

**ASSESSMENT OF THE CHALLENGES FACING ADOLESCENT MOTHERS
IN TANDALE WARD, KINONDONI DISTRICT,
DAR ES SALAAM**

HADIJA SAIDI

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK
THE OPEN UNIVERSITY OF TANZANIA**

2020

CERTIFICATION

The undersigned certify that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled: “*Assessment of the challenges facing adolescent mothers in Tandale Ward, Kinondoni District, Dar es Salaam*” in partial fulfillment of the requirements for the Degree of Masters of Social Work of the Open University of Tanzania.

.....

Dr. Emmanuel Patroba Mhache

Supervisor

.....

Date

COPYRIGHT

No part of this dissertation may be reproduced, stored in any retrieval system, in any form by any means, electronic, mechanical, photocopying, recording without prior written permission of the author or the Open University of Tanzania in that behalf.

DECLARATION

I, **Hadija Saidi**, do hereby declare that, this dissertation is my own work and it has not been submitted and will not be submitted to any other University for a similar award.

.....

Signature

.....

Date

DEDICATION

This work is dedicated to my parents, the late Mr. Saidi Hassan Kingi and Mrs. Mariam Mosi. I also dedicate this work to my husband Mr. Chrissant Mhenga who happened to be my sponsor in this Degree of Masters of Social Work. Their encouragement, material and moral support are highly appreciated. I would also like to express my sincere gratitude to my children Allen, Annete and Asynat who missed my attention, my love and my company when they needed me.

ACKNOWLEDGEMENT

Thanks to the Almighty God, who protect and gave strength and ability to write and accomplish this dissertation, without him, this could be hardly to accomplish. Secondly, I wish to express my deepest gratitude to my research supervisor Dr. Emmanuel Patroba Mhache who committed most of his time in making regular follow up of this research progress, reading drafts of my work several time and making corrections and giving necessary advice when and where it was needed.

Thirdly, I feel highly grateful to express my sincere gratitude to all respondents, particularly adolescent mothers, their parents/guardians, doctors and nurses from Tandale hospital, police gender desk from Magomeni police, Municipal community development officers and teachers at Manzese Secondary School who spared their precocious time to answer my data collection tools.

ABSTRACT

This study assesses challenges facing adolescent mothers at Tandale Ward in Kinondoni District. Specific objective of this study were to identify challenges facing adolescent mothers at Tandale Ward in Kinondoni District, to explore factors contributing to adolescent motherhood at Tandale Ward in Kinondoni District, to examine the community involvement in addressing challenges facing adolescent mothers at Tandale Ward in Kinondoni District. A sample size of 170 respondents was used. Questionnaires, interviews and secondary sources were used to collect data. Collected data were analyzed using Statistical Package for Social Science (SPSS) among adolescent mother, parents and guardian doctors and police. The finding showed that youth are mostly influenced to fall in sexual intercourse with peer pressure, poverty for girls, encourage to sexual activity, and lack of appropriate information is given of how to prevent disease and unwanted pregnancy. Many children experience difficulties traveling to and from school. Some transport operators refuse to take children because they pay lower fares. Community health provider-led interventions focus on both prevention and treatment with the core function to make services relevant and 'adolescent-friendly'. The government should introduce schools which are friendly to adolescent mothers, meaning that, the schools which will have the baby care service for the babies of adolescent mothers when the mothers are in classes. The government should support income generation activities especially for adolescent mothers, due to economic hardship to some adolescent mothers; otherwise such mothers may engage in sex for money, a situation which will put them in danger of HIV infection as well as getting second or more children.

Keywords: Challenges Facing Adolescent Mothers in Tandale Ward, Kinondoni District

TABLE OF CONTENTS

CERTIFICATION	ii
COPYRIGHT	iii
DECLARATION.....	iv
DEDICATION.....	v
ACKNOWLEDGEMENT	vi
ABSTRACT	vii
LIST OF TABLES	xiv
LIST OF FIGURES	xv
LIST OF ABBREVIATIONS	xvi
CHAPTER ONE	1
INTRODUCTION AND PROBLEM SETTING	1
1.1 Introduction	1
1.2 Background to the Problem.....	1
1.3 Statement of the Problem	4
1.4 Objective of the Study.....	6
1.4.1 General Objective of the Study	6
1.4.2 Specific Objectives of the Study	6
1.5 Research Questions	6
1. 6 Significance of the Study	7
1.7 Scope of the Study	8
1.8 Limitations of the Study	8
1.9 Organization of the Dissertation	9

CHAPTER TWO	10
LITERATURE REVIEW	10
2.1 Introduction	10
2.2 Definition of Concepts	10
2.2.1 Adolescent.....	10
2.2.2 Adolescent mother	10
2.3 Theoretical Literature Review.....	11
2.3.1 Social Learning Theory	11
2.3.1.1 Relevance of Social Learning Theory to the study	12
2.3.2 Structural Functionalism Theory.....	12
2.3.2.1 Relevance of Structural Functionalism Theory to the study.....	13
2.4 Empirical Literature Review	14
2.4.1 Factors Contributing to Adolescent Motherhood.....	14
2.4.1.1 Lack of Parental Guidance	14
2.4.1.2 Raping and Forced Sex	15
2.4.1.3 Adolescent Sexual Behavior	16
2.4.1.4 Socio-cultural and Economic Factors	17
2.4.1.5 Inadequate Knowledge about Safe Sex	17
2.4.1.6 Drugs and Alcohol	19
2.4.1.7 Childhood Environment	19
2.4.1.8 Poverty and Social Environment Vulnerability	20
2.4.2 Challenges Facing Adolescent Mothers.....	21
2.4.2.1 Family Conflict	21
2.4.2.2 Health Complications.....	21

2.4.2.3 Education Problems	22
2.4.3 Community Involvement on Addressing Adolescent Mothers	23
2.5 Policy Review	24
2.6 Conceptual Framework	26
2.7 Research Gap	28
2.8 Summary of the Chapter	29
CHAPTER THREE	30
RESEARCH METHODOLOGY	30
3.1 Introduction	30
3.2 Study Area.....	30
3.3 Research Design.....	30
3.4 Research Approach	31
3.5 Target Population	31
3.5 Sampling Procedures.....	32
3.5.1 Simple Random Sampling.....	32
3.5.2 Purposive Sampling	32
3.6 Sample Size.....	33
3.7 Source of Data.....	36
3.7.1 Secondary Data	36
3.7.2 Primary Data	36
3.8 Data Collection Methods.....	36
3.8.1 Questionnaires.....	37
3.8.2 Interviews	38
3.8.3 Observation	39

3.8.4	Documentary Review	39
3.9	Data Processing and Analysis Techniques	40
3.10	Reliability and Validity of Data	42
3.10.1	Reliability	42
3.10.2	Validity	42
3.11	Ethical Issues and Considerations	43
3.12	Summary of the Chapter	43
	CHAPTER FOUR.....	44
	DATA PRESENTATION, ANALYSIS AND DISACUSION OF FINDINGS.....	44
4.1	Introduction	44
4.2	Response Rate	44
4.3	Demographic Characteristics of the Respondents.....	44
4.3.1	Education Level of Respondents.....	45
4.3.2	Age of Respondents	45
4.3.3	Gender of the respondents.....	46
4.3.4	Occupation of Respondents.....	47
4.4	Factors Contributing to Adolescent Motherhood.....	48
4.4.1	The Age of First Sexual Intercourse	48
4.4.2	Sources led to Sexual Relationship	49
4.4.3	Type of work being done by Farther of Child.....	50
4.5	Factors Leading to Adolescent Motherhood	51
4.5.1	Lack of Parental Guidance	52
4.5.2	Raping and Forcing Sex	52
4.5.3	Early Puberty and Menarche	52

4.5.4	Adolescent Sexual Behavior	53
4.5.5	Socio-cultural and Economic Factors	53
4.5.5	Inadequate Knowledge about Safe Sex	53
4.5.6	Drugs and Alcohol	54
4.5.7	Childhood environment.....	54
4.5.8	Poverty and Social Vulnerability	54
4.5.9	Urbanization.....	55
4.5.10	Peer pressure	55
4.6	Challenges Facing Adolescent Mothers.....	55
4.7	Addressing Challenges Facing Adolescent Mothers.....	57
4.8	Discussion of Findings	58
4.8.1	Challenges Facing Adolescent Mothers.....	58
4.8.2	Factors Contributing To Adolescent Motherhood	59
4.8.3	Community Involvement In Addressing Challenges Facing Adolescent Mothers	64
CHAPTER FIVE		67
SUMMARY, CONCLUSION AND RECOMMENDATIONS.....		67
5.1	Introduction	67
5.2	Summary of the Findings	67
5.2.1	Challenges Facing Adolescent Mothers at Tandale Ward in Kinondoni District.....	68
5.2.2	Factors Contributing to Adolescent Motherhood at Tandale Ward in Kinondoni District.....	68

5.2.3	The community Involvement in Addressing Challenges Facing Adolescent Mothers at Tandale Ward in Kinondoni District.....	69
5.3	Conclusions	69
5.4	Recommendations	71
5.4.1	Government Level.....	71
5.4.2	Ward Level.....	71
5.4.3	Recommendation to Communities	72
5.4.4	Recommendation to Family	72
5.4.5	Recommendation to Adolescent Mothers	73
5.5	Area for Further Research	73
	REFERENCES	74
	APPENDICES	84

LIST OF TABLES

Table 3.1: Target Population and Sample Size	34
Table 4.1: Response Rate.....	44
Table 4.2: Education Level	45
Table 4.3: Age of Respondents	46
Table 4.4: Gender of Respondents	47
Table 4.5: Occupation of Respondents	48
Table 4.6: The Age of First Sexual Intercourse	49
Table 4.7: Sources of Sexual Relationship	49
Table 4.8: Type of work being done by Farther of Child	50
Table 4.9: Factors Leading to Adolescent Mothers	51
Table 4.10: Challenges Facing Adolescent Mothers	56
Table 4.11: Availability of Support to Adolescent Mother	57

LIST OF FIGURES

Figure 2.1: Conceptual Framework	27
--	----

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
HSR	Health Sector Reform
MDG	Millennium Development Goals
MOE and VT	Ministry of Education and Vocational Training
MOH	Ministry of Health
NEET	Not in Education, Employment or Training
NGO	Non-governmental organizations
SPSS	Statistical Package for Social Sciences
STI	Sexually transmitted infections
TDHS	Tanzania Demographic Health Survey
UNICEF	United Nations International Children's Emergency Fund
UNPF	United Nations Population Fund
URT	United Republic of Tanzania
WHO	World Health Organization
MOHSW	Ministry of Health and Social Welfare
YCC	Youth and Community Centre

CHAPTER ONE

INTRODUCTION AND PROBLEM SETTING

1.1 Introduction

The chapter presents background to the problem, statement of the problem and objective of the study. The chapter also presents research questions, significance of the study and organization of the dissertation.

1.2 Background to the Problem

Adolescent motherhood continues to be a major topic of discussion to politicians, economists, psychologists and sociologists. Their interests are based mainly on human rights issues since in many countries worldwide they are denied their basic rights such as education, face social stigma and critical lifelong poverty (Sommeret *al*, 2019). Adolescent pregnancy and childbirth become the main factor contributing to death among young women, increase rates of low birth weight, early born and other serious effects for new babies because of lack of health rights (WHO, 2018).

Historically, adolescent childbearing was common, and many societies had clear cultural traditions for guiding new mothers in the skills and meanings of childrearing jobs (Smith & Lee, 2007). It was after industrial revolution where adolescents developed a different life style. It was during this time formal education was used to prepare youth life. Indeed, teenage childbearing believed to endanger the route to adulthood by disturbing education system and hence interrupting world labour market for increasing poverty and low skill job (*ibid.*).

About 16 million of teenage girls become mothers and every minute 30 birth are accounted from teenage girls (WHO, 2018; WHO, 2009). Each year, there are about 23 million births and 12% was a result from adolescents under 20 years of age (Le Roux *et al*, 2019). About 95% of these births occurred mainly in low- and middle-income countries (UNFPA, 2018; WHO, 2018; Evans & Slowly, 2010). Even if the rate of adolescent birth seems to decrease worldwide from 65:1,000 to 47: 1,000 births since the 1990s, it is expected to increase by the year 2030 due to the growth of population (WHO, 2018).

According to Ermisch *et al*, (2001) children born into poverty are at an increased risk of teenage pregnancy, especially young women between the ages of 11 - 15 living in workless households. Ermisch (2003) further stated that teenage mothers, even at the age of 30, are 22% more likely to be living in poverty than those who became mothers over the age of 24. Indeed, according to the Teenage Pregnancy Unit (2007) 70% of teenage mothers, 16-19 years old, were in fact Not in Education, Employment or Training (NEET) and claiming income support.

