

**ASSESSMENT OF THE IMPACT OF SEXUALITY EDUCATION PROGRAM
ON TEENAGE PREGNANCY: A CASE OF SELECTED SECONDARY
SCHOOLS IN KYELA DISTRICT, TANZANIA**

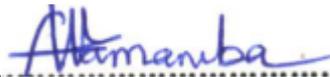
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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN
ADMINISTRATION, PLANNING AND POLICY STUDIES OF THE OPEN
UNIVERSITY OF TANZANIA**

2020

CERTIFICATION

The undersigned certify that have read and hereby recommend for the acceptance by The Open University of Tanzania a thesis entitled: **“Assessments of the Impact of Sexuality Education Program on the Teenage Pregnancies in Kyela District Tanzania”** in fulfilment of the requirements for the degree of the Master of Education of The Open University of Tanzania.



.....
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.....
Date

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DECLARATION

I, **Flora Venance Mbeyu**, do hereby declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

.....

Signature

.....

Date

DEDICATION

This Dissertation is dedicated to my late father, Venance Mbeyu, my mother Lucia Mgawe and my husband Steven Muna who together exposed me to the world of education, and to my beloved children Johnson Muna and Aristides Muna who sacrificed much of their love and family resources for the sake of my studies.

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ABSTRACT

This study assessed the impact of sexuality education program on teenage pregnancies in community secondary schools of Kyela district Mbeya Tanzania. The objectives of the study were to examine the state of teenage pregnancies among teenagers schooling in some selected secondary schools of Kyela district; establish the extent to which POP/FLE has achieved its objectives; explore limiting factors behind POP/FLE programs achievements and suggest measures to mitigate the problem of teenage pregnancies. Data collection involved 400 respondents using interviews complemented with documentary reviews. Descriptive data analysis was done using SPSS to generate frequencies, percentages, tables, and cross-tabulations used to prepare the report. Findings indicated that although the POP/FLE intervention program had been in force for the past twenty years, its achievements in improving teenage knowledge, skills, and practices are still minimal. This is reflected in the steady increase of teenage pregnancies. The reasons behind the little achievements are the function of incompetent teachers who teach POP/FLE content areas with poor and inadequate supply of quality teaching and learning materials in the environment occupied by POP/FLE insensitive communities. To rectify the shortfalls, the study suggests the need for improving teacher's competence through proper training and supporting them with quality and quantity teaching and learning materials. The government should also switch from emphasizing abstinence-only type of curriculum to a comprehensive sexuality education program that should be delivered through classroom and community mass education.

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LIST OF ABBREVIATIONS

AFY	Advocate For Youth
AMREF	African Medical Research Foundation
ARSH	Adolescence Sexual and Reproductive Health
AYA	African Youth Alliances
DAS	District Administrative Secretary
DED	District Executive Director
DPS	Directorate of Postgraduate Studies
EFA	Education For All
FGD	Focussed Group Discussion
GTZ	German Technical Cooperation Agency
HBF	Health Basket fund
HIV	Human immunodeficiency virus
HMIS	HIV and Malaria Indicator Survey
HPV	Human papillomavirus
IMRAD	Introduction, Methods, Results and Discussion
KII	Key Informants Interview
LISHTM	London School of Hygiene and Tropical Medicine
MDG	Millenium Development Goal
MEMA	Mpangowa Elimuna Maadili ya Afya
MOEVT	Ministry of Education and Vocational Training
NBS	National Bureau of Statistics
NIMR	National Institute of Medical Research
OUT	Open University of Tanzania

PASHA	Prevention and Awareness in School of HIV/AIDS
PE	Education
POP/FLE	Population and Family Life Education
RAS	Regional Administrative Secretary
SC	School Counselling
SLT	Social Learning Theory
SOSPA	Sexual Offences Special Provisional Act
SPSS	Statistical Package for social scientists
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
STI	Sexually transmitted infection
TANU	Tanganyika African National Union
TDHS	Tanzania Demographic and Health Surveys
TGPSH	Tanzania German Programme to Support Health
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
WHO	World Health Organisation
YFS	Youth Friendly Services

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE PROBLEM

1.1 Introduction

This chapter presents briefly the historical background to the problem studied. It also covers the objectives of the study, research question addressed by the study, significance of the study and finally the scope of the study. It concludes by providing highlights on the structure of the research report.

1.2 Background to the Problem of Study

Teenage pregnancy is a global problem that occurs in all countries. Around the world, teenage pregnancies are more likely to occur in marginalized communities, which are driven by poverty, lack of education and employment opportunities (UNFPA, 2015). It has been argued that many of these pregnancies and childbirth cases are not wanted. In developing countries, 23 million teenager girls have an unmet need for modern contraception. Because of that, half of such pregnancies are unintended (Darroch, *et al*, 2016).

In sub-Saharan Africa, an increasing number of teenagers are becoming mothers by the age of 18 years old. Approximately between 14 and 15 million teenage girls become mothers every year. WHO (2006) estimates that more than 10 percent of all births in the world are from teenagers? It is also asserted that much of these pregnancies result from indulgent in the unprotected sexual experience at an early age (Mbizyo, *et al.*, 1995). Unprotected sexual intercourse does not only expose teenagers to early pregnancy but also put them at risk of abortion and sexually transmitted

disease especially Syphilis, Gonorrhoea, Human papillomaviruses (HPV) and *Human Immunodeficiency Virus* (HIV) which in turn harms their lives (Lyimo, *et al*, 2017).

In Tanzania, teenage pregnancy is a very big problem among teenage girls and has a close connection with the increased rate of school dropouts (Madeni *et al*, 2011). It has been reported that in 2006, about 44,742 students dropped out of primary school while 7,734 students dropped out of secondary schools. Out of all the dropouts, over 60 percent were girls (Lyimo, *et al*, 2017). While stern measures have been taken against people who engage in unprotected sexual intercourse with teenagers, cases of teenage pregnancies are still high. To tackle this problem Tanzania opted to implement sexuality education commonly known as the population and family life education (POP/FLE) in the past few decades.

POP/FLE program was initially launched in Tanzania in 1987 to provide teenagers with knowledge and skills related to sexual education. As a project, the program started as a pilot one in ten primary schools, five secondary schools, and five teachers' colleges. The pilot project was reviewed in 1992 and after a technical review, it was recommended to be integrated into the school curriculum. Before 1992, POP/FLE was taught as a separate subject in teacher's colleges and secondary schools. Thereafter, its contents were integrated in the reviewed curriculum for secondary schools, which became operational in 1997. Since then POP/FLE project has embarked on developing POP/FLE manuals for teachers' colleges, secondary schools, training of trainers and also training secondary school classroom teachers charged with the teaching of sexuality education carrier subjects of biology, geography, civics, and home economics.

As of now, curriculum-based sexuality education is taught in all teacher's colleges conducting training for pre-service grade A and diploma and all registered secondary schools both public and private. Due to new curriculum change, which started in 2005, which advocates the competence-based approach, the POP/FLE project has changed its teaching approach from a content approach to a competency-based approach. Modularized training manuals on biology, geography, civics and home economics have been developed to match the new changes in the curriculum. One of the core functions of a school-based sexuality education package has been among others to address different issues related to teenage pregnancies among school-age going children.

Together with the efforts, teenage pregnancy problems continue to mount. According to the statistics provided by the Tanzania Ministry of Education between 2003 and 2011, teenage pregnancy led over 55,000 girls to be expelled from schooling (URT, 2013). It is stipulated that the rate of girls' dropouts due to pregnancy is on increase. Such an increase was between 4,941 in 2009 and 5,775 in 2010 (MOEVT, 2010). Recent statistics produced by the Tanzania Demographic Health Survey (TDHS) claims that the number of teenage pregnancies has grown from 23 percent in 2013 to 27 percent in 2015 (TDHS, 2016). This increase challenges the effectiveness of the POP/FLE programs.

There are several recent studies on the increased teenage pregnancies in Tanzania (see, for example, Lyimoet *al.* 2017; Madeni, *et al.* 2011; Mbelwa and Isangula, 2012). While these studies have had a focus on the rates and trends of teenage pregnancies, they provide little assessments on the registered successes and failures of

the POP/FLE intervention program to curb down the growing problem of teenage pregnancies. It is on this line of inquiry that this study intended to contribute.

1.3 Statement of the Problem

Recent studies on teenage pregnancies in Tanzania has had their focuses on factors, challenges and impacts of teenage pregnancies (UNESCO, 2014; Uromi 2014; Kagashe and Honest, 2013; Kate, 2012; Kasilima, 2010; Nkuba, 2007). The findings of these studies have indicated that teenage pregnancies are still a serious problem in the country. The increasing trends of teenage pregnancies are a clear reflection of the challenges encountered by the national planned intervention on curbing the problem at hand. Consequently, this problem continues to hamper the national efforts of delivering quality and affordable education for all.

Although the POP/FLE project has been in operation for more than 31 years, the consequences of its intervention fail to surface in the face of the increased trends of the problem. The continued rise in teenage pregnancies in the current age of modern technology illustrates the existence of unforeseen challenges that are yet to be understood. It is these unforeseen challenges that call for the need for instituting empirical work into what has gone wrong into the above conceived national intervention program.

1.4 Research Objectives

1.4.1 General Objective

The general objective of the study was to investigate the underlying factors behind the successes and failures of the POP/FLE program on curbing the problem of teenage pregnancies among selected community secondary schools in the Kyela District.

1.4.2 Specific Objectives

The specific objectives of the study were:

- (i) To establish the state of teenage pregnancies among teenagers in Kyela district Community Secondary schools.
- (ii) To examine the extent to which POP/FL program has achieved its objectives in Kyela district community secondary schools since its inception.
- (iii) To explore the underlying factors which have hindered POP/FLE programs to reduce teenage pregnancies in Kyela district rural community secondary schools.
- (iv) To suggest mitigative measures required to address challenges facing the implementation of POP/FLE programs in rural community secondary schools in Kyela district.

1.5 Research Questions

- (i) What is the magnitude of teenage pregnancies among the Kyela district Community Secondary school teenagers?
- (ii) To what extent has POP/FLE program achieved its objectives in Kyela district community secondary schools since its inception?
- (iii) What are the underlying factors, which have hindered POP/FLE programs from reducing teenage pregnancies in Kyela district rural community secondary schools?
- (iv) What appropriate measures should be launched to address the current challenge, which faces the implementation of POP/FLE programs in rural community secondary schools in Kyela district?

1.6 Significance of the Study

Findings from this study will first help researchers advance their knowledge on the magnitude and trends of teenage pregnancy problems among community secondary schools of Kyela district. It will also help them to understand the underlying factors behind the poor achievements of the POP/FLE program knowledge-wise, attitudinally and in practice. Furthermore, it will contribute to the body of knowledge on the factors behind the low achievements of POP/FLE objectives among teenagers in the rural community secondary schools of Kyela district.

Also, the deep understanding of the problem following the result of this study will contribute in one way or another in laying down important steps for further in-depth studies toward understanding of this social problem and how to solve it. It is anticipated that the information obtained from this study will be used for effective planning and designing of the appropriate interventions meant to reduce the impact of the problem.

In this regard, the study results will provide vital information to policymakers, donors and other relevant stakeholders involved or intending to be involved in teenager's pregnancy prevention and/or reduction programs. Since the outcome of the study will point out shortfalls which are found in the national POP/FLE curriculum and implementations, the study results will help curriculum developers refine the curriculum by addressing issues that bottlenecks the program for future effective intervention.

1.7 Scope of the Study

Teenage pregnancies are a major research theme that cuts across different levels of educational disciplines. It is thus an interdisciplinary problem in nature. Intervention programs established through education curricular cuts across different levels of education including primary, secondary and colleges. Since this study focused on teenagers living and schooling in community rural schools, its findings were essentially limited to rural areas and on the ordinary level secondary school teenagers in a rural setting. As such, the study outcomes obtained applied to those areas although the application of the information secured may be utilized globally for comparative purposes.

1.8 Organization of the Dissertation Report

The dissertation report follows the IMRAD format as recommended by OUT and is organized into five chapters. Chapter one covers the introduction by capturing the historical trends of the problem and the empirical context in which the study is situated. It shows the problem magnitude globally, regionally, nationally and locally.

Additionally, it provides an overview of how Tanzania has been struggling to arrest the teenage pregnancy problem with a focus on community secondary schools and how various instituted programs have failed to rectify the problem at hand. The chapter goes further to define the research gap by highlighting what has been covered by recent empirical work conducted on the problem in focus. Other important chapter aspects are a statement of the problems, objectives of the study, research questions addressed by the study, significance of the study and finally the study scope. Chapter two begins by presenting a review of concepts, theories and past empirical works on

the problem of study. It further progresses to review the guiding theory and associated literature across the African continent and Tanzania in particular. Theoretical and empirical reviews together put in a clear photo of the knowledge gap from which the conceptual framework has been constructed.

Chapter three is on research methodology. It begins by providing coverage of the area of the study in terms of geographical location, ecologic and demographic condition. It also captures the research methodology used in this study accompanied by important highlights of the research approach, sampling procedures, methods of data collection and analysis. Chapter four is on the discussion of the findings in line with the research questions addressed. It begins with a brief elaboration of the socio-demographic factors of the respondents and then progresses to discuss findings as per addressed research questions. In the chapter end, a summary of the key findings is highlighted. Chapter five is all about conclusion and recommendations basing on the key findings of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on the magnitude of teenage pregnancies globally and on the achievements and failures of the different intervention programs so far established to curb the problem in different parts of the world. In other words, the chapter concentrates on assessing the literature on the influence of sexuality education in curbing down the problem of teenage pregnancies particularly in Africa and the world in general.

2.2 Operationalisation of the Key Concepts of the Study

2.2.1 Teenage

The definition of teenage varies significantly. WHO (2004) and UNICEF (2011) for example, define teenage as the second decade of life, the period between the ages of 10 to 19 in which an individual moves 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 and for that case, terms teenage and adolescence are used interchangeably in this dissertation.

2.2.2 Teen Pregnancy

Teen pregnancy is considered the formation of an embryo in a woman at age 19 and below (Nyakubega, 2009). According to UNICEF (2008), teenage pregnancy refers to

a teenage girl, usually within the ages of 10 and 19 who becomes pregnant. This study utilized the definition of teenage pregnancy as defined by Nyakubega (2009) because; it takes into consideration the element of early initiation in the African context, which begins as early as 9 years.

2.2.3 Sexuality Education

Sexuality education is considered as a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It involves sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality (Smith and Coleman, 2012).

2.2.4 Intervention Programs

Intervention programs involve the combination of strategies intended to produce behavioural 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 an intervention 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 Framework

This study was guided by the Social Learning Theory (SLT). Essentially, SLT is one of the learning theories that are grounded in the belief that human behaviour is determined by a three-way relationship between cognitive factors, environmental

influences, and behaviour. According to Bandura (1977), SLT approaches the explanation of human behaviour in terms of a continuous reciprocal interaction between cognitive, behavioural, and environmental determinants. The theory itself is based on a series of many psychological concepts including among others reinforcements and reciprocal determinism.

The theory was originally introduced in the 1940s to explain the phenomenon of animals and humans imitating behaviour. In the early 1960s, Albert Bandura began contributing to its development by showing that children naturally imitate the behaviour of other children without needing or receiving a direct reward for the new behaviour. Bandura continued to study human behaviour and make major contributions to the development of SLT. Over time, many researchers have made important contributions to its development.

As a theory, SLT has been applied to the study of sexuality education as is in many other areas of health education, including tobacco use prevention, substance abuse prevention, and violence prevention. Since SLT aims to change behaviour in participants, it is considered to be a good fit for prevention-based sexuality programs, for example, those that aim to prevent pregnancy by preventing sexual involvement or increasing condom use as opposed to more comprehensive family life programs. SLT is a particularly good fit for pregnancy, STI and HIV prevention programs because, sexual behaviour is influenced by personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences. Similarly, Teens receive few, if any, positive models for healthy sexual behaviour. Thus, modelling positive and healthy sexuality-related behaviour to youth is extremely important. Because sexual

behaviours often happen in private settings, much of what youth observe modelled about sex takes place on TV and in movies, popular music, and magazines. The majority of this modelled behaviour such as early sexual activity is counter to what population and family life educators are trying to teach youth.

Furthermore, SLT provides youth with behavioural skills practice. For example, of saying "no" to pressure to have sex. In the area of sexuality, teenagers often do not get a chance to practice these prevention skills before they are in actual situations where they need them. It follows then that, teaching youth-specific behavioural skills is crucial in an effective prevention program of teenage pregnancies. Unfortunately, many sexuality programs overemphasize cognitive learning and fail to address the behavioural aspects of becoming and staying sexually healthy. This study wishes to explore more on this missing link in the sexuality education system of Tanzania and show how the lack of addressing this aspect has been contributing to the increase instead of slowing the rate of teenage pregnancies in many rural communities' secondary schools.

Essentially, SLT claims that individual behaviour is determined by expectancies and incentives. Expectancies are sub-divided into expectancies about the environmental cues (belief about how events are connected), expectancies about the consequences of one's action (opinion about how individual behaviour is likely to influence outcomes) and expectancies about one's competence to perform the behaviour needed to influence outcomes. Incentives, on the other hand, are described as an individual's value of a particular object or outcome. The outcome may be health status, physical appearance, approval of others, economic gains or other consequences. Individual

behaviours is thus regulated by his and/or her consequences (reinforcements) but only as those consequences are interpreted and understood by the individual, for example, individuals who value the perceived effects of changing lifestyles (incentives), will attempt to change if they believe that their current lifestyles pose threats to any personally valued outcomes such as health or appearance. Particular behaviour changes will reduce the threat and that they are personally capable of adopting the new behaviours.

For that matter, the SLT is a good theory for investigating the reasons behind the prevalence of high teenage pregnancies in the face of the rapid development of the technology of preventing it. As argued by RECAPP (2009), sexual behaviour is highly influenced by personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences and all of these factors are addressed by the SLT. However, SLT cannot account for all development behaviour since thoughts and feelings are influenced by many internal and external factors as well as inherited and maturation factors. Although it has had important implications in education and spite of the great discoveries, the theory still lacks an overall understanding of the complexity of human behaviour, personalities, human and biological differences (Smith and Berge, 2009). Nevertheless, this theory was used to direct this study by showing the connection between underlying specific personal and environmental factors, which are contributing to the prevalence of teenage pregnancy in Kyela district community secondary schools.

According to a review by Kirby (2007), individual personal factors can lead to teenage pregnancy. Those factors include teens' own sexual beliefs, values, attitudes,

skills, and intentions towards school. The author further argues that teens are more likely to have sex more frequently and to have more partners if they have permissive attitudes toward premarital sex. For example, as regards to intention towards school, if a teenager is performing well in school, and has plans for a brighter future, the chances of that teenager becoming pregnant is low compared to a teenager who is falling behind in school and does not have plans for the future. Furthermore, environmental factors could lead a teen to experience a high-risk pregnancy. Those environmental factors are interpersonal relationships such as weak family connections and support, peer pressure, community norms and culture that support earlier sexual activities of teenagers. Therefore, theory-guided the study with the above constructs.

2.4 The State of Teenage Pregnancies in sub-Saharan Africa

Teenage pregnancy and childbirth-related complications are the primary killers of teenage girls in sub-Saharan Africa (UNFPA, 2007). Teenage pregnancy is not just considered as a health issue but a developmental issue that has a deep root in poverty, gender inequality, violence, forced marriage and lack of education. Globally, there are approximately 600 million girls who get unwanted pregnancies annually. More than 500 million of these girls live in developing countries of which 16 million of them give birth each year (UNFPA, 2013b). It is estimated also that, about 95percent of the world's teenager's births occur in developing countries. It has been found that between nine and ten of these births occur within marriage. The majority of teenagers in developing countries (about 19 percent) become pregnant before the age of 18. Similarly, girls who are below 15 years account for 2 million of the 7.3 million births, which take place each year (UNFPA, 2013b).

The Population Reference Bureau (2013) posits that teenagers in Sub-Saharan Africa (SSA) have the highest rate of pregnancy in the world. It has been observed by UNFPA (2013b) that, every day, 20,000 teenage girls give birth in developing countries, while 70,000 of them die every year due to pregnancy complications and childbearing. Besides, 3.2 million unsafe abortions are carried out among teenage girls each year. It has been predicted that (see UNFPA 2013b) this number is going to double in the SSA by the year 2030.

In Tanzania, 25percent of all-female teenagers become pregnant at the age of 17 and 18 years (Goergen, 2009). Similarly, the statistics given by a study by HIV and Malaria Indicator Survey (HMIS) contend that a big percentage of young people aged between 15 and 24 years engage in sex by the age of 18 years (UNFPA, 2013). Teenagers in Tanzania encounter a range of challenges with negative impacts on their lives and the development of the nation in general. In particular teenage girls who make up one-fifth of the country's total population have their education goals shut down as a result of expulsion due to pregnancy (UNFPA, 2010).

A report by UNESCO (2014) indicates that school pregnant girls face stigmatization and discrimination from family members, fellow students, teachers, community, the media and society at large. They also go through psychological torture due to stigma, get discriminated against and develop medical complications and financial constraints. In turn, these complications lead to additional societal challenges such as illiterate teenage mothers, street children, prostitution, drug abuse and the like. Such consequences have adverse impacts on their lives and national development.

In particular teenage girls who make up one-fifth of the country's total population have their education goals shut down (UNFPA, 2010). To avoid the shame resulting from teenage pregnancies, many of these girls abscond from schools once they realize that they have become pregnant.

Scholars like Warner, Malhotra, and Mcgonagle (2012); Chaaban and Cunningham (2011) have confirmed that there is a close relationship between women's educational attainment and societal development. For example, UNICEF specifies that more education leads to fewer child marriages and lower teenage fertility (URT, 2011). They further argue that economic growth is stronger where education is more gender-equitable indicating that gender equality in education increases national economic growth and well-being.

Accordingly, UNFPA's (2011) girls' population is critical for social change and global development in the developing world. Much as development is observed in matters associated with human wellbeing and economics, educated women are capable of bringing up healthier children and family. A healthy mother and a healthy baby are the desired outcomes because educated and well-informed women tend to maintain a low fertility rate, small family size, lower child mortality with strong wellbeing and economy.

In Tanzania, the legal age to enter into marriage is 18 years, but the customary law allows marriage at even a younger age (The Citizen, 2014). Such gender-based variations of ages to enter into marriage are discriminatory as they put girls at health risks of early sexual practices and reproduction. The inconsistency in the Marriage

Act of 1971, which states marriage age, is 17 and 15 years for a boy and girl respectively (URT, 2009). In contrast, the Sexual Offences Special Provisional Act (SOSPA) of 1998 criminalizes marriage below 18 years. Besides, section 130 of the Penal Code provides a penalty to a person who enters into marriage with a girl below 18 years. On the other hand, the URT law of marriage Act (1971) permits marriage of 15-year-old boys while the minimum age of marriage for girls is 18 years (URT, 2009).

Furthermore, section 13(2) (b) of law allows the marriage of a girl aged 15 years with parents' consent. However, in the same law section 130(2) a man is penalized for an offense of rape if he has sexual intercourse with a girl below 18 years with or without her consent (URT, 2009). Such inconsistencies in Tanzania laws hinder efforts for addressing early marriages accompanied by teenage pregnancies and its consequences. Such contradictions are obstacles to law enforcers, human rights activists, and all stakeholders in their efforts to solve the problems of premarital sex and teenage pregnancies in the country. The existence of age differences between a boy and a girl with marriage legalities is not only discriminatory but also puts younger girls at danger of beginning adult life at a very young age of 15 years.

Another challenge experienced when addressing premarital sex and teenage pregnancies in Tanzania is the failure of girls to accomplish or meet educational attainment goals due to pregnancy. This is verified by the data produced by the Ministry of Education and Vocational Training (URT, 2010), which illustrates that in 2007, teenage pregnancies led to 5.6 percent and 21.9 percent dropouts at primary and secondary schools respectively. Despite the dropout high rates, the government has

been ineffective in addressing the problem. As explained earlier, despite the efforts by the government of Tanzania to raise girls' enrolment at all levels, schoolgirls who become pregnant continue to face the consequences of expulsion which in turn leads to other negative consequences.

