sexual reproductive health education and information to girls in public secondary schools. Findings of this study will identify different factors contributing to early pregnancy; such information may be used by health policy makers to design strategies to overcome these barriers. The effective implementation of recommendations based on the findings of the study might also enhance the accessibility of reproductive and contraceptive health care services to secondary school girls.

Important information will be revealed to donors, policy makers and other stakeholders who wish to involve themselves in early pregnancies prevention campaigns and programs in order for them to share the knowledge and advice they have and also help support the existing programs financially. Participants and their parents will be exposed to speak out and cutter for the factors contributing to early pregnancy to the girls in public secondary schools and manage, tackle problems associated to early pregnancy and lead the girls to drop out from their studies.

### **1.8 Summary**

As explained earlier, despite the efforts applied by the government of Tanzania to raise girls' enrolment at all levels, school girls who become pregnant face expulsion leading to other negative impacts. Sex education is considered as one of the important and widespread ways to help girls improve their sexual reproductive health education.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Chapter Overview**

This chapter provides and covers literatures which seem to be relevant on the stated topic. It consists of chapter overview, definition of terms, theoretical literature review, Empirical literature review, research gap and conceptual framework of the research and chapter summary.

#### **2.2 Definitions of Key Concepts**

##### **2.2.1. Early Pregnancy**

According to UNICEF (2008) early pregnancy is referred as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant. This definition used to explain pregnancies which occur below the age of 18 years.

##### **2.2.2. School Drop-Out**

School drop-out is defined as any student who leaves school for any reason before graduation or completion of a program of studies without transferring to another elementary or secondary school Kara Bonneau (2015).

##### **2.2.3. Reproductive Health Education**

Reproductive health education (RHE) is used in this study to refer to a process of providing information, skills and services that enable a person adopt safe sexual behaviour including abstinence (Minja et al., 2016).

## **2.3 Theoretical Literature Review**

### **2.3.1 Social Learning Theory**

This study is guided by the social learning theory founded by Albert Bandura, (1977). In social learning theory, Albert Bandura (1977) agrees with the behaviour social learning. However, he adds two important ideas that are mediating processes occur between stimuli and responses and behaviour is learned from the environment through the process of observational learning. Children learn a lot by doing through practices in their environment of their livelihood. It helps on thinking systematically through many underlying root causes of early pregnancy among girls in their livelihood and how they influence each other. This theory is supportive to this study as it helps to understand the behaviour of adolescent and detect the practices the children in the learning environment.

### **2.3.2 Theory of Change**

This study is also guided by the theory of change reviewed by James' (2011) on the use of theory of change highlights the presence of another influence, equally long-standing. Since the 1960s, empowerment approaches for social change and participatory approaches have advocated a conscious reflection on different interpretations of development situations, especially the perspectives of poor and marginalised people themselves. In these approaches, reflecting on change is in itself an empowering process, building an awareness of how to influence change (Freire, 2000).

Theory of change is an ongoing process of reflection to explore change and how it happens and what that means for the part we play in a particular context, sector and/



group of people. Every program is packed with belief, assumption and hypotheses about how change happens about the way humans work, or organization, or political systems, or ecosystems. Theory of change is about articulating assumptions these many underlying assumptions about how change will happen in a program (Patricia R, 2012). Due to that this theory is supportive to this study when the rules and regulations put forward to govern and protect the girls against early pregnancy. The Theory of Change as a tool not only helps to clearly articulate and connect efforts to bigger goal, and allows the researcher to spot potential risks in plan by sharing the underlying assumptions in each step. Theory of change provides a working model to test hypothesis and assumption about what action will best bring about the intended outcome.

## **2.4 Empirical Review**

### **2.4.1 Economic Factors Associated with Early Pregnancy among Girls**

Socio-economic factors contribute to teenage pregnancy because some teenage girls become involved in the relationships with older men so that they can provide for them their need a sense of security. Poverty is associated with increased rates of teenage pregnancy (McKay, 2007). According to Chen *et al.* (2013), young people growing up in disadvantaged economic, familial and social circumstances are more likely than those who did not to engage in risky behaviour and have a child during their adolescent years. There is a strong link between teen pregnancy and lower economic status. Poverty is a key risk factor for teenage pregnancy. At individual level, poverty is associated with illiteracy, gender inequality, and failure to negotiate for safer sex.

Many studies such as that done in South Africa by Flanagan et al, (2013), emphasize that poverty is both a contributor and a consequence of early pregnancy. In some cases it leads to intergenerational sex, transactional sex or simply sexual relationships which are not ideal but provide some benefits. It also decreases a girl's ability to negotiate condom use, and can keep her in abusive relationships, and creates a further layer of unequal power (Mkhwanazi, 2010).

On the other hand, the study on drivers of teenage pregnancy in South Africa, Panday *et. al.* (2009), noted that adolescent girls who are poor are often forced to make trade-offs between health and economic security, which can lead to staying in abusive relationships, inter-generational relationships and multiple partners; these situations usually reduce a young women's ability to negotiate when and how to have sex leading to unplanned or unintended pregnancy. Early pregnancy among secondary school girls is an important issue which needs to be addressed and dealt within a constructive manner. In 2013, complications of pregnancy and childbirth were the second leading cause of death among 15 to 19-year-old girls globally, with nearly 70,000 deaths annually (UNFPA, 2013).

Many teenage girls become pregnant every year. For some of them, this means the end of their education, which could lead to reduced employment opportunities, poverty, hopelessness because they cannot support themselves and their children. The main social consequence of teenage pregnancy is school drop-out as some learners do not return back to school after the birth of the child or interrupted education for maternity leave (Chigona & Chetty, 2007). This is also support by a study done in South Africa, which show that after financial concerns, teenage

pregnancy is one of the main reasons for high school drop-out rate (Planned Parenthood Association of South Africa PPASA, 2003). According to the Medical Research Council (MRC) 2007, in a country where Human Immunodeficiency Virus (HIV) is 18%, the high level of teenage pregnancy has heightened concerns.

A research conducted by Malahlela (2012) on the contributing factors of teenage pregnancies and also to investigate the educators' perceptions of the effects of teenage pregnancies on the behavior of secondary school learners in Mankweng area, Limpopo province. The study revealed that poverty, family economic status, shortage of family planning, and non-use of contraceptives as the factors which contributed to early pregnancies among girls. A study conducted by Aurora (2012) in Romania on factors contributing to teenage pregnancies, showed that teen age pregnancies and motherhood were normal along human history but in the present society there are widely recognized the girls' needs and rights to continue with their education, to achieve financial independence. The findings of this study were that the most common sources of teenagers' pregnancies were sources of fund, poverty, and drug abuse.

Vikat, *et al.* (2002) has emphasized that there is a significant association between fathers or guardians occupation and level of education and teenage pregnancy. Girls whose families are involved in unskilled manual labor are ten times more likely to become teenage mothers than girls from professional backgrounds. Family economic disadvantage exerts indirect effects on child conduct problem outcomes through more direct effects on making it difficult to parent effectively. Several studies have found that adolescents who live in communities that endure high levels of crime,

high residential turnover, extreme rates of poverty, elevated unemployment rates and low educational levels are more likely to take sexual risks (Kaufman 2004).

It is in hand with the study conducted on factors contribute to adolescent pregnancy among secondary student in Kinondoni by Peter, (2009) where it was observed that low socioeconomic status is one of the cause for adolescent pregnancies. A cross sectional descriptive analytical study done by Nyakubenga (2010) which targeted all girls in secondary schools in Tanga Municipality, low socioeconomic status was found to be an important cause for teenage pregnancies as 57.1% of respondents suggested. Other factors responsible were luxury and deprivation of education to girls and 16.5% respectively).

#### **2.4.2 Inadequate Sexual Reproductive Health Education and Information to Girls**

Low educational expectations have been pinpointed as a contributing factor to early pregnancy. This risk of early pregnancy is greater among adolescents whose parents have no formal education (Muchuruza, 2000). This is in support with a study conducted in Philippines by WHO in 2003 conceded that there is a clear relationship between knowledge and pregnancy. There is an association between education attainment and adolescent pregnancy. This is because being able to obtain good education empowers the girls to get a comprehensive sexual education able to develop skills and negotiate for safer sexual practices and access better services for their reproductive health (UNFPA, 2013).