Taking consideration of the prevalence of adolescent mothers in Tanzania, still there are few specific adolescent programs dedicated to supporting adolescent mothers to get back to their goals. This becomes very difficult for adolescent mothers as Miranne (2002) reported that, pregnancy is more common among lower income teenagers, as they are somewhat more likely than higher income adolescents to be sexually active and somewhat less likely to use contraceptives or to use them successfully. Poor and low-income adolescents account for 73 percent of women aged 15-19 years who become pregnant (Miranne, 2002).

In the United States of America (USA) adolescent birth rates is decreasing across all racial groups but still maintaining its position among the high-income nations (Martinet *al*, 2018). The USA adolescent birth rates is higher than Canada, European Nations, Japan and the Netherlands (Sommeret *al*, 2019). The same situation is found at Europe. England for instance, unplanned birth for adolescent mother are considerable public health problem with significant social, health, political and economic effects. In this area the rate of unplanned pregnancy among girls with childhood is 42.6% was far higher than among girls without childhood of 10.6% (Owens & Hinshaw, 2019).

Likewise, to Asians countries, the problems of adolescent mother is very common among the different communities. Nepal for example, is the second highest rate of having adolescent mother after India. Nepal has 17% of adolescent pregnancy in South Asia. Like many other countries in the region, child marriage is common and have a root from norm and culture. This experience has led to a high rate of adolescent pregnancies in Nepal whereby about 37% of females in Nepal get married before 18 age (Shahabuddin *at el*, 2019).

In Africa, the prevalence of adolescence mother is not clear especial at rural area (Sommeret *al*, 2019). However, the average rate of births per 1000 women aged 15-19 years (WHO, 2008). In Sub-Saharan Africa alone, the pregnancy and birth proportion for adolescent mothers is more than 50% and 1.42 million adolescents die every year and tens of millions facing health problems due to problems of childbirth. (Regina *at el*, 2019). Zambia for example, adolescent pregnancy is increasingly

yearly, it increases for 5% among women aged 15 to 59% among women aged 19 years and 35% for young girls by the age of 18 year living at rural area (*ibid.*).

In Tanzania, as other countries in sub-Saharan Africa, many women begin childbirth during the of teenage (URT, 2015). Empirical data indicated that, 23% of women aged between 15 to 19 years are getting pregnancy or already have children. The situation s are quite different between Tanzania Mainland and Tanzania Zanzibar where young women living in Mainland Tanzania are more likely to have birth during adolescence than young women living in Zanzibar [24% and 6% of women age 15-19] (*ibid.*). The Zanzibar Law of spinster and single parent children protection Act 2005 is very effective in the protection of adolescent mothers (URT, 2015). The Act clearly stipulated that Spinster who is found to be pregnant at her own will shall be guilty of an offence. It further stated that, any person who is found to be responsible for the pregnancy of spinster shall be guilty of an offence and shall be liable to save in education center on not less than three years or not more than five years (*ibid.*). Therefore, Zanzibar law and regulations ban the young girl to practice sex without marriage. The same as other areas throughout the world, adolescence pregnancy and motherhood are more common among young women living in rural areas, from poorer families, more populated areas and poor educated families (TDHS, 2010).

1.3 Statement of the Problem

In Tanzania social workers has the role to play in solving social problems. One among the problem is the death of clear statistic picture of Teenage parents.

Therefore, hardly to know and solve their problems and make sure their basic rights. Teenage parents are often excluded from education, training and employment, particularly when they are already socially disadvantaged (Harden *et al.*, 2006). While most of teenage parents peers are moving forwards for further education and having good future career, teenage mothers are lag behind. At the same time teenage parents lack family support something leave them socially isolated as a result they could not care their children (Evance and Slowley, 2010). In addition, teenage parents faced a number of problems before and after the birth. Some of these challenges are health problems, poverty, lack of academic and low paid work (Hallam, 2007). Adolescent girl are still vulnerable to violence, exploitation, neglect and abuse (URT, 2013; Janet, 2013; UNIEF, 2011).

Furthermore, in 1996 the Child Development Policy was passed which resulted to the enactment of the 2009 Law of the Child Act as a way forward to safeguard and describe children issues and rights in single law. In spite of those efforts, Tanzania is facing critical issues involving teenage parents. Empirical data show that, in every six girls and young women aged 15 to 19 years is married (Miranne & Young, 2007). Tanzania still leading to have child marriage and therefore adolescent pregnancy (38%) between 2000 to 2009 in East Africa (WHO, 2009). Because of high prevalence of adolescent mother, empirical data indicated that, the neo-natal mortality rate is 41 per 1000 live births, compared with 22 per 1000 when the mother age 20 to 29 years (Ngalinda, 2008). With all available data, policy and regulation, challenge still remains on how to use and translate effectively the laws, guidelines and policies to protect adolescent girls from becoming mothers at the age of

childhood, protect them from poverty, promote gender inequality and reduce school dropout as a way achieving sustainable development. Nevertheless, little is known about the challenges facing adolescent mothers in Tanzania and Tandale Ward in particular. It is vital to assess the challenges facing adolescent mothers in Tandale Ward community and how they are addressed by various actors on the promoting adolescent girls' rights.

1.4 Objective of the Study

1.4.1 General Objective of the Study

The overall objective of this study was to assess challenges facing adolescent mothers at Tandale ward in Kinondoni District.

1.4.2 Specific Objectives of the Study

- (i) To explore factors contributing to adolescent motherhood at Tandale Ward in Kinondoni District.
- (ii) To identify challenges facing adolescent mothers at Tandale Ward in Kinondoni District
- (iii) To examine the community involvement in addressing challenges facing adolescent mothers at Tandale Ward in Kinondoni District

1.5 Research Questions

- (i) What are the challenges facing adolescent mothers at Tandale Ward in Kinondoni District?
- (ii) What factors leading to adolescent motherhood at Tandale Ward in Kinondoni District?

- (iii) How the community is involved in addressing challenges facing adolescent mothers at Tandale Ward in Kinondoni District?

1.6 Significance of the Study

Results from the study contribute to an individual adolescent mother, adolescent mothers' families and government in general. Particularly the finding of the study will contribute as the following:

To adolescent mother the findings of the study will help them to identify various factors that contribute to become parent mother and find out the way to stop them. At the same time the findings will help them to identify their challenges and finding the way out to solve them.

To adolescent mother's families, findings from the study intended to help them to understand the position of their children on adolescent's mother related issues and results from the study will assist them to know the sign(s) as well as causes of adolescent parents and how to help them tackle their challenges.

To the government, results from the study revealed ways of prepare proper mechanisms of handling adolescent mother issues for adolescent mother and adolescent mother's families for betterment of the society and the Government in general. Moreover, findings from this study acted as a catalyst to help the government to address problems associated with adolescent mother. In addition, the study had provided recommendations that will help adolescent mother and Government to prepare better ways to minimize problems related to adolescent mother welfare.

In general, The finding from this study will provide views on the subject matter, which will help to make a case and invite further studies and. Also the empirical results of this study will provide some policy implications for the Kinondoni Municipal and other municipality authorities.

1.7 Scope of the Study

This study intended to assess challenges facing adolescent mothers at Tandale ward in Kinondoni District. In this regard, emphasis was placed to identify contributing factors that lead to adolescent mother, to identify challenging that adolescent mother facing. The study also identified community involvement in addressing challenging of adolescent mother. Data for this study was obtained from Tandale ward in Kinondoni district. The researcher chose Tandale ward because it is the area that comprises of many adolescent mothers than any other area in the Kinondoni district. Moreover, due to time constraints the researcher could not cover the whole district. However, this did not prevent the researcher from examining data collected in the area.

1.8 Limitations of the Study

In this study, the researcher encountered two critical limitations namely; it was difficult to get a good number of adolescent mothers at the same time due to the nature of their economic and social life. To overcome this limitation, the researcher had to observe their life in order to access them. The second difficulty was, accessing adolescent mother's family members and adolescent mother at once was not possible because they do not reside in a single premise. This limitation was addressed by the researcher who decided to visit the entire families and adolescent mother at their own

homes. The researcher used local community leaders to locate all the needed respondents.

1.9 Organization of the Dissertation

This dissertation is organized into five chapters. Chapter one focused on introduction, background to the problem, statement of the problem, the objectives of the study, research questions, and significance of the study. The second chapter presents the review of literature with focus on definition of concepts, empirical and theoretical literature review. It further presents policy review, research gap and conceptual framework. Chapter three focus on the study area and research methodology. It specifically presents the study area, research design, target population, sampling procedure and sample size. It further presents sources of data, data collection methods, data analysis, interpretation and presentation, validity and reliability of the research instruments and ethical issues. Chapter four discusses how data were interpreted, analyzed and finally discussion of findings as per specific objectives and finally chapter five comprises summary of findings, conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides literature review. The chapter has the following sub sections: definition of key terms theoretical literature review; empirical literature review, policy review, conceptual framework and research gap.

2.2 Definition of Concepts

2.2.1 Adolescent

WHO (2017) defines adolescence as a rapid phase from 15 to 19 years of human development of biological and psychosocial maturity. This is a time where human being develop different aspects such as knowledge, skills, and to manage relationship between one people to another. Other like Zhu (2019) refers adolescent as biological and environment changes, which affect the internal and external aspects of human being and can influence cultural, social values, responsibilities, relationship and expectation in the period of life. In this study adolescent is referred as the development and changing of human being in term of physical, social and mental from the age of 15 to 19 years.

2.2.2 Adolescent mother

Adolescent mother is defined as a young woman who attains a child at the young stage before 15 years whether the woman is married or is legally an adult (Save a Child Report, 2012). Johns and co-workers (2011) defined adolescent mother as a teenaged or under aged girl of 15 to 19 to get a child and becomes a parent. UNICEF

(2011) in their side suggests that teenage motherhood is a woman aged between 15 and 19 has a baby.

2.3 Theoretical Literature Review

This study, because of the seriousness of the subject matter under discussion, used different theories to meet the demand of each specific objective. Each theory substitutes the other.

2.3.1 Social Learning Theory

Social learning theory was developed by Bandura in 1977. The theory suggests that individuals learn through observing attitudes, values and behavior from the other (Heidari *at el.*, 2019). This concept is called modeling whereby people learn and imitate the behavior from prominent people in their environment (Madison& Eva 2019). This leaning process including learning through direct experience and observing behavior of the other person in the environment. This happens in workplace or other areas whereby individual look their leaders, parents or other as a model to his life (Heidari *at el.*, 2019).

Four important tenets underline social learning theory that is attention, retention, reproduction and motivation (Madison& Eva 2019). Attention states the process that individuals take attention to the various aspects of the one who is modeling the behaviors. There are many factors that influence this process as associational preference and to be influenced by personal attributes. Retention to other side refers to the long term retention of someone activities that have been modeled (*ibid.*).

Reproduction as a tenet refers to the process by which someone take together behaviors based on the beforehand modeled patterns of one behaviors (Heidari at el, 2019). While, motivation occurs mainly in the form of positive incentives observed (*ibid.*).

2.3.1.1 Relevance of Social Learning Theory to the study

Social learning theory has been used consistently with other social science theories to explain how someone can learn and imitate specific behaviors from other people. Through day to day life in the community young individual can learn and imitate other behavior that can lead to be adolescent mother. Bad behavior of adult mother or father can be imitated by children. Children may take this behavior as good one since they are done by her elders in daily life. for that matter therefore, elder's acts are taken as model to young children. Young girls learn behavior within their societal context. In addition to that, the social learning theory of Bandura is relevant to this study since there are possibility of imitating the behaviors of the parents/ guardians by the offspring (Heidari at el, 2019). Oke (2010) found that a girl is more likely to become a teenage parent if her mother or older sisters gave birth in her teens.

2.3.2 Structural Functionalism Theory

Another theory, which this study based is Emile Durkheim's Structural Functionalism Theory (SFT). Theory was formulated by Emile Durkheim who sociologist. His famous ideas were the structure of society (Zurihum, 2005). The Structural Functional theory mainly focused on how traditional and modern societies evolved and function (*ibid.*). The theory assesses and explains society in terms of

functions. It takes society as a system of interrelated parts where no one part can function without the other part. different parts always make up the whole of society. The theory further explained that, if one part changes lead consequence to entire society as a whole. In addition, theory takes society as a system, like a set of interconnected parts, which together form a whole. As a system consists of various components or sub-systems (Zurihum, 2005).

The theory has four main tenets namely, collective consensus, norms, values and rules. These tenets assist someone to be closed in order to have an effective and functional society. System as a structures are coordinated from a central authority to enhance and maintain harmony as well as stability. The same each part of the structure is interrelated and interlinked to create an effective outcome (Rigney, 2001).

2.3.2.1 Relevance of Structural Functionalism Theory to the study

As indicated from the theory, the family is like a system. Likewise, a member of family is another system. Family as a system works and has roles, which can be explained and assessed by using Structural Functionalism theory. Family as a system has sub-systems such as father, mother, children, grandfather, grandmother, sister in law, brother in law and neighbors. All these sub systems are closely interrelated and interconnected. Definitely, no one among these sub systems can work alone without depend on others. If one sub system is disturbing by any course the whole family is also disturbed. Each one depends on the other. If one member is disrupted the family is also affected.