2.5 Factors Contributing to High Teenage Pregnancy Rates

Literature has indicated various factors that are perceived to lead to a high rate of teenage pregnancies. These factors are as discussed in this sub-section.

2.5.1 Early Marriage

Several factors contribute to 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 30percent of girls marry before they are 18 years of age and around 14percent before the age of 15 (WHO, 2012).

2.5.2 Peer Pressure

Peer pressure is a great influential force during adolescence. During the period of middle adolescence, 15-16 years of age, teenagers begin to develop ideas and select role models. Peers are very important to teenagers 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. They further point out that teenagers can be particularly vulnerable to external influences, especially the opinions and behaviours 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 having sex. If teens believe their friends support condom use or use condoms, chances are greater that they will also use condoms (Kirby, 2011).

A study conducted by Makundi (2010) in the Mtwara region found that peer pressure highly influenced teenagers in the region to get pregnant. Makundi's findings further show that peer pressure led to teenagers engaging in sexual debut as early as at the age of 10 thus, leading to the risk of falling prey to teenage pregnancy.

2.5.3 Lack of Knowledge on Teenage Pregnancy Prevention

Teenage pregnancies are the function 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 teenagers do not know how or lack the 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).

According to WHO (2012), some teenagers do not know how to avoid pregnancy or are unable to obtain contraceptives and there is a lack of sexuality education in many developing countries. A global coverage measure related to sexuality education estimates that only 36percent of young men and 24percent of young women aged between 15and 24 years, in developing countries have comprehensive and correct knowledge of how to prevent HIV. Therefore, sexuality education is very important in achieving higher results of the level of abstinence, later initiation of sexual activity, greater use of contraceptives and fewer sexual partners. Programs aimed at reducing the rate of teen pregnancy include numerous approaches including encouraging abstinence, providing education about birth control, promoting community service activities, and teaching skills to cope with peer pressure (Bennett and Assefi, 2005).

2.5.4 Culture

Cultural practices of many societies in many parts of the world influence teenage pregnancy. In some parts of the world, especially in developing countries, girls are expected to marry and have children in their early or middle teenage years, well before they are physically or mentally prepared to do so (UNFPA, 2013b). Parents may be pressured by existing cultural norms, traditions, and economic constraints to marry their daughters at an early age. According to a study conducted by Erhardt *et al.*, (2011), social-cultural factors such as "*jando*" (circumcision) and "*unyago*" (initiation) for boys and girls respectively were among the cultural factors reported to have been responsible for teenage pregnancy in Mtwara Region. Moreover, the traditional system of receiving a bride price or dowry price is among the reasons that encourage teenage pregnancy.

2.5.5 Poverty

Economic deprivation sometimes causes young girls to engage in transactional and/or unprotected sex to meet basic needs, or to improve their living conditions. Poverty and its related problems are both a cause and a consequence of teen pregnancy and childbearing. According to Sietou and Sarid (2011), poor teens are more likely to get pregnant and have children, and teens that have children are more likely to be living in poverty. Poverty and various manifestations of social disorganization are greatly associated with teenage childbearing.

However, estimates of the consequences of early childbearing once rested on incorrect assumptions about the causes of pregnancy. In many societies, poverty pressurizes parents to give their young girls into early marriage. Also, teenage girls living in poverty get engaged in transactional sex or as a livelihood strategy to meet their basic needs (Bansger, 2010).

2.6 Global Efforts to Address Teenage Pregnancies

The United Nations Millennium Development Goals (UN MDG) and Education for all (EFA) are strongly devoted to education based on gender equity at the global level. To meet the MDG No. 3, developing countries had set up different intervention strategies. One example of such interventions includes the introduction of Population and Family Life Education (POP/FLE) and/or sex education in primary and secondary education respectively. This was a response to the consequences of teenage pregnancies, the spread of HIV/AIDS and the high rate of school dropouts (URT, 2010). Other interventions included the implementation of development plans for primary and secondary education and the establishment of public community secondary schools

within each ward (URT, 2010). Sex education is an important and widespread way to help teenagers improve their reproductive and sexual health and has been on offer even before the coming of the whites in Africa through informal sexual education.

The increase in the number of young people in the developing world today is the highest ever reported (UNFPA, 2013). However, the lack of access to sexuality education and sexual and reproductive health (SRH) services poses a great challenge to teenagers and youth reproductive and sexual health. Among the challenges experienced are unintended pregnancies, unsafe abortions, maternal mortality and morbidity, violence, sexually transmitted infections (STIs) including HIV, exploitation (such as exchanging sex for food or money), and discrimination based on gender or sexual orientation (Presler-Marshall and Jones, 2012).

In developing countries and around the world, the school environment has largely provided an important opportunity to reach large numbers of young people with sexuality education, normally before they become sexually active. The school also offers an appropriate structure (i.e. the formal curriculum) within which to do so. These programs are particularly well designed to be implemented in schools where they can potentially reach large numbers of youth (Kirby *et al.*, 2005; Kirby, 2011). Thus, schools provide an opportunity for interventions to reach most young people from diverse social backgrounds before or around the time they become sexually active. According to Kirby *et al.* (2006), the choice and implementation of a school-based SRH curriculum in poorer countries is constrained by the availability of teachers, together with lack of access to the necessary financial, material and technical resources. Also, the culture and norms of local communities and the schools

themselves may prohibit open discussion of sexual matters and actively discourage condom use in an attempt to promote abstinence. Furthermore, the POP/FLE education program has to compete in securing a place in a crowded curriculum, which does not have the same status as other subjects, either for pupils or teachers.

Evidence from a review of sexual education programs done by Kirby (2011) and Boonstra (2011) has shown that these programs have a positive effect on initiation of sex, frequency of sex, number of sexual partners, condom use and other sexual behaviours that can prevent negative sexual and reproductive health outcomes. Sexuality education can make a positive impact on the lives of teenagers beyond these important sexual and reproductive health outcomes. According to Kirby (2011), the effectiveness of sexuality education is universal and the success is largely determined by the context to which they are developed and implemented, as well as by their characteristics and the quality of implementation.

Teaching of sexuality education in developing countries, especially in Africa is focused mostly on trying to convince young people to delay the initiation of sex, generally until after marriage. This approach is based on the premise that sex before marriage is a taboo, because it is morally wrong and that young people can be convinced to wait, even well into their 20s (Boonstra, 2011). These "abstinence-only-until-marriage" programs focus primarily or exclusively on the assumed benefits of abstaining from sex. They may also distort and actively denigrate the effectiveness of contraceptives and safer-sex behaviours (Boonstra, 2011). The basis of reinforcing this approach is based on the opinion that teenagers should not be informed about sexuality at the age that they are not fully prepared for it.

Furthermore, cultural and religious factors play an important role in the encouragement of abstinence-only programs in schools.

In many countries, sexuality education is a sensitive issue that may generate opposition. This is often fuelled by the false belief that sex education leads to earlier debut of sexual activity or to sexual promiscuity (Markham, 2003). For example, in 1973, sensitive to the family planning needs of the general population, the Family Planning Association of Tanzania (UMATI) initiated efforts to make sexuality information accessible to young people and published two books; *Jandona Unyago (Initiation ceremonies for boys and girls)* and *Ujana (youthhood)*. However, the books were banned by the government and then headed by the Tanganyika African National Union (TANU), based on reasons that the books would encourage sexual promiscuity (URT, 2001). Furthermore, in Nigeria and India, sexuality education programs initially came to a halt because of socio-cultural opposition, thereby causing years of delay and related loss of investments. The initial comprehensive program had to be reduced through removing all elements which were related to actual sexual and preventive behaviour, including contraception and condoms (UNESCO, 2011).

2.6.2 Content in the Guidelines for Implementing POP/FLE in Schools and Teachers' Colleges

The POP/FLECurriculum is a general curriculum that guides *reproductive health education* inclusive in Tanzania. The purpose of the POP/FLEcurriculum is to enable teenagers to develop self-awareness and to use the acquired knowledge to solve daily problems and challenges (URT, 2002). These guidelines were first developed in 1996 and revised in 2002 to help the education sector and others to plan, implement and

evaluate their efforts better for efficient and effective management, administration and financing of the school POP/FLE education programs. The need for the guidelines came as HIV/AIDS/STIs prevention and control started to involve many actors. Thus, it is based on the objective of standardizing the approaches to POP/FLE and life skills education to schools that these guidelines were initiated to guide the context and content of HIV/AIDS/STIs preventive education, coordination and implementation in schools. The guidelines are by the principles of the Tanzania Education and Training Policy (1995) and those of the National Policy on HIV/AIDS about preventive education and counselling intervention strategies (URT, 2002).

According to the Guidelines, the teaching of HIV/AIDS and other aspects of POP/FLE shall be covered in the Social Studies and Science subjects in primary school syllabi and Biology and Civics for secondary schools (URT, 2002). Throughout the guidelines, much emphasis has been placed on HIV/AIDS with little emphasis placed on teenage pregnancy prevention. However, in section 4.6 of the guidelines under the caption "*Teaching strategies*", the guidelines acknowledge that the major mode of transmission of HIV/AIDS/STI and unwanted pregnancies is through unprotected sexual intercourse and therefore encourages that youth should be educated to have an understanding of their own physical and emotional development during adolescence, so that they can gain insight into their own and others' sexuality. In this way they will be able to make informed decisions, to develop skills, promote positive and responsible attitudes and behaviour. Additionally, the guidelines encourage abstinence as the first choice while giving information on HIV prevention among other issues. Below are some quotes from the guideline:

"Delaying Sex - Young school pupils or at an early age should be advised not to indulge in sex. - The older students should be encouraged to delay sex" (URT, 2002, p.11).

The guidelines further emphasize the importance of peer education in teaching sexual and reproductive health has shown in Section 4.8.3 of the guidelines:

"This is a pupil-to-pupil or student-to-student education program in a school aimed to promote responsible sexual behaviour through abstinence and postponement of initial sexual activity. Peer Education approach influences the change of behaviour. Moreover, peer education is beneficial for groups of people who experience strong peer pressure concerning their behaviour, such as school/college youths" (URT, 2002, p.14).

The guideline acknowledges that proper use of a condom may be an effective way of avoiding being infected with HIV/STIs. The guideline permits education for proper use but prohibits the distribution of condoms in school.

"Although education for proper use of condoms will be given the distribution of condoms in schools will not be permitted" (URT, 2002, p.12).

To ensure that teenagers receive comprehensive knowledge on SRH information, the content in the guideline has to be revisited to ensure that relevant issues such as teenage pregnancy and its prevention are captured because SRH education has the potential of reducing teenage pregnancy and other STIs when it is comprehensive. According to Mkumbo and Tungaraza (2007), Tanzanian school policymakers have been reluctant to introduce comprehensive sex education because of the fear of

parents' reactions. Yet, it is proven that well designed and executed school-based education programs can be effective in changing young people's sexual behaviour that leads to sexual health problems.

2.7 Challenges Associated with Teaching POP/FLE in Schools and Colleges

Teaching reproductive health education in schools is always a hot issue because it is closely connected with social and parental interpretations of right and wrong and with people's feelings about religion and personal view (Broontra, 2011; Collins *et al.*, 2002; AFY, 2013). However, the purpose of sex education, among other things, is to reduce the risk of STIs, HIV/AIDS, and unintended pregnancies among the country's young people. These are goals of sex education that fundamentally everyone agrees on. However, the debate centres on a question of methods (i.e. how to prevent negative health outcomes) and the ancillary goals of advocates on all sides (e.g. teaching particular moral values, or encouraging autonomous decision making). It is, however, argued that abstinence-only programs risk alienating the young people at the highest risk of negative health outcomes by promoting a 'one size fits all' vision of adolescence that matches the true experiences of only a minority of youth. It is argued that there is no evidence that abstinence-only programs delay sexual initiation or reduce STIs or pregnancy. However, some comprehensive sex education, or "abstinence-plus," programs can achieve positive behavioural changes among young people and reduce STIs. Such programs do not encourage young people to initiate sexual activity earlier nor have more sexual partners (Collins *et al.*, 2002).

It is further stated that some comprehensive sex education programs can reduce behaviour that puts young people at risk of HIV, STIs, and unintended pregnancy.

Besides, these programs do not promote earlier onset of sexual activity or an increased number of sexual partners among teenagers as argued by some people (AFY, 2013). What comprehensive sex education does is to promote abstinence as the best option for young people, while at the same time providing them with information about self-protection if they do have sex. It is argued that the abstinence-only program does not address the concerns of teenagers, but tries to turn away from the challenges young people face as they make decisions about sexuality and self-protection. According to Kirby *et al.* (2006), the focus of sexuality and HIV/AIDS education, among other things, should address multiple sexual psychosocial risk and protective factors affecting sexual behaviours, including knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy.

The Family Life Education (POP/FLE) offered today in Africa reflects the consequences of modernization introduced from the west. In realizing the impact of teenage pregnancies in Africa, the United Nations AIDS (UNAIDS) directed that African countries should provide comprehensive sex education in schools. According to Mbonile and Kayombo (2008), the government of Tanzania adhered to this directive by incorporating the POP/FLE in secondary school curriculum. The aim of this education package was part of an attempt to reduce the rate of teenage pregnancies and improve teenagers' sexual health. Its major focus was on the enhancement of teenage sexual reproductive health (ASRH) services but given the challenges the program is facing; the objective was hardly attainable. The mode of delivery and emphasis is commented by some scholars (see Meena, 1996) as introducing changes that eliminated traditional knowledge on sex and reproduction

thereby undermining the initiation patterns of young people into adulthood. Furthermore, POP/FLE was introduced in Tanzania as a way of responding to the UNAIDS directive of addressing teenage pregnancies. It was anticipated that the program would contribute to building awareness on sex issues among teenagers.

Apparently in this globalization period and with current advanced modernization technology, the extent of teenage pregnancies was expected to decrease but on the contrary, the opposite prevails. Likewise, despite the government interventions to rectify the situation, the outcomes of the efforts are still uncertain and little is known regarding the influence of POP/FLE towards teenagers' involvement in premarital sex and teenage pregnancies in Tanzania.

Lack of the right information on sex issues is a major challenge to address teenage pregnancies in Tanzania. For instance, the contents of the topics in sex education reveal that the subject content is wanting. For instance, a topic on prevention of early marriages which is found in a book entitled *Civics for Secondary Schools* by Abeid and Olotu (2016) has a topic of *Family Life* with a subtitle *Early Marriages*. Whereas the subtitle indicates the emphasis is on the prevention of early marriages, its content does not give students specific skills for the prevention of early marriages. Looking at the theme 'Prevention of Early Marriages' one would expect the authors to impart students with essential skills for the prevention of early marriages.

In contrast, the topic concentrates on explaining what the government ought to do in addressing the problem of early marriages. The propositions on the prevention of early marriages are not for helping students in preventing themselves from early

pregnancies. A report by UNESCO (2012) illustrates that only 22 percent and 28percent of schools cover sexual and reproductive health matters, and family planning is not explicitly addressed. In Tanzania, sex education was incorporated in the secondary school curriculum almost three decades ago but its effectiveness in addressing premarital sex and teenage pregnancies in the country is still uncertain.

Teenage pregnancy is known for several health implications that come along with it. Some of them include a very high risk of death and illness for the teenage mother and child (Zheng and Anderson, 2009). A study conducted by Dev Raj *et al.* (2010) found that preterm delivery, stillbirths, foetal distress, birth asphyxia, anaemia, low birth weight, pregnancy-induced hypertension (PIH), and spontaneous abortions were the most frequently encountered complications during teenage pregnancy. In Tanzania, the situation is not encouraging for teenage girls. Data show that over 42percent of girls of 15 and 19 years are anaemic this is a reduction from 49percent in the previous five years (UNICEF, 2011). A study conducted in Kenya indicated that secondary school girls who had been pregnant were twice more likely to report poor health than those with no pregnancy history (Youri, 1993).

Further to the above, teenage girls' health is put at risk by abortion, resulting from teenage pregnancy. In many developing countries, Tanzania included abortions are illegal, except for special consideration such as the high risk of death for the mother or low chances of survival of the child to mention a few. Therefore, due to unwanted pregnancy and for fear of being expelled from school, girls undergo unsafe, unhygienic and unprofessional abortions at home, which can even lead to death due to excessive blood loss, sepsis, etc. Additionally, the teenager might experience during

birth, an increased danger of prolonged labour, ruptured uterus and ending up with fistula, due to underdevelopment of the reproductive organs for pregnancy and birth. Moreover, prolonged labour is one of the main causes of maternal deaths (Erhardt *et al.*, 2011).

2.8 A Review of Teenage Interventions Programmes Carried out in Tanzania

Several initiatives and programs have been and continue to be instituted in Tanzania to stop teenage pregnancy and to ensure that teenage girls stay in school and complete their education. These programs are being implemented by the government in partnership with national and international organizations. A few of such interventions are discussed here below.

2.8.1 Introduction of Family Life Education (POP/FLE)

Family Life Education programs and guidelines were introduced in Tanzanian public primary and secondary schools in the year 2004. The key aim of this program was to empower youth with information to make positive changes in attitudes, behaviour, and practices related to sexual and reproductive health (URT, 2001). Introduction of the POP/FLE in schools aimed at ensuring that students understand issues such as sexuality, parenthood, family size, gender, and environment.

The task of curriculum design and integration into "carrier subjects" such as core subjects in the school curriculum that relate to sexuality and reproductive health is headed by the Tanzania Institute of Education. In the primary school curriculum, POP/FLE is taught in subjects such as science, general knowledge, and livelihood skills, while in the secondary school curriculum, POP/FLE is integrated into biology,

geography, civics and home economics (URT, 2001). The introduction of POP/FLE and the creation of the guidelines policy on sexuality education in Tanzania was also prompted by the circumstances of the AIDS epidemic whose impact in the country reached a significant toll in the early 1990s (Chandra-Mouliet *al.*, 2013). The focus of the guidelines was in two categories. The first was to mainstream the teaching of HIV/AIDS education in schools and other educational institutions; the second was to guide and control the amount and type of HIV/AIDS information and materials that should reach school premises and classrooms.

Accordingly, to Chandra-Mouliet *al.* (2013), the development of the guidelines, led the Tanzanian Government to commit itself to ensuring that POP/FLE preventive education is accessible to all schools and other educational institutions in the country. Moreover, the guidelines envisaged an interdisciplinary approach to providing sexuality education in schools. The guidelines stipulate that POP/FLE preventive education should be integrated into the core curriculum through Science and Social Studies for primary schools, Biology and Civics for ordinary secondary school and General Studies and Biology for advanced secondary school (Chandra-Mouliet *al.*, 2013).

2.7.2 Establishment of Youth Friendly Services (YFS)

The governments of Tanzania and partners have been able to initiate some programs 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 teenage 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).

The Ministry of Health with the assistance of its partners also implemented some model of teenage reproductive health and HIV/AIDS projects. These included the GTZ supported projects in Lindi and Mbeya regions, as well as the *Mpangowa ElimunaMaadili ya Afya* (MEMA) *kwa Vijana* (literally translated as Youth Health Education Programme), a project which was a collaborative trial programme on teenage sexual and reproductive health involving the National Institute for Medical Research (NIMR), African Medical Research Foundation (AMREF), London School of Hygiene and Tropical Medicine (LSHTM). This project was an innovative sexual and reproductive health intervention aimed at reducing HIV infection rates among young people in rural Mwanza (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.

2.8.3 Development of the National Teenage Reproductive Health Strategies (2001-2006) and (2010-2015)

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

In order to promote effective programs in the above areas, the following key priorities for action were taken: the development of a training manual for service providers on youth-friendly services, the creation of training materials for lay counsellors on health and counselling skills, the training of in and out-of-school peer educators; and the development of curricula and training materials for use with out-of-school teenagers (URT, 2001). Following 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 teenage policy, legal and community environment for sexual and reproductive health information, services and life skills. Generally, it aimed to improve health system responses to teenage health needs and to provide a platform for linkages with other sectors dealing with teenagers and young people (UNICEF, 2011).

The instrument further sought to ensure that teenagers received all the necessary information they need on SRH issues to make the right choice on matters about sexuality. Among those essential issues that the current NARHS tried to address was the issue of school girls' pregnancy and drop out. The strategy sought to create and advocate for an environment where school girls could be permitted to go back to school even if they were pregnant and have given birth (UNICEF, 2011).

2.8.4 Prevention and Awareness in School of HIV/AIDS (PASHA) Program

The Prevention and Awareness in Schools of HIV/AIDS (PASHA) was an initiative of the Ministry of Education and Vocational Training, (MoEVT) of Tanzania. The project was implemented in collaboration with the German Government through GIZ formally GTZ as part of the Tanzanian German Programme to Support Health (TGPSH). The project started in 2003 and reached the Mtwara region in 2007 and ended in 2012 (URT, 2012). The overall goal of the program was to help young people, to have access to information on Sexual and Reproductive Health (SRH) and to improve quality reproductive health services. The program was implemented under the National guidelines for Implementing HIV/AIDS and Life Skills Education Programmes in Schools, with the general interest of PASHA specifically on students and to ensure that a specific support package of school-based services was in place as a strategy to prevent HIV and promote SRH in both primary and secondary schools.

The program provided a comprehensive support package of school-based services for both primary and secondary schools (focusing on counselling and life skills-based peer education). As part of the program promotion of SRH and rights and HIV

prevention, the issue of teenage pregnancies was of great concern to PASHA (URT, 2012). PASHA started with a pilot approach for Peer Education (PE) and School Counselling (SC) services and was developed in collaboration with the Ministry of Education and Vocational Training (MoEVT). The approach was later scaled up in three ways. The first scaling up was done horizontally, by increasing coverage of more schools, more regions, and more partners. The second scaling up was done vertically, meaning institutionalization and functional scaling up extending the scope of the program (URT, 2012a).

The above-mentioned project was done in phases. The first phase of the project was conducted between 2003 and 2006, which was a pilot approach of SC (School Counselling) services. The above was developed and tested in secondary schools only, Tanga being the intervention region. The second phase was from 2006 to 2009, which was functional, scaling up by adding PE (Peer Education) to the approach, including primary schools as beneficiaries of the program, and supplementing HIV activities with a comprehensive SRH and life skills approach. Besides, there was a horizontal scaling up by adding two more regions including Lindi and Mtwara. Phase three of the project was from 2010-2012, which was also horizontally scaling up whereby the Mbeya region was added under the support of GIZ. Also, several other regions supported by other partners were added vertically by scaling up with the integration of the program into MoEVT policies. On the other hand, functional scaling up was done in collaboration with UNICEF. Overall, SC services and PE were introduced in at least 712 schools in Tanzania i.e. 414 primary and 298 secondary schools (URT, 2012a).

2.9 A Summary of the Reviewed Literature

Reviewed literature on the subject under study has revealed that teenage pregnancy is indeed a global problem. Generally, the authors were writing on teenage pregnancies but had a specific focus on their areas of interest. However, the most important themes were factors causing teenage pregnancies, teaching school-based reproductive health education, teenage SRH and the effectiveness of SBRHEP among others. Several authors (for example Sietou and Sarid, 2011; Bansger, 2010; Kirby 2007, 2011; Nyakubega, 2009; Kirby, 2007) attributed causes of teenage pregnancy to factors such as poverty, peer pressure, culture, early marriage, lack of education of SRH and access to RH services.