According to the United Nations, countries that perform poorly on different dimensions of education are likely to have elevated chances of teenage pregnancy as

opposed to countries that have good education indicators (United Nations, 2013). It has also been found that caregivers' literacy level is a significant determinant with teenage girls having caregivers low level education are likely to engage in unprotected sexual activities (Mmari, et al., 2013). Therefore levels of education and attitude towards school have also proven to be factors that contribute to teenage pregnancy. Lack of education elevate rates of early pregnancy, just as schools with lower academic performance and lower staff pupil ratios have higher pupil crime rates, therefore better education and academic achievement also appear to be protective factors against early sexual activity (Hallett et al, 2007; Laflin et al, 2008; Quinlivan et al, 2004).

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

In addition, their parents' educational status was found to be low. Nyakubega, (2010) reported that in Tanzania the median age at first intercourse for women is just

under 17 and most of the teenagers are not aware of the legal age of giving birth as per the Tanzanian constitution. Also Malisa (2015) on her study on factors contributing to teenage pregnancies in Tunduru District revealed that low level of education on reproductive health, poor knowledge on the use of family planning contraceptives contributes on teen pregnancy

### **2.4.3 Social Cultural Factors Contributing to Early Pregnancy to Girls**

Nyakubega, (2010) discovered that early childbearing, particularly among secondary school girls (those under 20 years of age) had negative demographic, socio-economic and socio-cultural consequences. Makundi (2010), did a study on factors contributing to high rate of teen pregnancies in Mtwara and revealed some of the reasons which led to the problem. The objective of the study was to assess the social cultural factors for teenage pregnancies in Mtwara Municipality. The findings were that, the majority of teenagers in Mtwara Municipality were exposed to high risk of early pregnancies, sexually transmitted diseases and HIV due to the fact that sexual activities among youths in the region are a common conduct.

Further his findings revealed that 42(56%) of the male respondents and 63(56.7%) of the female respondents were sexual active. The median age at first sex was 15 years of age. The findings revealed the social cultural reasons for teen pregnancies among individuals. The introduction of ward secondary schools that forces teens to hire a room far from their parents has also proved to be one of the reasons for increasing sexual activities among teens. Finally, the study also found that there was a positive relationship between social cultural factors and high rate of teen pregnancies. The study done by Mauna (2015) concerning Factors Contributing to High Prevalence of

Teenage Pregnancy in Lindi Municipality among other factors revealed that early participation in the initiation rites ceremony have an impact on early sexual practice hence lead to teen pregnancy.

## **2.5 Act Review**

**Tanzania Education Act of 1978:** Tanzania Education Act No. 10 of 1978 and its amendments of 1995 and 2002 which is implemented by the institutions under the Ministry of Education and Vocational Training states that when a girl gets pregnancy it's an evidence that she has practice sex so is expelled from the school because an act forbid the girls who get pregnancy to continue with studies or to come back to school after giving birth and this is done in order to provide a lesson to other students not to mess up.

On exercising the law, the Government of Tanzania has taken different measures in order to make sure that no pregnant girl remain at school as well as school boys responsible for pregnancy when evidenced are expelled too in order to reduce the rate of early pregnancy. Despite of the law, the government went further for those men who impregnated school girls are imprisoned for 30 years. Although, the measures and efforts done by the government, the factors contributing to early pregnancy to the girls were not worked on and therefore the problem still exists among girls especially in secondary schools. The law has the weakness because does not address itself to those traditions and customs that are harmful and violate the fundamental freedoms and rights of girls including early marriages to girls and early pregnancies to girls. Again the law did not set strategic plans for these girls who have no more chance to education due to pregnancy instead the law loaded up on

punishment rather than alternatives to these girls.

## **2.6 Policy Review**

**Tanzania Education and Training Policy of 1995:** Tanzania Education and Training Policy of 1995 which is used by institutions under the ministry of Education and vocational Training insists on equal access to education to all so as to build a generation of Tanzanians who are highly educated, skilled and expert so that can contribute their efforts to boost national Economy as well as to prepare themselves for self employment. The policy assures the girls rights to education and not to be denied. Although of the good things which are within the policy by emphasizing the rights of all people to have education but girls who get pregnant are expelled and the policy doesn't provide what to be done when the girl found having pregnancy and this seems as a the weakness of the policy.

## **2.7 Research Gap**

The studies revealed that poverty, family economic status, shortage of family planning and reproductive health education as the factors which contributed to early pregnancies among girls. Therefore levels of education and attitude towards school have also proven to be factors that contribute to teenage pregnancy. Lack of education elevate rates of early pregnancy, just as schools with lower academic performance and lower staff pupil ratios have higher pupil crime rates, therefore better education and academic achievement also appear to be protective factors against early sexual activity.

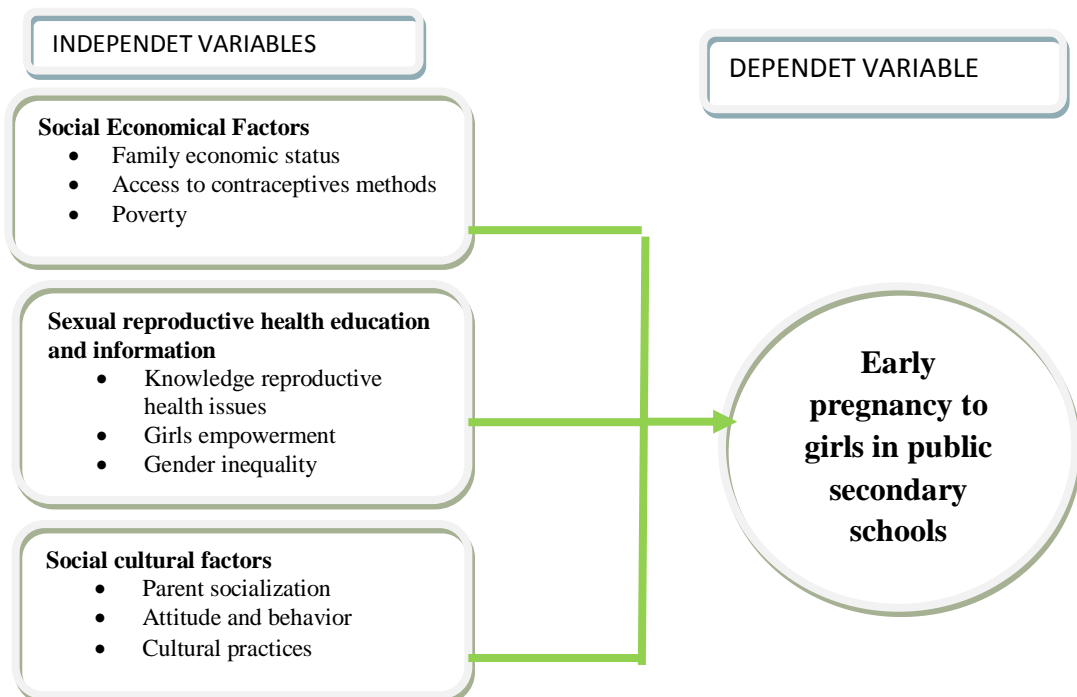
They had nothing tangible to do because of their low education and they were at risk of being involved in sexual activities at an early age ending in pregnancies. The



findings revealed the social cultural reasons for teen pregnancies among individuals. Finally, the study also found that there was a positive relationship between social cultural factors and high rate of teen pregnancies. Several studies conducted on the effects early pregnancy among girls no study which conducted to assess the factors contributing the early pregnancy, also these studies conducted in different areas but not in Arusha city that is the reasons for researcher decided to study on it. Therefore the study is seeking at assessing factors contributing to early pregnancy among girls in public secondary school in Arusha city.

## 2.8. Conceptual Framework

The conceptual framework is a narrative outline presentation of variables to be studied and hypothetical relationships between and among the variables.



**Figure 2.1: Conceptual Framework on Assessing the Factors contributing to early Pregnancy to Girls in Public Secondary Schools in Arusha City**  
**Source:** Developed by the Researcher

The types of variables shown in the conceptual framework are: the independent variables which include variables such as Social Economical Factors (Family economic status, access to contraceptives methods and Poverty), Sexual reproductive health education and information (Knowledge reproductive health issues, Girls empowerment and Gender inequality) and Social cultural factors (Parent socialization, Attitude and behaviour and Cultural practices). The dependent variable is Early pregnancy to girls in public secondary schools. The dependent variable of this study is influenced by background and independent variables. The conceptual framework is shown in Figure 2:1

## **2.9. Chapter Summary**

Socio-cultural factors, economical factors and sexual reproductive health education service factors were identified as the main determinants of early pregnancy among girls in public secondary schools. These factors were found to influence high rates of adolescent pregnancy in sub-Saharan Africa. Low socioeconomic status of parents makes adolescents vulnerable to unintended pregnancies since the means to afford basic needs, and sometimes contraceptives is a challenge. Inadequate knowledge about reproductive health, less girls empowerment and gender inequality were identified as determinants of adolescent pregnancy and therefore do not feel the impact of comprehensive sexuality education.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. Overview**

This chapter narrates the area of the study and its justification, research design, study population, sampling design, data collection techniques and data processing and analysis, ethical consideration, validity, reliability and chapter summary.