A family has a form of culture associated with values, beliefs, and norms that are unique to the other family. In most cases, families are influenced by values and informal values, beliefs, norms, rituals, and expectations. The Structural Functionalism Theory has correlation with the adolescent mother among families in their daily functions. The function of the mother and father is to make sure all norms, values and rules are abided by all members in the family including children. If the parents and neighbors denies their roles and functions to family, there is a possibility to affect other members in the family including producing adolescent mother. In order to stabilize the family among family members the parents have to support their children by giving them all necessary needs and incentives that will enable family members be free from going wrong in norms, values and rules. This will help the family to maintain and safeguarding welfare of family.

2.4 Empirical Literature Review

2.4.1 Factors Contributing to Adolescent Motherhood

There is a number of factors worldwide contributing to adolescent mothers. These factors include dowry payment, poverty, low education, status, poor quality and access to reproductive health services, peer pressure, tradition and culture as well as education failure, unemployment and self-esteem (DEPED, 2011; UNICEF, 2011).

2.4.1.1 Lack of Parental Guidance

Lack of parenting guidance is one among the source of adolescence mother since most of parents avoid their children to talk about sex issues, while some of the parents do provide false and unclear information about sex matters. In addition, some even discourage their children to participate and communicate openly in discussion

about sex (Kaufuman, 2011). DEPED (2011) put clear that some adolescent is getting pregnancy just because they are not well educated and communicated about sex. The study (*ibid.*) further indicates that teenagers are left on their own for the whole day without discussion with their parents. Most adults feel that sex education, even in secondary school is dangerous and early for adolescents and it likely lead to bad behavior (Conger, 2013). Indeed, most adults believe that parents should teach sex education in the privacy of their homes. But surprisingly this is not a solution since most of the girls trapped and became pregnancy before time (*ibid.*).

Issues of parenting guidance lies also on dressing. Martin (2007) in his study indicated that, most of the girls, special in urban areas, are allowed to dress like common prostitutes and boys are trained to treat them as such situation. Parents also allow their children to stay out many hours during night. This situation creates possibilities for the girls to fall in to pregnant (*ibid.*).

2.4.1.2 Raping and Forced Sex

Rape occurs with the absence of choice or consent from woman to engage in sexual intercourse (Nadesan, 2010). Sexual intercourse that performed without the woman's consent usually involves the use of force, threat of force, intimidation or, sometime when the woman in unsound mind due to illness or intoxication (*ibid.*). In Uganda rape among rural adolescents aged 15-19 is common, while in Dar es Salaam many victims of rape are between 12 and 17. Most of the victims of rape ended up with unwanted and unexpected pregnancy. Definitely, this activity has negative effects for young women's future sexual and reproductive health (Philemon, 2007).

Martin (2007) in his study indicated that, most of the girl's date with older men is more likely to become pregnant since because most of them have no consent to do a sex.

This kind of activity directed to sexual exploitation that leads to unwanted pregnancies amongst adolescent girls. Most of girls usually lack good knowledge of what will happen in the act, girl feel that they are oblique and have a responsibility to repay what have been provided to them. So, therefore, they follow and do whatever they directed to do including to perform a sex without protective gears such as condoms (*ibid.*).

2.4.1.3 Adolescent Sexual Behavior

Peer pressure is a major factor that encourages adolescent boys and girls and boys to involve in sexual activities. These activities are facilitated by early puberty among the young. Nasoro (2003; Philemon, 2007) in his study found that, in Dar es salaam, the age of menarche was between 13 and 15 years, this ages associated with increased sexual activities which puts teenagers at risks of unwanted pregnancies.

KEPED (2011) concluded that, most of the children at the age of 12 have early dating which is facilitated by genital sexual development during adolescence due to the increased hormones. As a result, in secondary school sexual characteristics such as masturbation and sexual fantasies are reported to become common. Philemon (2007) put more emphasis on issues that, early sexual activities are due to development characteristics including early puberty and high level of androgen hormones which associate and increase adolescent sexual behavior.

2.4.1.4 Socio-cultural and Economic Factors

Adolescent girls who belong to poor families are more likely to become pregnant. WHO (2008) indicates that poverty and low income contribute to adolescent mothers. Most of the family because of low income and poor daily income force their family to enter into force marriage to substitute their income. The study (*ibid*) indicated that, 12% of adolescence were forced to enter into forced marriage just because to benefit from their adolescent girl's dowry.

DEPEND (2011) indicating unusual psychosocial attitudes and some risk behavior as a social economic factor contributing to adolescent mother. Attitude and risk behavior like use of alcohol, tobacco and drugs, school problems, delinquency and physical aggression are associated with early adolescent sexual intercourse. Muchuruza (2012) made clear that, because of risk behavior and attitude adolescent were usually at high risk of pregnancy at the age of 14 and 16 years. He (*ibid.*) added that, adolescent with who don't have formal education and employment were at risk fifteen times higher than others. At the sometime, girls who has low education and who are living with one parent or guardian are at more risk compare to the one who have good education and living with both parents (UNICEF, 2011). Further than that, lack of necessary material to meet the daily and necessary needs for adolescents, because of poor socio-economic parent status put adolescent girls at great risk of pregnancy (*ibid.*).

2.4.1.5 Inadequate Knowledge about Safe Sex

Inadequate knowledge about safe sex is another contributing factor lead to adolescence mother. The knowledge includes teaching about how male and female

bodies are protected against sexual activities. The sex knowledge helps the learner to understand about sexuality and recognize the important of puberty stage, and important of having personal relationship. Brooker (2006) unveils that, most of adolescents are unaware of safe sex and they don't know how to prevent pregnancies. Most of young people feel shy or fear to seek information about sex knowledge (*ibid.*). On the same vein Kaufuman (2011) indicates that there was slightly lower level of knowledge about contraception, sexually transmitted infections, pregnancy, childbirth, bonding, parenting and family living amongst adolescents.

Philemon (2007) in his study unveil that, low educational status and poor knowledge of reproductive health among adolescents are among the factors contributing to adolescent mother at Kinondoni district. Because of that, some adolescent forced to dropout from school, and others could no get chance to continue with secondary education. Since, they have nothing to do they are at risk of being involved in sexual activities at an early age, ending in pregnancies.

Nundwe (2012) put the same emphasis on this issue. In his study found that, there is low communication between parents and their adolescent children about reproductive health issues specifically issue of sexuality and condom use tend are avoided. Gender differences between parents and their children hinders effective communication, parents thought that it is a shameful and dangerous thing to communicate with children of the opposite sex. Parents fear that children could understand that the parent wants to perform sex with them (*ibid.*).

2.4.1.6 Drugs and Alcohol

The use of drugs and alcohol is one among the factor that makes adolescents to get pregnancy. Alcohol and drugs substances are a risk behavior, which put adolescent in danger not only to get pregnancy but also to be affected with dangerous disease (Essau, 2007). Panday and co-workers (2009) indicated that, the high rate of drug and alcohol abuse contributes a lot to teenage pregnancy. When a teenage is in intoxication of drugs or alcohol she may perform unprotected sex. This activity might result to pregnancy or transmitted disease like HIV (World Today, 2008).

Panday and co-workers (2009) emphasis that, the use of alcohol and drugs have negative psychoactive effects which make the drugs user to increase desire of performing sexual intercourse. It decreases tension, diminish decision- making capacity, decrease power of judgment and sense of responsibility, and generally disempowered women to decide whether to do sex or not (*ibid.*).

2.4.1.7 Childhood Environment

Women exposed to abuse, domestic violence and family conflict in childhood are more likely to have pregnancy during teenage than those who do not experience that kind of situations. One-third of teenage pregnancies can be stopped by eradicating exposure to abuse, violence and family contention. Boys rose in homes with a battered mother, or who experienced physical violence directly, were more likely to impregnate a girl than boys who had not (Wikipedia, 2008).

YCC (2007) added that, pregnancy rate is also high because teenagers lack responsibility. Most of teenagers don't practice safe sex and absolutely do not have

self-denial. Teenagers also chop pregnant because they lack respect for themselves, do not care about themselves, and some are just lazy (*ibid.*). Therefore, it is somehow impossible for them to resist on engaging herself self in unprotected sex. Because of laziness she does not want to use family planning such as condom other protective gears (*ibid.*).

2.4.1.8 Poverty and Social Environment Vulnerability

Poverty and social vulnerability is another source of adolescent mother. Miller (2011) indicates adolescent who are living in disadvantageous social environments, poor families and poor economic circumstances are more likely to become adolescent mother than those who are not experience such environment. The said environment facilitates poor education, lack of job opportunities, poor health and lack of achieving daily important needs. This lifelong course ending with adolescent mother (Sldaz-carroll and Moran 2009).

Steam (2012) in this vein added that, girls are more vulnerable to become adolescent mother when she is living in slum areas. Slum areas are branded by poor housing where many occupants living in one room, one toilet and definitely, safe water is unavailable. He (*ibid.*) in slum areas, experience poor residential area, unwarranted sanitary infrastructure, high poverty rates, inadequate employment opportunities and small alcoholic drink shops are order of the day. With this situation facilitate adolescent to get pregnancy (Kearny & Levine 2007; Steam 2012).

Ngussie & Obare (2010) added further that, adolescent girls in slum area usually do have access to get sufficient and enough information which support her to get

reproductive health rights which very important to make decisions regarding reproductive matters and other important aspects of their lives. Because of lack of communication rape became rampant and in most cases are not reported for fear of societal discrimination finding marriage partner (Amanuel & Mangistu, 2008)

2.4.2 Challenges Facing Adolescent Mothers

Adolescent mothers remain a challenge throughout the world. There is a need to take some immediate intervention to resolve some the challenges. (United Nation Population Fund, 2013). There is a number of challenges that adolescence mother faces. Some of them are as the following: -

2.4.2.1 Family Conflict

Empirical data indicated that, most adolescent pregnancies take place in developing countries where they are living in socio economic disadvantage setting. Ngum and co-workers (2015) show that, developing countries are at higher risk of adolescent pregnancy as compared to the developed countries. Life hardship makes most of adolescent mother experience conflict between their new position as mothers and their adolescent needs. Adolescence mother experiences a number of troubles with their family since they are in transition from adolescence to motherhood.

2.4.2.2 Health Complications

Because of low level of health care in most of developing countries, most of adolescent mothers die due to health complications facing during delivering (WHO, 2011). Similarly, their babies place into risks of dying within a first few weeks of life

and they are more likely to have low birth weight which cause health effects (*ibid.*). at the sometime a study by UNFPA (2013) reveals that adolescent mothers facing a lot of challenges such as dropout schools, aggression, depression and other psychological problem, drug use, pregnancy running away, gang membership and educational aspiration. On top of that the study pin point that adolescent mothers become affected on psychological and behavior problems.

Tanzania in particular, Tanzania Demographic Health Survey (2011) revealed that 529 out of 100,000 of adolescent mother die while giving birth due to child delivery related complications. On the same vein it (*ibid.*) indicates that in 2005 the figure increased up to 578 and then dropped the following year to 454. UNICEF (2011) reports that, adolescent mothers were getting embarrassment and were discriminated from health services and community at large.

2.4.2.3 Education Problems

Education is another challenge that adolescence mother faced. Chauke (2013) in his study of challenges experienced by teenage mothers in secondary schools in Hlangananni South Circuit. Result of the study shows that 31% of all school dropout cases involved adolescent mother. The result further indicated that, adolescent mother facing a numerous challenge such as cultural and social values. In addition, the study of UNFPA (2013) on challenges facing adolescent pregnancy revealed that most of adolescent mother miss education opportunity, die from different health complications, unsafe abortion, safer from acute poverty and deprivation of basic human right.

2.4.3 Community Involvement on Addressing Adolescent Mothers

In addressing adolescent mother, a number of programs have initiated to make sure community is fully involved. National policies and codes of conducts have been established in order to protect their rights of children and adolescents. Lion (2012) unveil that, since the mid-to late 1990s Government programs have been put in place is largely to focus on instituting a conducive national legal and policy framework to end adolescent mothers. In this context, Tanzania government in particular, has made substantial development in setting the national policy structure for addressing adolescent pregnant. In other hand, many developing countries such as Uganda clearly stipulates in their penal code (amendment) Act (CAP 120) 2007, section 129 that any person who performs a sexual act with another person below the age of 18 years commits an offence (defilement) and is liable to life imprisonment or a death.

In other area, unconditional efforts were taken to promote positive culture value and norms so as protect adolescent rights. Adolescent mothers ware taken as a primary goal for parenting and transmitting values, beliefs and ideas based on cultural knowledge for respective area. Adolescent parents were empowered to transmit an awareness of cultural values and norms on parenting childbearing (Boyd-Franklin, 2013).