On the theme of teaching SBRHEP, most of the authors for example (Kirby, 2007; Thato *et al.*, 2008; Collins *et al.*, 2002; AFY, 2013) have observed that most often, the school environment is used for teaching SBRHEP as this is where most teenagers are officially found. According to these authors, the appropriate teaching of SBRHEP should be comprehensive meaning that it should be more detailed by giving all information about reproduction, contraceptive and anything that has to do with pregnancy prevention. Authors also argue that teaching abstinence-only education to teenagers does no good. On the theme of SBRHEP being effective, Boonstra (2011) and Kirby *et al.* (2005) argued that the effectiveness of SBRHEP is universal and that these programs have a positive effect in delaying initiation of sex, frequency of sex and reduction in number of sexual partners. Although there have been numerous researches and general conclusions on the subject under study as revealed in this review, it is nonetheless important to test their viability in our local settings. This is

exactly what the study on which this dissertation is based was set to achieve, that is to either validate the findings of the previous studies or refute them.

2.10 The Conceptual Framework

The term conceptual framework refers to the visual or written product that one uses to explain either graphically or in a narrative forms the main things to be studied which are the key factors, concepts and presumed relationships among them (Miles and Huberman, 1994). According to OUT (2013), a conceptual framework is described as the collection of interrelated concepts and/or theories that guide the research, determining what things should be studied, measured and what statistical relationships to look for. The conceptual framework employed here is modified from the social learning theory and is depicted below in Figure 2.1.

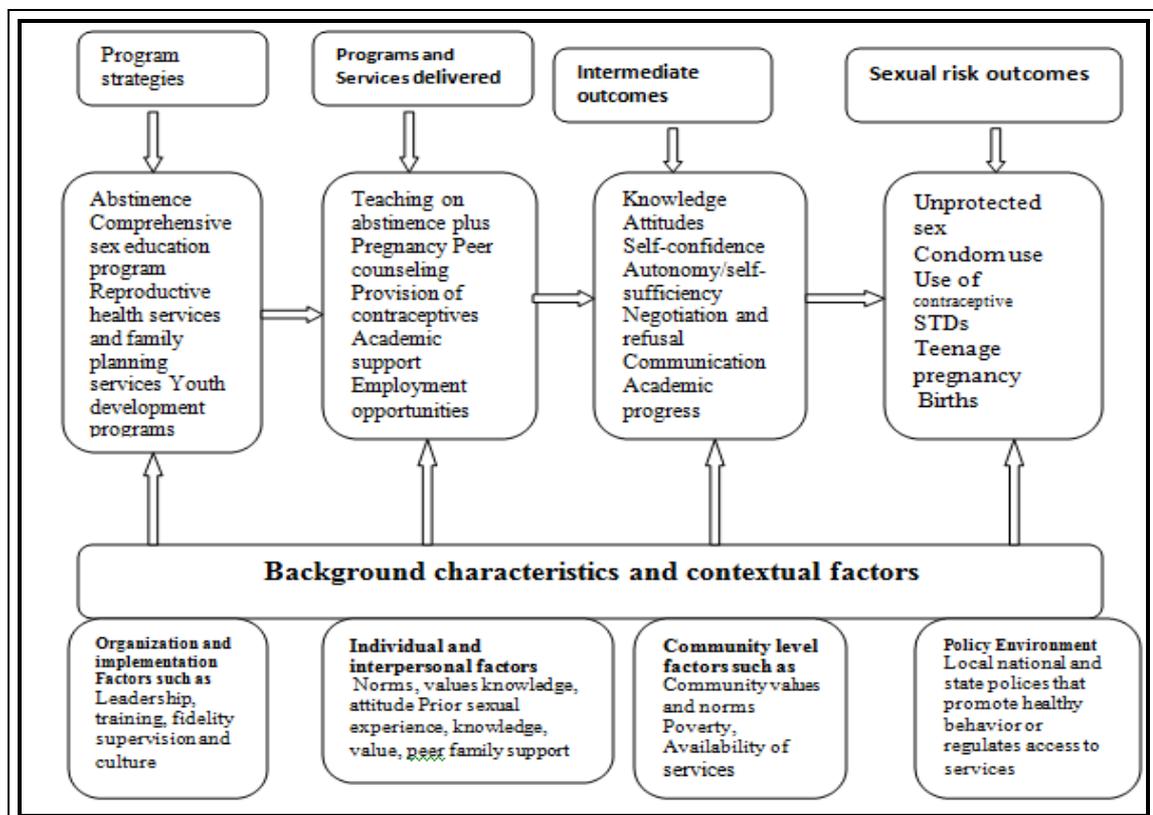


Figure 2.1: The Conceptual Framework

As reflected in Figure 2.1, the conceptual framework shows how the independent variables are related to the dependent variable (teenage pregnancy). Most school-based teenage health programs are held in schools with teachers serving as facilitators; something which is believed to have implications on the effective implementation of the programs due to factors such as poor teacher training and insufficient time for program delivery. Furthermore, sometimes the teachers might not be interested in the program, among others (Dane and Schneider, 1988). According to Dane and Schneider, the matter becomes more complicated when the subject is considered private and sensitive, and teachers may see sex education as different from their academic role. Additionally, individual characteristics of youth, family and peer support systems, community norms and resources, and policy-related factors all influence the effectiveness of school-based teen pregnancy prevention programs. Others are the specific services provided under different programs, and how services are delivered (Smith and Coleman, 2012).

According to Figure 2.1, individual, community and policy-level factors also influence prior sexual behaviours and the availability of and access to existing services, as well as participation in teen pregnancy prevention programs and subsequent behavioural choices and outcomes. Besides, policy factors influence the effectiveness of school-based reproductive programs by guiding how the lessons are offered. Kirby *et al.* (2006) observed that the culture and norms of local communities and schools themselves may prohibit open discussion of sexual matters and actively discourage condom use in an attempt to promote abstinence. For example, according to Plummer *et al.* (2007) during the *Memaya Vijana program* (Things that are good

for youths) Tanzania policies prevented teachers from showing condoms or pictures of condoms in schools though they were allowed to describe the same. Therefore, as a result, students might not be able to know how to correctly use the same when they become sexually active. SBRHEP often provides information on health, relationships, and sex education topics, and may also address related social and behavioural issues, including life skills development, mental health, access to contraceptives and other health services, academic performance, and employment opportunities (Smith and Coleman, 2012).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Chapter three focused on the location of the study and the methodology used to collect data, which has answered the research questions that guided this study. Important coverage is on the population, on which this study focused, sampling design and procedures, methods of data collection and data processing and analysis. The chapter ends by providing ethical issues that were observed by the study.

3.2 Location of the Study Area

This study was conducted in three community secondary schools located in the rural areas of Kyela district in the Mbeya region. Kyela district is bordered to the north by Rungwe district, to the north-east by Makete and Ludewa districts of Njombe region, to the southeast by Lake Nyasa, to the south by Malawi and the west by Ileje district. The total district land area is 1,322 square kilometers.

According to the 2012 population and housing census report, the Kyela district had a population size of 221,490 which was distributed into 20 wards. Out of these 115, 478 were females and 106,012 were males (National Bureau of Statistics, 2013). Three wards of Bujonde, Ngonga, and Kajunjumele which hosted this study had a total share of 11 percent of the district population.

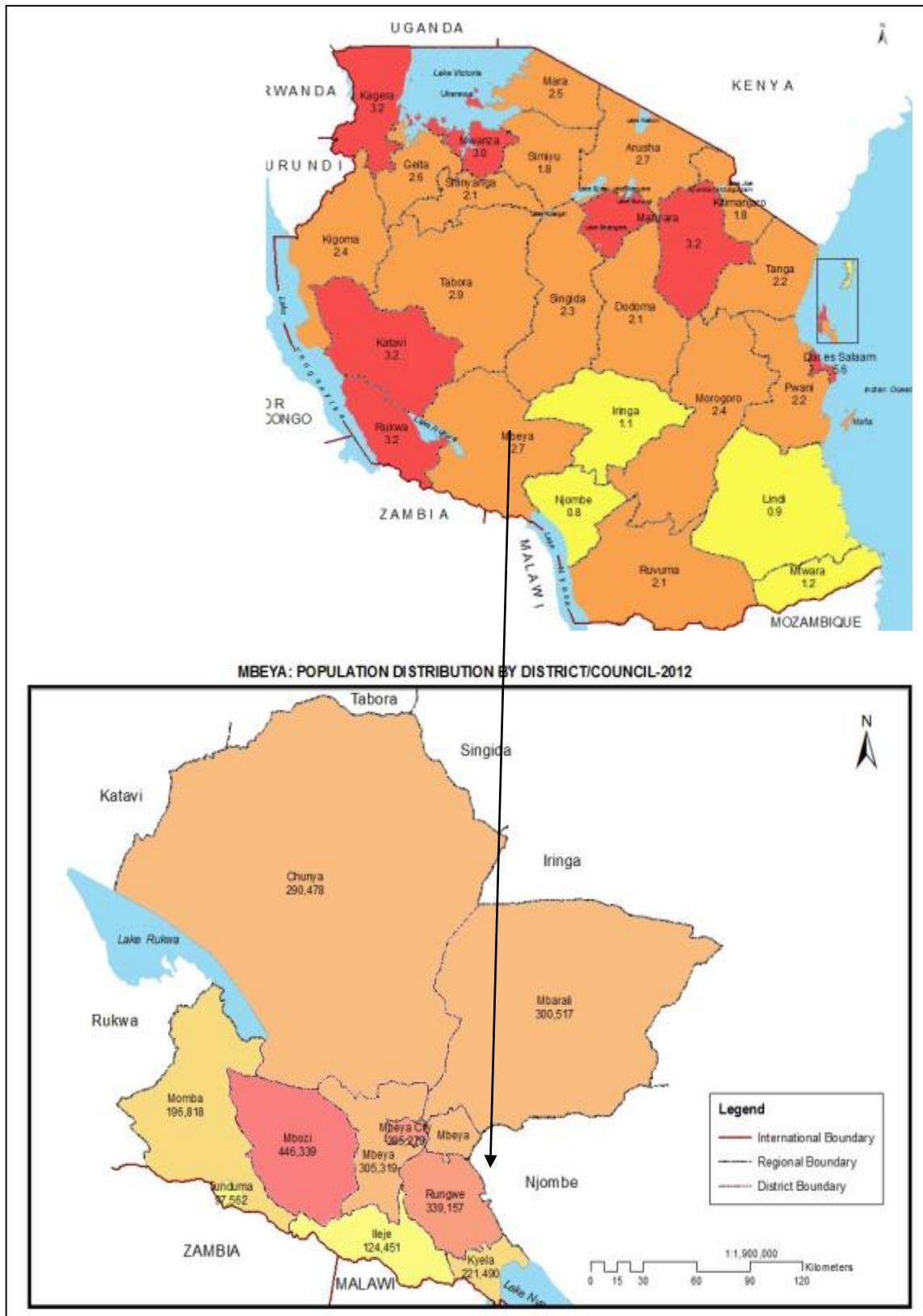


Figure 3.1: Location of Kyela District in Mbeya region Tanzania

Source: URT, 2013

3.3 Justification of the Study Area

Kyela district is a very unique case that makes it fit for hosting this study. Apart from being praised as one of the leading districts in the production of quality rice, the district ranked high among districts in the Mbeya region in particular and Tanzania in general with high-level school dropout due to teenage pregnancy cases. It is this trend that has justified its selection to host this study.

3.4 Research Approach

This study was predominantly qualitative based on inductive logic and analysis, although quantitative descriptive (not inferential) data sourced primarily from secondary sources were used to support the study. The inquiry was necessarily descriptive, exploratory and explanatory utilizing a case study research strategy within a qualitative genre.

3.5 Research Design

This study adopted a cross-sectional exploratory research design whereby data were collected at one point in time. The design was chosen because of the nature of the study, which needed data to be collected and analysed within six months. Also, the design allowed reliability and validity of the results by following all procedures required to ensure that research meets the appropriate standards. Furthermore, data collected were obtained within the required period.

3.6 Study Population and Sample Procedures

3.6.1 Study Population

This study was conducted in rural community secondary schools in Kyela district. Together with collecting opinions from students and teachers, the study had also focus

on students who dropped out of school due to pregnancy in the past ten years and some key informants familiar with the subject. These respondents were consulted to get the information required to meet the demand for this study.

3.6.2 Sample Frame and Size

The sampling frame for the study comprised students from three selected secondary schools of Bujonde, Kajunjumele, and Ngonga which are all found in the rural wards of Kyela district. The sample size from which the interview was admitted to comprised 400 respondents. Of the four hundred respondents, 210 comprised students who were still schooling and another 190 respondents were those who had dropped out of schooling because of pregnancy cases. This figure was assumed to be statistically significant for producing the information requested by the study. The formula for the finite population as suggested by Yamane (1996) and Glenn (1992) was used to establish the desired sample size as presented here below.

$$n = \frac{N}{1 + N(e)^2} = \frac{1,541}{1 + 1,541(0.05)^2} = 400$$

Where

- n = The sample size
 N = The population size
 e = Level of precision (5%)

Proportions of the sample size from each school are presented in Table 3.1 below.

Table 3.1: Proportion of Sample Size Per Selected School

S/N	School Name	Population	Sample Size	
			Schooling	Out of school
1.	Kajunjumele S.S	630	84	80
2.	Bujonde S.S	408	56	50
3.	Ngonga S.S	503	70	60
Total		1541	210	190

Source: Kyela District Executive Director- 2019

To maintain the principle of triangulation of the collected information, opinion on the magnitude of the problem and perceived reasons for the problem persistence were as well sought from other stakeholders namely three heads of the sampled schools, four officials from the Mbeya region and Kyela district education and inspectorate offices.

3.6.3 Sampling Design

Two sampling designs were employed to get the sample size used in this study. Purposive sampling was employed to get the district, wards, and schools from which data was collected. Additionally, snowball sampling was adopted to get respondents who were expelled from schooling because of teenage pregnancies. The procedure adopted was first to get the name of a student who had dropped out of schooling from the respective head of school records. After locating and interviewing a student through the use of a semi-structured interview schedule, the respondent was asked to name other respondent (s) who she knew had dropped out of schooling because of the problem. In this way, it was possible to get all the required respondents within the shortest possible time. Respondents who were out of reach and whose contacts were available were consulted and interviewed through the use of mobile phones.

Randomization was employed to students who were still schooling. The proportion of the number of respondents per school was 41 respondents for Kajunjumele secondary school and 33 respondents for Ngonga secondary school and 27 for Bujonde secondary school. At a school level, simple random sampling was applied in which 101 students were randomly selected from all levels of the school. The procedure followed was to prepare pieces of papers in proportions to the class on which papers with YES corresponded to the desired sample size and the rest had a bearing of the word NO.

Initially, the procedure was initiated in the head of the school office where the researcher acquired a list of all school streams. To secure participation consent, pieces of papers were prepared following the number of streams and then stream monitors were summoned to pick papers written such words *as to participate* and *no participation*. Respondents who picked pieces of papers bearing the word *participate* comprised only ten percent of all streams. From these, a sample of 101 respondents was randomly picked from the target group as already described.

Distribution of respondents across schools was proportionally determined depending on the size of the school enrolments (Table 3.1). Respondents were subjected to the face to face interview to generate opinions required to answer research questions that guided this study. Opinions generated in this way were compared with those provided by 99 out of school respondents who were the victims of teenage pregnancies, 14 subject teachers and three heads of schools. A total of six key informants were purposefully selected from the surrounding communities basing on the exposure to the

problem and duration of stay in the village. Information sourced from them focussed on access to reproductive health, prevalence rate and perceived causes of teen pregnancy.

3.7 Data Collection Methods

Both qualitative and quantitative data were used by the study. This decision was based on the importance of triangulation. Triangulation is defined as a combination of two or more methodological approaches, theoretical perspectives, data sources, investigators and analysis to study the same phenomenon which aims at increasing study credibility (Hussein, 2009). According to Coviello (2005), using a mixed-methods approach is good because a combination of the two approaches helps answer research questions adequately. As such, both primary and secondary data sources were collected and effectively used in producing this report.

3.7.1 Primary data

Primary data were obtained using the semi-structured interview schedule (Appendix 1), and Key Informant Interviews (KIIs). In-depth interviews largely involved school teachers who teach POPF/LE career subjects. KIIs were used to collect in-depth qualitative information through the use of unstructured interview questions to generate data that were used to complement information collected using other tools. Key informants were depicted from the surrounding communities and were six in number, two from each village in which the school was located. The information collected centred on the issues of sexuality, pregnancy, culture, and views about teenage pregnancy.

3.7.2 Secondary Data

Secondary data were collected to augment the primary data. The type of data collected focussed on the past and present rates of teenage pregnancy. School dropout reports were scrutinized from the participating schools, the regional administrative offices, annual reports on teenage pregnancy and the district education offices in the Mbeya region and Kyela district. Information generated through this method supplemented primary data. Apart from generating additional data sought by the study they helped as well to situate the study in a proper historical context.

3.8 Field Activities

Fieldwork which involved data collection commenced immediately when the research proposal was approved by the relevant authorities. The initial activity was to secure a research clearance permit which according to the Open University procedure the relevant authority is the Directorate of Postgraduate Studies (DPS). A release letter was acquired after submitting the approval of satisfying the supervisor regarding the quality of the research proposal. Thereafter, the researcher commenced securing a research permit from the Mbeya Regional Administrative Secretary (RAS). The secured permissions (see appendices 2, 3 and 4) were later presented to Kyela District Administrative Secretary (DAS) who later introduced the researcher to the District Executive Director (DED) and other relevant offices including the head of community schools of Kajunjumele, Ngonga, and Bujonde. Other information relevant to this study was obtained from the Mbeya Regional Education office, Kyela District education office and from the Regional and District Inspectorate Departments. Since this study also required information from individuals who were by then out of schools

(former students who were expelled from schools after having been impregnated), it was important to secure permission to consult them from the village authorities. The necessity of this procedure involved wards and village executives. Permission to consult them was remitted by the Kyela District Executive Director.

Upon reaching a sampled school, the researcher contacted the head of school. At the headmaster's office, the researcher secured information regarding the magnitude of teenage pregnancies particularly on the number of students who had dropped out of schooling because of pregnancies problem. Also, the researcher was able to acquire opinions from the head of schools on what was the perceived cause of the problem persists despite the intervention provided by the government through different education packages. Other opinions were sought from school teachers who taught POP/FLE carrier subjects. Opinions acquired from heads of schools and school teachers were important in answering research questions raised.

The actual data collection commenced for four months from 1st February to June 30th, 2019. The longevity of the fieldwork duration was necessitated by the fact that while it was easy to get an opinion from students who were schooling, it was utterly difficult to marshal opinions from those who were already out of schools. The use of snowballs slowed the speed of data collection as the researcher had to spend several hours to trace one respondent but with patience and humility, the task was eventually accomplished.

3.9 Validity and Reliability of the Instruments

Data validation and reliability was ensured through the study by the use of triangulation. By definition, triangulation refers to the comparison of data among

different sources of information for the purpose of improving its validity and reliability (Frankenberger *et al.*, 2002). In order to ensure reliability and validity of the information collected, the study employed fully triangulation of methods of data collection and data analysis techniques. The data collection techniques used included semi-structured, unstructured and key informant which were complemented in part by documentary sources. In regards to data triangulation, several sources of data were used but broadly they were primary and secondary in nature. The primary data sources resulted in a corpus of qualitative data collected during fieldwork while the secondary sources provided mainly quantitative data.

3.10 Data Analysis Procedure

Qualitative primary data collected from KI's were analysed through the use of content analysis. As commented by Busch *et al.*, (2012), the intent of using this method was to get useful information which was important for identifying intentions, the focus of communication trends of an individual and group or organization. On the other hand, quantitative data collected through the semi-structured interview schedule were analysed through the use of Statistical Package for Social Scientists (SPSS).

Generally, data analysis was done on two levels that's analysis of data in the field and posts field data analysis. Field data analysis involved mostly qualitative data wherein every evening all information collected during the day was closely examined to find out if the information collected was responding to the demand of the research questions. All questions which were noted to have ambiguities were reframed. Ideas that were generated through follow up questions were compared and ranked to draw a

pattern. This practice was important because it contributed to the final collection of the information, which was relevant to the study.

The post-field data analysis involved cleaning and coding through the use of a specially prepared data template. Through this template, all the coded information was fed into the SPSS computer program software version 22. The use of this program was important because computers made it possible to analyse large masses of data in the shortest possible time and in a more accurate way. In this way, the multiple responses obtained from respondents were analysed using descriptive statistics whereby frequencies and percentages were considered. Furthermore, access to reproductive health support systems among teenagers was analysed using descriptive statistics whereby cross-tabulation was used to show the difference in access between boys and girls.

3.11 Ethical Considerations

Research clearance letter which introduced the researcher to the regional and district authorities in which this study commenced were be sought from The Directorate of Postgraduate Studies (DPS) of the Open University of Tanzania through a Permission letter from the respective officer to conduct research in Mbeya region and Kyela district in particular (Appendices 2, 3 and 4). Every precaution to maintain human rights including informed consent, the right to participate in the study, the right to privacy and confidentiality were strictly observed. Research participants were informed about the purpose of the study and the role they would play in the study. In most cases, they were encouraged to voluntarily provide information required of them.

Anyone hesitant was left free. The clarity in every stage of the research was maintained and the researcher tirelessly made the respondents understand the study as a purely academic activity.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the study findings. It begins by providing a brief discussion on the socio-demographic profiles of the respondents. It further discusses findings in line with the research questions, which were stipulated in chapter one to guide the study. The chapter dwells on three aspects namely, the state of teenage pregnancies prevalence in the sampled schools of Kyela district; assessment of the magnitude of the teenage problem in the locality in order to uncover reasons to why this problem persists in the face of the government efforts of mitigating it through the launch of the POP/FLE; achievements and failures of POP/FLE intervention and finally it concludes by suggesting what should be done in order to ensure program positive results.

4.2 Socio-demographic Features of the Respondents

Socio-demographic features are usually described as the characteristics of the population in focus. Characteristics such as age, gender, ethnicity, education level, income, types of the respondents, years of experience and location are the most frequently considered socio-demographic features of any given population. As for this study, important socio-demographic features considered included age, gender, level of education, denomination and ethnic background.

4.2.1 Age and Sex of the Respondents

The age and sex structure of any given population is important as it affects gender issues. They are thus described here as essential features in the analysis of the sexual

health of the respondents. In the study area, it was noted that the majority of the respondents (88 percent) were mostly teenagers (15 and 19 years). Those who were below 14 years represented 11 percent only while respondents who were above 20 were rare (only 1 percent). The concentration of the respondents between the ages of 15 and 19 years was thus an expected age range for this study. It is also a critical age targeted by the POP/FLE program as individuals at this age are motivated to try every innovation that comes around including issues of sexual and reproductive behaviour.

Further analysis of the data indicated that out of all the respondents 48% were male and 52 percent were females. Gender differentials observed tallied well with the general characteristics of the population of Kyela district in particular and Tanzania in general. The sex ratio which is the ratio of male to female of a given population was noted to be 92. This correlates well with the district and regional sex ratio (see the 2012 population and housing census report, URT, 2013). For that much, the sex ratio was taken to be normal for the Kyela district rural population.

4.2.2 Level of the Education of the Respondents

Education is an important aspect in the creation of awareness on issues related to reproductive and sexual health of the teenagers. As commented by Sharma (2019), education is part of the life of an individual as it gives them survival challenges and required guidance for fighting failures that impede successes in life. One such impediment is unwanted pregnancies. To grasp the extent to which school-based sexuality education package provided in community schools was effective or not in fighting the problem in focus, the study drew respondents in all four levels of ordinary secondary education level as indicated in Figure 4.1.