#### **3.2. Area of the Study and its Justification**

The study was conducted in Arusha city which is one of the six districts of Arusha Region. Arusha city is among districts which experiences early pregnancies among girls in secondary school where 17% of the total reported pregnancies are girls of school age compared to 47.3% of national average (NBS 2013). According to Arusha City Secondary department report of Arusha city in the 2017 sixty five early pregnancies were reported while the followed year 2018 thirty five early pregnancies were reported. In this year 2019, (January-March) it was 13 early pregnancies recorded and from this perspective the trend of early pregnancies among girls in public secondary is discouraging.

Arusha city is bordered by Arumeru district to the North, East and West and on the South direction there is Monduli District. Administratively the district is divided into smaller units of twenty six wards. The district is administratively divided into twenty five wards. The census conducted in 2012 census revealed that, the district had a total population of 416,442 inhabitants with 199,524 males and 216,918 females (URT, 2013). NBS census of 2012 shows the average annual population growth in Tanzania was 2.7%, the population grown in Arusha city municipality was very

high, rate of 3.96% annually. The district of Arusha City Council has twenty six public and twenty four private secondary schools. The public secondary schools selected from five wards which are Lemara, Ngarenaro-Levolosi, Sombetini-Osunyai, Suye-Kimandolu and Elerai among twenty five wards.



**Figure 3.1: Map of Arusha City**

**Source:** Google

### **3.3. Research Design**

This study has adopted descriptive cross sectional designs. This study design was appropriate for assessing factors contributing to early pregnancy among girls in public secondary schools in Arusha City. This method is considered to be useful

because of time limitation and resource constraints. And has been selected to be used in this study because it is an inexpensive method, it is efficient to use, there was greater chance of generalization, could be used to study entire populations or a representative sample and is useful in determining the relationship between variables. Cross sectional design has been appropriate for the study as it helped to assess factors contributing to early pregnancy among girls in public secondary schools in Arusha City.

### **3.4. Population of the Study**

The population of the study was Secondary City Education Officers, Ward Executive Officers, Head teachers and girls students in the public Secondary schools selected within five wards. The study areas were five selected wards in Arusha City Council which are (Elerai, Ngarenaro, Osunyai, Kimandolu and Lemara) every Ward having one public secondary school.

### **3.5 Sampling Procedure and Techniques**

#### **3.5.1 Probability Sampling**

Probability sampling is a sampling technique wherein the samples are gathered in a process that gives all the individuals in the population equal chances of being selected. In this sampling technique, the researcher must guarantee that every individual has an equal opportunity for selection and this can be achieved if the researcher utilizes randomization. In this study probability sampling was used.

##### **3.5.1.1 Stratified Random Sampling**

Stratified random sampling is also known as proportional random sampling. This is a probability sampling technique wherein the subjects are initially grouped into

different classifications such as age, socioeconomic status or gender. It is important to note that all the strata must have no overlaps. Researchers usually use stratified random sampling if they want to study a particular subgroup within the population. In this study the girls were selected through using four strips of paper which mention form one to form four, Researcher picked two of them to select the classes which participated in the study.

#### **3.5.1.2 Simple Random Sampling**

A simple random sample is a subset of a statistical population in which each member of the subset has an equal probability of being chosen. A simple random sample is meant to be an unbiased representation of a group. This study was employed simple random sampling as it is the easiest form of sampling and because of its practical significance in the study. The selections of the students were through having the list of names of all girls in the selected classes.

#### **3.5.2 Non Probability Sampling**

In this kind of population sampling, members of the population do not have equal chance of being selected. It is has possible that the researcher purposely chose the individuals that were participated in the study. This sampling method is usually employed in studies that are not interested in the limits of the entire population. Some researchers prefer this sampling technique because it is cheap, quick and easy. The researcher chose this because of its practical significance of the study.

##### **3.5.2.1 Purposive Sampling**

Purposive sampling, also known as judgmental, selective, or subjective sampling, is a form of non-probability sampling in which researchers rely on their own judgment

when choosing members of the population to participate in their study (By Ben Foley 2018). The method for performing purposive sampling is fairly straightforward. All a researcher must do is rejecting the individuals who do not fit a particular profile when creating the sample. However, researchers can use various techniques during purposive sampling, depending on the goal of their studies. The researcher believes that some subjects are fit for the research compared to other individuals. In this study the purposive sampling technique was engaged for City Education Officers, Education Ward Coordinators and Head teachers.

### **3.5.3 Sample Size**

This refers to the number of items to be selected from the universe to constitute a sample (Kothari, (2009). Therefore, sample size can simply be defined as a subset of a whole population. In the expected study the sample size was 96 girls students as per formula below which is representative to the students' population and it's good for justification of the results after statistical analysis and thereafter the rest of the participants was added up to the 96 students to get a total sample size of 107 respondents.

$$\begin{aligned}
 SS &= \frac{Z^2 \times p(1-p)}{m^2} \\
 &= \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.1)^2} \\
 &= \frac{0.9604}{0.01} \\
 &= 96.04
 \end{aligned}$$

SS=Sample Size

Z=Score of confidence level (1.96)

P=Proportion expected outcome (0.5)

M=Margin of Error (0.1)

### 3.5.3.1 Distribution of the Sample Size

**Table 3.1: Sample Size**

<b>PARTICIPANTS</b>	<b>TOTAL NUMBER</b>
City Education Officer	01
Education Ward Coordinators	05
Head teachers	05
Students	96
<b>Total</b>	<b>107</b>

**Source:** Field Data, 2019

## 3.6. Variables and Measurement Procedures

### 3.6.1 Independent Variables

**The Socio Economic Factors:** family economic status, access to contraceptive methods, poverty.

**The Sexual Reproductive Health Education and Information:** Knowledge on reproductive health issues, girls empowerment, gender in quality.

**The Social Cultural Factors:** Parent socialization, attitude and behaviour, cultural practices.

### 3.6.2 Dependent Variable

The main dependent variable is early pregnancy to girls in public secondary schools.

The variable assessed the factors contributing to early pregnancy to the girls.



### **3.7 Data Collection Methods and Tools**

In this study both primary and secondary data collection methods were used to collect data.

#### **3.7.1 Primary Data Collection Method**

Kothari (2009) defines primary data as data collected by researcher herself or himself by the first time. In primary data, the researcher was collected the information directly from original source by using Questionnaire and interview guide.

##### **3.7.1.1 Questionnaires**

The tool for collecting information in this study was structured questionnaire. The questionnaire developed was contained information on demographic characteristics of participants, the Socio economic factors, the sexual reproductive health education and information and the social cultural factors. Data were collected using a self-administered questionnaire to the selected girls in the public secondary schools to participate in the study. The questionnaire were prepared in simple English language and translated into Kiswahili to provide a room for respondents to choose according to the conversant in order to get important information on the area of study. The questionnaires were in the format of closed and open ended questions.

##### **3.7.1.2 Interview Guide**

This is a technique for questioning that allows the interviewer to probe and pursue topic of interest in depth (IFCR, 2013). This technique of a face to face was conducted with Secondary City Education Officer, Ward Executive Officers and

Head Teachers in order to get information which the researcher targeted. Also the choice of this tool is because of its easy to control and flexibility.

### **3.7.2 Secondary Data Collection Method**

Secondary data are the data that is not directly collected by the researcher, the data obtained through document review study done by other people and review of the literature.

### **3.8 Data Processing and Analysis**

Questionnaires were assessed on daily basis on the quality of data collected from respondents. Checking for duplication, missing values, old values have done while cross referencing from the original questionnaires. Then data were exported to a Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics performed generating frequency distribution tables, pie chart, and graph as suitable based on objectives.

### **3.9 Ethical Considerations**

This study was followed the procedure so as to prevent ethical dilemmas. In order to certify it, the researcher held a permit from Open University of Tanzania so as to be allowed to collect data by writing a letter. Then it was taken to the respective place where the study was carried out that is Arusha City where permission was given to conduct it. Informed consent was obtained from each respondent who participated and was free to drop out from the study at any stage without fear of vengeance. To ensure confidentiality, secrecy, honesty, frankness, and fair treatment, the list of their names for sampling purposes were kept safe.