School community was also involved to safe guide rights of adolescent others. A number of school campaigns have been initiated so as to reduce drop out students and unwanted pregnancy. The National Campaign (2010) example has identified a number of interesting programs of how the education and health sectors in

communities with high teen birth and dropout rates are working together to improve graduation rates by addressing adolescent mothers. Parents, health professionals and teachers were working together to make sure sex education is delivered in schools and home areas (*ibid.*).

Another community involvement was the activities performed by social worker in school and home areas. Van pelt (2012) in study about supporting pregnancy-and parenting – related issued explains how social workers were involved in stopping adolescent mother. Social workers performed individual and group counseling both in and out of the classroom setting. They performed group therapy sessions which focus on a range of topics, from simply sharing individual experiences to skills training. He (*ibid.*) unveiled that, when group sessions performed students share their experiences related to their pregnancy and their relationship with family and others in their home and community settings. This program enhances students' ability to engage with their classmates. In addition, it empowers teens to develop an awareness of their bodies, allows the social worker to discuss important factors regarding relationships, and address potential issues that affect their health and safety, such as dating violence.

2.5 Policy Review

The Tanzanian government soon after independence in 1961 identified three enemies to fight with namely poverty, ignorance and disease. One among serious step take during early independent days was to implement a health policy, which aimed at providing free health serves for all people. This step was followed by the

establishment of referral systems starting from village to the national level. The step came after introduction of Arusha declaration in 1967. Although this was an ideal policy for insuring availability of basic health services to the poor community, it was not achievable and not sustainable.

The government then embarked on Health Sector Reform (HSR) in 1984 aimed at redefining health policies and restructuring its health system focusing on policies, structures and institutional functions, efficiency and performance monitoring. This resulted in decentralization of health services from the central to the community level through District Health Management Teams. This led to changes in resource allocation, priority setting and management of health services delivery within the local community (Nation Health Policy, 2002 – 2007). The government spent 9.4% of its total budget on health for the year 2007. It intends to make sure that 93% of the populations are within a distance of 10 kilometers of health facilities (Nation Health Policy, 2004).

There are laws and policies affecting the rights of adolescents such as protecting adolescents below the age of 18 from early marriage (Marriage Act, 1971) and the policies aim to improve the overall quality of life of adolescents. The health policy has been based on gender equality and equity, participatory decision making, respect of adolescent's human rights, efficiency and effectiveness. Specifically, the policy aims to create a conducive environment and legal framework for advancing adolescent's health, increasing participation and utilization of innovative, integrated and high quality services and among parents and adolescents, positive attitudes and behavior changes (MOH, 2003).

Another law is Child Act where section 83 stipulated that a child shall not be engaged in any work or trade that expose a child to activities of sexual nature, whether paid for or not. Some of the things, which have been prohibited in this Act are coercion or inducement of a child to engaging on sexual activities, prostitution or other unlawful sexual practices. Any person who contravenes the provisions of this section commits an offence and shall on conviction be liable to a fine of not less than one million shillings and not more than five hundred million shillings or to imprisonment for a term of not less than one year and not more than twenty years or to both.

On the same vein President of Tanzania John Magufuli critically condemned students who get pregnant while they are at school. He asks them to obey school orders since the government spent millions of shillings to make sure every student get free education from primary to secondary. He encourages adolescents to concentrate on studies rather than engaging on sexual activities (The guardian, 23 July, 2017).

2.6 Conceptual Framework

Conceptual framework is the logical structure consisting of concepts that are placed within a logical and sequential design, represents less formal structure and used for studies in which existing theory is inapplicable or insufficient (Abdellah, 2011). The conceptual framework developed in this study is basically underpinned into the following three key interacting variables: community policing initiatives, intervention factors and outcomes (Figure 2.1). These three variables are interrelated and interconnected to each other in the way that they influence on increase or

reduction in crimes in community. Figure 2.1 presents the Conceptual Framework used in this study.

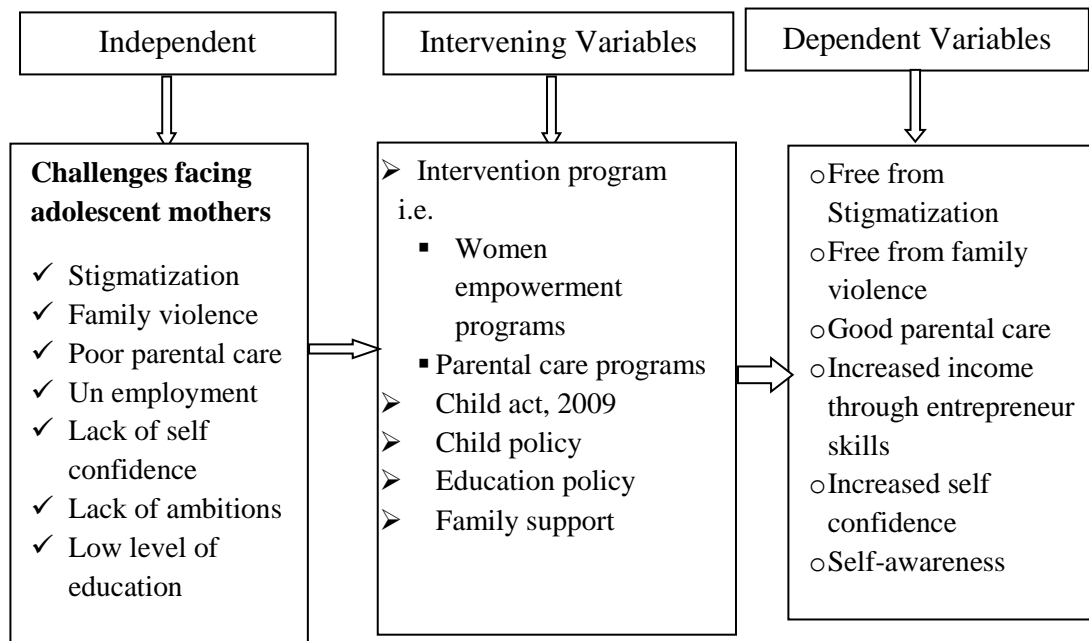


Figure 2.1: Conceptual Framework

Source: Field Survey, 2020

Figure 2.1 shows that, in this study, challenges facing adolescent mothers are independent variables which include stigmatization, family violence, poor parental care, unemployment, lack of self-confidence, lack of ambitions and low level of education while dependent variables include free from stigmatization, free from family violence, good parental care, increased income, increased self-confidence and self-awareness and Intervening variables are programs, child act, child policy, education policy and family support. Therefore, this study reveals that independent and dependent variables are related and connected on each other in the sense that effectiveness of independent variable has direct outcome on the dependent variables.

Despite of the dependent variables relate to each other; their outcomes are connected with intermediate variables as interventions that link the variables to acquire the results.

2.7 Research Gap

Despite the fact that many studies have been conducted in assessing the challenges facing adolescent mothers in Tanzania and out of Tanzania challenges still persist., For example, Makundi (2010) conducted a research tilted factor contributing to high rate of teen pregnancy in Mtwara region, he found out that there was a positive relationship between social cultural factors and high rate of teenage pregnancies, high rate of teen pregnancies is not only due to economic and low knowledge about sexuality but also due to other social factors that affect day to day life of the teenagers. Teen pregnancies are due to unprotected and early sexual intercourse which also expose teenagers to other risks of contacting sexual transmitted infections and other diseases such as HIV AIDS.

Chauke (2013) study based on challenges experienced by teenager mothers in secondary school found that teenage mothers had difficulty in balancing schooling and taking care of their children, because they lacked support from their educators, peers, parents and the community at large. In order for teenage mothers to succeed with their schooling, maximum support is needed from all stakeholders, that is peers, parents, educators and the whole community structures.

While the study by Nundwe (2012) and Kiluvia (2011) focused on the barriers to communication between parents and adolescent concerning sexual and reproductive

health issues. None of these studies directly assess challenges facing adolescent mothers in Kinondoni District, Dar es Salaam this is a knowledge gap, which this study is designed to fill. However researcher decided to conduct the study on the challenges facing adolescent mother in Tandale ward.

2.8 Summary of the Chapter

The chapter presents different arguments from different authors on issues about adolescent mother. This includes definition of key terms and concepts, issues about adolescent mother, policies and conceptual framework. The next chapter presents the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This Chapter presents Research Methodology under the following Subsections: Research Design; Study Area; Population of the Study; Sample and Sample Size; and sampling Procedures. Other Sections include the following: Data Collection Methods; Validity and Reliability; Data Analysis Plan; and Ethical Considerations.

3.2 Study Area

The study area was carried at Tandale Ward, it is among the twenty wards in Kinondoni Districts, Dar es Salaam Region. This study area selected this area because, most of the people in this ward are of low economic and education status, and this situation enforced the girl to fall in teenage pregnancies (Adolescent mothers). The study also selected this area because it is the leading ward with highest population number in Kinondoni District (NBS, 2012). Further than that, Tandale Ward is one of the highest HIV prevalence rates among youth and adolescent in Kinondoni District (MOHW, 2012). In addition to that, Tandale youth groups are mostly exposed to risky behavior such as drug abuse, prostitution, alcohol abuse, and hooliganism (delinquent), (Family Health International/ Youth Net, 2005). The researcher thought this area is a good area to meet the research specific objectives.

3.3 Research Design

Research design is a blue print that guides implementation of research and procedures for data analysis (Creswell, 2013). Since the nature of the study based on

descriptive, therefore this study adapted descriptive design. According to Atmowardoyo (2018), the main aim of descriptive research is meant to explain systematically the existing incidences any study. In this sense qualitative and quantitative research approaches were employed in order to track respondents' feelings, opinions and views in an appropriate mechanism. Quantitative research approach is anticipated to attain wide understanding, while qualitative research approach is for the most part, wished to achieve depth of understanding (Etikan *et al*, 2016).

3.4 Research Approach

This study employed both qualitative and quantitative approaches meaning both qualitative and quantitative data were gathered. Qualitative approach was used so as to allow the research to gain deeper and clearer understanding of the respondents' knowledge, feelings and experience concerning the challenges facing adolescent mothers. The study also uses quantitative approach to obtain frequencies and number of respondents with definite characteristics who were involved in this study.

3.5 Target Population

The Tandale Ward has a total area of 1.16 square kilometers. According to the NBS (2012) the area has a total population of 54,781, where by males are 27,205 and females are 27,576. Accord Kothari(2014) target population is a group of interest in gaining information and drawing conclusion. The targeted group of this study was adolescent girls, adolescent mothers, health workers, parents, teachers and Municipal Community Development Officers. These categories of respondents are the key

provider of information to this study because they are thought to possess important and necessary pertinent information to the objectives of the study. Since it is difficult to include all community members, under the study, a reasonable sample was selected to represent the unity of inquiry.

3.5 Sampling Procedures

3.5.1 Simple Random Sampling

Simple random sampling is also called probability sampling technique where all members in the population have an equal chance of being selected (Adam, 2017). The technique was applied in this study to strength research data collection so as to generalize a large group of population and providing equal opportunity for all population. This technique is very important since it reduces time and cost for researcher to conduct the research. It also gives a better assessment to data analysis and hence achievement of the research objectives. Simple random sampling was used to adolescent mothers and parents/guardians.

3.5.2 Purposive Sampling

The second sampling technique was purposive sampling. In this technique people are selected with a definite purpose and that purpose reflects the particular qualities of the people or events selected and their significance to the theme of the investigation (Bryman & Bell, 2015; Harrison & Reilly, 2011; Merriam, 2009; Leonodou *et al.*, 2010).

Purposive sampling technique sometimes known as judgment sampling is the intentional choice of a respond of the study owing to his/her qualities. It is a non-

random technique that does not call for basic theories or a set number of participants. Through purposive sampling technique, the researcher is supposed to know what he/she is supposed to know and who is read to provide the required information according to his or her knowledge and experience.

This study purposively selected categories of respondents such as nurses and doctors from Tandale Ward health department to obtain their firsthand experience on dealing with adolescent mothers from their pregnancies to the child bearing. Municipal Community Development officers were purposively selected based on their experience and enriched knowledge about challenges facing adolescent mothers and the community involvement in addressing those challenges. Also it included police (gender desk) and teacher from Manzese secondary school. Each of these categories of the population had wide ranging experience, knowledge, views and feelings on challenges facing adolescent mothers and factors contributing to adolescent motherhood.

3.6 Sample Size

Sample size is a subgroup of the population from the total population that researcher interested to deal with (Kumar, 2007). Kothari (2014) unveils that the sample size in the study should be propositional, neither large nor small. A best sample size is the one which fulfils the efficient, representative, reliability and flexibility requirement (*ibid.*). Again, Ary and co-worker (2008) explain that, a sample size is a small group or subset of the population in study which a researcher selects for the purpose of that particular study. The sample size for this study was drawn from a study population of Tandale Ward in Kinondoni District.

Researcher visited the six Local Government offices at Tandale ward and obtained that adolescent mothers were 123, and also visited areas like Tandale ward hospital were 31 nurses and doctors, Manzese secondary school were 22 teachers, Kinondoni Municipal Council were 26 community development officers and Magomeni Police station were 4 police in gender desk.