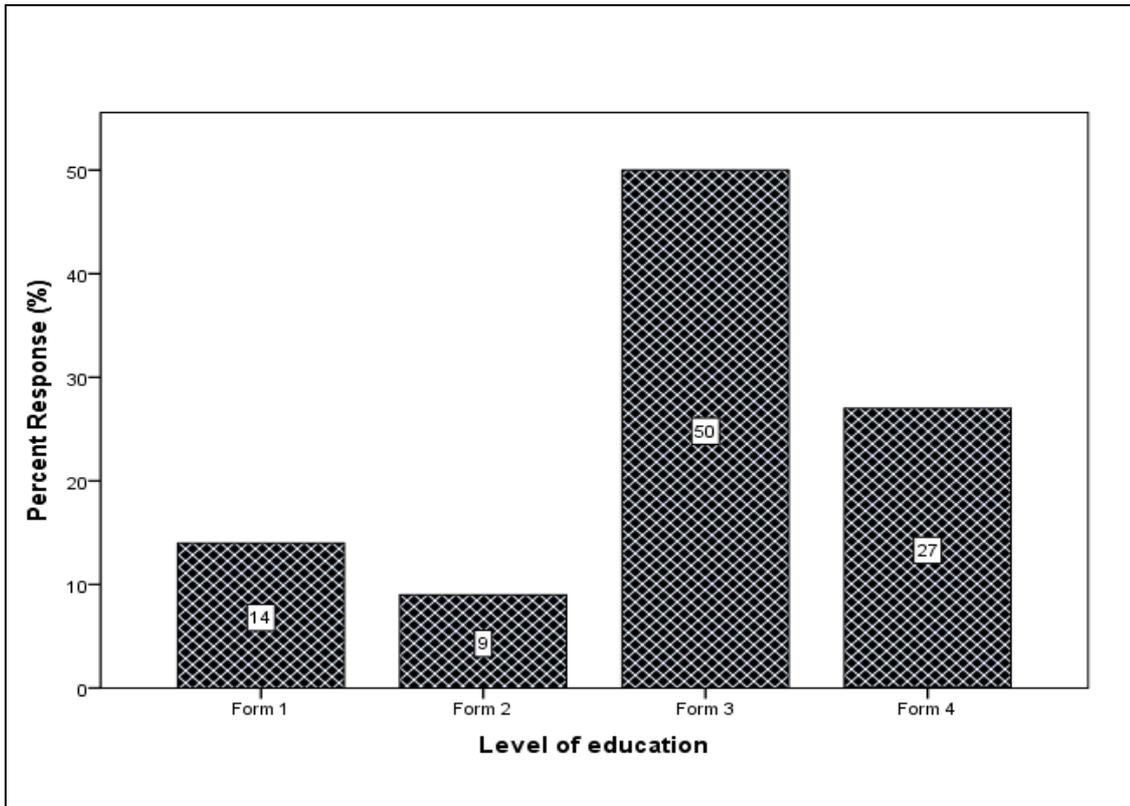


Figure 4.1: Education Levels of the Respondents

Source: Field Data- 2019

Information captured in Figure 4.1 indicated variations in the number of respondents' distribution from the sampled schools. The majority of the respondents were from form three. Higher proportions of respondents from this level was important for this study to fulfil the assumption held by the researcher that members in this form had adequate exposure to the POP/FLE content areas because of the duration they had been exposed to it.

The information sought was thus believed to be adequate for the study to assess the impact of sexuality education package on their knowledge, attitudinal change, and practices. The extent to which the POP/FLE package delivery was of use or not to the targeted students comprised the subject matter which was investigated by this study.

4.2.3 Respondents Ethnicity and Denomination

In the sampled schools of Kyela district, it was noted that majority of the respondents were all Nyakyusa by ethnicity and Christians by religion. The existence of only one ethnic group was not astonishing in the locality because of the location where these schools are found. Also, it should be understood that the Kyela district is one of the three districts in the Mbeya region dominated by Nyakyusa. Other districts are Rungwe and Busokelo. The dominance of the Nyakyusa tribe is in one way or another connected with the question of land scarcity, which is a historical one.

According to the available historical information, Nyakyusa's land was overpopulated since colonial time (Gulliver, 1958). Since then, the question of land scarcity has made many indigenous people believe in not selling the land to strangers. As such majority of the inhabitants occupy land, which they have inherited from their forefathers. The fact that it is difficult to secure land through purchase contributes to barring other ethnic groups to have access to land.

During fieldwork time, it was noted that villages in which sampled schools were located were densely populated and the population was homogenous. Prevalence of teenage pregnancies and a high rate of school dropout could partly have been defined by the culture of the inhabitants. It was learned that among the Nyakyusa people of Kyela district, there is a well-founded belief that a teenage girl should contribute to the home economy. It was narrated by some interviewed key informants that a girl who hasn't indulged in sexual intercourse with a male (Banyambala) was not worth as a girl. This cultural belief was believed to have connections with teenagers early indulgent into sexuality behaviour. Cultural beliefs were thus important in explaining

why the majority of the respondents who got impregnated were from form three other than form one and form two. This observation correlates well with Kirby's (2007) observation, which contends that community norms and culture are among the factors which promote teenagers' early sexual intercourse which eventually leads to unwanted pregnancies.

Alongside ethnicity influences on teenage pregnancies, prevalence is the question of religious belief. Religious beliefs have a far-reaching influence on teenager's behaviour modification. It is on this perceived importance that the Tanzania education curriculum allocates a sizeable number of periods for religious education. In the context of the many religious beliefs, sex intercourse is taken as a sacred entity for those who are in marriage but taboos for those who are out of wedlock.

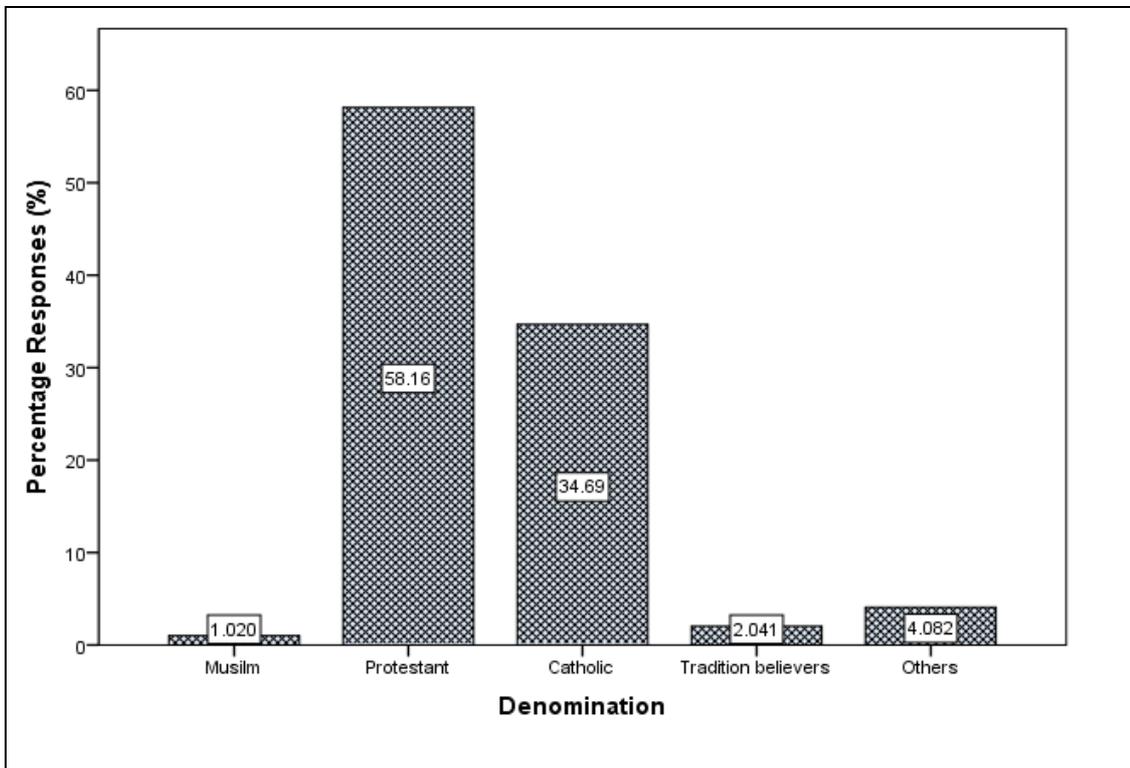


Figure 4.2: Respondents Denomination

Source: Field Data- 2019

In this study, analysis of the respondent's religious profiles indicated that a greater percentage of the respondents were Christians (Protestants majority followed by Catholics). The percentage of the respondents who were Muslims was very negligible (1 percent only). Figure 4.2 clarifies more.

Information presented in Figure 4.2 has a connection with colonialism. It is well known that in the locality, the work of early missionary activities was rampant and it contributed to a greater extent the dominance of Christianity (58.2 percent) over Muslims and other religious groups. Muslims are restricted in few pockets of Kyela districts particularly in urban centres. The majority of rural communities are entirely Christians. Prevalence of Christianity under the era of globalization where female children are not restricted as is in the Muslim culture could explain partly why the problem of teenage pregnancies was high. Prevalence of high rate of teenage pregnancies indicates how religious beliefs have had a little influence in restraining teenagers from engaging in sexual behaviour. The inability of the religious beliefs in curbing the problem of teenage pregnancies would be expected to be bridged through instituting sexuality education packages provided in schools.

4.2.4 Nature of Parenthoods Experienced in Kyela District

Parenting is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to adulthood. In any community, this is an important aspect of child-rearing practices. This is because the child's behaviour is influenced by the kind of socialization he or she gets at home. A balanced and well-nurtured behaviour of a child requires that children live with both parents. The assumption is that a child who has been raised in a home where both

parents are present will be well nurtured in comparison to children who are from single parenthood. In Figure 4.3, the study notes that 68.7 percent of all the respondents in the sampled schools of the Kyela district lived with both parents. The proportions of the respondents from single parenthood represented only 22.2 percent of the respondents while those who were living with guardians constituted 9.1 percent.

The prevalence of the respondents who were raised in families with both parents was thus an expected result for the communities under the dominance of Protestantism whose doctrine emphasis is against divorce.

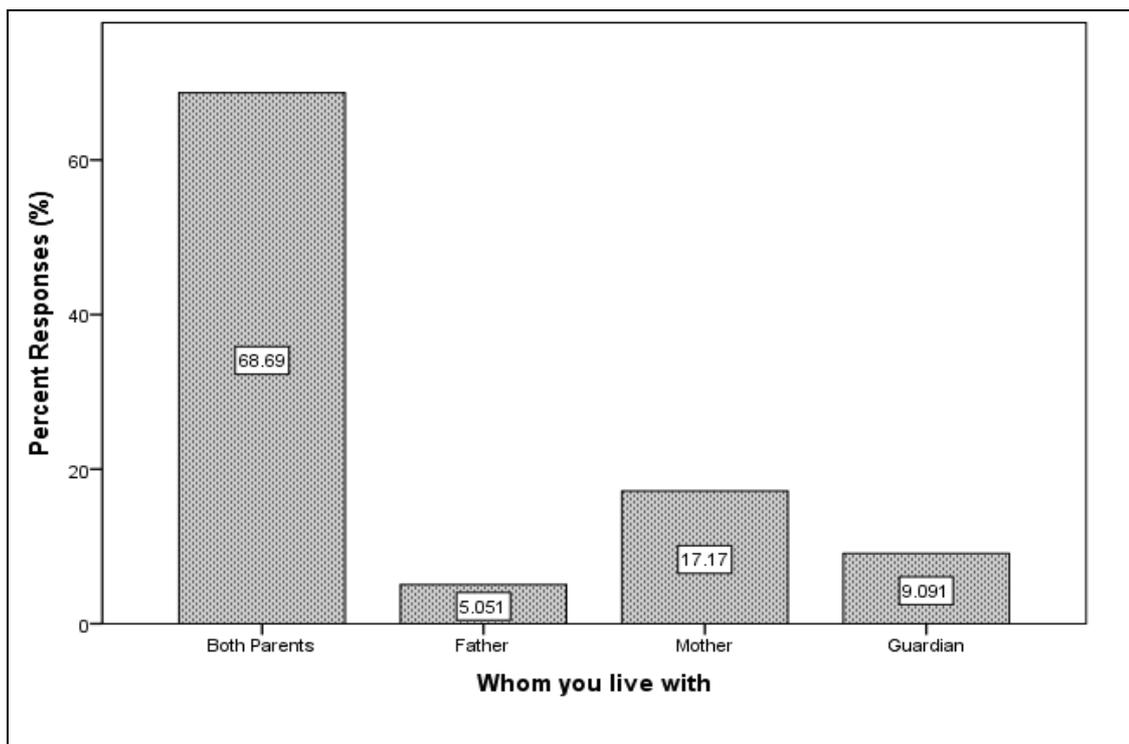


Figure 4.3: Respondents Nature of Parenthoods

Source: Field Data 2019

Regarding parents and/or guardian education level, it was learnt that the majority (65 percent) had completed basic education. Those who had gone beyond this level

represented 35 percent only. This was an expected level of education experienced in a rural setting. It also means that parent's level of sexuality education would largely have been obtained from informal means other than formal schooling particularly for those who have had completed the educational cycle before the 1990s.

Further analysis of parents and/or guardian education level revealed that over 60 percent of the parents were peasants. Given the nature of the rural economy at the current material time, it was obvious that the nature of the household economy had a sizeable contribution in providing loopholes for teenager's temptations as most of these households may not be able to meet teenager's basic needs. Lack of basic needs would then prompt them to engage in obnoxious behaviour including indulgent into commercial sex.

4.3 Status of Teenage Pregnancies in Kyela District

Respondents in the sampled schools of Kyela district were asked to comment on the magnitude of teenage pregnancies in their schools. In their responses, it was evident that this problem was real as 68 percent were aware of the problem. Although it was not possible to provide actual pregnancy trends, respondent's opinions indicated that the magnitude of the problem was big in these schools.

86 percent of all the respondents were able to remember between 2 and 5 students who have been expelled from schooling because of unwanted pregnancies in the last three years. Their responses were not far from the actual figures presented by the heads of schools (Figure 4.4).

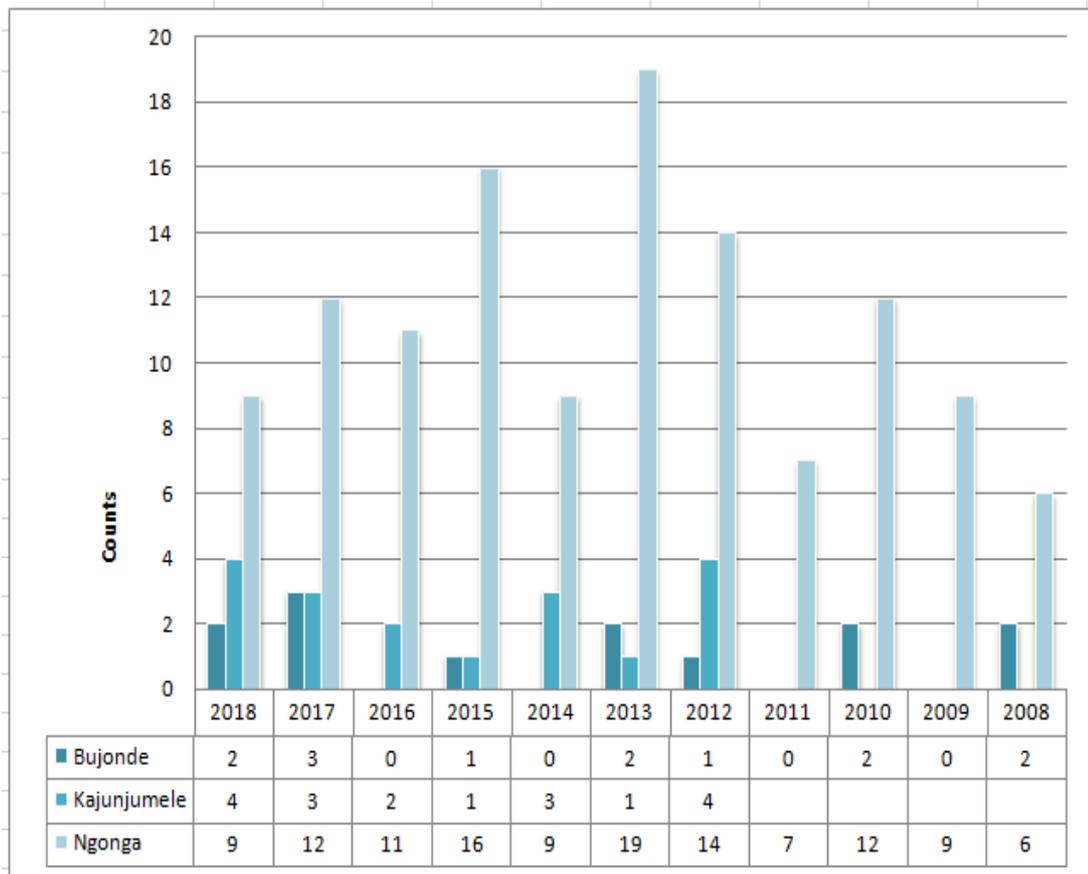


Figure 4.4: Trends of Teenage Pregnancies in the Sampled Schools of Kyela District for the Past Ten Years

Source: Field Data (2019)

As reflected in Figure 4.4, Ngonga secondary school seemed to be the worst hit in comparison with the other two schools. However, close examination of the matter tells rather a different story. The researcher came to learn later that the headmaster for Ngonga secondary school provided accurate data compared to the other two schools because of having more confidence in the researcher compared to other schools whose heads were more hesitant and skeptic.

It was also learned that, given the sensitivity of the subject matter under investigation, majority of the school heads obscured information because reporting many teenage

pregnancies was perceived as a shame since it portrayed to a larger extent their management shortfalls.

In all cases, it was evident that the prevalence of teenage pregnancies was obvious. Documentary sources obtained from Kyela district records indicate that, at the district level, a total of 356 students had left schooling because of teenage pregnancies in the past ten years. The rate was observed to vary over the years. The highest recorded Figure was in 2014 when a total of 67 teenagers were expelled from schooling. Table 4.1 provides many dropouts recorded at the year-round basis.

Table 4.1: Number of Teenage Pregnancies 2008-2018 in Kyela District

Year	Drop-out No	Year	Drop-out No.	Year	Drop-out No.
2018	45	2014	21	2010	17
2017	66	2013	44	2009	08
2016	50	2012	10	2008	13
2015	67	2011	15		

Source: Kyela District Education Office- 2019

Although the number of dropouts fluctuated yearly, there was a steady progression of the problem. The increasing rate of teenage pregnancies reflects the trends of the problem in Tanzania. Information produced by UNFPA (2018) in Figure 4.7 justifies this statement.

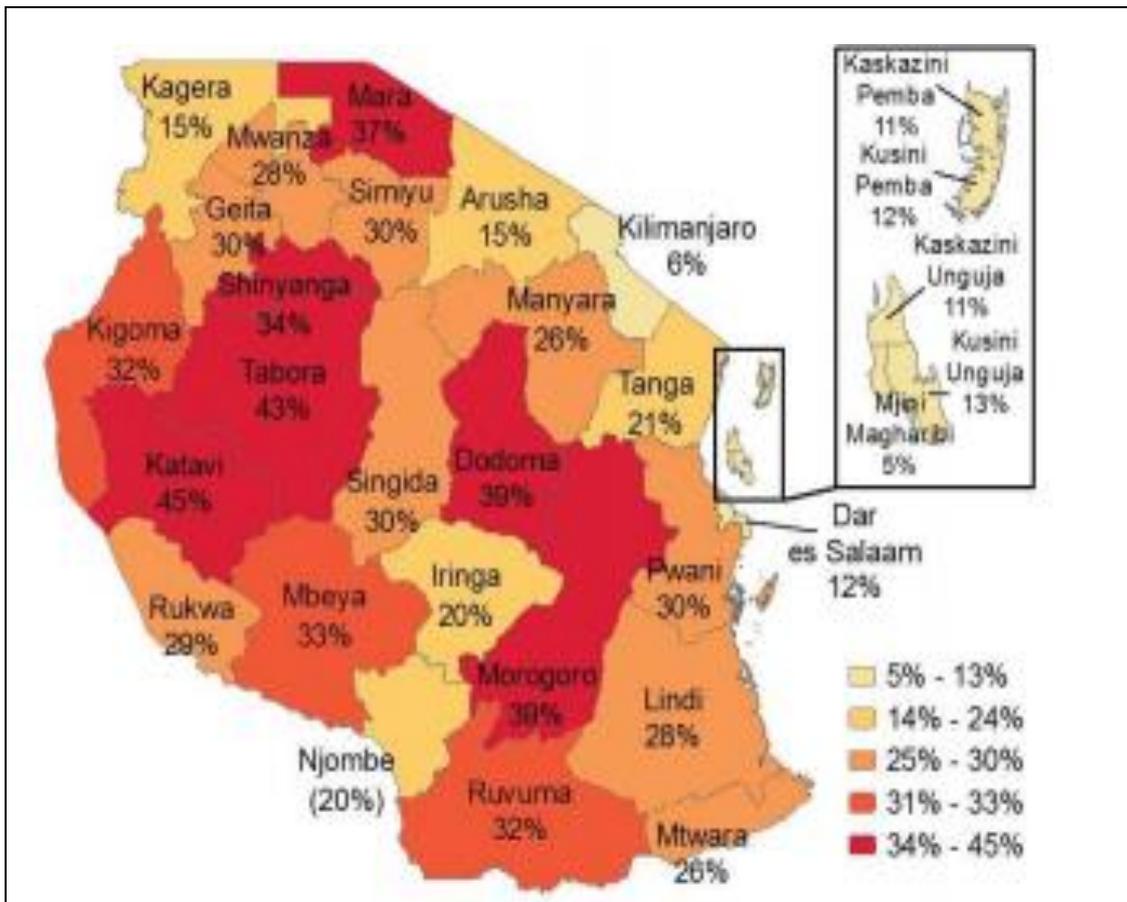


Figure 4.5: Teenage Pregnancy Rates by Regions

Source: UNFPA, 2018

Given the fact that the teenage fertility rate has increased from 116 in 2010 to 132 in 2015/16 and that teenage pregnancies have also increased by four percent in Tanzania since 2010 (TDHS, 2017), it was obvious that even in Kyela district, this problem was on the rise. Teenage pregnancies are in most cases justified by many factors.

In some other studies such as the one reported by Kirby (2007), it was revealed that teens are more likely to have sex more frequently and have more partners if they have permissive attitudes toward pre-marital sex. It goes further to argue that a teenager who performs well in schools and has plans for a brighter future, the chances of that teenager becoming pregnant is low compared to a teenager who is falling behind in

schools and does not have plans for the future. To test the validity of this statement, the study asked respondents to rate the performances of those who have been expelled from schooling because of the problem of teenage pregnancies. Analysis of the results indicates that individuals with average performance comprised 53.3 percent while those who happened to be bright were 12.9 percent. Only 5.2 percent of all those who were expelled from schools were academically poor. While contradicting Kirby's (2007) conclusions, this trend indicated that the problem of teenage pregnancies in the sampled schools cut across all levels of performances though the proportions of academically strong individuals were low compared to those who had average capability. It also shows that factors that influence teenagers to indulge in unprotected sex are varied and complex.

Although the analysis of the data on the respondents who left schooling because of teenage pregnancies was in form two (43 percent) and form three (27 percent), few of them reported having continued with schooling through other means up to the extent of attaining form six. It was also interesting to note that at least three respondents who were victims of teenage pregnancies were school teachers; two of them teaching primary schools and the third one was a secondary school teacher. It was also noted that even those who were teachers in primary schools were already enrolled with the Open University of Tanzania. Cases of people of this nature are many and provide a clue that although the problem of teenage pregnancies involves victims with lower passes, there are still sizeable numbers of brighter teens who also fall victim.

Another important observation revealed by this study was that majority of the teenage pregnancy's victims were forced into pre-marital sex with partners from outside the

school premises. In the analysis of the respondents' opinions, it was learnt that the level of involvement of schoolboys and male teachers into pre-marital sex with teen girls was very low (14.9 percent and 54.1 percent respectively). Further inquiries on what made teenagers involve in pre-marital sex intercourse pinpoint poverty among others to be responsible.

Many studies undertaken to address this problem do agree with this finding. Of the most important study is the UNFPA (2007), which asserts that teenage pregnancies have a deep root in poverty. UNFPA correlates poverty with the prevalence of teenage high rates in sub-Saharan Africa (UNFPA, 2013b). Other supporters of this idea claim that students are tempted to engage in pre-marital sexual intercourse because of various gifts such as sweets, consumables and simple means of transport such as motorcycles.