### **3.9.1 Validity**

To ensure validity of this study, a pilot study was conducted to test the structures of the study design and for essential adjustment before boarding on data collection. According to Silverman (2007), the focus of validity is to check if the data collection instruments used measured what the study planned to measure. This being a quantitative research, defining its validity, a pilot study was conducted to test the features of the research design and the research instruments. The respondents in the pilot study were drawn from the study effective.

### **3.9.2 Reliability**

To ensure reliability of this study, a pilot study was conducted to test the structures of the study design and for essential adjustment. Reliability helped the researcher to establish the truth and credibility of the results. This being a quantitative research, defining its reliability, a pilot study was conducted to test the features of the research design and the research instruments. The respondents in the pilot study were drawn from the study effective.

### **3.10 Chapter Summary**

The chapter were concentrated on area of the study and justification, research design, study population, sampling design, data collection techniques, ethical consideration, validity and reliability. All these were used in this chapter in order have better techniques and designs which corresponded with the study and shows how the collected data were processed and analysed for better results. The study was conducted in Arusha City Council within the public secondary schools stratified, Simple random and purposive sampling technique were used to get the 96

participants to participate in the study. Also data was processed through coding and entered into the SPSS Version 20 for data analysis.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSIONS**

#### **4.1 Chapter Overview**

This chapter provide data about the findings of the study on ‘The contributing factors to early pregnancy among Girls in public Secondary School in Arusha City’. The chapter provide extra information about data presentation, analysis and interpretation of the researcher findings in general and specifics objectives described in chapter one. The conclusion and recommendation of this research were drafted from this analysis.

#### **4.2 Demographic Information of the Respondent**

The demographic characteristics of participants are discussed under Age, current class of respondents and religious of the girls in public Secondary School in Arusha City. This was analyzed to discover the demographic characteristics of the participant for the present study. The various results virtual to the participants’ demographic characteristics were presented and discussed with the support of tables revealed below as categorized.

Majority of the respondents fall under the age of 17 years which is (42%) and out of 96 respondents, followed by (30%) for the age of 16 years and 21% was the respondents at the age of 15 years. Then age of 14 years and 13 years respondent by 5% and 2% respectively. This implies that these are experienced respondents who could have given the relevant information to the study area concerning contributing factors to early pregnancy among Girls in public secondary school in Arusha City. According to the study about 48% respondent were in form four, followed by (45%)

who is in form three and 5% in form two only 2% were in form one. About (41%) of the respondent their faith/religious is Lutheran followed by Muslims who were (22%).The results reveal that (20%) of the respondents were Catholic, (14%) of them were other faith/religious and the remained (3%) were Protestants. The results mean the entire respondent whose involved in this study have different religious/faith though majority of them are Lutheran (See Table 4.1).

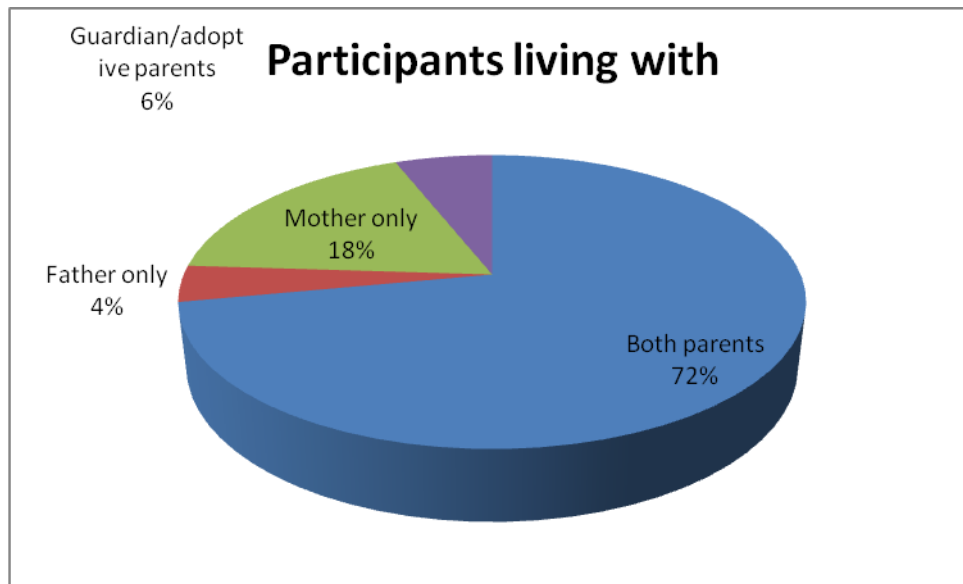
**Table 4.1: Demographic Characteristics of the Participants (n=96)**

Variable	Frequency	Percentage
<b>Age of the respondent</b>		
13 years	2	2
14 years	5	5
15years	20	21
16 years	29	30
17 years	40	42
<b>Classes of the respondent</b>		
Form 1	2	2
Form 2	5	5
Form 3	43	45
Form 4	46	48
<b>Religious of the respondent</b>		
Muslims	21	22
Protestant	3	3
Catholic	19	20
Lutheran	39	41
Other religious	14	14

**Source:** Field Data 2019

#### 4.1.2 Person Living with the Respondent

Under this particular section the study was interested to probe that living with the respondent can increase the early pregnancy to the public secondary school girls. The finding shows those, about (77%) of the participants are living with parents, (18%) mother only, (6%) guardian/adoptive parents (4%) father only. The result implies that most of the participants were living with both parents and taking care within the family (See Figure 4.1).



**Figure 4.1: Participants living with Parents**

**Source:** Field Data 2019

#### **4.2 The Economic Factors associated with Early Pregnancy**

Due to the economic factors challenge to the girls on the access the family planning methods the findings pointed that more than half of the respondents (59%) were easily access to family planning methods, only (41% ) were not easy access the methods. The youth friendly services provided by the providers in the health facility is among ways to increase the girls to seek services the study revealed that (53%) receive the friendly service but (47%) of the respondent not attended friendly in family planning services. The finding implies that the access of FP method is not easy all the time, the friendly services was determined sometimes yes and not.

The categorizations of the participants (54%) were answered family planning services to be provided for free in the facility, about (46%) of the participants respond the FP services not provided for free in the facility. The services of family planning services is provided for free and charged, this is from the respondent information. The result found that (44%) of the participants responded FP services to

be charged for the cost of 500/= in the health facility. More than quarter of the participant (32%) respond the family planning services to charge by 1500/= within the health facility, (12%) respond the cost of FP services charged for the cost of 2000/= and 5000/= respectively. The study implies that family planning services in the facility given by charged of different amount of money according to the clients' needs. Due to these costs of FP services for the girls have the possibility to fail to afford (See Table 4.2).

**Table 4.2: Economic Factors Associated with Early Pregnancy among Girls (n=96)**

Variable	Frequency	Percentage
<b>Access to family planning method</b>		
Yes	57	59
No	39	41
<b>Providers attend youth friendly in FP Service</b>		
Yes	51	53
No	45	47
<b>FP Services provided for free in the facility</b>		
Yes	52	54
No	44	46
<b>If family planning charged what cost</b>		
500/=	43	44
1500/=	31	32
2000/=	11	12
5000/=	11	12

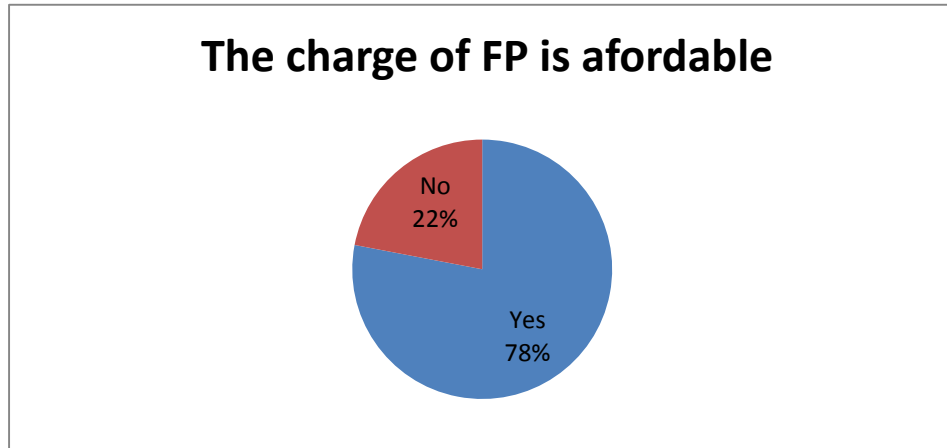
**Source:** Field Data 2019

#### **4.2.1The Cost of FP is Affordable**

Most of participants in the study (78%) respond the family planning method cost in the health facilities were affordable, (22%) respond the method of family planning cost in the facility cost not affordable. Therefore this might be a good reason for the family planning methods to be provided for free in the health facilities for the



Secondary school girls to be prevented from early pregnancy (See Figure 4.2).