This study collected data from a sample of 177 respondents. About 75 adolescent mothers were involved in this study. These adolescent mothers provided valuable information since they have experience of been mother. The study also involved 65 parents/guardian, 11 Tandale Ward health staffs, 2 police serving at gender desk and 13 Municipal Community Development Officers. 11 teachers were selected as they are in better position to tell and explain how family background characteristic and school environments of their pupils related with teenage pregnancies in their school (Table 3.1)

Table 3.1: Target Population and Sample Size

S/no	Target Population	Population	Sample
1	Adolescent mothers	123	75
2	Parents/guardian, household members)	112	65
3	Secondary teachers	22	11
4	Tandale Ward health department staffs	31	11
5	Police (gender desk)	4	2
6	Municipal Community Development officers	26	13
	Total	318	177

Source: Researcher, 2019

Calculation for sample size

Yamane (1967.886) provides a simplified formula to calculate sample sizes. This formula was used to calculate the sample sizes as shown below.

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

Where by

n = Sample size

N = Population

e = Level of Precisions (Level of tolerance = 0.05)

1 = Constant

$$n = \frac{318}{1 + 318 (.05^2)}$$

$$= \frac{318}{1+.318(0.0025)}$$

$$= \frac{318}{1 + 0.8} = \frac{318}{1.8} = 176.66$$

So n= 177

The sample size of the study is 177

3.7 Source of Data

3.7.1 Secondary Data

Saunders *et al* (2009) secondary data is the data collected from published materials for the purpose of doing research study. The study got secondary data by reviewing research reports, published and unpublished papers, books, articles, internet and other online resources such as journals. Study also, collected secondary data from health centers, ministerial documents which are related to the challenges facing adolescent mothers.

3.7.2 Primary Data

Primary data refers to the data collected specifically for a research project in order to observe or measure phenomena in the real world (Saunders *et al.* 2009). Primary data in this study were gathered by using questionnaires, interview guide and observation guide. These data were collected from the parents/guardians, health professionals, local community leaders, religious leaders and education officers from Kinondoni District.

3.8 Data Collection Methods

In this study, two data collection methods were used, primary data and secondary data. Primary data are data that were previously unknown and which have been obtained directly by the researcher from the study. In this study, the researcher has full control over the participants in the study (Kitchin and Tate, 2007). In the same path, Kothari (2009) contends that data collection methods are the process of obtaining evidence in a systematic way to determine educational and other problems. In this study both primary and secondary data were collected.

3.8.1 Questionnaires

White (2002) defines questionnaire as a series of questions, each one providing a number of alternative answers from which respondents will deliver. The method was said be not expensive, free from bias of the interviewer and respondents had adequate time to provide their answers. Open ended and closed ended questionnaires were used in this study.

This was due to the reason that for sensitive topics that required fixed answers, and where less articulation was required closed questions were suitable (Robson and Newmann, 2007). Again, when it was noticed to require more clarification to complex issues open questions were used. This helped the researcher to get rich and detailed information and more clues through description (*ibid.*). However, different respondents could give different degrees of details. Again, their responses could also be written verbatim something which was difficult for interviewers to interpret and responses might be irrelevant. To reduce such limitation focus group discussion was applied.

The study used both open and closed questions to sixty five (65) parents/guardians, and seventy five (75) adolescent mothers. This instrument was used because due to the nature of the stud it was difficult to use other methods likes interviews. In addition, questionnaires help the researcher to avoid bias and ensure reliability of the responses. The instrument also helps to capture and examine the experience, practices, and opinion of the respondents. The researcher used questionnaires other person than the researcher can administer them with limited effect to the validity and reliability of data. In addition, the tools allow collection of data from a large numbers

of people in a short period of time and in a relatively cost effective way (Popper, 2009).

3.8.2 Interviews

Interview is a method of collecting data that involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses. This method can be used through personal interview and if possible through telephone interviews (Kothari, 2008:97). This method aimed at gathering deep knowledge on the respondents' view on the studied phenomena. An open ended question method was selected as it provided the opportunity for the research to uncover new clues, to open up new dimensions of a problem and to secure vivid description and memories as well as eliciting accurate and inclusive accounts based on the informants' personal experiences. This method helped to elicit personal histories in examining the phenomena of CP (Rubin, 1995).

However, the interview was costly in terms of training, travel, and supervision and personal up keep. Also there could be interviewer bias in terms of appearance, tone of voice and question wording that affected the respondents (Robson and Newmann, 2007). To reduce such limitations, a surveying questionnaire was used. The study used both structured and unstructured interviews to collect data from health care professionals, teachers, Police (gender desk) and community development officers who were the key informants of the study. In this study, interviews were conducted with ten (11) healthcare professionals, teachers (11), police gender desk (2) and community development officers (13). These were done purposively to obtain information which could not be easily obtained through questionnaires. The researcher read the questions to respondent and recorded their answer. Interview allows flexibility and opportunities

to observe nonverbal behavior, and they give room for correcting misunderstanding between researcher and their respondents (Walliman, 2011).

3.8.3 Observation

Observation was another method used to collect data in this study. This method contains taking a comprehensive view of a phenomenon in area of study. It also used for tapping data about events, activities and the settings of object (Walliman, 2011). The study used the observation method to classify and validating some challenges facing adolescent mothers provided by the respondents. The study used this method to detect the actual available challenges facing adolescent mothers. This method helped the researcher to get more information that helped to verify the information gained through questionnaires and interviews.

3.8.4 Documentary Review

Published and unpublished documents being official or private are effective sources of data (Chambua and Kester, 1993:60). Generally, sources of secondary data in this study include books, publications, and article and electronic media that had the literature regarding. This method involves reviewing different literature that related with the study problem in order to build up a base of understanding and getting much information on challenges facing adolescent mothers especially in Tandale Ward at Kinondoni District. This method is also known as secondary data source of information since contains data that have already being collected by different researcher (Kothari, 2011). The documentary review assisted the study to get much accepting the study problem, identify gaps and alternative ways to fill them.

3.9 Data Processing and Analysis Techniques

Data processing means examining the collected raw data, detect errors and omissions, and to correct them and where possible coding them. Coding refers to the process of assigning numerical or other symbols to answers so that responses can be put into a limited number of categories or classes or classification. Classification is the process of arranging data in groups or classes on the basis of common characteristics and tabulations. In turn, tabulation is the arrangement of collected data in some kind of concise and logical order so that they are manageable to analysis (Kothari 2008:151-157).

In addition, analysis refers to the computation of certain measures along with searching for patterns of the relationship that exists among data groups (Ibid). It is the process of bringing order of the data, organising what is there into patterns, categories and basic descriptive units (Patton, 1986:286). Data were analysed both qualitatively and quantitatively. Data obtained through the data collection method used in this study was summarised into patterns of information. This enabled easy interpretation and analysis. Some of the data were subsequently subjected to content analysis and transformed into figures in tables.

Quantitative data were coded and subjected to analysis in form of percentages and frequencies in tables. In fact any qualitative research has large amount of data. In this case the process of organising and systematising data becomes very necessary as there is no right way to go about organising, analysing and interpreting qualitative data. Some procedures that were employed in this process were going over notes, organising data, looking for patterns and themes, checking emerging patterns against the data,

cross validating data sources and findings and making linkages among various parts of the data and emergent dimensions of the analysis (Patton, 1980: 297).

For the analysis to be valid, the researcher read, analysed and annotated the interview notes, sorted out and did close examination of elements, themes and patterns concerning research objectives and framework dimensions, studied the consistent salient elements and critically examined the amount of variation within each pattern, feature or theme. The data obtained through in depth interview, FGD, document and records were used to cross validate findings, patterns and conclusion. Categories were formulated for each research objectives.

This means data collected through interviews, FGDs and document analysis were categorised into themes, sub themes or patterns as they reflect research objectives. For the documents, the analysis was made through critical analysis of available documents or records. Official and non-official records related to the study were examined critically as they produced useful descriptive information about civic education and community policing. Thus documents or records were very instrumental in cross-validating findings obtained through other instruments used in the study. The study also used Statistical Package and Service Solution (SPSS) Software (Version 20), and Microsoft Excel 2007 to generate percentages and frequencies from quantitative data.

The data outputs were presented in form of tables, figures and charts. Content and thematic analysis were used to analyze qualitative data were presented in narrative forms through words, pictures and symbols.

3.10 Reliability and Validity of Data

Saunders *et al.*, (2009) suggest that, reliability and validity are the two most important quality control objects in research design. Therefore, it is important the researcher results to be reliable and valid.

3.10.1 Reliability

Cozby (2001) refers reliability as the degree to which an assessment tool produces stable and consistent results. It is a degree to which a test consistently measures whatever it measures. To confirm reliability the study asked permission from the Regional Commissioner to collect data from Tandale Ward and other required areas. Questionnaires were first tested for few selected respondents to test the results. Then questioners were dispersed to all members who had volunteered to participate in the study on voluntary basis. Then they were collected and stored by the researcher. Statistical Package for Social Sciences (SPSS) version 16 was used to check the consistent of result.

3.10.2 Validity

Validity refers to the degree to which study accurately reflect or assesses the specific concept of the researcher attempt to measure (Krisnaswami, 2005; Kothari, 2009). In this study, validity was attained in various ways. First, by using of systematic random sampling, this helped to reduce biasness. Second, the data collection tools like questionnaires, interview guiding questions, observation checklist were tested before going to collect data by referring to the specific objectives, which helped to come up with valid and reliable data.

3.11 Ethical Issues and Considerations

In this particular study, the researcher considered all ethical principles of the research. The researcher took consideration on the choice of study subject, research permits, informed consent of the respondents. Also considered confidentiality and sensitivity to cultural norms and values of the area of the study. The researcher informed all participants of the intention of collecting data. This helps participants of this study to build up trust and assurance of confidentiality which enable the study to acquire reliable information relating to challenges facing adolescent mothers. In addition, the researcher considered issues of cultural aspects, norms and values of participants. Indeed neither physical nor psychological harm were applied to participants. Value and culture of each individual such as faith, gender and color differences were also highly esteemed.

3.12 Summary of the Chapter

This chapter described and discussed the research methodology used in the process of conducting this study. The chapter has described the study area, research design, population of the study, sampling procedures, sample size, data collection methods and instruments, data analysis, interpretation and presentation. The chapter also provides validity and reliability of data. The following chapter presents findings and discussion of the study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISACUSION OF FINDINGS

4.1 Introduction

The chapter presents, analyze and make discussions on examining the challenges facing adolescent mothers at Tandale Ward in Kinondoni District. The findings collected from site were presented and analyzed as per specific objects Part one of this chapter presents demographic characteristics of the participants and part two gives out the findings as per specific research objectives

4.2 Response Rate

Response rate is the number people who answered the questions. From this study, out of 177 questionnaire and interview given to the respondents 170 were answered which is equal to 96%, (Table 4.1). Mugenda and Mugenda (2003) stated that response rate of 50%, is adequate likewise the response rate of 70% and above is very good.

Table 4.1: Response Rate

Questionnaire and interview given to the respondents	Interview and Questionnaire returned	Percentages
177	170	96.0

Source: Field Data 2020

4.3 Demographic Characteristics of the Respondents

Demographic characteristics of the respondents is based on gender, age distribution, education level, employment and working experience

4.3.1 Education Level of Respondents

The findings from Table 4.2 show that, 50% of the respondents had a primary education level; 32.9% of the respondents were secondary levers, 11.2% were diploma holders and 5.9% of respondents had degree level of education. The findings indicate that most of the respondents knowledgeable and skilled so they are able and capable of understanding various challenges facing adolescent mothers.

Table 4.2: Education Level

Education level of Respondents	Frequencies	Percentages
Primary	85	50.0
Secondary	56	32.9
Diploma	19	11.2
Degree	10	5.9
Total	170	100

Source: Field data, 2020

The findings in table 4.2 in line with Muchuruza (2012) who found that level of education is associated with the risk of pregnancy; the increase risk among with those of no formal education in relation to those of secondary education in this study (50%) of respondents had primary level of education (Table 4.2). this implied that many adolescents do not have chance to continue with secondary education which enable them to acquire knowledgeable which would help them to protect from unwanted pregnancy and STIs including HIC/AIDS. for those women who have gone to school are likely to delay (Fraser *et al.*, 2006).

4.3.2 Age of Respondents

The study from Table 4.3 indicates that, 30% of the respondents were of the age group between 16 – 19 years; 20 – 25 years were 18.8% of the respondents; 36 – 45

years were 11.8% of the respondents, above 45 years were 11.2% and 10-12 were 1.2% of the respondents. The results showed that majority of the respondents were young aged between 13– 25. The respondents' ages were within the reproductive age group of adolescents 16 – 19 years, WHO (2011) of the age between 16 -19 years is characterized by profound biological psychological and social development changes and also high emotional (Sadock, 2003).