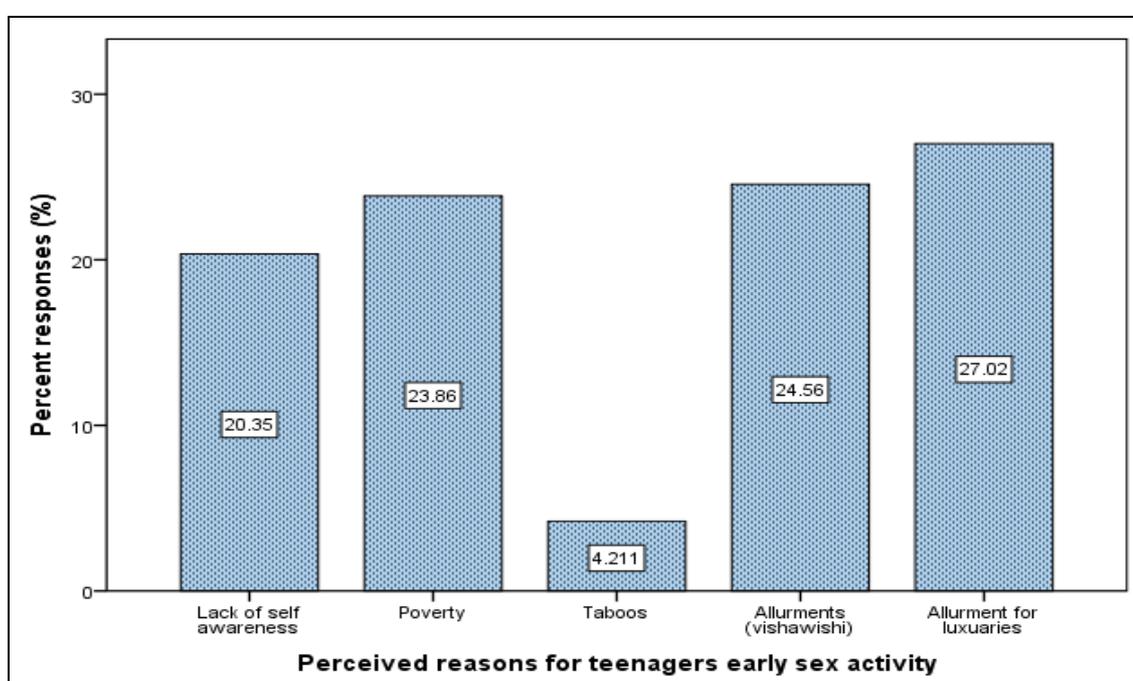


Figure 4.6: Perceived Reasons for Teenager's Early Sexual Activity

Source: Field Data- 2019

These material things tempt teenagers to offer themselves to the service providers and the overall result is the proliferation of unwanted teen pregnancies. In the case of Kyela community schools, analysis of the respondent's perceptions was as provided in Figure 4.6.

As reflected in Figure 4.6, poverty and allurements for luxuries were among the most commonly responded factors that motivated teenagers to engage in unprotected sexual intercourse. The consequences were thus expulsion from schooling after having begotten pregnancies. From what was reported, the proportions of those who were sexually active were not big as out of 100 percent sexually active students comprised 9.3 percent while 90.7 percent declared to have never done it. However, critical discussion with some student's informants indicated that most of these respondents did not say the truth. They argued that the number of sexually active teenagers was big but because of the sensitivity of the subject, the majority reported otherwise. Lack of enough time for acquainting with respondents on the side of the researcher and the lack of confidence on the question of confidentiality on the side of the respondents could be some of the reasons behind the information flaws.

4.4 Achievements of the POP/FLE Program in Kyela District Community

Schools

In chapter two, reviewed literature has indicated that one of the factors which prompted the Tanzanian government to see the justification for inserting Population and Family Life Education (POP/FLE) program in its education curriculum at the primary, secondary and college levels was because of many challenges' adolescents

were facing. These challenges included among other teenage pregnancies whose consequences were noted in the increasing number of teenage girl's students that were leaving schools at a very low age. The institution of sexual and reproductive health education programs was thus a national effort of curbing the problem through awareness creation through the POP/FLE package. Since the 1980s to date, there are significant achievements so far achieved. This section uses the respondent's opinions to assess the magnitude of achievements of the intervention since then.

4.4.1 Teenagers' Level of Knowledge on POP/FLE Interventions

To underscore the contribution of the POP/FLE program as a change agent on learners' knowledge, respondents were asked to provide opinion over the possessed knowledge as far as the Population and Family Life Education Package was concerned. In their responses, it was learned that 36.6 percent of all indicated that pubescence was associated with the growth of pubic hair, enlargements of breasts and periodic menstruation. They also indicated to have adequate prior knowledge that menstrual cycle is a sure sign that an individual would get pregnancy thereafter if she engages in unprotected sex. Some others reported the menstruation period to be connected with abdominal pains. Table 4.2 provides more clarifications.

Table 4.2: Perceived Responses on the Menstrual Cycle Prior Knowledge

Menstrual Prior Knowledge	Responses	
	N	Percent
Bleeding is a curse	3	2.9%
Bleeding causes pains	23	22.5%
Bleeding is a sign for pregnancy	54	52.9%
Bleeding is a sign of dirtiness	22	21.6%
Total	102	100.0%

Source: Field Data- 2019

An important observation reflected in Table 4.1 was revealed in the fact that if an individual indulges in unprotected sex within the 15 days after the menstruation period was likely to get pregnant. Further analysis of the respondent's opinion on their knowledge of pregnancies was thought regarding the age of the first menstruation cycle. It was revealed that the majority of the respondents (59.2 percent) reported experiencing this physical change when they were in the age range of between 10 and 14 years.

Some others reported experiencing gynaecological event in the age range of 15 and 19 years. The variations in the probable timing of the event would thus be more deduced from the experience other than classroom learning given the nature of the respondents involved in this study. The fact that two percent of the respondents were not sure of the appropriate timing of the first age of the menstrual cycle indicates the extent to which those who responded to this question had never been experienced the event.

Another important test of knowledge of sexual health and reproductive health was observed throughout the analysis of the possessed knowledge of the probable time for a girl to get pregnant. Analysis of their responses indicated mixed responses. It was interesting to note that 36.7 percent believed that one would be deemed to be pregnant if she indulges herself in unprotected sex 14 days before the menstrual period.

Similarly, 34.4 percent thought that one may get pregnancies if she engages in unprotected sex within the 14 days after the experience of the menstruation period. 7.8 percent suggested that pregnancy would happen at any time (Figure 4.7).

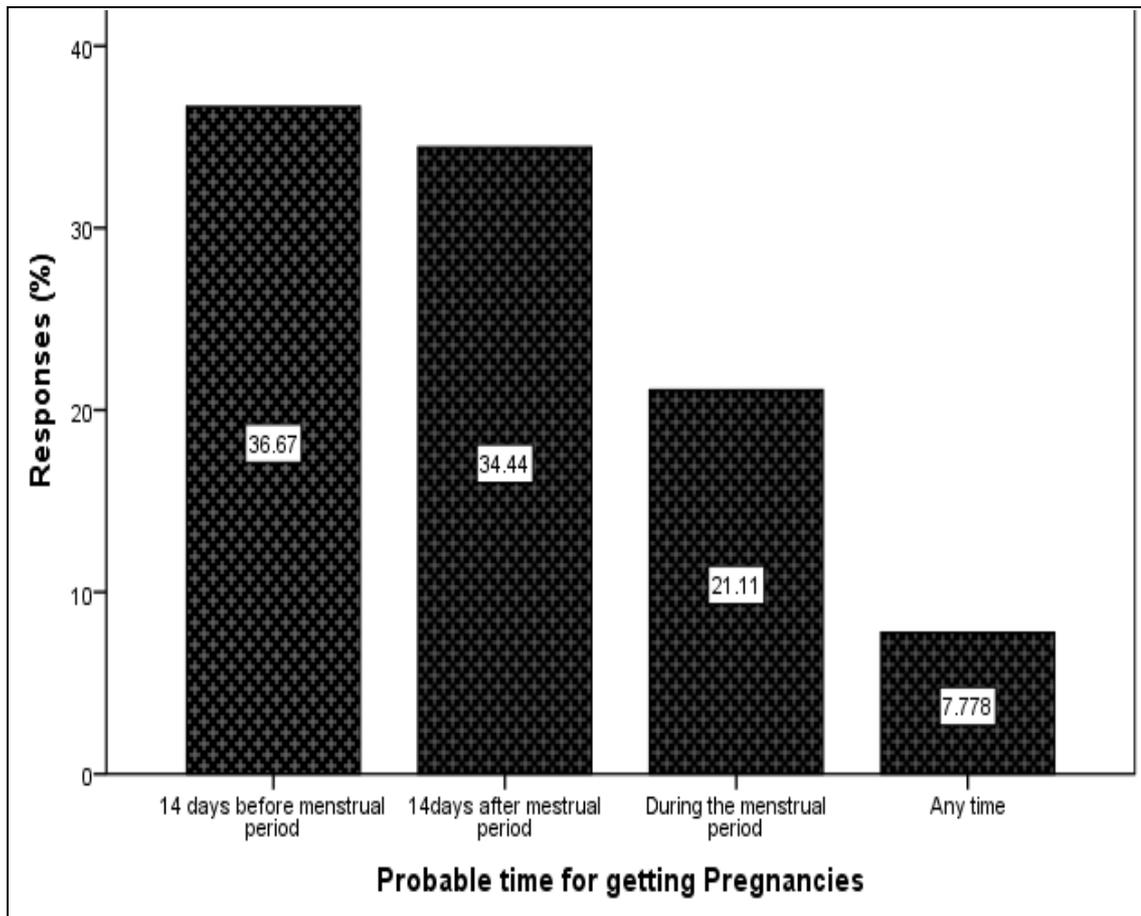


Figure 4.7: Respondents Opinions on the Probable Time for Getting Teenage Pregnancies

Source: Field Data, 2019

As indicated in Figure 4.7, the prevalence of mixed feelings on the timing of pregnancies was very crucial as they indicated the extent to which respondents were still vague on the timing of pregnancy experiences. To underscore the extent to which the POP/FLE program offered in line with career courses of Geography, Biology, and Civics, respondents were asked to comment on what was the probable source of knowledge. Their responses were as displayed in Figure 4.8.

The information displayed in Figure 4.8, indicated that the school setting was not the only source of reproductive and sexual health. Other important knowledge sources

were mothers (28.1 percent), books (19.8 percent), friends (9.9 percent) and health officers (8.3 percent).

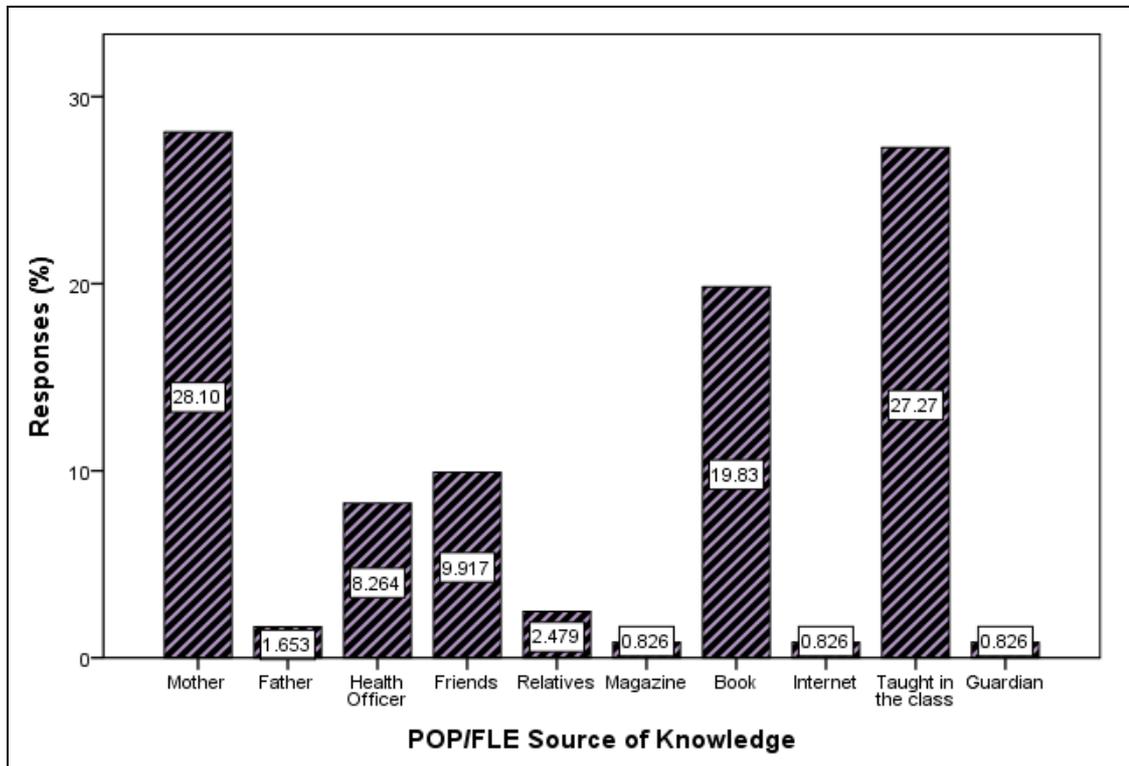


Figure 4.8: POP/FLE Source Knowledge

Source: Field Data, 2019

This portrayed that almost 73 percent of the respondent's knowledge of reproductive and sexual health was sourced outside the classroom. The contribution of magazines and the internet was low probably because of the location of the study area. Furthermore, fathers and guardians were reported to have little to offer. Altogether, one learns that teenagers get knowledge from multiple sources.

Classroom teaching through substantial was not the only dependable source. The multiple sources of knowledge from which teens acquired SH and RH knowledge could thus be challenged on the correctness. Frauds in the received knowledge could

have a detrimental impact on the teen's behaviour. For that much, the proliferation of teenage pregnancies would partly be explained in the light of these frauds.

4.4.2 Teenagers Attitudinal Change and Practices in Kyela District

The examination of the attitudinal change of the respondents was very important as far as this study was concerned. This is because attitude reflects the settled way of thinking or feeling about something. Analysis of the respondent's opinions indicates that they had undisputed knowledge of how unprotected sex leads to teenage pregnancies. This would in part explain why 90.7 percent reported having not engaged themselves in sexual intercourse. The other reasons would coincide with what Kirby (2007) noted earlier that a teenager who perform well in school and who has bright plans would refrain from engaging in sexual intercourse. If this is the case, one would conclude that the sexual health and reproductive knowledge acquired through classroom interaction and from other different sources was of use to teenagers. The intent of the government, parents and other stakeholders is to ensure zero trends of teenage pregnancies. However, the prevalence of 9.3 percent of the sexually active students indicates the existence of individuals whose behaviours are yet changed in line with the POP/FLE desired outcomes.

Although one would easily jump to the conclusion that the level of activeness of the respondents was very low, information acquired from the discussion with key informants indicated that the number of active teenagers was far larger than what was reported and that the majority concealed it. Nevertheless, respondents who openly reported their activeness were in the age range of between 15 years and 19 years.

When further asked to comment on the factors, which drove them to engage in unprotected sex, their responses were as displayed in Figure 4.9.

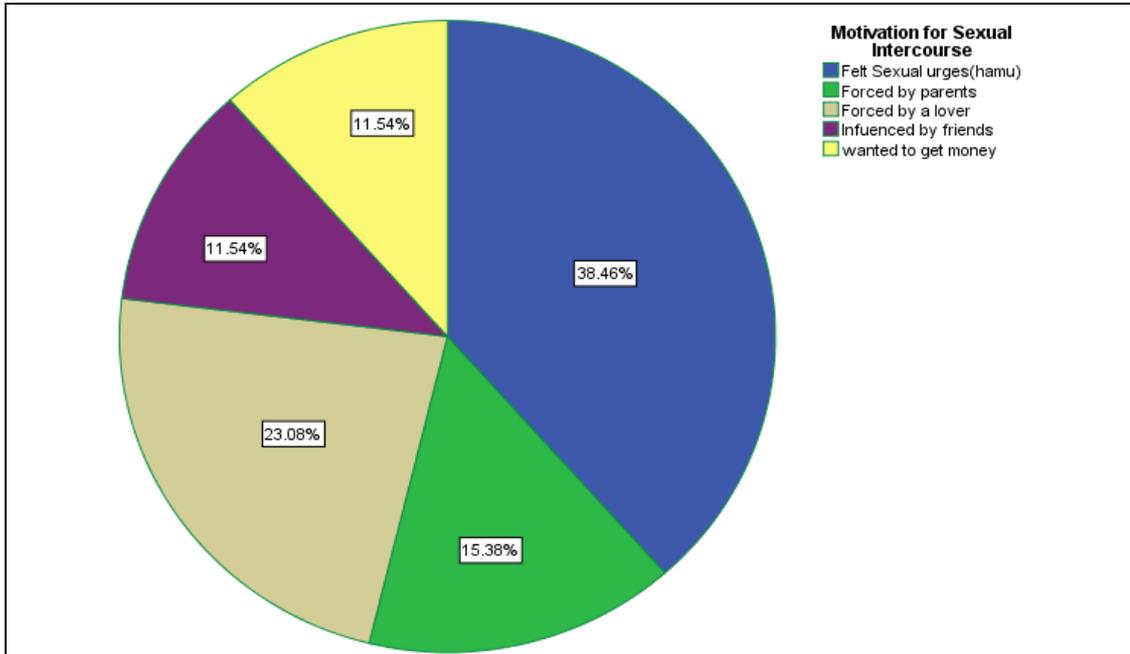


Figure 4.9: Motivation for Indulging in Unprotected Sexual Intercourse

Source: Field Data- 2019

As reflected in Figure 4.9, the principal motivation for engaging in unprotected sexual intercourse comprised sexual urges (38.5%), influences from partners (23.6%) and parents (15.4%). This was however expected given the growth stage of the respondents and the nature of child-rearing systems among the Nyakysusa community of Kyela district where a girl who reaches 15 years of age without fooling around with men (Banyambala) is despised by her parent especially mothers.

Information provided by key informants over the matter went further to indicate that in this community, girls were expected to contribute to the household earnings. One of the dependable strategies was fooling around with men. Given the fact that the

majority of these partners are older than girls, the question of unprotected sexual intercourse was hard to avoid. The nature of parental roles deployed in the locality could thus make accountable to the prevalence of teenage pregnancies. Such a conclusion correlates well with what Makundi earlier reported in an environment similar to that of the Kyela district rural community. In his study, Makundi noted that in Mtwara rural community secondary schools, sexual activity of the teenagers was common due to the prevalence of socio-cultural reasons such as poor parental monitoring, peer pressure and teenagers' sexual feelings (Makundi, 2010).

This view justified the prevailed fact that most of the teenager's partners were from the surrounding communities other than from fellow students and teachers. An interesting fact noted in this study was that teenagers engaged in unprotected sexual intercourse reported having not associated with school teachers and/or fellow student's indicating that the majority of their partners were outside the school compounds. As reported elsewhere in the Mtwara region by Hawa (2015), teen girl's desire for money when combined with poverty, culture and inadequate sexual and reproductive health knowledge are among the factors, which pushed many teens' girls to indulge in unprotected sexual intercourse.

Although the rate of use of contraceptives among active teens was low (27 percent), this should not be taken as the justifiable conclusion for the possession of poor knowledge on contraceptive usage but rather due to the unavailability of such services to teenagers. Respondents perceived factors behind the low usage of contraceptives are depicted in Figure 4.10.

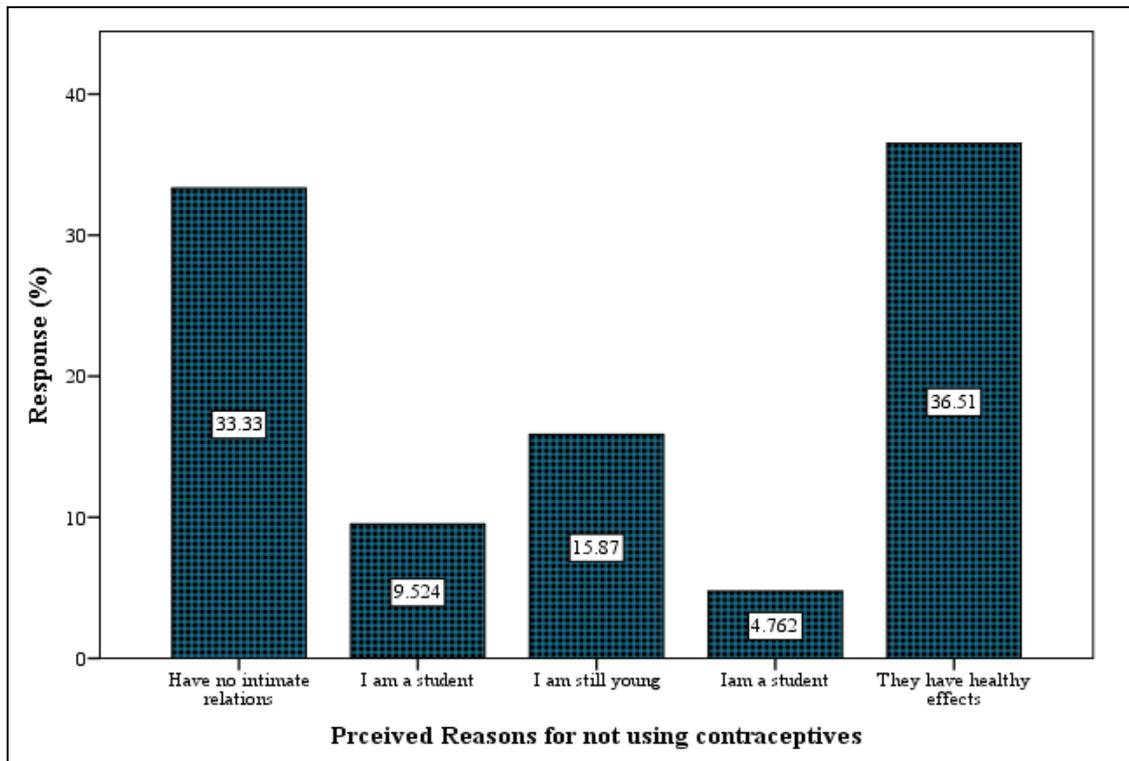


Figure 4.10: Respondents Perceived Reasons for not using Contraceptives

Source: Field Data, 2019

As reflected in Figure 4.10, the possessed knowledge could be challenged on its clarity. The prevalence of 36.51 percent of the respondents who were sexually active and who reported to have not used contraceptives in their lovemaking affairs indicates the magnitude of inaccuracies in the knowledge students possessed. It also reflects the fact that what they know is eroded as is learned more from the surrounding community. The basic reason is that POP/FLE is yet to be extended to surrounding communities. This could thus be proof that teen's knowledge over contraceptives logistics is acquired from the surrounding community other rather than from classroom learning.

Besides, teens surrounding communities do not expect them to use such gadgets on the pretence that they are in the age range, which is not appropriate for them to

indulge in active sexual intercourse. This observation was in line with what Kirby, et al. (2006) reported elsewhere in Africa. Kirby asserts that the culture and norms of the local community may prohibit open discussion about sexual matters and actively discourage contraceptive use in an attempt to promote abstinence-only. Such perceptions become hindrances for teenagers from accessing proper and correct reproductive and sexual health services. Such perceptions are held by many African governments, Tanzania being inclusive. For active teenagers who fail to observe abstinence-only behaviour once becomes victims, they find it difficult to secure help elsewhere because of the prevailing community beliefs. The only sources dependable are from their peers.