**Figure 4.2: The affordability of FP Method**

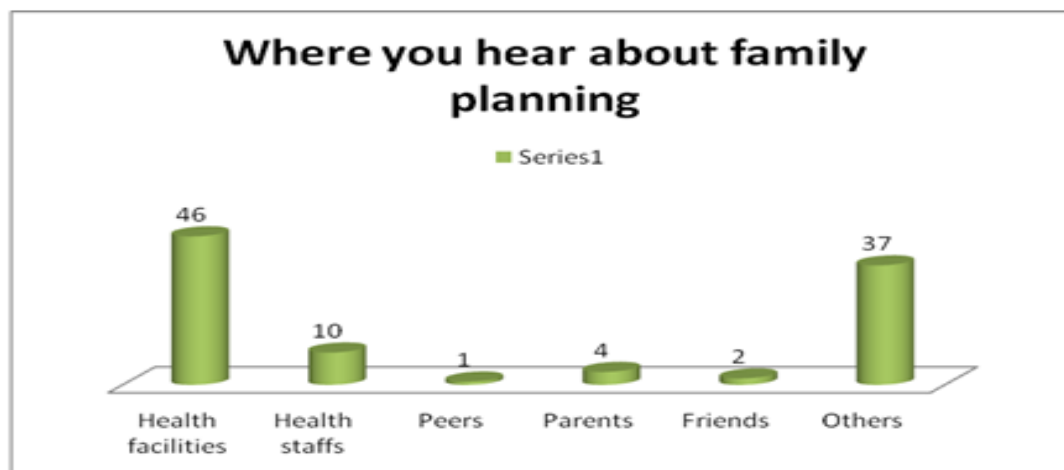
Source: Field Data 2019

### 4.3 The Sexual Reproductive Health Education and Information

The sexual reproductive health information and education is seemed to be very important to the Secondary School girls for them to plan to achieve their dream on education wise in life. Due to its important the study interested to ask the participant where they heard about family planning by asking them to mention the source of information and the findings were as presented. The findings shows that (47%) of respondents heard about family planning at the health facilities (37%) respondents said heard in other sources, (10%) heard from health staffs, Others (4%) heard from their parents and very few (2%) and (1%) heard from friends and peers respectively .The results of the findings indicate that the majority of participants in the study area hear about family planning in the health facilities.

Then the health facilities become the main point to provide information about the family planning. This is similar with the research conducted by Kenisha (2012) found that 96% of women had knowledge on contraceptive methods and most of

women mentioned health care as a primary source of family planning information (See Figure 4.3).



**Figure 4.3: SRH Educations and Information**  
Source: Field Data 2019

#### 4.3.1 Information about FP Methods and the Decision to use Method

Results from the field reveal that (88%) respondent heard about reproductive health and (12%) not heard about the reproductive health. Additionally, the study shows that the information about reproductive health is well known to the participants. The findings also agree and disagree to hear about family planning. This accounted for (80%) and (20%) respectively. The findings also showed that the respondent heard about family planning methods and services, in which (63%) respond yes and (37%) respondent said not. The study further found that it is difficult for the Secondary school girls to make their own decision to use the family planning methods, where (82%) not make their own decision while (18%) were made their own decision to use the family planning methods(See Table 4.3) .

The study result implies that the participants having the information about the sexual reproductive health, family planning services and methods but to make their own

decision is still a challenge to them. These findings are different from the findings of Margareth (2010), who revealed that teen pregnancy in Tanzania a case study of Kinondoni Municipal Council was a result of low knowledge on reproductive health and contraceptive use. This difference may be due to the continuing efforts by the government on educating teenagers about reproductive health so that they can curb the problem of early pregnancy in Tanzania.

**Table 4.3: Information about Family planning and Decision to use Method**

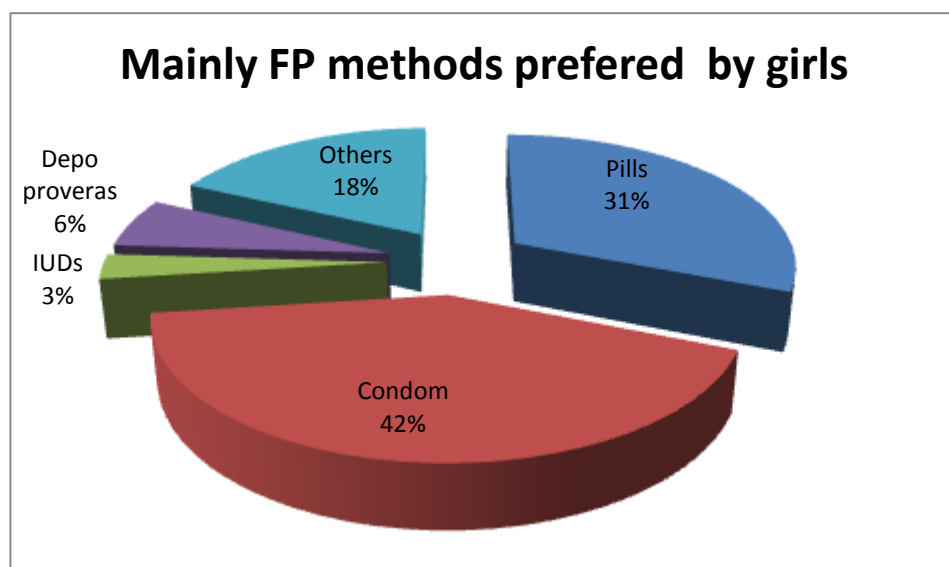
<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Heard of reproductive health</b>		
Yes	85	88
No	11	12
<b>Heard about family planning</b>		
Yes	77	80
No	19	20
<b>Heard about FP method and service</b>		
Yes	60	63
No	36	37
<b>Make own decision to use FP methods</b>		
Yes	17	18
No	79	82

**Source:** Field Data 2019

#### **4.3.2 Family Planning Methods Girls Prefer**

On sexual reproductive health education and information to the girls is important for them to prefer the method they can use and to make their own decision, more than quarter (42%) of all participants prefer to condom as their family planning method, (31%) prefer pills method. Further results from the field indicate that, (18%) of the participants prefer other methods of family planning (6%) prefer Depo Provera and only (3%) prefer intra uterine device as their FP methods. The study data mean most

of the participants prefer condom as their family planning method it is also easy to access than other methods (See figure 4.4). This is different from the findings obtained by Malisa (2015) whereby majority of the respondents (teenagers) preferred pills as their method of preference by 49%. This difference may be is caused by accessibility, choice and how to use it.

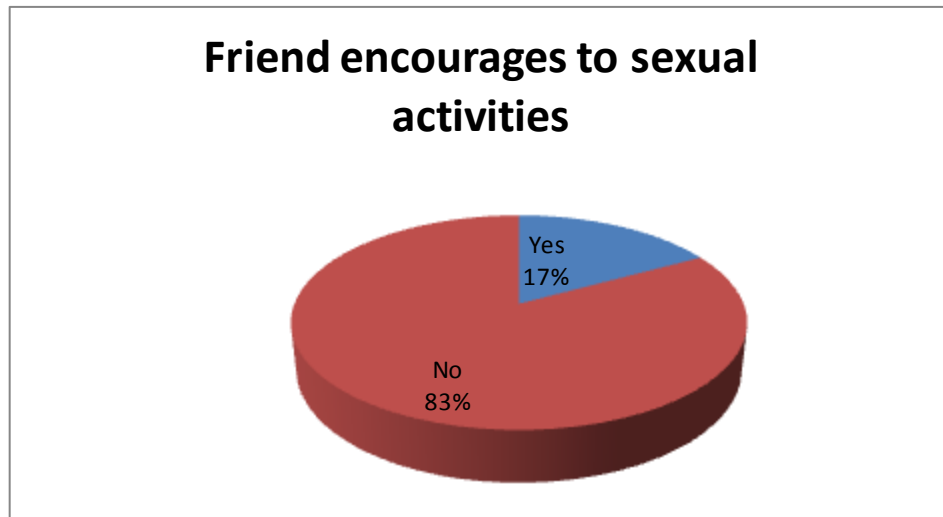


**Figure 4.4: Family Planning Methods Preferred by Girls**

**Source:** Field Data 2019

#### **4.4 The Social Cultural Factors Contributing to Early Pregnancy among Girls**

On social cultural factors most of the respondent (83%) not encouraged to sexual activities by their friends, of all participants only (17%) encouraged to sexual activities by the friends. The study results mean that, social cultural factors still have the opportunity to contribute in early pregnancy to the Secondary school girls (See Figure 4.5)