Table 4.3: Age of Respondents

Age	Frequencies	Percentages
10 -12	2	1.2
13 - 15	22	12.9
16 - 19	51	30.0
20 - 25	32	18.8
26 - 35	20	11.8
36 - 45	24	14.1
Above 45	19	11.2
Total	170	100

Source: Field data, 2020

4.3.3 Gender of the respondents

in the findings indicate that Table 4.4 indicate that, 64.1% of respondents were female and 35.9% of the respondents were male. The study was interested to use gender in order to get balance between male and female on adolescent mothers at Tandale Ward in Kinondoni District. The findings indicate that most of the respondents were female, from this finding it was revealed that adolescent mothers participate fully in this study hence expect to get the real answers from them.

Table 4.4: Gender of Respondents

Gender	Frequencies	Percentages
Male	61	35.9
Female	109	64.1
Total	170	100

Source: Field data, 2020

This implied that male sees the issue of caring girls is not their responsibility but it is for women. Gender is among the resultant and adolescents and parents about reproductive health issues. Many parents in both sexes as gender role are likely to be resistant that tend to face adolescents and parents interface concerning issues related to reproductive health.

It has been seen that this type of communication tend to be gender based as parent prefer to discuss with age of the same sex. Normally mother prefers to talk with daughters likewise fathers prefer to talk with their sons for women and men interviewed stated that it was shamed for them to have discussion with their children with opposite sex issues related to sex that is STI, condom use HIV/AIDS and physical development.

4.3.4 Occupation of Respondents

The question was asked to the respondents about the occupation of respondents. The findings show that 48.8% of the respondents were largely depending of their family members for survival as they were unemployed, 34.7% of respondents were self employed and 16.5% of the respondents were employed (Table 4.5)

Table 4.5: Occupation of Respondents

Occupation of respondents	Frequencies	Percentages
Unemployed	83	48.8
Employed	28	16.5
Self employed	59	34.7
Total	170	100

Source: Field Data 2020

The findings in Table 4.5 indicate that the respondents' fathers most of them were depending from family member for survival as they were unemployed as shown by 48.8% followed by self employed with 34.7%. In this area, self-employment meant small scale businesses, like small shops, selling raw/cooked food items along the road, or in marketplaces and boda boda. Most of their businesses were small scale, which scale, which did not sustain the family needs and their economic status was low.

4.4 Factors Contributing to Adolescent Motherhood

The first objective of the study was to find out factors contributing to adolescent motherhood.

4.4.1 The Age of First Sexual Intercourse

The question was asked to adolescent mothers to state the age of first sexual intercourse. The findings indicate that 66.7% of respondents started sexual intercourse at the age between 16-19 followed by 28.0% of respondents who started at the age of 13-15 and 5.3% started at the age of 10-12 as shown from Table 4.6.

The findings from the study indicated that the respondents were sexually active around their first menstrual period.

Table 4.6: The Age of First Sexual Intercourse

Age of the respondents	Frequencies	Percentages
10-12	4	5.3
13-15	21	28.0
16-19	50	66.7
Total	75	100.0

Source: Field data, 2019

4.4.2 Sources led to Sexual Relationship

The respondents were asked what was sources sexual relationship The findings show that 44% of adolescent mothers said what forced them to sexual relationship is economic status, 30.7% of adolescent mother was from peer pressure 16% of respondents said pressure from partners and 5.3% of respondents were from self desire and 4% of respondents were from parents pressure as illustrated from Table 4.7.

Table 4.7: Sources of Sexual Relationship

Source of sexual relationship	Frequencies	Percentages
Self desire	4	5.3
Peer pressure	23	30.7
Parent Pressure	3	4.0
Pressure of partners	12	16.0
Economic status of respondents	33	44.0
Total	75	100.0

Source: Field Data, 2020

The findings from the study found that there some sources led to sexual relationship like economic status of respondents as 19.4% of respondents indicated followed by peer pressure. The findings from the study found that there some sources led to sexual relationship like economic status of respondents as 19.4% of respondents indicated followed by peer pressure.

4.4.3 Type of work being done by Farther of Child

The researcher was interested to know the type of work being done by farther of child. The findings show that 58.6% of adolescent mothers respondents were *bodaboda* drivers, 38.7% of respondents were doing other works and 2.7% of respondents were burning like chips as illustrated in table 4.8. The findings indicate that most of the child's fathers are doing *boda boda* business. The *boda boda*, as motorbike taxis are commonly known, has become a commonplace fixture in Tanzania, where other means of public transport are often hard to come by. They have become increasingly popular thanks to an increasing demand for public transit and an influx of cheap motorcycle imports, and they are often driven by young men who have just finished primary and secondary school.

Table 4.8: Type of work being done by Farther of Child

Type of work	Frequencies	Percentages
Burns like chips	2	2.7
<i>Boda boda</i>	44	58.6
Different works	29	38.7
Total	75	100.0

Source: Field data, 2020

4.5 Factors Leading to Adolescent Motherhood

The question was posed to the respondents on the factors contributing to adolescent mothers. The findings show that 74.1% of respondents said that, among the factors were socio-cultural and economic factors followed by 73.5% of respondents who said peer pressure as another cause (Table 4.9). 72.4% of respondents said poverty and social vulnerability, 60.6% of respondents said inadequate knowledge about safe sex, 49.4% of respondents said lack of parental guidance, 23.5% of respondents said Raping and forcing sex (exploration by older man), 22.9% of respondents said early puberty and menarche and urbanization, 19.4% of respondents said childhood environment and adolescent sexual behavior and 18.2%) of respondents said drugs and alcohol as shown.

Table 4.9: Factors Leading to Adolescent Mothers

Factors leading to adolescent mothers	Frequencies	Percentages
Lack of parental guidance	84	49.4
Raping and forcing sex	40	23.5
Early puberty and menarche	39	22.9
Adolescent sexual behavior	33	19.4
Socio-cultural and economic factors	126	74.1
Inadequate knowledge about safe sex	103	60.6
Drugs and alcohol	31	18.2
Childhood environment	33	19.4
Poverty and social vulnerability	123	72.4
Urbanization	39	22.9
Peer pressure	125	73.5

Source: Field data, 2020

4.5.1 Lack of Parental Guidance

Most of parent avoid sex their children to talk about sex while some of the parents they provide false information and discourage their children to participate in informative discussion about sex. Some adolescents are not well educated about sex as they get pregnancy due to lack of communication between parents and children, also teenagers are left at home on their own for the whole day without having any parental guidance, likewise girls are free to dress like prostitutes, they are free to stay out of their home at long period during the night.

4.5.2 Raping and Forcing Sex

Rapping occurs when there is lack of choice or consent by the woman to engage in sexual encounters. Most of the girls who date with older men are more likely to become pregnant before they attain woman hood due to rapping, sexual exploitation also take place that leads to unwanted pregnancies amongst adolescent girls. Without a good knowledge of what will happen in the act, these girl feel that they have a responsibility of repayment so they follow and do whatever the provider ask including going into beds with them without good consideration of a right time for having sexual intercourse and a risk of having pregnancy once they are in an act. As young girls do not have courage of asking the use of protective gears such as condoms.

4.5.3 Early Puberty and Menarche

The earlier the occurrence of menarche, the earlier the biological possibility of conceiving, for example in Dar es Salaam, Tanzania, the age of menarche was

between 13 and 15 years, at this age they don't have knowledge about safe sex and they are attractiveness which led them to the sexual relationship.

4.5.4 Adolescent Sexual Behavior

Peer pressure is a major factor that encourages adolescent boys and girls to involve in sexual activities. Most of the children have early dating such as 12 years of age. Moreover, there is a great flow of genital sexual development during adolescence due to the increased hormones, secondary sexual characteristics appear, masturbation, and sexual fantasies are common.

4.5.5 Socio-cultural and Economic Factors

Adolescent girls who belong to poor families are more likely to become pregnant. It was well stated that poverty contributes to early adolescent mothers due to the fact that, lack of necessary basic need to meet the needs of adolescents, due to parents poor socio economic status, which put adolescent girls at great risk of pregnancy. Other families prepare only tea in the morning while sugar and bite is upon to the children themselves to find money to buy at their own. Also initiation ritual for girls encourage sexual activity, as some of the girls immediately practice what they have been taught by "Nyakanga" at the ceremony of "Unyago", and no appropriate information is given of how to prevent disease and unwanted pregnancy.

4.5.5 Inadequate Knowledge about Safe Sex

This include knowledge about the changes of body from both male and female do that the children can understand about the sexuality and recognize the onset of puberty and acknowledge about relationship Knowledge about Most of the

adolescents are unaware of safe sex, they don't know on how to avoid pregnancies due lack of education and relevant information about it.

4.5.6 Drugs and Alcohol

The high rate of drug and alcohol she may find herself doing unprotected sex, which may result in unwanted pregnancy.

One of the interviewee state that

“The effects of alcohol and drugs increase sexual arousal and desire, decrease inhibition and tenseness, diminish decision-making capacity, judgment and sense of responsibility, and generally disempowered women to resist sex.

4.5.7 Childhood environment

The finding from the study show that 19.4% of respondents said one of the factors leading to adolescent mothers was childhood environment. Women who are exposed to abuse, domestic aggression and family conflict in children stage are likely to have teenage pregnancy, and increase the risk in reproductive health

4.5.8 Poverty and Social Vulnerability

The finding show that 72.4% of respondents said the factors leading to adolescent mothers was poverty and social vulnerability. This revealed that the poverty cycle repeats itself, with pregnant adolescents beginning a lifelong course of poverty for themselves and their children through cutting educational opportunities and ensuring poor job prospects. The vulnerability of girls is also forced by the situation on which they are living. Girls who are living in slum neighborhoods are more vulnerable to

risky sexual behavior and pregnancy. Slum areas are characterized by poor housing with many residents living in one room toilets in short supply and safe water unavailability: deteriorating residential area, precarious sanitary infra-structure high poverty rates, limited employment opportunities usually in the informal sector in petty trade activities and other small alcoholic drink shops called and female headed households. The poor employment in these communities may further prevent adolescent girls from staying in school and preventing pregnancy.

4.5.9 Urbanization

In Tanzania, factors that have influenced the adolescents' life style include modernization accompanied by industrialization; access to mass media; rural- urban migration, and the introduction of a free market economy. All these factors have changed the traditional system of socializing the young people to adulthood.

4.5.10 Peer pressure

Peer pressure as shown by 73.5% plays a role in initiating sexual activity, which frequently ends in adolescent pregnancies. Young girls experiment with sex as they enter adolescence. At this stage, most teenagers ignore the counsel of their parents and choose to go with what their peers than with their parents, some of the girls immediately practice what they have been taught by peers, and no appropriate information is given of how to prevent disease and unwanted pregnancy.

4.6 Challenges Facing Adolescent Mothers

The first objective of this study aimed at findings the challenges facing adolescent mothers at Tandale Ward in Kinondoni Municipality. The question was asked to the

respondents on the challenges adolescent mothers experienced. The findings show that 85.9% of respondents said that becoming a single mother at an early age followed by 84.7% of respondents who said conflict between their new position as mother and their adolescent needs, 73.5% of respondents said the risks of HIV and AIDS, 68.8% of respondents said drop out school, 55.3% of respondents said adolescent mothers were discriminatory from health services and community at large, 49.4% of respondents said their babies place into risks of dying within a first few weeks of life and they are more likely to have low birth weight which cause health effects, 27.1% of respondents said death due to complications facing during delivering, 20.6% of respondents gang membership and 18.2% of respondents said drug and alcohol. The findings implied that adolescent pregnancy and childbearing entail a high risk of maternal death for the adolescent, and the children of young mothers have higher levels of morbidity and mortality.

Table 4.10: Challenges Facing Adolescent Mothers

Challenges	Frequencies	Percentages
Drop out of school	117	68.8
Death due to complications facing during delivering	46	27.1
Their babies place into risks of dying within a first few weeks of life and they are more likely to have low birth weight which cause health effects	84	49.4
Pressure from family and stigma in society	92	54.1
Drug and alcohol	31	18.2
Gang membership	35	20.6
Adolescent mothers were discriminatory from health services and community at large	94	55.3
The risks of HIV and AIDS	125	73.5
Becoming a single mother at an early age	146	85.9
Conflict between their new position as mother and their adolescent needs	144	84.7

Source: Field data, 2020

4.7 Addressing Challenges Facing Adolescent Mothers

The question was posed to the respondents on the availability of support to adolescent mother. The findings show that 60% of respondents said promoting positive cultural values and norms to the adolescent mother, 43.5% of respondents said the support is through policies and National development plans helps to reduce adolescent mothers in this community, 35.3% of respondents said psychological counseling is available in this community, 31.8% of respondents said Individual and group support to adolescent mothers in this community (Funds/Loans, and 30.6%) of respondents said Informal education available in a community. The findings showed 43.5% of respondents indicated that Policies and National development plans helps to reduce adolescent mothers in this community Health provider-led interventions focus on both prevention and treatment with the core function to make services relevant and ‘adolescent-friendly’

Table 4.11: Availability of Support to Adolescent Mother

Available support	Frequencies	Percentages
Promoting positive cultural values and norms to the adolescent mother	102	60.0
Individual and group support to adolescent mothers in this community (Funds/Loans,	54	31.8
Policies and National development plans helps to reduce adolescent mothers in this community	74	43.5
Psychological counseling is available in this community	60	35.3
Informal education available in a community	52	30.6

Source: Field data, 2020

4.8 Discussion of Findings

4.8.1 Challenges Facing Adolescent Mothers

The findings implied that adolescent mothers entail a high risk of maternal death for the adolescent, and the children of young mothers have higher levels of morbidity and mortality. These adolescents and their children may experience repercussions in the present, as well as far into the future. Pregnancy and childbearing may cut short an adolescent's education and threaten her economic prospects, employment opportunities and overall well-being. Adolescent mothers may pass on to their children a legacy of poor health, substandard education and subsistence living, creating a cycle of poverty that is hard to break.