As once commented by Smith and Coleman (2012), peer pressure plays an important role in teenage pregnancies. Kirby (2011) on the other hand also argues that if teens believe their friend's support of condoms use or use condoms, chances for use are greater. If not, the vice versa is true. This fact was as well evident in the Makundi study. In his work, Makundi noted that peer pressure led to teenagers engaging in sexual debuts early as at the age of 10 years thus leading them to the risk of falling prey to teenage pregnancies (Makundi, 2010). Teenagers from Kyela community secondary schools were not exceptional to this reality and pregnancies were the obvious results when unprotected sexual intercourses were committed by partners with partial or no information about how pregnancies took place.

Analysis of the teen's respondents, who had used one or more types of modern contraceptives, indicated that condoms were the most popular contraceptives extensively utilized. This is due to its availability as this type of gadget is sold widely

in shops and sometimes distributed free of charge by health providers during campaigns. It is also found in many guest houses' rooms, night clubs, and public toilets.

Furthermore, the nature of parenting as previously noted was another factor that was connected with the prevalence of teenage pregnancies in the sampled schools of Kyela district. Analysis of the data for the respondents who became pregnant and later expelled from schooling indicated that majority (48 percent) were living with both parents followed by those who lived with their mother only (Figure 4.11).

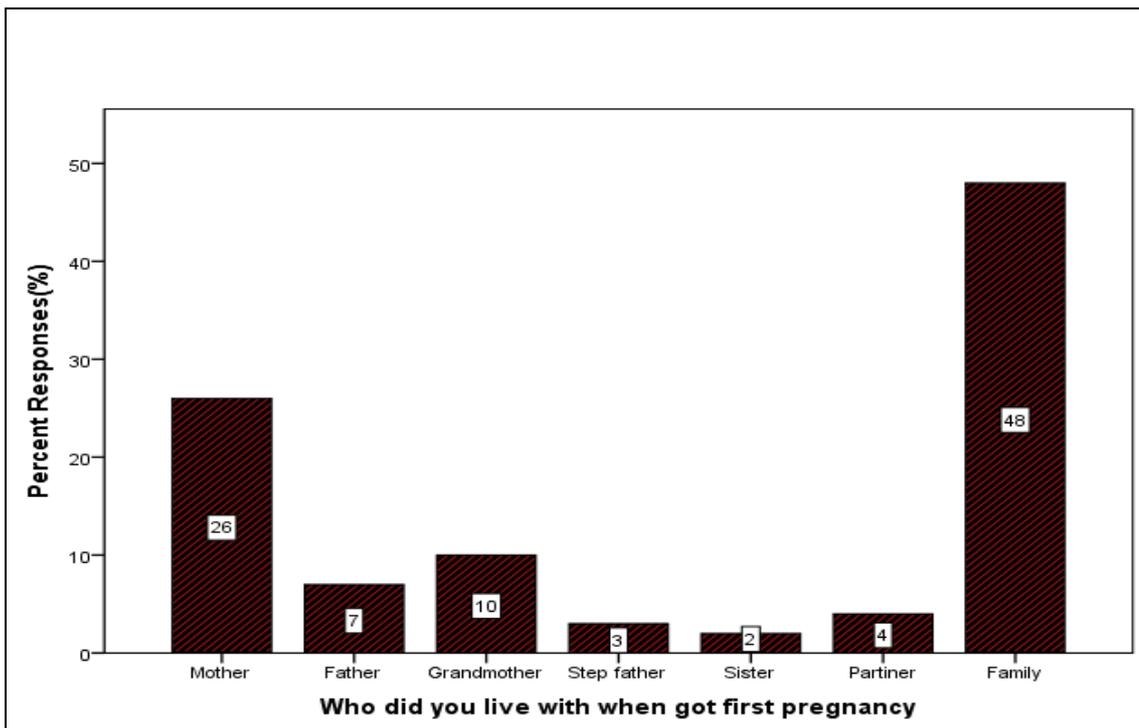


Figure 4.11: Respondents Pregnancy Victims' Family Structure

Source: Field Data- 2019

Observation depicted in Figure 4.11, might contract with the general psychological orientation where in principle it is believed that children who are raised by a single parent are the ones who are likely to seek the missing affection from the opposite sex.

The deviation from this principle indicates that factors that influence teenagers to engage in unprotected sexual intercourse are many and varied. When asked if they were aggrieved for being expelled from schooling because of the problem pregnancies, 67.6 percent reported being highly aggrieved while 33.4 percent were indifferent. Highly aggrieved respondents pointed out the hardships they were experienced as lone parents at the tender age and without basic skills which could enable them to get employment in the secular world. Also, they were aggrieved for failing to attain their educational goals. The percentage of those who reported having not been aggrieved by the event was those who accepted the situation and pursued alternative ways of furthering their education through other means after their delivery.

The question of improving one's academic qualifications was very strong but the majority (79.0 percent) seemed to have lost hope. Those with hopes reported to be struggling to further their education through other means. The majority had plans of studying hard and also of being good mothers to their kids by being open to them about issues related to sexuality and reproductive health. Such individuals took the option of furthering their education through evening secondary education system offered by the Tanzania Adult Education Institute and through other distance learning systems. This was an important observation as it indicates that getting pregnancies while schooling could not be the end of the education road for determined individuals.

Issues of lack of proper parents-teenagers communication over sexuality and sexual health when coupled with inadequate school educational packages were among the concern of the teenage pregnancy victims. Survey of the provided opinions indicated that 59.4 percent of all had not been enlightened by their parents over the relationship

between pregnancies and unprotected sexual intercourse. 39.6 percent who were enlightened by their parents indicated to have indulged in the act because of the failure to control their libidos and/or materials allurements. Further analysis of their feelings indicated that they were much aggrieved of the decisions.

Another interesting observation was noted when respondents were asked to comment on what they perceived to be the best strategies that could be used by teenagers to avoid unwanted teenage pregnancies. Their responses were as depicted in Figure 4.12.

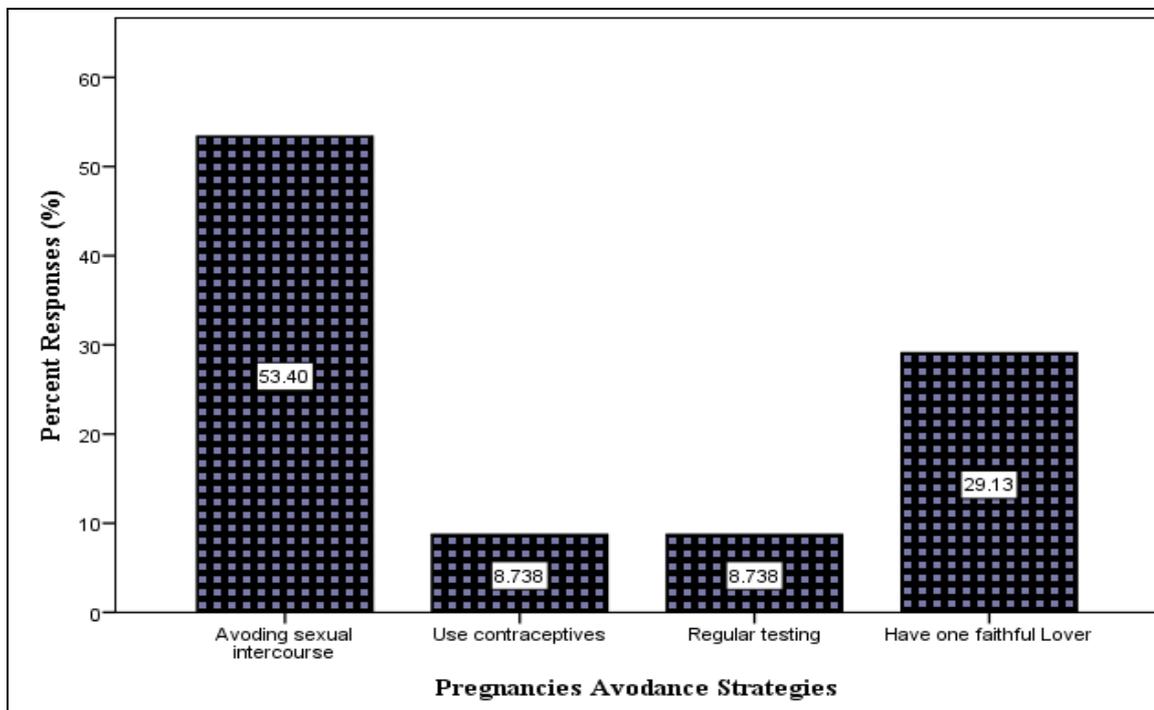


Figure 4.12: Perceived Unwanted Pregnancies Avoidance Strategies

Source: Field Data- 2018

As reflected in Figure 4.11, 53.4 percent of all respondents were of the proposal that for the teenagers to avoid unprotected pre-marital sexual intercourse one should abstain while 29.1 percent thought that one should have a single sexual partner. By looking at these responses one notes the extent to which respondents were mixing between strategies for pregnancy avoidance and safety from contracting sexually

transmitted diseases such as STDs and STHs. Such discrepancies might echo as well the failures of our curriculum to address a key problem in questions and agrees with Kirby (2011) comment that, effectiveness of sexuality education is largely determined by the context to which they are developed and implemented and by the characteristics and the quality of implementation.

As reflected in the work of Mbonile and Kayombo (2008), the POP/FLE programs provided in third world countries place much emphasis on combating HIV/AIDs rather than teenage pregnancies. For example, having one faithful lover does not protect one from getting pregnancies but rather from contracting HIV/AIDs. Also, regular testing helps an individual to understand his or her health status including the state of pregnancies but does not make him avoid pregnancies unless she stops from indulging in unprotected sexual intercourse.

The question over the use of contraceptives was a bright response but only a few respondents scored it. This might suggest the fact that curriculum implementers pay little emphasis to the need of the teenagers of grasping full knowledge of contraceptive use. The other source of confusion might be from the surrounding communities including among other religious organs who seem to have no common stand over the use of some contraceptives in protecting ones from getting unwanted pregnancies. Similarly, teenagers are among the population segment, which is less expected to indulge in sexual activities. Even many health centres do not expect to see teenager's cueing in their centres to get contraceptives as these centres are perceived to cater to the needs of adults.

4.5 POP/FLE Program Implementation Bottlenecks

Findings for research question two revealed that teenagers in community secondary schools of Kyela district were aware of the biological and physiological changes they experienced as they moved from childhood to teenage. It has also shown that they have substantial knowledge on how a teenage girl can protect herself from getting unwanted pregnancies. Knowledge source is not from classroom learning only but also from surrounding communities including but not limited to families, peers, and the media.

Although schools have played important roles in nurturing teenager's responsible reproductive and sexual behaviour, the effectiveness of their intervention is yet to be portrayed. Assessment of the respondent's opinion over this matter reveals several impediments that are discussed in this subsection. Of the most identified impediments are the inadequacies of teachers' training in POP/FLE content areas, incompetence in the methods and strategies used to address the POP/FLE content areas, poor teaching and learning materials and so on.

4.5.1 Adequacy of Teachers Training

Successful implementation of any new intervention directed to attitudinal and behaviour change of individuals depends to a large extent on the possessed level of knowledge and attitudes of the trainers. To assess the extent POP/FLE intervention program has been successful or not in influencing teenager's responsible behaviour, this study collected opinions from 14 teachers who taught carrier subjects of biology, civics, and geography in the three sampled schools of Kyela district. Analysis of their responses indicated that, although POP/FLE contents areas are incorporated in the

school curriculum, the majority of the teacher respondents were not sure of the duration to which they have been exposed to training in the POP/FLE contents. When asked whether they have received any training in the POP/FLE content areas it was noted that 66.7 percent of all teachers had undergone through the training but the training duration was of six months only.

Those who indicated to have undertaken one-year training comprised 33.3 percent. This was an astonishing finding because; given the age of the teacher's respondents who reported ranged between 24 and 35 years of age, one would expect them to have been able to acquire competency through school curriculum which they have been exposed to during their secondary schools and college education. It should be understood that POP/FLE content areas have been officially integrated into the carrier subjects in the last two decades.

The fact that these teachers have been exposed to the POP/FLE curriculum content for a longer time one would expect them to have acquired enough competences needed for mastering the ordinary level curriculum content areas. Furthermore, the majority of these teachers' respondents (45.5 percent) have been in the teaching force in the last two years while only 27.3 percent reported having taught carrier subjects for three and four years.

Another interesting finding was observed in the mode of learning of the POP/FLE contents. Analysis of the teachers' responses as reflected in Figure 4.13 supports that POP/FLE content areas as part of the curriculum to which they were exposed for a longer period and as well as through media.

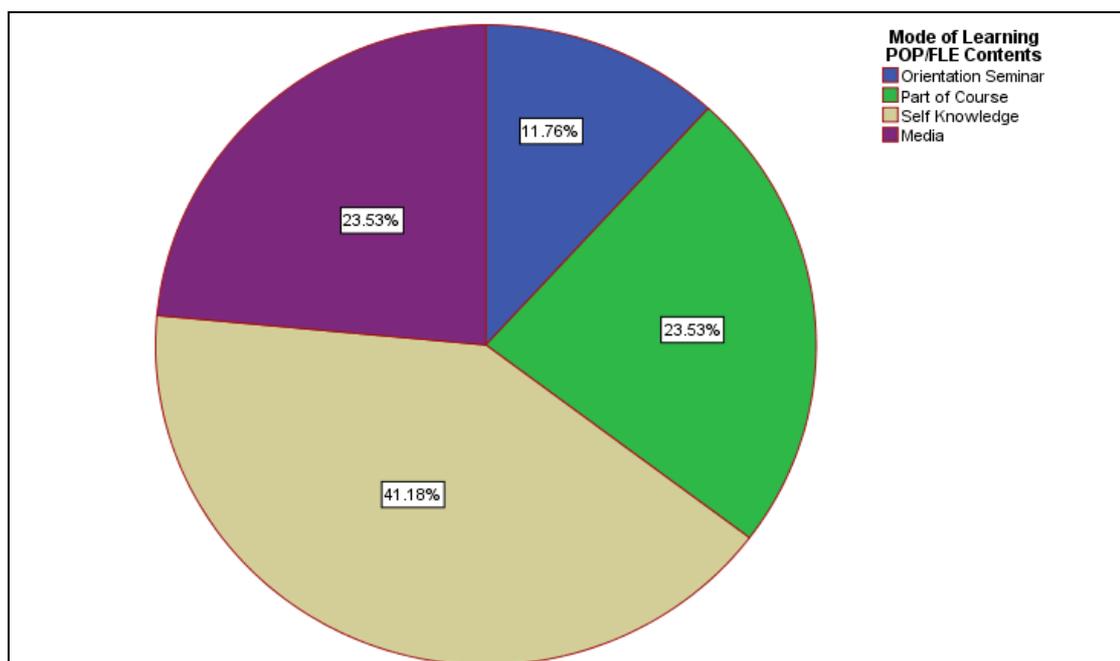


Figure 4.13: Teacher's Responses to the Mode of Learning POP/FLE Content Areas

Source: Field Data, 2019

As indicated in Figure 4.13, respondents who were aware of having received POP/FLE knowledge through their diploma and/or degree program comprised 23.5 percent only. It was astonishing to learn that only 16.7 percent comprised those who reported having received the knowledge through orientation seminars. Apart from showing confusion on the source of POP/FLE knowledge, it was obvious that even the inspectorate directorate who were given duties of carrying out periodic in-service training to teachers in primary, secondary and teachers' colleges instructors were not doing their job in the right manner. This indicates that the source of the problem was not only confined to the curriculum implementers only (teachers) but had a deep root in the district system of education mode of delivery.

On the other hand, respondent teachers were asked to articulate where important aspects they had learned during the training orientation. Again, the researcher noted a

confusion of the learned contents. While POP/FLE contents cover wider topics such as reproductive and sexual health, STDs and STI, HIV/AIDS, environment, gender issues, and teenage pregnancies, respondent teachers indicated to have varied knowledge on the kinds of training they had received. The majority (40 percent) reported having learned about family planning. Those who reported over the subject of methods of preventing pregnancies comprised 20 percent, HIV/AIDS (20 percent) and sexuality education (20 percent).

Vagueness in the type of the content areas on which teachers were trained indicates the extent to which even the curriculum implementers were not sure of what they knew about POP/FLE contents. The consequences of this vagueness could thus be reflected in their deliveries and was evident on the student's part. As previously observed students' sources of reproductive and sexual health were more received outside the classroom teaching and learning especially from books and media.

On the other hand, respondent's teachers were asked to comment on whether they have been able to attend an in-service training workshop on matters related to POP/FLE. Their responses indicated that only 25 percent reported having benefitted from these training while 75 percent reported having never been exposed to such an in-service training program since they were employed. Among those who reported having attended a training of this nature, they did so once or twice. It was also noted that even the topics of the seminar on which they were oriented varied significantly.

Learning from what they reported, it was obvious that popular topics to which they were exposed to were; the concept of Population and Family Life Education (52.9

percent), followed by methods of Teaching POP/FLE (35.3 percent) and POP/FLE Material development skills. Further interviews with respondents' teachers indicated that there were variations in the POP/FLE modules they were exposed to. This was because, in the training for which teachers were exposed, only a single segment of the program content area was addressed.

Although 66.7 percent reported to have benefited much from the program, the knowledge acquired remained partial. Furthermore, the existence of 75 percent of the respondent's teachers who have never attended an induction course on the POP/FLE program indicated the extent to which these curriculum implementers were teaching from what they knew other than from what was expected of them.

Lack of uniformity in the knowledge and skills of teaching the intended course POP/FLE contents resulted in conveying to students unconsolidated messages in which POP/FLE action was indicated in the variation in the level of learners' understanding of the POP/FLE content areas.

4.5.2 Methods of Teaching POP/FLE Content Areas

Another important area that indicated challenges that have led to the teenager's POP/FLE poor knowledge was found like teaching and learning methods and the availability of teaching and learning materials. Figure 4.14 illustrates expected teaching and learning strategies that curriculum implementers are required to adopt when teaching POP/FLE content areas.

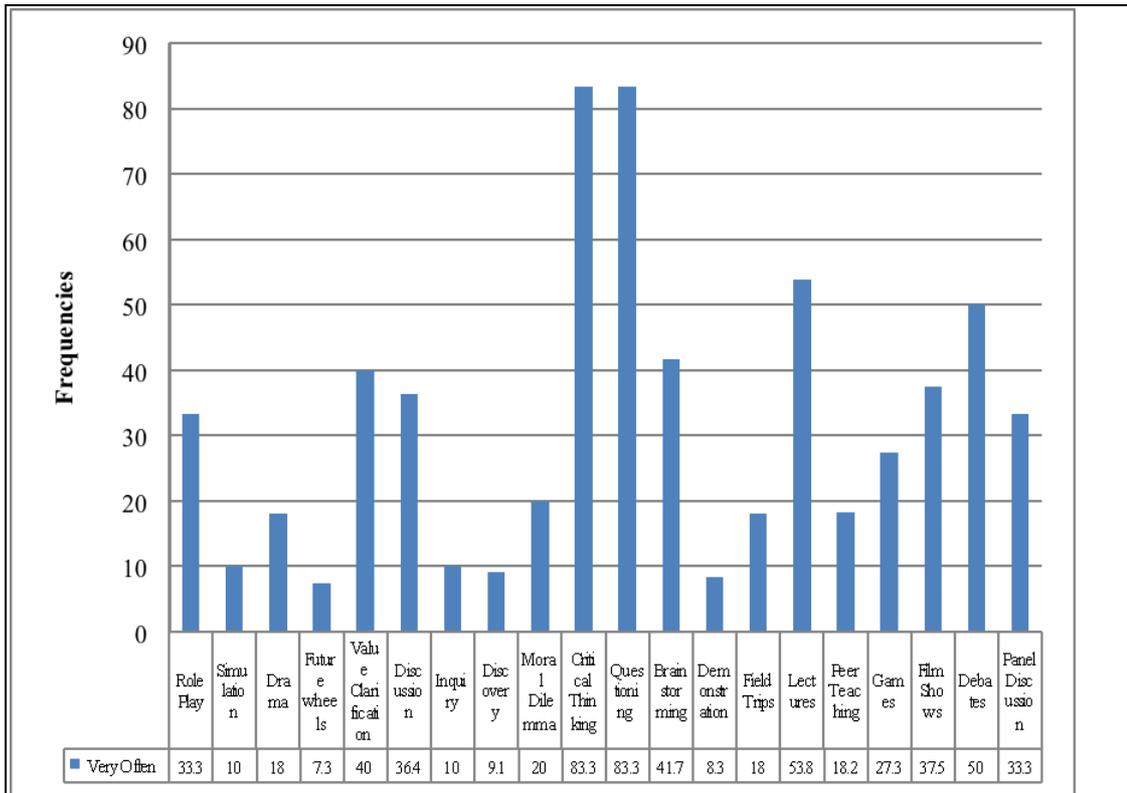


Figure 4.14: Perceived T/L Methods for POP/FLE in Kyela Sampled Community Schools

Analysis of the teacher respondents over the recommended teaching and learning strategies depicts critical thinking, questions, and answers, lectures, and debates as the most common methods used to teach POP/FLE content areas. However, follow up questions asked to the respondents and experience from the researcher indicated that the dominant methods used were mainly questions and answers and lectures.

Although respondents indicated to employ critical thinking methods as the commonly used method in teaching POP/FLE content areas, when they were further required to explain how they utilized in curriculum delivery, they couldn't be able to defend it or even provide clear clarifications of how it was used. Given the nature of the society in which this study was conducted, it was obvious that reliance on the lecture and

debates as methods of teaching POP/FLE content areas could only be useful in some topics but limited in others particularly in topics related to reproduction.

Experience shows that most Tanzanians and especially southern highlander's communities are not confident in pronouncing publicly reproductive organs. One of the areas which hamper effective communication between teachers and students in issues of reproductive health are those which touch issues of sex and sexual intercourse. These finding correlates well with what Mkumbo (2012) earlier reported about teachers' attitudes towards and comfort about teaching school-based sexuality education in urban and rural Tanzania. In this study, Mkumbo noted that, although the teacher's majority endorsed the importance of teaching sexuality education in schools and the inclusion of wide range sexuality education topics in the curriculum, nevertheless, they were not comfortable in teaching most of the sexuality education topics. Studying similar problems in South Africa, Ntlhare (2015), also notes that educators are still experiencing difficulties to provide learners with necessary information as they avoid addressing topics related to sexuality education because of a lack of proper training. As such, they are not well equipped to deal with sensitive issues. Also, they lack knowledge on how to present the topic to the learners.

For Kyela district community schools, the problem was more complicated when it comes to teaching such sensitive topics like reproductive organs using methods such as lectures which give more room for the teacher to dominate the class. It is thus obvious that the reliance on such a strategy as noted in Figure 4.14 left behind important reproductive health aspects which could have been tackled by other teaching and learning strategies. It is on this point that Mkumbo (2012) calls for the

need of school teachers to be empowered with knowledge, skills, and confidence which will enable them to teach various sexuality education topics.

Another important observation was noted in the mode of curricular arrangements of the POP/FLE content areas in the school curriculum. As per the teacher's respondent's opinion, it was integration where POP/FLE contents areas topics are integrated into carrier subjects. When asked to comment on the adequacy of time used to deliver the related content in the classroom situation, the teacher's respondents were not sure of the amount of time allocated as majority confused with the number of periods one is required to teach per week. The probable time allocated as per their suggestions was five hours per week. Basing on this dilemma it was not possible to get exact allocated time for delivering the concerned contents. In whatever the case, 53.8 percent of all teachers' respondents believed that the allocated time was not enough. However, how enough and not enough was it, remained to be a subject of further research. Since teachers teach the authorized syllabus it was obvious that the allocated time was uniform throughout the country.

The question of time adequacy as far as this study was concerned was not important. What was of much value was the clarity of the knowledge delivered to the teenagers and how relevant was the knowledge to them. Lack of clarity of what POP/FLE contents were all about as can be inferred from the teacher's responses indicates that even the message, they delivered to the teenagers in regards to issues of sexual and reproductive health seemed to be unclear. For that much, lack of clarity could contribute to student's confusion.