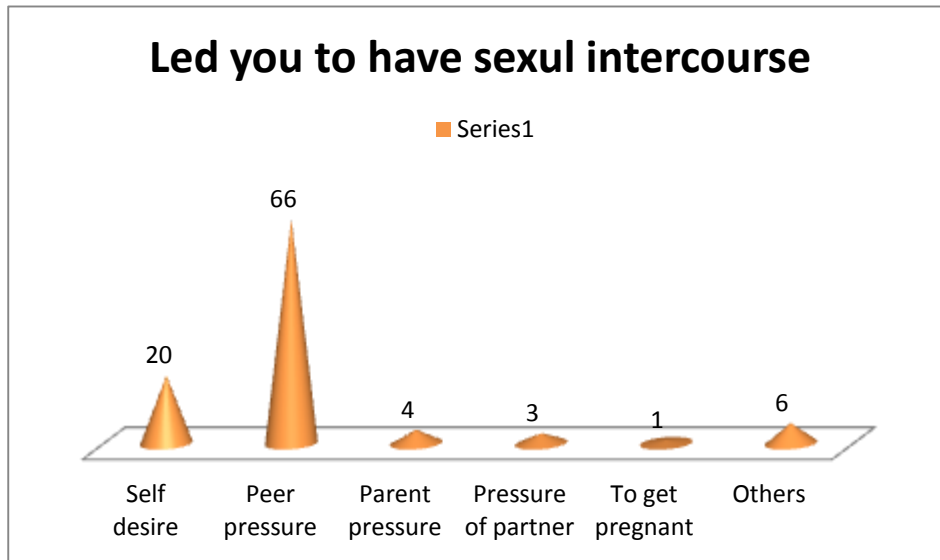


**Figure 4.5: Friend Encourages to Sexual Activities**

Source: Field Data 2019

#### 4.4.2 Influence to have Sexual Intercourse

More than half of participants (66%) who have sexual intercourse influenced by peer pressure than (20%) reported to have sexual intercourse due to self-desire of all participants (6%) participated in the study have sexual intercourse by others, (4%) led by the parent pressure, (3%) pressure of partners and only (1%) led to sexual due to desire to have pregnancy. (See figure 4.6). The study results found that, the Secondary school girls have a sexual intercourse due to the peer pressure in social cultural factors. This happens when they are influenced to get money and if someone is not having a boyfriend is seen as not modernised. These findings can be supported by findings of Makundi (2010) and Malisa (2015) who did studies on factors contributing to teen pregnancies and revealed that social cultural factors like pressure from peer group, sexual feelings are among others which contributes to pregnancies among teenagers.



**Figure 4.6: Girls have Sexual Intercourse**

**Source:** Field Data 2019

#### **4.4.3 Risk of Early Sexual Intercourse and Social Problems of Pregnancy to the Girls**

The Secondary school girls faced different risks when involved themselves in to early sexual intercourse and the early pregnancy which sometimes become the end of their dream and future life. The findings reveal that (57%) of the participants respond to have the risks of contacting the STIs HIV/AIDS when involved in the sexual activities in early age, (22%) have the risks to become pregnancy, (19%) fail at school, (2%) think on the danger of pushed out of the community. The study implied that the participants show the fear of contracting the health diseases like STIs and HIV/AIDS than becoming the pregnant.

The study further found that there are some social problems which are prevalent with the early pregnancies to the Secondary School girls. About (33%) of the respondent

seen shame as the social problem to the girls,(27%) lack of money as the problem to early pregnant,(19%) parents will abandoned me. Additionally, the study shows that (16%) of the participants responded to others and (5%) friends will abandoned them (See Table 4.4).

**Table 4.4: Sexual Intercourse and Early Pregnancy Problems to Girls**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Sexual intercourse at early age</b>		
Fail at school	18	19
Become pregnant	21	22
Contract STIs/HIV/AIDS	55	57
Pushed out of the community	2	2
<b>Social problem due to early pregnancy</b>		
Lack of money	26	27
Parents will abandon me	18	19
My friends will abandon me	5	5
Shame	32	33
Others	15	16

**Source:** Field Data 2019

#### **4.5 The Factors Related to Early Pregnancies among Girls in Secondary Schools**

Key informants were interviewed in order to enrich the research findings. During the interview they were able to mention common factors associated to early pregnancy among girls which included; school absenteeism, family/domestic Violence, parents' economic backgrounds, poverty, life difficulties which was connected to moral destruction. However, participants in key informants mentioned that single parent family is growing very fast in urban and rural communities whereby the big load to care children were loading to one parent. The following are the factors mentioned which contributes to early pregnancy in secondary schools in Arusha City:-

#### **4.5.1. Single Parent Family**

The interviewee explained as single parenting is another cause of girls to get pregnant because you find some parents are busy concentrating on business or other activities so that they can get income for their families and came late at home hence the kids are having freedom of doing things as they want and worse enough they know the time of their parent to be at home. The finding is supported by Mauna(2015) who pointed out that teenagers who are raised by single parent has a chance of practicing sexual intercourse hence ending up with pregnancy because of poor upbringing.

#### **4.5.2. Peer Group**

influence is among of the factor which has been discovered because girls are influenced by their peer friend to be involved in sexual activities so that they can get things they want such as cell phones, fashionable cloths. Also others are forced to have sex relationship or copy their way of living because they fear to be denied from their peer friends. This is consistent with the finding from the research done by Makundi (2010) whereby pressure from peer groups contributed to early pregnancy to teenagers.

#### **4.5.3. Low Parental Income**

is another issue because due to some parents having little income fails to provide basic needs to their kids for instance bus fare from home to schools for those schools which are far, to contribute money so that the students can get food which is provided at schools, buying clothes e.t.c. This makes other girls to be tempted by motorbike drivers famously known as bodaboda and other adults who lack integrity



hence deceived and others selling themselves so that to get money and end up with pregnancy. This finding is supported by Margareth (2010) whereby low economic status teenagers of their parents led teenagers to be involved in sexual activities at an early age hence ending in pregnancies.

**4.5.4.** Social cultural and ignorance make parents and their children more vulnerable and expose them to early pregnancy risks such as dowry, early and forced marriage and lack of autonomy.

**4.5.5. Poverty**

whereby some families fail to sustain the needs of their families therefore girls starts to find other alternative so that they can sustain their needs. Also due to poverty some families have a single room where the whole family lives and the room is just separated by a curtain and when parents having conjugal issues kids sometimes hear and practice. This finding is supported by the studies done by Flanagan et al, (2013) and Aurora (2012) on factors contributing to early pregnancy whereby they come up with poverty as one of the reason.

**4.5.6. Agreement between Parents**

there is culture of settling the matters traditionally (at home between two parties) when a girl becomes pregnant the parents of both parties agrees not to disclose or even to sent the accused person in the court after the affected part being promised the girl to be married and once the issue reported to the respective authority and a man jailed the delivered baby won't be raised by both parents and he/she may lack basic

needs when her mother fails to raise because of financial matter. This makes people not afraid because they know an alternative hence the problem persists.

#### **4.5.7. Advancement of Technology**

This also has been observed as among of the source nowadays which contributes early pregnancy because girls have access on TV, computers and cell phones whereby through these can watch and download porn videos and practice. Also phones has soften the way of communication because once a man gets a number it has been easier to trap a girl without using extra efforts compared to olden days.