One of the interviewee stated that:

More than 40 percent of Tanzania's adolescents are left out of quality lower-secondary education despite the government's positive decision to make lower-secondary education free. "I Had a Dream to Finish School": Barriers to Secondary Education in Tanzania," examines obstacles, including some rooted in outdated government policies, that prevent more than 1.5 million adolescents from attending secondary school and cause many students to drop out because of poor quality education.

Chigona and Chetty (2007), teenage pregnancy and mothering are the major causes of secondary school dropout. A teenage mother, who is frequently absent from school, is more likely to quit school for good, because she is unable to catch up the missed school work due to the dual responsibilities facing her (being a learner and a parent at the same time). Grant and Hallman (2006), also assert that the birth of a baby marks the end of schooling for the teenage mother.

Adolescents face a higher risk of complications and death as a result of pregnancy than older women. In terms of complications, anemia, malaria, HIV and other STIs,

postpartum hemorrhage, and mental disorders, such as depression, are associated with adolescent pregnancy. Pregnancy and delivery for girls who have not completed their body growth expose them to problems that are less common in adult women; women with obstetric fistula develop the condition as adolescents, with traumatic, often lifelong consequences. Low socioeconomic status, substance abuse, and likelihood of receiving low and/or inadequate prenatal care are associated with pregnant adolescents, and poor outcomes for the offspring of adolescent mothers are well documented and include higher rates of preterm birth, low birth weight and asphyxia, and prenatal and neonatal mortality.

Birth weight is the first weight of the foetus or newborn obtained after birth. Low birth weight refers to birth weights below 2500 grams. It is one of the major determinants of prenatal survival, infant morbidity, and mortality as well as the risk of developmental disabilities and illnesses in future. Neonatal death among infants weighing 1500–2500 grams is 20 times higher than among infants of normal weight.

4.8.2 Factors Contributing To Adolescent Motherhood

The findings from the study indicated that, respondents were sexually active around their first menstrual period, which implied that there was an association between the age at menarche and that at first sexual intercourse. The importance of reinforcing health education at this age about changes in their bodies, sexual intercourse, pregnancy, contraception and abstaining from sexual intercourse. Adolescents have a right to information will delay pregnancy and risk factors associated with sexual intercourse and pregnancy. According to Butler *et al.* (2010), adolescent mothers

face a judgmental attitude from the community members. They suffer from social exclusion and being employed in lowly paid and casual jobs. With the marginalization of adolescent mothers, what is their attitude towards early motherhood?

The findings also found that there some sources led to sexual relationship like economic status of respondents as 19.4% of respondents indicated followed by peer pressure. This implied that some adolescence mother come from poor families and experience pre existing disadvantages that results from poorer economic circumstances. The poverty cycle repeats itself, with pregnant adolescents beginning a lifelong course of poverty for themselves and their children through cutting educational opportunities and ensuring poor job prospects The vulnerability of girls is also aggravated by the situation on which they are living. Girls who are living in slum neighborhoods are more vulnerable to risky sexual behavior and pregnancy. Slum areas are characterized by poor housing with many residents living in one room toilets in short supply and safe water unavailability: deteriorating residential area, precarious sanitary infra-structure, high poverty rates, limited employment opportunities usually in the informal sector in petty trade activities, taverns and other small alcoholic drink shops called and female-headed households.

Youth are forced into having sexual intercourse by peer pressure. Peer pressure plays a role in initiating sexual activity, which frequently ends in adolescent pregnancies. Poverty for girls (especially with poor parents) is another factor. Initiation rituals for girls encourage sexual activity, as some of the girls immediately practise what they have been taught, and no appropriate information is given of how to prevent disease

and unwanted pregnancy. Adolescent girls want to be like their friends; they want to do what their peer groups do, and they want to have what their groups have.

The findings indicated that most of the child's fathers are doing boda boda business. The *boda boda*, as motorbike taxis are commonly known, has become a commonplace fixture in Tanzania, where other means of public transport are often hard to come by. They have become increasingly popular thanks to an increasing demand for public transit and an influx of cheap motorcycle imports, and they are often driven by young men who have just finished primary and secondary school.

One of the interviewee stated that

Motorbike drivers at the center are the major causes of the high early pregnancy rates in Tanzania, with recent studies indicating that boda boda drivers account for 13 % of child pregnancies in the country.

According to this study, young girls, are vulnerable to sexual advances as they make their long treks to school. According to an article in the Financial Times, some girls live up to 15km away from their schools and so take a *boda boda* rather than walking the distance. The girls are often too poor to pay the fare, and as a result, *boda boda* drivers prey on them. The girls end up sleeping with the drivers as payment, often leading to pregnancy and ultimately expulsion from school.

Many children experience difficulties traveling to and from school. Some transport operators refuse to take children because they pay lower fares. The journey to and from school can expose children to risk. Results from the Violence against Children

survey suggest that among girls who report being sexually abused, one in four say that it happened on the way to school, whether in a public vehicle or while walking.

Therefore, the claim that bodaboda drivers are responsible for a growing number of teenage pregnancies in Tanzania is mostly true. There is evidence that teenage girls from poor families, particularly in urban Tanzania, are pressured to have sex in exchange for services such as transport. Bodaboda riders have taken advantage of this situation, further compounding the already dire situation that teenage girls in Tanzania are facing. As a result, counterproductive measures such as banning teenage girls from school after they get pregnant would likely achieve the opposite effect, denying girls access to the education they would need to escape from the cycle of poverty, and putting even more of them at risk.

Socio-cultural and Economic Factors as shown by 74.1% indicate that parents fail to communicate with their children of the opposite sex on issue based sexuality like physical development, STIs, Puberty and condom use. This is a problem for all parents of both sexes as gender roles tend to be barrier that tends to face parent – adolescent communication concerning issues of reproductive health.

In most cases it has observed that this kind of communication tends to be gender based as parents prefer to speak or discuss with children of the same gender. If communication between parents and children of the opposite sex, then this communication take place in the context of: shame. Both men and women interviewed explained that it was shameful for them to discuss with their children of

the opposite sex issues of SYIs, condom use, HIV.AIDS and physical development. This inline with Chigona and Chetty (2007) also researched the topic of teenage mothers; the duo endeavored to determine how teenage mothers coped with schooling and how much support was rendered to them.

Fear that their children will feel they want to have an affair with them. Gender also is a barrier to parent adolescent communication as other parents both male and female explained that it is difficult to them to communicate with their children on some issues of reproductive health as their children are of opposite sex. Parents feared that their children will feel that their parents want to have an affair with them especially when the discussion is about sexuality.

Education levels of parents tend to be a barrier to parent – adolescents communication concerning reproductive health issues especially concerning sexuality topics. Parents with a high level of education, although they fail to communicate with their children orally or face to face, they decide to use other means of communication, like giving them learning materials to ensure that children understand and get to know all the information about reproductive health issues compared to others with low education who have not seen other option to communicate with their children.

Fear that they will direct their children to engage into sexual experimentation. Some parents explained that it is difficult to discuss with their children issues of reproductive health as they fear that they can direct them into engaging sexual

activities. For parents to discuss with their children issues of Puberty, condom use, STIs and HIV prevention and early pregnancy prevention is like they are directing their children to engage in or to practice sexual activities.

4.8.3 Community Involvement In Addressing Challenges Facing Adolescent Mothers

The findings showed 43.5% of respondents indicated that Policies and National development plans helps to reduce adolescent mothers in this community Health provider-led interventions focus on both prevention and treatment with the core function to make services relevant and ‘adolescent-friendly’. The government of Tanzania is partnering effectively with health organisations and the private sector to enhance their approach to adolescent health, in particular reproductive health, diet and substance use choices and HIV reduction. Their challenges exist in the hesitation of adolescents to consult medical services because of shyness, embarrassment or lack of awareness, and on the other side with medical and health workers who know little about the requirements of this age group and can even judge or stigmatise girls and boys who are in need of sensitive and practical support.

Informal education available in a community as shown by 30.6% indicate that community-based in collaboration with government through municipals have adolescent health programmes are happening in and outside schools, with youth drop-in centres a highly utilised mechanism for focusing the attention of this age group on healthy choices. Curriculum on life skills including sexual and reproductive health is widely available and, so long as children stay at school long enough, they are likely to receive at least the basics of sex education. This was also supported by

Chigona and Chetty (2007) in their study conducted in Cape Town, South Africa, which revealed on how much support was offered to teenage mothers to facilitate their secondary schooling, thus enabling them to complete their education and become self-reliant. Information was gathered using interviews from teenage mothers, their parents and their educators. The findings were that many teenage mothers failed to succeed with schooling, because they lacked the support to avoid numerous disruptions to school attendance.

Promoting positive cultural values and norms to the adolescent mother as shown by 60% of the respondents. The findings indicate that the value of starting early, possibly even pre-teen, on issues such as menstrual health, RTIs and the physical dangers of early pregnancy, followed by behaviour change and life skills information at an age where it is more relevant. This has helped girls in particular remain in control and able to plan their short to medium term future. On the other hand, health projects specific to adolescent boys are under-represented and primarily focused on reducing STI/HIV rather than offering a full package of support to puberty and young adulthood. Peer-led initiatives can be considered essential components to adolescent health programming, particularly for raising relevant topics and bringing about behaviour change. However, the literature consistently highlights the importance of holistic programming with peer influence one part of the whole. Home, family and culture play a significant role in guiding children safely through their adolescent years. By including parents in sexual and reproductive health or other life skills courses, projects are improving intergenerational communication and the accuracy and consistency of knowledge on a variety of technical topics.

Psychological counseling is available in this community this implied that adult mentorship in some cases is more effective because adults are more knowledgeable and experienced in sexual and reproductive health. Undoubtedly the existence of peer-led projects is beneficial for the peer educators who receive specific information and training, which builds their confidence to interact and advise in the community more broadly. To ensure benefits in target adolescent groups, peer educators must be supported with strong referral networks to specialized adolescent services.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The purpose of this chapter is to provide a summary, conclusion and recommendations of the study in terms of the data, which have been collected and analyzed with regard to research questions and specific objectives.

5.2 Summary of the Findings

This chapter present analyses and discussion of research finding in assessing challenges facing adolescent mothers at Tandale Ward in Kinondoni District. The findings were presented and analyzed in relation to the specific objectives of the study. The objectives of the study were to identify challenges facing adolescent motherhood at Tandale Ward in Kinondoni District, to explore factors contributing to adolescent motherhood at Tandale Ward in Kinondoni District, to examine the community involvement in addressing challenges facing adolescent mothers at Tandale Ward in Kinondoni District.

The researcher review various source of information written and presented by different scholars about the assess challenges facing adolescent mothers at Tandale Ward in Kinondoni District. Review of related literature such as in text book, journals, and internet sources have been done. All these source provided necessary background to the study, after that research was provided the research gap.

The research methodology concerned about data collection was employed and the study included 177 respondents whereas sampling techniques and methods of data

collection (primary data and secondary data) were employed. Data analysis was done whereby tables were drawn by using special program known as SPSS. The researcher presented analysis and discussed the finding of the study. This chapter is segment into three objectives based to the study.

5.2.1 Challenges Facing Adolescent Mothers at Tandale Ward in Kinondoni District

The findings implied that adolescent pregnancy and childbearing entail high risk of maternal death for the adolescent, and the children of young mothers have higher levels of morbidity and mortality. These adolescents and their children may experience repercussions in the present, as well as far into the future. Adolescents face a higher risk of complications and death as a result of pregnancy than older women. In term of complications, anemia, malaria, HIV and other STIs, postpartum hemorrhage, and mental disorders, such as depression, are associated with adolescent pregnancy.