Although student respondents had indicated to have awareness of what POP/FLE was all about, one still notes problems on content applicability. Such discrepancies were even more noticeable in the student's responses in terms of their knowledge possessed over different sexual and reproductive issues. Good examples were observed in the way student's respondents perceived physical changes a girl exhibit during the pubescence period. Only 37.6 percent were able to indicate that pubescence was associated with periodic menstruation.

Also, it was 17.0 percent of all students' respondents who were able to portray correctly relate between unprotected sexual intercourse and pregnancy occurrences. The majority (62.3 percent) seemed to correlate unprotected sexual intercourse more with the contraction of sexually transmitted diseases. On the side of pregnancies avoidances, only 53.4 percent were able to articulate the need for a teenager to avoid unprotected sex. The rest came with various responses such as use contraceptives (8.7 percent), regular testing (8.7 percent) and have one faithful lover (29.1 percent) which would be helpful if one was to avoid contracting sexually transmitted diseases and not particularly teenage pregnancies.

What is reflected here is the emphasis placed by the Tanzanian government of teaching youth on the HIV/AIDs and life skills as reflected in the 1996 education curriculum which was revised in 2006. This curriculum teaches proper use of condoms as an effective way of avoiding being infected with HIV/AIDs but on the other hand, the same prohibits the distribution of condoms to students (URT, 2002:12). Consequently, what teachers teach and what students learned are theoretical. What students learn from this curriculum is the skill on how one can

avoid contacting HIVAIDs and not on how to avoid unwanted pregnancies. Such an observed deficit is in line with what Mkumbo and Tungaraza (2007) earlier observed. In their study, they found that the education system of Tanzania lacks comprehensive sex education because of the fear of the parents.

Conflicting views possessed by teenager's respondents helped to explain the confusion in the mode of POP/FLE content delivery as reflected in sampled teacher's responses. It could as well be part of the African POP/FLE philosophy which stresses more on teaching sexuality education by trying to convince young people to delay the initiation of sex until marriage (Boonstra, 2001). The abstinence-only until marriage focuses primarily on the assumed benefits of teenagers abstaining from sex, which distorts their effectiveness of contraceptives and safe sex behaviour.

4.5.4 Quality and Adequacy of POP/FLE Teaching and Learning (T/L) Materials

The quality of POP/FLE T/L materials was another area on which this study focussed. The aim was to locate the nature of the problem experienced by both instructors and learners. Analysis of the teacher's respondents interviewed indicated the prevalence of different challenges they experienced regarding the subject matter at hand. When asked to comment on the availability of quality T/L materials worth for use in delivering POP/FLE contents, 84.6 percent of the respondents commented on the absence of such materials. It should be understood that T/L materials for use in the teaching of population education are varied in nature. Such materials include current books, contraceptive tool kits and other digital materials such as digital games quizzes and video films. In the sampled schools of Kyela district, these materials were generally absent. The only available resource was textbooks whose copies were few.

The researcher noted that for each career subject there were less than ten books for the whole class which was not at the student's disposal as they were kept by the subject teacher. Given the number of students per class, it was obvious that the students-text books ratio was very high. Together with the inadequacy, books' contents differed significantly from one school to another due to the lack of standardization. Although the current government regime has committed itself to standardize textbooks, desired textbooks are yet secured. In 2015 when this government came in power, there was a big push toward massive production of standard textbooks for secondary schools but later it was discovered that the kind of books produced were erroneous to the extent that the current Minister for Education Science and Technology announced to remove them in the circulation pending to the rectification of the errors observed. Before 2015, each school used its textbook for teaching. Lack of standardized textbooks resulted in confusions particularly on the side of the students. The problem continues as the concerned ministry is yet to supply desired textbooks and the problem was still persistent.

It should also be understood that textbooks alone are not sufficient enough to provide quality and desired knowledge. Both students and teachers are supposed to supplement textbooks knowledge with other supplementary knowledge from other readings. Usually, additional readings are sourced from school libraries. Although this is an important requirement for all education institution, in the sampled schools of Kyela district had no libraries. They had only empty rooms with empty shelves. Instead of being used as libraries, such rooms were used for discussion by students. Few books they contained were as well of poor quality. Such a situation forced students to rely entirely on teacher's notes which were poorly composed.

The current competent-based teaching and learning approach which is emphasized by the government works well where students can get supplementary readings from modern libraries and/or internet materials. It was sad to note that in all visited schools, these facilities were absent. Where computer labs were available, such facilities contained outdated desktops which were neither operative nor connected to the internet. In this respect, students' source of knowledge seemed to be from subject teachers who themselves were limited in many areas as already raised above.

Ideally, teaching POP/FLE contents areas require a teacher to combine traditional teaching with audio-visual facilities. Of the most important facility is film shows. This is because some of the sensitive topics such as those related to sexually transmitted diseases and human anatomy are well taught when moving pictures are used to portray the reality on the ground. Popular video shows such as NERIA, which teaches about gender issues, and ways to overcome them and the Silent Killer diseases, which is a recorded film, which shows how STDs and STIs are fatal to the livelihoods of human beings, were in the past used to bring the teenagers to sense. They also taught them the prevention strategies. Given the localities in which these schools were built, such facilities were absent and as such, both students and teachers have no other alternative other than depending on the printed materials, which were unfortunately in short supply.

Another teaching strategy that is fruitful when one is teaching some topics in the POP/FLE content areas in subjects such as biology is a demonstration. This T/L strategy is suitable especially when a teacher is teaching a topic related to family planning and reproductive health. One important tool that the researcher was expected

to see in these schools was contraceptive toolkit. The toolkit usually contains different types of contraceptives used for planning a family and as well as preventive tools. Unfortunately, in all visited schools these toolkits did not exist. So, whatever students were taught was simply taught in theory. To demonstrate the extent students were ignorant of these devices, students' respondents were asked to identify lists of contraceptives they knew which could be effective to enable one to avoid unwanted pregnancies. Their responses were as indicated in Figure 4.15.

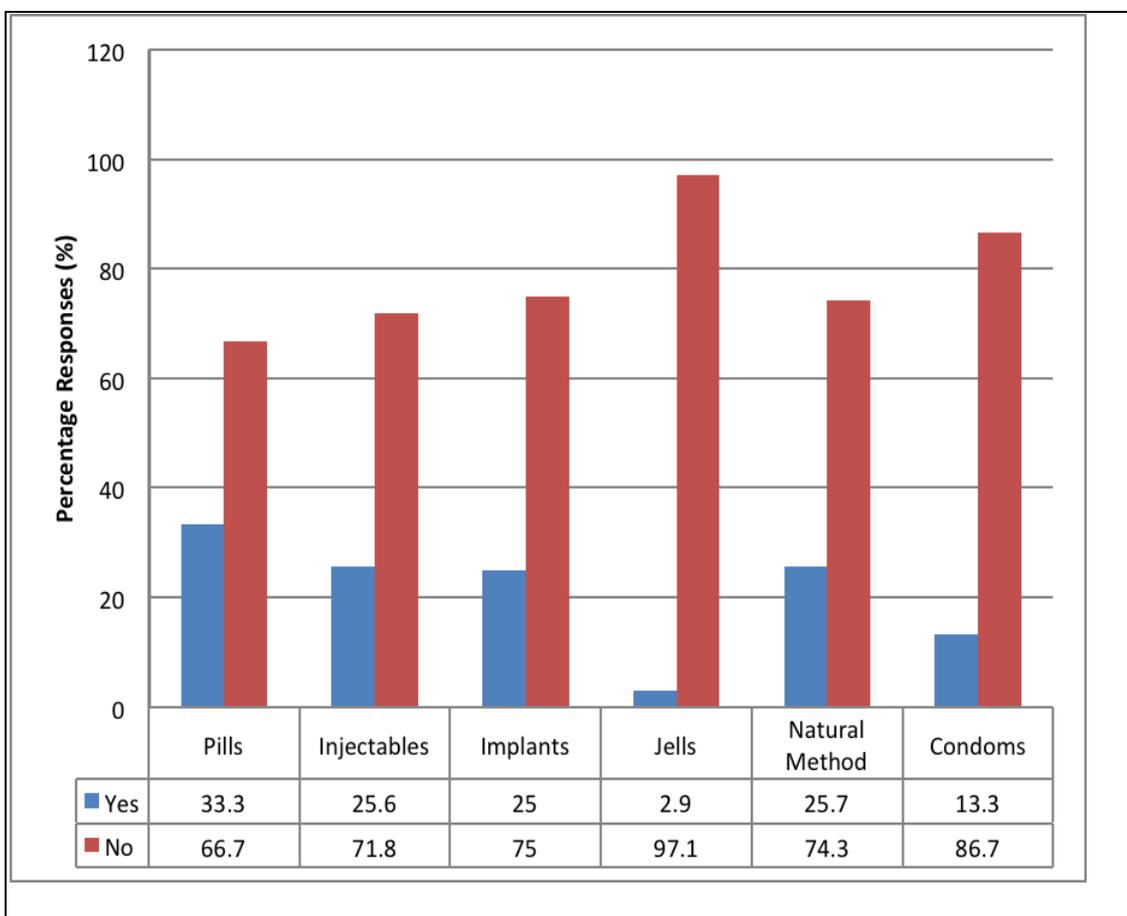


Figure 4.15: Respondents Level of Contraceptive Usage

Source: Field Data-2019

As reflected in Figure 4.15, such contraceptives could have been learned theoretically in the class but the level of usage was extremely low. Although the majority of the

respondents reported that they were still young to use them, the obvious answer was because they had vague knowledge of them. Also, where such services were available (in health centres), teenagers were practically not expected by society to be a regular user. The only learning option available to them remained to be in the classrooms. The absence of such devices left students with vague knowledge received through lectures provided by their teachers. Lack of modern facilities for teaching POP/FLE content areas could be defined by this study as a pertinent challenge that has hampered the successful implementation of the program in rural community schools of Kyela district.

4.6 Mitigative Measures for Successful POP/FLE Program Implementations

Implementation of the POP/FLE program has not been without impediments. Although the program has been on offer for the past two decades, it has not been able to slow down the problem of teenage pregnancies.

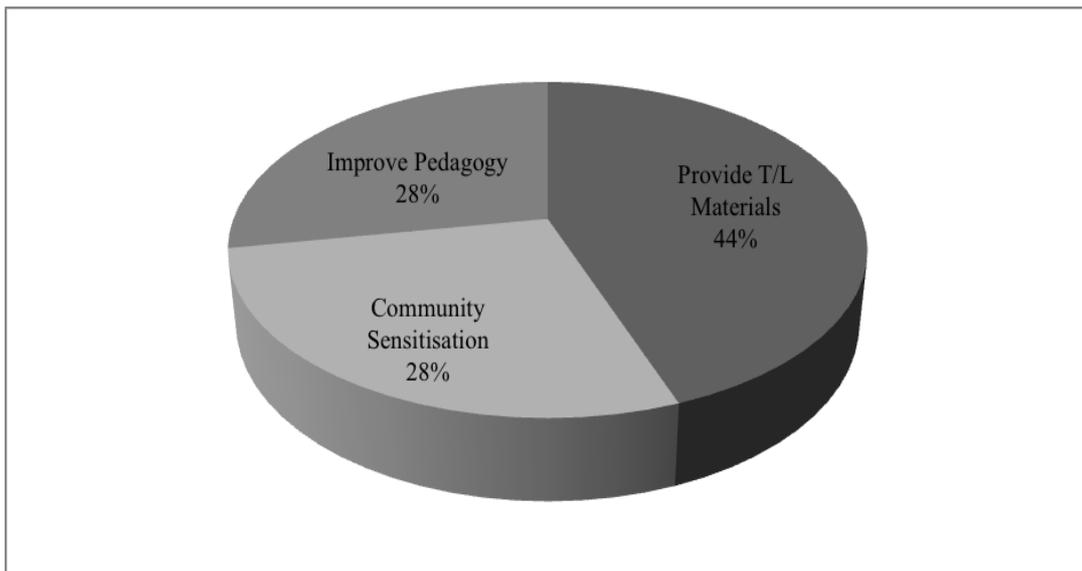


Figure 4.16: Some Suggested Mitigative Measures for Smooth POP/FLE Implementations

Source: Field Data-2019

Although the achievements are on the lower side in comparison with the failures, respondents remained to have confidence in it. They believed that its successes laid in the ratifications of the perceived impediments. To them, these impediments would be slowed down if not eliminated if the following issues presented in Figure 4.16 were correctly rectified.

4.6.1 Improved Pedagogy for POP/FLE Content Areas

The success of any program depends on the methodology used to deliver its contents. For one master the methodology she/he must be well trained properly. Such training encompasses both in-service and pre-services. Pre-service training is the training delivered to individuals who has never in teaching force while in-service training is delivered to teachers who are already in the teaching force. In-service training package is important to teachers because it helps to improve their competences. Realizing the importance of in-service training programs, the government of Tanzania through its standing orders (see URT, 2009:58) allows such training to commence during office hours.

Experience shows that each public organization is allowed to spend up to three hours during the week for the conduction of such a task. In-service training conducted in school during the working days was reported by respondent teachers and other key informants to be absent. It was thus not part of the school traditions. In was on this ground that respondents thought that if such kind of training will be given its due weight its outcome will help to build teachers' competencies in pedagogical issues. For that much, it is suggested by this study that for proper implementation of the POP/FLE curriculum, there is a need for the school managers and the inspectorate

directorate to ensure that in-service training over teaching and learning methodologies are properly and constantly delivered to POP/FLE Curriculum implementers who are school teachers. This perceived conclusion is in line with previous conclusions reached by Lyimo et al and Mkumbo. Lyimo, *et al* (2017) suggests that the government should ensure that teachers who teach POP/FLE content areas are trained properly on the subject matter.

Mkumbo (2012) also suggests the same thing. In his conclusion, the author stresses the importance of facilitating teachers who teach POP/FLE content areas with knowledge, skills, and confidence. Confidence, as raised by the author, can only be attained through the mastery of the subject contents and its delivering methodologies, which can only be assured through improved pedagogy acquired through well-planned pre-service and in-service training programs.

4.6.2 Provision of Teaching and Learning Materials

Competence in knowledge and skills yields desired results if its presentation is facilitated through the use of well-prepared relevant teaching and learning materials. Teaching and learning materials refer to the different education materials utilized by instructors in the classroom to support specific learning objectives that are set out in the lesson plan. Analysis of the responses provided by both teachers and students in all sampled schools has indicated that lack of relevant T/L materials contributed in part in impeding successful curricular delivery of the POP/FLE content areas. Being concerned with sensitive topics that relate to human reproduction, teaching some of the content areas requires the use of the combination of different teaching and learning materials. As has been observed, almost all community schools visited experienced a

short supply of these resources. Since nowadays the government has decided to offer free education for all primary and secondary schools and since each school receives capitation from the government for meeting different school requirements, 50 percent of all the respondents thought that the government should provide an adequate budget which would cover these items. T/L resources of great concern for these schools were textbooks and audio-visual materials such as films, projectors, and relevant still pictures.

Such importance was also commented by interviewed key informants who were of the view that school heads should work closely with health facilities located in school vicinity to ensure that they secure adequate contraceptive toolkits which teachers could use for demonstration purposes during their teaching process. Also, establishing linkages with health facilities can provide opportunities for health officers to have frequent visits to the school and also offer free lectures on some of the sensitive topics in which they are experts. One of these topics may cover adolescent physical changes and their relationships with teenage pregnancies, Sexually transmitted diseases and reproductive health.

In Tanzania, the school curriculum provides for the use of guest speakers in the teaching of some of the sensitive and difficult topics. Also, there is a provision in the syllabus where subject teachers should invite experts to teach special topics like those mentioned above. While this provision is available, the majority of the instructors did not use them probably because of the financial implications involved. Lack of this linkage forced instructors interviewed to rely on limited knowledge to teach sensitive topics of which they had limited knowledge. This was thus highlighted to factors

behind student's fuzzy and/or vague information of the POP/FLE content areas as already observed.

In 2015 when the current government regime entered into power, one of the areas, which the regime promised to work on, was on standardizing textbooks used in schools to deliver the curriculum content. This was the first move toward improvements in the teaching and learning process since when the 1976 school syllabus was replaced as a result of subsequent reforms in the education training policies. These reforms eroded the previous textbooks, which were in use in the past and provided freedoms for school teachers to use available books for teaching. It also eroded the element of standardization, which is currently brought forward by the adoption of a single textbook for all schools. The current approach is an important step ahead as it will result in the standardized delivery of the POP/FLE content.

Quality T/L textbooks when coupled with quality T/L Medias will bring about improvements in curriculum delivery that will increase teenagers' awareness of the different strategies useful for avoiding unwanted pregnancies at in early age. It should be understood that one of the objectives of this intervention has always been to enable teenagers to develop self-awareness and also be able to use the acquired knowledge to solve daily problems and challenges (URT, 2002).

4.6.3 Community Sensitization

One of the areas which have been earmarked by the respondents as contributing to the proliferation of teenage pregnancies is the sensitization of the school surrounding communities. This is because community schools are not islands. They are situated

right in the community. Respondents used this catchphrase to illustrate how different school programs were hampered in part by what was taking place in the surrounding communities. For that much, they opined that the surrounding communities should be involved in the implementation of the POP/FLE content areas. To them, this was important because even a greater part of what students knew about reproductive and sexual health had in part learned from the community. Also, different challenges teenagers experienced were in actual sense posed by peers from the surrounding communities. For that much the concern for the community was high.

Analysis of the opinion provided by students indicated that teenagers who got impregnated were not impregnated by the school teachers and/or fellow students but rather from people who were not part of the school community. As indicated in the student's responses, these individuals utilized their wealth influence to allure teenagers. The question of poverty was also raised as an important factor that facilitates teenage pregnancies but this could be because school surrounding communities were less sensitive enough to the rights and needs of teenager's education. The government has in place strict punishment, which requires anyone prosecuted to have impregnated a teenager a thirty-stretch prison sentence (HakiElimu, 2011). Unfortunately, this punishment has little impact on this behaviour.

In recent times they have been open movements that opposed the action of the government of expelling teenager girls who got impregnated during schooling time. The movement though still going on was silenced by the current regime, which declared openly that would not allow teenagers who have given birth to return to school. While this decision negatively impacts teenage girls than boys, the

surrounding communities are yet to step up deliberate mechanisms that would help teenage girls to get their rights. In most cases, parents and other community members have been working closely with the wrongdoers to jeopardize the needs of the teenage pregnant girls through sorting out the problem outside the court, which is unprocedural.

To reduce these problem respondents thought that the government and other policymakers should not leave the task of helping teenagers to acquire self-awareness skills in the hands of schools. There is a need for setting a sensitization program that would involve parents and the community at large. As can be inferred from their responses, both society and teenagers still lack adequate knowledge of tackling the problem at hand. This means that POP/FLE should be extended as well to the community.

Another area in which community knowledge contradicts with what students learn at schools is on the question of faith. Up to this moment, many religious groups oppose modern family planning strategies. Claiming that man has been ordered to bear children to the level of filling the world, these sects do not endorse on the question of using some forms of contraceptives. For example, the Roman Catholic opposes categorically the use of abortion as family planning methods (see Noonan, 1967 and Centre for Reproductive Rights, 2005). The major arguments presented are that abortion involves taking away life given by God.

In the community, there are many taboos concerning family planning. There are rumours that many of the contraceptives used to plan family are lethal to the health of

women users. They associate the increasing rate of breast cancer with the increased rate of use of contraceptives. The trends show that many couples avoid using them.

While this perception remains like that, it is even worth it when it comes to the student's side. Teenagers are discouraged from visiting health centres for counselling and/or treatment in case one wishes to use some form or other of contraceptives. Teenagers are expected to observe strict abstinence. Although that was what the majority of the teenage respondents believed, it was obvious that not all teenagers were practicing abstinence. When asked whether they have ever engaged in unprotected sex at least 9.3 percent of all the respondents had already experienced sexual intercourse with a partner. Further inquiries indicated that out of those who were active, only 27 percent had used one form or another of contraceptive. While pleasures might be the leading factors for teenagers to engage in unprotected sex, on the other hand, community perception which excludes them from getting full services from medical service providers could be the other contributing factors for the prevalence of teenage pregnancies. Diverging surrounding communities from this kind of perception might be an uphill task. However, if we need to increase the level of awareness of the teenagers on issues related to POP/FLE, there is no shortcut to that. Tanzania must be ready to learn from what has other countries did especially the western countries such as the USA, Australia, UK and even some emerging developing nations such as India, Philippines, and Hawaii have already done.

There is also a suggestion that the kind of POP/FLE content currently offered is partial. This means that what is offered focuses on a few variables such as HIV/AIDS and its consequences to the community. Inadequacy in the offered POP/FLE contents

was perceived by 38.1 percent of the respondents. Such respondents were of the view that Tanzania should provide comprehensive sexual and reproductive health education not only to teenagers but also to the whole society. This program should cover all stages of human life that is from infant to old age. Models of this kind of education are available in many developed countries and especially in the USA and UK. These models can be adopted and modified to fit in the need of Tanzanian culture. By doing so, the objective of sensitizing the entire society on matters related to sexual and reproductive health issues will be achieved.

Findings on the question of sensitizing school surrounding communities is a grand point and has as well been endorsed by many studies conducted in other parts of Africa and the world at large. Studying the problem of teenage pregnancies, Makundi (2010) has asserted that high teen's pregnancies are not only the functions of economic and low knowledge about sexuality but also due to other social factors that affect day to day life of the teenagers. As a way forward, the author suggests that parents and guardians should be encouraged to educate discuss issues related to sexuality with their children. To do that, they should be educated about the pros and cons of doing and not doing so. Arguing on the same line Ntlhare (2015), argue that concerned ministry should ensure that intervention strategies are put in place which encourages parents and educators to perform their duties of teaching sexuality education. The question of partnership creation between public health facilities and schools for effective utilization of youth reproductive health services is suggested by Kato (2015) as an important intervention that can slow down teenage pregnancies. Sensitization of parents and their roles, monitoring of poor academic performers at

school and legal prosecution of individuals found harassing school girls are among the viable strategies which can be adopted to slow down teenage pregnancies in community secondary schools. All these findings stress the importance of sensitizing surrounding communities and parents, in particular, to engage positively in educating teenagers in issues related to sexual and reproductive health.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this chapter is to provide conclusions and recommendations based on the major findings of the study. The general objective of study was to provide an assessment of the impact of POP/FLE program on the teenage pregnancies in Kyela district Tanzania which was achieved through addressing four specific objectives namely; examination of the state of teenage pregnancies among the Kyela district Community Secondary school teenagers; finding out the extent to which POP/FLE has achieved its objectives in Kyela district community secondary schools; exploring the underlying factors which have hindered POP/FLE programs from reducing teenage pregnancies in Kyela district rural community secondary schools and suggests mitigative measures required to rectify the problem at hand. Together with providing a conclusion, the chapter also provides a brief account of the recommendations for both policymakers and areas, which require further research.

5.2 Summary and Conclusion

The conclusion for this study is provided basing on the specified objectives, which have guided this study as given here below.

5.2.1 Status of Teenage Pregnancies in Kyela District

Findings of the study have shown that the prevalence of teenage pregnancies is still high in Kyela community secondary schools. It has also been revealed that, although the magnitude of teenage pregnant problem is high, the prevalence rate differs from

one school to another. In this respect, Ngonga secondary school is reported as the most affected school by the problem of teenage pregnancies. However, coming to the question of quality reporting, this position is attained as the school head depicted the true image of the problem while the other heads underreported for the fear of being held accountable. The problem of under-reporting for fear of losing confidence in the face of the community, made school heads conceal information. The variation was also notable across years where between 200 and 2018 the worst year was 2014 in which 67 teen girls were expelled from schooling because of pregnancy cases.