#### **4.5.8. Family Separation/Breakdown**

contributes to early pregnancy because kids ends up raised themselves or by relatives who are not committed and lacks guidance hence involve in prostitution so that they can get money to sustain their needs. During the interview it was further noted that the subject of reproduction to be introduced from form one because nowadays even form one girls students are getting pregnancy which was not common before and few stated that community based programs should be developed in order to provide information to the community concerning the problem and how to tackle it. Akina's (2011) study on causes of teenage pregnancy in Nepal stated that provision of adolescent friendly reproductive health services following WHO framework would help solve the problem.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

#### **5.1 Chapter Overview**

The study was conducted with the overall objective to assess the factors contributing to early pregnancy to the girls' public secondary school in Arusha City. The assessment was done by investigating three objectives as follows: Firstly, to assess the economic factors associated with early pregnancy among girls; Secondly to assess the sexual reproductive health education and information to girls and thirdly to determine the social cultural factors contributing to early pregnancy among girls.

The study was carried out in public secondary schools and the population consisted of 96 girls students in public secondary school out of 107 who were targeted. The independent were the Socio economic factors, the sexual reproductive health education and information and the social cultural factors while the dependent variable was early pregnancy to girls in public secondary schools. The conclusion is made basing on the mentioned objectives above.

#### **5.2 Conclusion**

##### **5.2.1 Economic Factors Associated with Early Pregnancy among Girls**

The access of the friendly services to the secondary school girls is easy but not all the time. Inadequate of affordable friendly health service provision like the family planning services has also contributed to early pregnancy among girls in public secondary schools in Arusha city because the youth are not equally on the financial matters.

### **5.2.2 Sexual Reproductive Health Education and Information to Girls**

The study found that the girls involved in the study had knowledge about the reproductive health and family planning contraceptives, but they don't have the capacity to make the decision on the use of the family planning methods on their own. The source of the information of reproductive health and family planning methods found to be the health facilities but not their parents. Therefore, there is the need to the parents to play their roles on guiding their girls by providing the information to them on addressing the reproductive health issues so as to prevent early pregnancies among girls in public secondary schools girls Arusha City.

### **5.2.3 Social Cultural Factors Contributing to Early Pregnancy among Girls**

The study concluded that those girls whose initiate the early sexual practices are due to the peer pressure which is from their friends .Also the public secondary school girls in Arusha City understand that early sexual activities lead to risk of contacting the STIs and HIV/AIDS. The practical approach to reduce early pregnancies among girls have a low rate to implement strategies and policies aimed at improving the female literacy rate, health care expenditure and the GDP per capital of a country.

## **5.3 Recommendations**

These findings give a basis of formulating recommendations regarding precautionary measures that have to be taken in order to curb the problem as illustrated below.

- i. The government of Tanzania through the MoEVT to ensure effective provision of sex education by training teachers on the subject matter, providing appropriate instructional resources, incorporating comprehensive sex education in secondary schools curriculum as a compulsory and independent subject to

- all students and introduce re-admission policy;
- ii. Tanzania Education Act No. 10 of 1978 and its amendments of 1995 and 2002 to be re-amended on the areas which explain girls to be expelled once having pregnancy or provide alternative for those girls who become pregnant for stance having special schools so that they can achieve their dreams because the way it is (Act),it contradicts with the Tanzania Education Policy of 1995 which provides a room for all Tanzanians to have equal and quality education including girls from primary to secondary level;
  - iii. Based on the findings, the government of Tanzania should contribute towards the effort to reduce early pregnancies by providing stable funding for comprehensive education for students of both sexes to make sure that they reach a certain level in education which will help to increase their knowledge on various issues of life;
  - iv. Establishment of youth friendly services to help young people to know early the risks associated with their biological changes and their surroundings for a safe future. Public clinics should all be made "youth-friendly" through existing support programs. These programs have been proved to improve the quality of care, counseling, support, expand access to contraceptives and offer them information on how to use them;
  - v. Parents should guide their children on choosing the right company to hang out with in order to avoid being involved in bad companies which may lead them astray. Also, Teenagers should be enlightened on the consequence of having sex at the early stage of their lives and parents should stand out best to meet the needs of each child and educate the children about the changes of their bodies

from earlier stage;

- vi. Teenage girls should create the habit of visiting health facilities in order to be educated on ways to avoid getting pregnant together with creating the capacity of the girls to make the decision on the use of the family planning methods on their own as well as on how to use contraceptives correctly in order to reduce the problem. This should be done in order for them to pass the knowledge to their fellow peers and help them avoid listening to misleading advice from others regarding different uses and choice of the family planning methods;
- vii. Families should be empowered by the Government and other stakeholders by providing them with entrepreneur skills and creating a conducive environment for parents to effectively participate in economic activities; and
- viii. The study recommends that sex education should be taken seriously in secondary schools; educators should mediate it with health professionals in the community; pregnant learners to be supported and not being humiliated or stigmatized by school stakeholders; educators to encourage teenagers to use preventive and protective measures and to encourage learners to delay engaging themselves in sexual relationships. Also to be educated on the risks of pregnancy at early age because the study revealed that girls fear of contracting the health diseases like STIs and HIV/AIDs than becoming the pregnant.
- ix. Further Research should be done to see why the single parenting is growing very fast because it has been seen as one of the major factor contributing to early pregnancy among girls in Arusha City. Also the researcher recommends a study to be done on how religious leaders can be involved to speak/teach

about integrity on youth and remind them about religious beliefs and insist them to wait till they are married because practicing sexual issues while not married is a sin.

## REFERENCES

- Aggleton, S. B. P. (2013). Social Influences on Young People's Sexual Health in Uganda. *J. Health Education*, 113 (2), 102-114.
- Aurora, S. (2012). *Teenage pregnancy. Factors. Options. Consequences*. University of Bucharest, Romania. International Conference of Scientific Paper Afases.
- Batha, E. (2013). Pregnant at 13, Tanzania's Child Mothers. Thomson Reuters Foundation.
- Ben, F. (2018). An article on Purposive Sampling. *International Journal of Social Research Methodology*, 52(4), 1893–1907.
- Cathy, J. C. (2011). Relief Theory of Change Review. A report commissioned by Comic Relief.
- Chen, C. (2013) Investigating Risk Factors Affecting Teenage Pregnancy Rates in the United States. *European International Journal of Science and Technology*, 2(2), 22-28.
- Chen, X. K, Wen, S. W, Fleming, N, Demissie, K. Rhoads, G. G. & Walker, M. (2007). Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study, 36(2), 368-373.
- Creswell, J. W. (2009). *Research design: qualitative, quantitative and mixed methods approaches*, 3<sup>rd</sup> Ed., Thousand Oaks, CA: Sage Publications.
- Freire (2000). *Pedagogy of the Oppressed*, London, New York: Continuum Publishing.
- Gasper, D. (2010). Evaluating the, logical framework approach' towards learning-oriented development evaluation, *Public Administration and Development*, 20(1), 17-28.



- Heaven, P. C. L. (2001). *Contemporary teenager: a social psychological approach*, Melbourne: MacMillan Education.
- IFCR, (2011). Programme Monitoring and Evaluation (M&E) guide, IFCR.
- James, C. (2011). Theory of Change Review. A report commissioned by Comic Relief, Comic Relief. Retrieved on 20<sup>th</sup> March, from: <http://mande.co.uk/2012/uncategorized/comic-relief-theory-of-change-review/>.
- Kanku T. (2010). Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *SA Fam Pract.*, 52(6), 563-572.
- Kathryn, K. & Stanley, H. (2008). U.S. Teenage Pregnancies, Births and Abortions: National Trends by Age, Race and Ethnicity. Final report, Guttmacher University, US.
- Kothari, C. R (2004). *Research Methodology: Methods and techniques*, New Delhi: New Age International Ltd.
- Madeni, F., Horiuchi, S, Iida, M. (2011). Evaluation of reproductive health awareness program for adolescence in urban Tanzania--a quasi-experimental pre-test post-test research. *Reproductive Health*. 1, 8-21.
- Makundi, E. (2010). *Factors Contributing to High Rate of Teenage Pregnancy in Mtwara, Tanzania*. Muhimbili University of Health Allied Sciences. Research Bulletin, 1(2), 1-30.
- Malahlela, M. (2012). The Effects of Teenage Pregnancy on the Behaviour of Learners at Secondary Schools in the Mankweng Area, Limpopo. Unpublished Masters Dissertation, University of South Africa, Pictorial, SA.
- Malisa, J. (2015). Factors Contributing To Teenage Pregnancies in Tunduru District