Similarly, the study has also found that affected students do not comprise students with lower academic performance as is believed due to the existence of bright students who were as well expelled from schooling as a result of pregnancy cases. The study has also found that the relationships between teens' pregnancies and teachers/ male student engagement is very low which signifies that most of the affected students were impregnated with partners who are outside of the school compounds. Of the most important factors that were reported to motivate teenagers to engage in premarital sexual intercourse included among others poverty, allurements for luxuries and cheap means of transport. Basing on these findings the study concludes that teenage pregnancies are still a big challenge in Kyela district community secondary schools.

5.2.2 Achievements of the POP/FLE Program in Kyela District Community Schools

In connection with this objective, the study findings revealed that together with different challenges, the twenty years of implementation of the POP/FLE program has scored some positive achievements. These achievements are reflected in the school

teenager's awareness of their biological changes they experience as they move from childhood to teenage. They also have substantial knowledge of how teenagers can protect themselves from getting unwanted pregnancies. Such knowledge is revealed in their ability to correctly point out technicalities related to pubescence and how pregnancies occur. The source of knowledge is however not limited to classroom teaching as only 28 percent is acquired from classroom teaching while 72 percent of the remaining is acquired outside the classroom situation.

The fact that a greater proportion of the knowledge source is acquired elsewhere poses a challenge on the quality and clarity of the received RH and SH knowledge. As far as this objective was concerned it can be concluded that the knowledge acquired through POP/FLE classroom teaching and learning together with other sources has positively facilitated the changing nature of teenager's knowledge base, attitudes, and practices toward their sexuality and sexual health behaviour.

5.2.3 Factors Hindering the Effectiveness of POP/FLE Program

Implementation in Kyela District Community Secondary Schools

As far as this objective was concerned, the study findings have revealed that although POP/FLE programs have been implemented in community secondary schools of Kyela district for the past twenty years, its impact on slowing down teenage pregnancies is low. The low achievements of the POP/FLE objectives are facilitated by many impediments. These impediments include among others inadequacies in the preparations of teachers and in-service training which results in the poor mastery of both POP/FLE methodology and contents. Shortfalls in the program contents and

methodology training are revealed in teachers' incompetence in the delivery of the content's areas.

Teacher's incompetence in both contents and pedagogical skills when compounded with an inadequate supply of quality teaching and learning materials and the poor community surrounding communities' awareness and taboos are reflected in the students' confusion in the correctness of the desired learning outcomes. Such confusions have been noted in the student's inability to portray accurately the probable time for pregnancies to occur. Another source of confusion which is the function of the program delivery model has been noted in the mechanisms which can be used by partners to avoid unwanted pregnancies where student respondents pay much weight on relying on having a single faithful partner. It should be understood that having one faithful partner enables one to protect him and/or herself from contracting HIV/AIDs and not pregnancies. In line with this objective, it can be concluded that the implementation of the POP/FLE program has not been able to achieve its desired outcome of slowing down the problem of teenage pregnancies in rural community secondary schools of Kyela district because of the impediments raised above.

5.2.4 Measures for Successful Implementation of POP/FLE Program in Kyela District Community Schools

This objective intended to correct respondents' opinions on what should be done to increase teenagers' knowledge, skills and positive attitudes which can enable them to avoid unwanted teenage pregnancies and as well as cope successfully with the challenges presented by the globalized world. Findings have revealed that the

successful implementation of a sexual and reproductive health program for teenagers ought to ensure that teachers who teach POP/FLE carrier subjects are properly trained. Proper teacher's preparations and frequent provision of in-service training will improve their competencies in both contents and methodologies. Competent improvements should go hand in hand with the provision of quality teaching and learning materials. In this respect, school managers and the government at large are reminded to guarantee their supply.

Similarly, respondents thought that, since schools are not islands, there is a need for the government and other service providers such as non-governmental organizations and community-based organizations to set out the sensitization program, which involves both parents and the community at large. This means that the community itself should be made aware of the importance of POP/FLE through campaigns and different seminars. Correct community knowledge will have positive outcomes on the knowledge of the students as a greater part of what they learn is acquired from school surrounding communities. Furthermore, since what is offered in a school is partial meaning that the government emphasis is on the abstinence-only program, this program has in most cases confusing much respect. There is a need for launching a comprehensive SH and RH education package not only for teenagers but to the whole society.

To recap, the study has found that although the POP/FLE intervention program has been in force for the past twenty years, its achievements in improving teenage knowledge, skills and practices are still minimal. This minimality is reflected in the steady increase of teenage pregnancies in all sampled community secondary schools.

The reasons behind the failure are the function of incompetent teachers who teaches POP/FLE content areas with poor and inadequate supply of quality teaching and learning materials in the environment occupied by POP/FLE insensitive communities.

To rectify such shortfalls, the study suggests the need of improving teachers' competence through proper training (both in-service and pre-service) and as well as in supporting them with quality and quantity teaching and learning materials. The government should also switch from emphasizing the abstinence-only type of curriculum to a comprehensive sexuality education program that is delivered in the classroom and the surrounding community.

5.3 Recommendations

In light of the above findings, the following recommendations are made for both policymakers and further research.

5.3.1 Recommendations for Policymakers

As far as the study findings are concerned, it is recommended that the government and all other stakeholders who are involved in the fight for eliminating teenage pregnancies in community secondary schools, have the duty to ensure that:

- (i) Teachers who teach carrier subjects are properly trained in both contents and methodological areas. The training should not end up only with graduation but should be extended to them through regular and frequent in-service training through different sensitization seminars, workshops and/or other service training programs that will be arranged.

- (ii) They facilitate the supply of adequate and quality relevant teaching and learning materials. They should also ensure that textbooks that are used for teaching POP/FLE contents areas are standardized to ensure uniformity in the contents delivered.
- (iii) School heads should work in liaison with community health providers to ensure that health workers visit schools and deliver relevant lectures to students on issues related to sexual and reproductive health. Through these interactions school heads will get chances of accessing important teaching and learning materials particularly contraceptive toolkits. The interaction will enable teenagers to acquire desired skills and competencies which will enable them to make an informed decision when confronted with situations that may subject them to engage in sexual behaviour.
- (iv) There is a need for the government and other stakeholders of setting out a sensitization program that will involve parents and the community at large. As can be inferred from the study findings, both the society and the teenagers are still lacking adequate knowledge of tackling the problem at hand. For that much POP/FLE program should not be confined to schools only. It should be extended to the surrounding community as well.

5.3.2 Recommendation for Further Research

The important question raised in this study was why teenage pregnancies continue to increase in the face of the twenty years launched POP/FLE intervention program. This study has only revealed some of the obvious inadequacies. Behind these are several

hidden issues specific to the locality such as culture, economics, local beliefs, and globalization influences. For proper interventions, these factors need to be researched well as proper knowledge will shade the light in the way community intervention model can be established. For that much, it is recommended that detailed and well-focused study be extended into their intricate relationships with the prevalence of teenage pregnancies in community secondary schools in Kyela district, Mbeya and Tanzania at large.

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APPENDICES

THE OPEN UNIVERSITY OF TANZANIA

FACULTY OF EDUCATION

Questionnaire Survey Instrument designed to collect data for a Master Dissertation on Policy and Implementation/Management of POP/FLE Programmes in Kyela District-Tanzania

SCHOOL TEACHERS

Instructions: Answer the Following Questions by Selecting the Correct Alternative

1. Age (in Years (:.....))
2. Sex: a. Male (....) b. Female (.....)
3. Level of Education
 - a) PhD (.....) b) MA./MSC (.....) c. BA/BSC (.....) d) Diplomas (.....)
4. Marital Status
 - a. Currently Married (.....) b. Single (.....) c. Divorced (.....) d. Widowed (.....) e. Separated(....).
5. What is the size of your Family Size? State in figures):
6. What type of family do you belong to? (a) Extended (.....) (b) Nuclear (.....)
7. If nuclear, state nature of the family? (a) Single parent Mother only (.....) (b) Father only (.....) (c) Dual parent (.....)
8. How did you learn about POP/FLE programme?

- a) Via Workshop (.....) b) Orientation Seminar (.....) c) Was part of my course (.....) d) Self Knowledge (.....) e) Media (.....)
9. Have you received any training on POP/FLE? (a) YES (.....) (b) NO (.....)
10. If the answer to question 9 is YES go to question ten
11. How long did your training last (Tick the Correct)?
- a) Less than 6 months (.....)
- b) 6 months to less than 1 year? (.....)
- c) 1 year or less than 3 years (.....)
- d) 2 years to less than 3 years? (.....)
- e) More than 3 years? (.....)
12. For how long have you been teaching POP/FLE?
- a) Never (.....) b) Less than 1 year? (.....) c) 1-2 years
(.....)
- d) 3-4years (...) e) 5-6 (.....) f) More than 7
(.....)
13. What kind of concepts did you learn? (Tick all correct responses)
- a) Concept of POP/FLE (.....)
- b) Methods of teaching POP/FLE (.....)
- c) Materials Development Skills (.....)
- d) Writing of Core messages (.....)
14. How many times have you participated in POP/FLE workshops?
- a) Once (.....)

- b) Twice (.....)
- c) Thrice (.....)
- d) More than four times (.....)

15. Was the Programme beneficial to you? a. Yes (.....) b. NO (.....)

16. If yes, how beneficial was it?

- (a) Very beneficial (.....) (b) Beneficial (.....) (c) Not beneficial (.....)

17. What aspects of POP/FLE did you learn about? (List)

- a.
- b.
- c.
- d.

18. How often have you used the following methods to teach POP/FLE?

METHOD	VERY OFTEN	OFTEN	NEVER
1. Role Play			
2. Simulation			
3. Drama			
4. Futures Wheel			
5. Values Clarification			
6. Discussion			
7. Skit Inquiry			
8. Discovery			
9. Moral Dilemma			
10. Critical Thinking			
11. Questioning			
12. Brainstorming			
13. Demonstration			
14. Field Trips			
15. Lectures			

16. Peer Teaching			
17. Games			
18. Film Shows			
19. Debate			
20. Panel Discussion			

19. Which five best methods in question 18 do you prefer most in your teaching

- (a).....
- (b)
- (c)

20. How often do you use them in your Classrooms?

- a) Very often (.....) b) Always (.....) (c) Once in a while (.....) d) Never (.....)

21. How many hours are allocated to Population Education carrier subject you teach in your school? : (Mention)

22. Do you think enough time is allocated to POP/FLE? (a) YES (.....) (b) NO (.....)

23. Which curricular arrangement is best of POP/FLE?

- a) Separate Subject (.....)
- b) Special arrangement (.....)
- c) Infusion (.....)
- d) Integration (.....)

24. Which of the above mentioned methods was used to develop POP/FLE in Tanzania?

.....

.....

25. Are there enough materials at your school for the teaching of POP/FLE?

1. YES (.....) 2. NO (.....)

26. Is there enough trained staff to teach the subject effectively 1. YES (.....) 2.

No. (.....).

27. Is the level of training offered adequate for a teenager to have adequate self awareness in issue of sexuality and reproductive health? (a) YES (.....)

(b) NO (.....)

28. What resources does your school provide to address POP/FLE issues?

.....
.....
.....
.....

29. Are your students aware of POP/FLE Emergent issues? (a) YES (..) (b)

No (...)

30. Are there enough supplementary materials available for teaching POP/FLE?

a. (a) YES (....) (b) No (.....)

31. In the past five years, how students from your school have dropped out because of teenage pregnancies problem

(a) 2018 Number (b) 2017 Number:(c) 2016 No: (d) 2015 No: (e) 2014 No.

32. Does the kind of teaching you offer assist your students to avoid unprotected Sex?

(a) YES (.....) (b) NO (.....).

33. If the answer is not, what are the reasons

a.....

b.

c.

34. What could you comment about the POPFLE program offered at schools in carrier subjects of Biology, Geography, Civics/General Studies and Home Economics, has it been able to achieve its objective? Using few words comments below

.....
.....
.....
.....
.....

35. What challenges do you face in the course of teaching FLE content areas in your teaching subjects?

1.
2.
3.
4.
5.

36. Are there relationships between poor teaching performances of FLE content areas in your school with the ever increasing rate of teenage pregnancies in our community schools in Kyela District? How? Comment

.....
.....

.....
.....

37. Are there relationships between lack of adequate knowledge of sexual and reproductive health among your students with the increased rate of teenage pregnancies in your school? If yes, how comment

.....
.....
.....
.....
.....
.....

38. What suggestion do you have over how POPFLE content could be effectively communicated to students? Mention at least 3 of them

- a.
- b.
- c.

39. Mention four challenges you usually face when teaching POPFE content areas in your class

.....
.....
.....
.....
.....

40. What other suggestions do you have in mind on how the problem of teenage pregnancies in secondary schools could be eradicated forever (at least 3)

.....

.....

.....

.....

.....

END

Appendix 2: Semi-Structured Interview Schedule

Dear Respondent,

I am a Master of Education student from the Open University of Tanzania conducting research on *the Assessments of the Impact of Sexuality Education on the Teenage Pregnancies in Kyela District*. As a major stakeholder and an implementer of the FLE curriculum, you have been selected to participate in this study and your view and experiences will be highly appreciated. Be assured that your responses will be used for the purposes of this study only. Kindly provide your answers honestly and objectively.

A: BIOGRAPHIC INFORMATION

1. **Age:**

2. **Sex:**

3. **Level of Education:** 1 Form 1 2 Form Two 3. Form Three 4.
Form Four
5. Form Five 6. Form Six

4. **Religious Affiliation:** 1. Moslem 2. Protestant 3. Catholic 4. Traditional 5.
Others (Mention):

5. **Ethnicity:**

6. Whom do you live with?

1. Both Parents 2. Father Only 3. Mother Only 4. Husband 5.
Guardian

6. No permanent place (State where):

7. Highest Level of Education of Parents (Guardian)

Highest Level Attained	Father	Mother	Guardian
1. No formal Education			
2. Standard Four/5			
3. Standard Seven/8			
4. Form Two			
5. Form Four			
6. Form Six			
7. College Education			
8. University Education			

8 Parents/Guardian Occupations

Highest Level Attained	Father	Mother	Guardian
1. Peasants			
2. Petty Trader			
3. Artisan/Craftsman			
4. Public Employee			
5. Herder			
6. Religious Employee			

C: THE STATE OF TEENAGE PREGNANCIES IN MBOZI DISTRICT

9. Do you know a student girl who has dropped out of the school due to pregnancies?

1. Yes 2. No

10. If the answer is Yes how many students do you know have left out the school because of pregnancies cases for the past two years? (State the figure):

.....

11. What was the academic nature of the girls who dropped out of school due to pregnancies?

- 1. Very Bright 2. Bright 3. Average 4. Poor 5. Very Poor

12. Does boys' students harass girls sexually in your class?

- 1. Very often 2. Often 3. Rare 4. Very rare 5. Never

13. How often do school teachers harass student's girls sexually in your class?

- 1. Very often 2. Often 3. Rare 4. Very rare 5. Never

D. IMPACT OF FLE PROGRAMS ON THE TEENAGERS KNOWLEDGE, ATTITUDE AND PRACTICE

14. What physical changes do girls notice during Puberty?

- 1. Growth of Puberty 2. Breasts Develop 3. Starting of Menstruation
- 4. Others:

15. (For Girls Only) How old were you when you had the first menstrual period?

:

16. What information did you receive regarding the menstrual period?

- 1. It is a curse 2. It is painful 3. You are ready to have a baby
- 4. You are ready to get married 5. About hygiene 6. Avoid Sexual Intercourse
- 7. Others (Specify):

17. Who supplied the Information?

- 1. Mother 2. Father 3. Nurse 4. Friends 5. Other relatives 6. Magazine

7. Books 8. Others :

18. When is a woman likely to get pregnancy?

1. 14 days before menstruation 2. 14 days after menstruation 3. During Menstruation 4. Any time

19. Have you ever had sexual intercourse? 1. Yes 2. No

20. If the Answer is Yes, at what age was your first sexual intercourse?(Age in Years): ...

21. What led you to have sexual intercourse?

1. Self Desire 2. Parent Pressure 3. Pressure of Partner 4. To get Pregnant
5. Other reasons:

22. What was the age of your sexual partner at the first sexual intercourse? (age in years):

23. How many sexual partners do you currently have?:

24. How many sexual partners have you had? :

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

1. Fail at school 2. Become pregnant 3. Contract STH/HIV/AIDS
4. Pushed out of the community

26. Do you use any contraceptives 1. Yes 2. No.

27. If Yes indicate the Method

S/N	Method	Yes	No
1	Pills		
2	Injectables		
3	Traditional Contraceptives		
4			
5			

24. If no, state the reasons:

.....
.....
.....

28. What type of contraceptive do you think is suitable for the teenagers?

1. Voluntary Surgical Contraception 2. Pills 3. Injectables 4.

Condoms

29. Which contraceptive method prevents pregnancy and sexually transmitted diseases?

1. Intra Uterine Device 2. Pills 3. Condom 4. Natural

Methods/Rhythm

30. How would you prevent pregnancy, sexually transmitted diseases and HIV/AIDS?

1. By abstaining from sexual activities 2. Using Contraceptives
3. Having regular Medical check-ups 4. Have only one sexual partner

31. In your opinion, what is the youngest age at which you consider it a risk to fall pregnant?

1. 20 years 2. 18 years 3. 17 years 4. 16 years 5. 15 years 6. 14 years

32. What is the most appropriate age to fall pregnant?

1. 20 years 2. 18 years 3. 17 years 4. 16 years 5. 15 years 6. 14 years

33. What is your level of agreement with the following statements?

Opinion	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Life skills education does not adequately address reproductive/sexual issues affecting teenages					
2. In the light of teenage pregnancy risk, students be taught comprehensive sexuality education					
3. Girls who perform poorly in class often turn to risky sexual relations					
4. Boys disturb girls to make them agree to their sexual demands					
5. Some teachers want sexual relations with girls against their will					

34. What health problems could be expected when a teenager falls pregnant?

S/N	Method	Yes	No
1.	High blood pressure		
2.	Miscarriage		
3.	Premature labour		
4.	STH/HIV Infection		
5.	Depression		
6.	Anemia		
7.	Others		

35. What social problems are prevalent with teenage pregnancy?

S/N	Method	Yes	No
1.	Lack Money		
2.	Parent will abandon me		
3.	My friends will abandon me		
4.	Shame		
5.	Loss of opportunities to attend school		
6.			
7.			

36. In your own opinion what do you think are the factors which forces teenagers to indulge in early sexual intercourse?

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

37. In your opinion, should secondary schools students be allowed to use family planning method in order to avoid pregnancies? 1. Yes 2. No

38. Are family planning services for students easily available in government health centres/Hospitals? 1. Yes 2. No

39. To what extent do you agree with the following statements?

Opinion	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Girls from poor homes are often tempted to accept lifts/money/gifts from boys and men in exchange for sexual relations					
2. My parents/guardian strictly supervises/monitors my activities in the evenings/weekends/holidays					

40. In your own opinion what can you suggest to be the durable solution for curbing the problem of teenage pregnancies among students at your school?

- 1.....
- 2.....

- 3.
- 4.
- 5.

END

Appendix 3: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
Dar es Salaam, Tanzania
<http://www.openuniversity.ac.tz>



Tel: 255-22-2668992/2668445
ext.2101
Fax: 255-22-2668759
E-mail: dpgs@out.ac.tz

Our Ref: PG201505114

Date: 14th January 2019

Regional Administrative Secretary (RAS),
Mbeya Region,
P.o. Box 754,
Mbeya.

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No. 55 in the official Gazette. The act was however replaced by the Open University of Tanzania charter of 2005, which became operational on 1st January 2007. In line with the later, the Open University mission is to generate and apply knowledge through research.

To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. MBEYU Flora Venance Reg No: PG201505114** pursuing Master of Education in Administration Planning and Policy Studies (MEDAPPS). We here by grant this clearance to conduct a research titled "*Assessments of the Impact of Sexuality Education program on the Teenage Pregnancies in Kyela District Tanzania.*" She will collect her data at Kyela District in Mbeya Region from 1st February 2019 to 30th June 2019.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly thanks you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,


Prof. Hossea Rwegoshora
For: VICE CHANCELLOR
THE OPEN UNIVERSITY OF TANZANIA

Appendix 4: Research Permit Letter

**THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**

MBEYA REGION
TELEGRAM: "REGCOM"
Telephone No: 025-2504945
Fax No.025-2500889
Email: ra@mbeya.go.tz



REGIONAL COMMISSIONER'S OFFICE
P.O. Box 754,
MBEYA.

In reply please quote:

Ref. No. DA.191/228/01/118

22th January, 2019

District Administrative Secretary,
P.O. Box 44,
KYELA.

REF. RESEARCH PERMIT

Please refer to the above captioned subject.

May I introduce to you **Frola Venance Mbeyu** who is a student from Open University of Tanzania,

At the moment she is conducting research on "**Assessment of the Impact Sexuality Education Program on the Teenage Pregnancies in Kyela District**". A case study of **Kyela District** from **01 February, 2019**.

Please assist her accordingly.

E. Mkwama

For: **REGIONAL ADMINISTRATIVE SECRETARY
MBEYA**

Copy: Frola Venance Mbeyu.

" Vice Chancellor,
Open University of Tanzania,
P.O. Box 23409,
MBEYA - TANZANIA.

Appendix 5: Kibali cha Utafiti (Kiswahili Version)

**JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

nwani ya Simu "ADMIN"
Namba ya Mdomo: 2540484/2540054
Fax. No. 025-2540332.
napojibu tafadhali taja:



OFISI YA MKUU WA WILAYA,
S.L.P. 44,
KYELA.

Namba. Na. AB.124/375/02/143.

25 Februari, 2019.

Mtathibiti Ubora wa Shule (W)
S.L.P. 23
KYELA

YAH: KIBALI CHA UTAFITI

Tafadhali kusika na kichwa cha habari hapo juu.

Tafadhali tambulisha kwako Ndugu **Frola Venance Mbeyu** kutoka Chuo Kikuu huria Mbeya.

Tafadhali swika sasa anafanya utafiti kuhusu "assessment of the impact Sexuality Education Program on the Adolescent Pregnancies in Kyela District". Utafiti huo utafanyika katika shule za Sekondari ya Kijunjumele, Bujonde na Ngonga, kuanzia tarehe 1 Februari 2019.

Tafadhali naomba apewe ushirikiano.


S. Magambo

**Kny: KATIBU TAWALA WILAYA
KYELA**

Makala - Makamu wa Chuo
Chuo Kikuu huria
S.L.P. 23409
MBEYA

Kny. KATIBU TAWALA WILAYA
KYELA

Appendix 6: Kibali cha Utafiti (Kiswahili Version)

**JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

Anwani ya Simu "ADMIN"
Simu ya Mdomo: 2540484/2540054
Fax. No. 025-2540332.
Unapojibu tafadhali taja:



OFISI YA MKUU WA WILAYA,
S.L.P. 44,
KYELA.

Kumb. Na. AB.124/375/02/142.

25 Februari, 2019.

Afisa Elimu Sekondari (W)
S.L.P. 320
KYELA

Sauy
25/2/19
AFISA ELIMU SEKONDARI
KYELA

YAH: KIBALI CHA UTAFITI

Husika na kichwa cha habari hapo juu.

Namtambulisha kwako Ndugu **Frola Venance Mbeyu** kutoka Chuo Kikuu huria Mbeya.

Kwa sasa anafanya utafiti kuhusu "assessment of the impact Sexuality Education Program on the Teenage Pregnancies in Kyela District". Utafiti huo utafanyika katika shule za Sekondari ya Kajunjumele, Bujonde na Ngonga, kuanzia tarehe 1 Februari 2019.

Tafadhali naomba apewe ushirikiano.

S. Magambo
S. Magambo

**Kny: KATIBU TAWALA WILAYA
KYELA**

Nakala - Makamu wa Chuo
Chuo Kikuu huria
S.L.P. 23409
MBEYA

**Kny. KATIBU TAWALA WILAYA
KYELA**

- Frola Venance Mbeyu