- Council, unpublished masters dissertation, University of Western Cape. Cape Town, SA.
- Maluli, F. & Bali, T. (2014). Exploring experiences of pregnant and mothering secondary school students in Tanzania. *Research on Humanities and Social Sciences*, 4(1), 80–88.
- Margareth, N. (2010). *Factors Contributing to High Adolescent Pregnancy Rate in Kinondoni Municipality*, Dar-es-Salaam, Tanzania. University of South Africa.
- Mauna J. B. (2015). *Factors Contributing to High Prevalence of Teenage Pregnancy in Lindi Municipality* (Mbelwa and Isangula 2013). *Teen Pregnancy: Children Having Children in Tanzania*.
- Ministry of Education and Vocational Training, (2008). *Guidance and counselling services: a guide for counsellors in schools and teachers' colleges*. Dar-es-Salaam: The Adult Education Press
- Minja, F. J. Muunga, J. G., Saria, W. L. & Saria, J. A. (2016). The Role of ODL in Reproductive Health Education: A way Towards Reducing Pregnancy to Students. *Journal of Issues and Practice in Education*, 8(1), 164-174.
- MoEVT, (2008). Basic Education Statistics in Tanzania. Ministry of Education and Vocational Training, Dar es Salaam, Tanzania, final draft report, MOeVIT.
- National Bureau of Statistics Tanzania and ICF Macro. (2012). *Tanzania Demographic and Health Survey*, National Bureau of Statistics, Dar es Salaam, Tanzania: NBS and ICF Macro.
- Nyakubega, M. (2010). *Factors Associated with Teenage Pregnancies in Tanga*. Tanga District. Upendo Publishers.
- Patricia, R. (2012). Review of the use of Theory of Change' in international

development: Isabel Vogel, review report, Department for International Development (DFID).

Sedgh, G., Finer L. B., Bankole, A, Eilers, M. A, Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. *J. Adolesc Health*, 56(2), 223–30.

Sorre, B. M. & Akong'a, J. J. (2009). HIV/AIDS: A Problem of Sexuality and Identity in Africa. *Maarifa Journal*, 3(2), 1-11.

UNESCO, (2014). Developing an Education Sector Response to Early and Unintended Pregnancy, Discussion document for a global consultation, ED-2014/WS/33, November 2014. Paris, UNESCO.

Uromi, S. M .(2014). School girl Pregnancies as a Most Critical and Rapidly Growing Challenge in Tanzania. *International J. Innovation Sci. Res.* 10(1):191-194.

URT, (2013). Population and Housing Census, Dar es Salaam and Office of Chief Government Statistician President's Office, Finance, Economy and Development Planning Zanzibar, NBS.

WHO, (2008). Adolescent Pregnancy. World Health Organization, Geneva, Switzerland.

WHO, (2014). Adolescent Pregnancy. World Health Organization, research by WHO, Geneva, Switzerland.

## APPENDICES

### APPENDIX 1: QUESTIONNAIRES ON CONTRIBUTING FACTORS TO EARLY PREGNANCY AMONG GIRLS IN PUBLIC SECONDARY SCHOOLS IN ARUSHA CITY

I am a student at Open University of Tanzania. I have prepared these questionnaires for the purpose of collecting data concerning my research study titled: *“Contributing factors to Early Pregnancy among Girls in public Secondary Schools in Arusha City”*. Your contribution is highly valued in making the study successful. Assurance is given that your personal information will be confidential and undisclosed

#### Demographic characteristic of participants

1. Age of the participants (how old are you?)
  - a) 13
  - b) 14
  - c) 15
  - d) 16
  - e) 17
  - f) 18+
2. Which class current you're in now?
  - a) Form 1
  - b) Form 2
  - c) Form 3
  - d) Form 4
3. What is your religious /faith
  - a) Moslem

- b) Protestant
- c) Catholic
- d) Lutheran
- e) Other specify.....

4. What is your Tribe?

- a) Pare
- b) Maasai
- c) Chaga
- d) Mbulu
- e) Mang'ati
- f) Other specify.....

5. Whom do you live with?

- a) Both parents
- b) Father only
- c) Mother only
- d) Husband
- e) Guardian/adoptive parents
- f) No permanent place (State where)

**Early Pregnancy Questionnaire**

**A. The economic factors associated with early pregnancy among girls**

1. What is your Father's/Guardian's occupational status?

- a) Unemployed
- b) Employed

- c) Self-employed (Doing Business)
2. What is your Mother's/Guardian's occupational status?
- a) Unemployed
  - b) Employed
  - c) Self-employed (Doing Business)
3. Do you get easy access to family planning methods?
- a) Yes
  - b) No
4. Do family planning service providers friendly to attend you?
- a) Yes
  - b) No
5. Are family planning services provided free of charge in all health facilities in Arusha City?
- a) Yes
  - b) No
6. If no what are the cost of family planning methods in the health facilities?
- a) 500/=
  - b) 1500/=
  - c) 2000/=
  - d) 5000/=
  - e) Other please specify.....
7. If the facilities charge the family planning methods, are the cost affordable?
- a) Yes
  - b) No

8. Do your parent/relatives provide to you your basic needs when you are in need?

- a) Yes
- b) No

9. if no,where do you get financial assistance when in need?

.....

**B. The sexual reproductive health education and information to girls**

1. Have you ever heard of reproductive health?

- a) Yes
- b) No

2. At what age do you think it is legally right to give birth according to Tanzanian Constitution? .....

3. Have you ever heard of the term family planning?

- a) Yes
- b) No

4. Where did you hear it?

- a) Health facilities
- b) Health staffs
- c) Peers
- d) Parents
- e) Friends
- f) Others (mention).....

5. Have you ever heard about family planning methods and services?

- a) Yes
- b) No

6. Do you know how to use the family planning methods?

- a) Yes
- b) No

6. Which Family Planning method/methods you mainly prefer?

- a) Pills
- b) Condom
- c) Intra uterine contraceptive device
- d) Implant
- e) Depo Provera injection
- f) Others-mention.....

7. Have you ever make your own decision on the use of family planning method?

- a) Yes
- b) No

**C. The social cultural factors contributing to early pregnancy among girls**

1. Do your friends encourage you to engage in sexual activities?

- a) Yes
- b) No

2. What do you think Arusha City should do in order to reduce early pregnancy to the public secondary school girls?

.....  
.....

3. What led you to have sexual intercourse?

- a. Self desire
- b. Peer pressure



- c. Parent pressure
- d. Pressure of partner
- e. To get pregnant
- f. Other (reasons) .....

4. What are the risks/dangers of indulging in sexual intercourse at an early age?

- a) Fail at school
- b) become pregnant
- c) Contract STI/HIV/AIDS
- d) Pushed out of the community

5. What social problems are prevalent with an early pregnancy to the secondary school girls?

- a) Lack of money
- b) Parents will abandon me
- c) My friends will abandon me
- d) Shame
- e) Other (please specify) .....

## **APPENDIX 2: Interview Guide for Key informants**

Dear Sir / Madam, Currently, I am carrying out a research to assess the Contributing factors to early pregnancy among girls in public secondary schools in Arusha city. I kindly request you to respond to this questionnaire which aims at accomplishing the study. The information given will be utilised for academic purposes only.

Background information

Sex ..... Age.....

Educational level..... Your position.....

Working experience.....duration in your position.....

### **Guiding Questions**

1. What are your roles in Department/Office/school?....., ..... , ..... , .....
2. Do you think change is needed concerning early pregnancies among girls in schools through girls' empowerment training for better implementation of education policy?  
.....
3. Do you think your office has access to and the ability to control unintended pregnancies among girls in schools?  
.....
4. How many tutors are enrolled in your office/school to facilitate girls with Knowledge of reproductive health issues?.....
5. Do you think the knowledge they have is enough for running on the training course to girls?.....
6. According to your position, have you been involved on solving cases

- concerning early pregnancy among girls in public secondary schools in Arusha city? .....
7. What problems are reported the most, or you have experienced the most, in relation to girls learning the best?....., .....
  8. In what way does your institution responds toward problems among girls schools? .....
  - .....
  - .....
  9. Did you get any training concerning your position in dealing girls with girls on the job training? .....
  10. Do you think the current Ministry Guidelines concerning girls' education training are satisfied and harmonize the goal of realising quality education to girls?.....
  11. Are there acts and laws prepared for guiding and protecting girls from early pregnancies?.....
  12. What are the Social cultural factors contributing to early pregnancy among girls in public secondary schools in Arusha city?.....
  13. What are the Economic factors contributing to early pregnancy among girls in public secondary schools in Arusha city?.....
  14. Is there Ministry budget planed for facilitating contraceptives methods programme to girls in schools?.....
  15. What is your advice to the Arusha city academic department on what

should be done to develop method to alleviate early pregnancies among girls in schools?

.....  
.....

**Thank you for your participation in this study**