5.2.2 Factors Contributing to Adolescent Motherhood at Tandale Ward in Kinondoni District

The findings from the study indicated that the respondents were sexually active around their first menstrual period, likewise there some sources led to sexual relationship like economic status of respondents as 19.4% of respondent indicated followed by peer pressure. The finding indicates that most of the child's fathers are doing boda boda business. The bodaboda, as a motorbike taxis are commonly known, has become a commonplace fixture in Tanzania, where other means of public

transport are often hard to come by. Socio-cultural and Economic factors as shown by 74.1% indicates that parents fail to communicate with their children of the opposite sex on issue based sexuality like physical development, STIs, puberty and condom use.

5.2.3 The community Involvement in Addressing Challenges Facing

Adolescent Mothers at Tandale Ward in Kinondoni District

The findings showed 43.5% of respondent indicated that Policies and National development plans helps to reduce adolescent mothers in this community. Health provider led interventions focus on both prevention and treatment with the core function to make services relevant and “adolescent - friendly” Promoting positive cultural values and norms to the adolescent mother as shown by 60% of the respondent. The findings indicate that the value of starting early, possibly even pre-teen, on issue such as menstrual health, RTIs and the physical dangers of early pregnancy, followed by behavior change and life skills information at an age where it is more relevant

5.3 Conclusions

Based on research finding it was concluded that, youth are mostly influenced to fall in sexual intercourse with peer pressure. Peer pressure plays a big role in initiating sexual activity, which frequently ends in adolescent pregnancies. Poverty for girls (especially with poor parents) is factor for being adolescent. Initiation rituals for girls encourage sexual activity, as some of the girls immediately practice what they have been taught, and no appropriate information is given of how to prevent disease and unwanted pregnancy. Both parental economic resources and family structure have

been shown to be important determinants of non-marital childbearing. Parental economic status and mother of child resource reduce the risk of a non-marital birth perhaps because they allow young women to pursue roles that conflict with early sexual activity and childbearing. Growing up in a single parent family substantially raises the risk of a teenage non-marital birth partly because of the lower and unstable incomes of single parent families.

The study also concludes that many children experience difficulties travelling to and from school. Some transport operation refuses to take children because they pay lower fares. The journey to and from school can expose children to risk. They have become increasingly popular thanks to an increasing demand for public transit and an influx of cheap motorcycle imports, and they are often driven by young men who have just finished primary and secondary schools. Some girls live up to 15 km away from their schools and so take a boda boda rather than walking the distance. The girls are often too poor to pay the fare, and as a result, boda boda drivers prey on them. The girls end up sleeping with the drivers as payment, often leading to pregnancy. A teenage mother, who is frequently absent from school, is more likely to quit school for good, because she is unable to catch up the missed school work due to the dual responsibilities facing her (being a learner and a parent at the same time). Adolescents face a higher risk of complications and death as a result of pregnancy than older women.

In addition, the study concludes that community health provider led interventions focus on both prevention and treatment with the core function to make services relevant and “adolescent friendly”. The government of Tanzania is partnering

effectively with health organization and the private sector to enhance their approach to adolescent health, in particular reproductive health, diet and substance use choices and HIV reduction. Community based in collaboration with government through municipal have adolescent health programmes are happening in and outside schools, with youth drop in centres a highly utilized mechanism for focusing the attention of this age group on healthy choices.

5.4 Recommendations

5.4.1 Government Level

The government should introduce schools which are friendly to adolescent mothers, meaning that, the schools which have the baby care service for the babies of adolescent mothers when the mother are in the classes. These special schools will reduce stigmatization as most of the students will be adolescent mothers.

The government should support income generation activities especially for adolescent mothers, due to economic hardship to some adolescent mothers; otherwise such mothers may engage in sex for money, a situation which will put them in danger of HIV infection as well as getting second or more child.

5.4.2 Ward Level

Wards especially in Dar es Salaam should conduct a simple survey to identify all adolescent mothers in their wards, instead of using only the list of school drop outs. Each ward through its social welfare office should identify and empower them with knowledge on how to handle and run small business so as to afford their basic needs.

The wards should promote adolescent mothers to formulate their own groups so that the group can amplify their voices in different ways; the groups can help adolescent mothers to be reached by different interventions like financial loans. Wards should ensure availability of counseling or psychotherapist personnel in their district, villages, wards and division. These personnel can help to address the psychological adjustment issues of adolescent mothers in their working areas.

5.4.3 Recommendation to Communities

In order to address the issue of stigmatizing adolescent mothers, the community should develop and reinforce by laws that prohibit stigma to adolescent mothers. The by-laws should force families and relatives of adolescent mother to support them get back to school or to their other aspirations. Community should motivate adolescent mothers to formulate their groups through which they can be supported to develop income generating activities to reduce their poverty and vulnerability to sex business. Through the groups resources like piece of land from the community can be given to adolescent mothers.

5.4.4 Recommendation to Family

Efforts to stop adolescent pregnancy should be dealt at family level. When it happens that an adolescent become pregnant no one should be pointing fingers at her. It should be taken as an accident so that each of the family members should be responsible for supporting that adolescent mother to meet her and her child's needs and dream. If the family does not be cooperative, adolescence mothers and her child will never be able to escape from the circle of poverty as will always be lacking

education qualification and work experiences. Parents should provide counseling to adolescent mothers on different aspects like on their status as young mothers and HIV and AIDS.

5.4.5 Recommendation to Adolescent Mothers

Adolescent mothers should not be demoralized by the community and other socio-economic factors; they have their capacities through which they can create their future. Adolescent mothers should organize and initiate their groups for supporting each other as well as for income generating activities. Adolescent mothers should adhere to counseling provided by parents, organizations and institutions on different aspects of their life.

5.5 Area for Further Research

This study was on challenges facing adolescent mothers at Tandale ward in Kinondoni District. There is a need to conduct a study on the Teenage Mothers and Education in one of the three Municipals in Dar es Salaam region.

REFERENCES

- Adolf (2014), *Socio-economic factors and aspiration revival for adolescent mothers in Makete District*. Master's thesis of Sokoine University of Agriculture. Morogoro, Tanzania
- Aldaz-Carroll, E., & Morán, R (2009). “*Escaping the poverty trap in Latin America: the role of family factors*” Cuadernos de Economía, Año 38, N°114, agosto.
- Amanuel, G. and Mengistu, M. (2004). Rape and Related Health Problems in Adgrat Zonal Hospital Tigray Region, Ethiopia”, *Ethiopian Journal of Health Development* 18(3): 140-144.
- Ary, D., Jacobs, L. C., & Razavieh, A. (2008). *Introduction to Research in Education* (6th ed.). Belmont: Wadsworth.
- Atmowardoyo, H. (2018). Research methods in TEFL studies: Descriptive research, case study, error analysis, and R & D. *Journal of Language Teaching and Research*, 9(1), 197-204.
- Babbie, E. R. (1990). *Survey Research Methods*. Belmont: Wadsworth Publishing Co
- Bailey, K. D. (1994). *Methods of Social Research*. New York: Free Press.
- Best, J. W., & Kahn, J. (2006). *Research in Education*: New Delhi: Prentice Hall of India Pvt. Ltd.
- Boyd-Franklin, N. (2013) *Black families in therapy: Understanding the African American experience*, Guilford.
- Brook, D. W., Morojele, N.K., Zhang, Ch., & Brook, J. S. (2006). South African adolescents: pathways to risky sexual behavior. *AIDS Education and Prevention*, 18(3), 259-272.

- Brooker, C. (2006). *Churchill Livingstone's Dictionary of Nursing (19th Ed)*. Elsevier: Saunders.
- Buss, G. (1991). *How to write literature review*, (2nd Ed). New York: John Wiley and Sons, Inc.
- Butler, K., Winkworth, G., McAthur, M. and Smyth, J. (2010). *Experience and aspirations of young mothers*. Report for the department of families, Housing, community service and indigenous affairs. Institute of Child Protection Studies, Australian Catholic University.96 pp.
- Chauke, H., (2013). *Challenges experienced by teenager mothers in secondary school* Master of Education at the University of Limpopo
- Chigona, A., & Chetty, R. (2008). 'Teen mothers and schooling: lacunae and challenges'. South African Journal of Education.
- Cresswell, J. W. (2011). *Educational research: Planning, conducting and evaluating quantitative and qualitative research*. International edition. Pearson books. USA.
- Creswell, J. W. (2003). *Research Design: Qualitative, quantitative and mixed method approaches*. CA: Sage Publications.
- Department of Health and Human Services, 2002.*Preventing teenage pregnancy*. Tanzania: Almanac of Policy Archive.
- Domenico, D. M., and Jones, K. H. (2007). Adolescent pregnancy in America. Cause and responses. *Journal for vocational special need education*.
- Ermisch, J., and Francesconi, M. (2003). 'Family Structure and Children's Achivements.' *Journal of Population Economics*.

- Ermisch, J., and Francesconi, M. (2006). '*The Increasing Complexity of Family Relationships: Lifetime Experience of Single Motherhood and Stepfamilies in Great Britain.*' *European Journal of Population*.
- Essau, C. A. (2007). *Risk-taking behaviour among German Adolescents. Journal of Youth Studies*, 7, 499 – 512.
- Evance, J., and Slowley, M. (2010). *Not the end of the story. Supporting teenage mothers back into school.* Believe in Children Barnardo's report. 39pp.
- Flisher, A. J., Kramer, R. A., Hoven, C. W. & Shaffer, D. (2000). Risk Behaviour in Community Sample of Children and Adolescent. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 881 – 887.
- Hallam, S. and Creech, A. (2007). *A review of the literature relating to the parental aspirations of teenage mothers*, by CfBT education trust, UK.
- Harden, A. Brunton, G. Fletcher, A. Oakley, A. Burchett, H. and Backhans, M. (2006). *Young people, pregnancy and social exclusion: A systematic synthesis of research evidence to identify effective, appropriate and promising approaches for prevention and support.* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Harrison, R. L., & Reilly, T. M. (2011). Mixed methods designs in marketing research. *Qualitative Market Research: An International Journal*, 14(1), 7-26.
<http://dx.doi.org/10.1108/13522751111099300>
- Heaven, PCL. 2011. *Contemporary adolescence: a social psychological approach.* Melbourne: MacMillan Education.

- Heidari, H, Nanda, V., & Gummadi, K. P. (2019). *On the Long-term Impact of Algorithmic Decision Policies: Effort Unfairness and Feature Segregation through Social Learning*. arXiv preprint arXiv:1903.01209.
- Ikamba, L M. & Quedraogo, B. (2003). *High-risk sexual behaviour: knowledge, attitudes and practice among youth at Kichangani Ward, Tanga, Tanzania*. Dar-es Salaam.
- Kaufman, CE, De Wet, T., & Stadler, J. (2001). 'Adolescent pregnancy and parenthood in South Africa'. *Studies in Family Planning*, 32, 2:147-160.
- Keller, E. T., Hilton, D. B., & Twumasi-Ankrah K (1999). Teenage Pregnancy and motherhood in a Ghanaian Community. *Journal of Social Development in Africa*, 14,1: 69-84.
- Kiluvia, F. (2011). Gender and sexuality notions as determinants of school pregnancies in Tanzania: A case of Iringa rural district. A research paper submitted to International institute of social studies. Netherland. 63pp.
- Kitchin, R., & Tate, N. J. (2007), *Conducting Research in Human Geography*. Theory, Methodology and Practice. Pearson Education Limited, Edinburgh
- Kothari, C. (2009). *Research Methodology: Methods and Techniques*. New Delhi: New Age International (P) Ltd.
- Kothari, C. R., and Gaurav, G. (2014), *Research Methodology: Methods and Techniques* Third Edition. New Delhi: New Age International Printers,
- Krishnaswami, O. (2007). *Methodology of research in social science*. Mumbai: Himalaya Publishing Company.
- Le Roux, K., Christodoulou, J., Stansert-Katzen, L., Dippenaar, E., Laurenzi, C., Le Roux, I. M., .& Rotheram-Borus, M. J. (2019). *A longitudinal cohort study of*

rural adolescent vs adult South African mothers and their children from birth to 24 months. BMC pregnancy and childbirth.

Lee Smith-Battle, R. N. (2011). *'Helping teen mothers succeed'*. Journal of School of Nursing.

Madison, K., & Eva, N. (2019). *Social Exchange or Social Learning: A Theoretical Fork in Road for Servant Leadership Researchers.* In *Leading for High Performance in Asia* (pp. 133-158). Springer, Singapore

Makundi, E. (2010). *Factors Contributing to High Rate of Teenage Pregnancy in Mtwara, Tanzania.* Muhimbili University of Health Allied Sciences.

Mayzel, M., Kachal, .F. and Kerner, B. (2013). *Reaching out to teenage mothers in Malawi.* Save the children Malawi. ICF MACRO an ICF international Co.

Miller, BC. (2011). Family influences on adolescent sexual and contraceptive behaviour. *Journal of Sex Responsibility* 39(1): 22-26.

Ministry of Education and Vocational Training. 2006. *Basic education statistics in Tanzania (BEST).* Dar-es-Salaam: The Adult Education Press.

Mirrane, K., and Young, A. (2006). *Teen mothers and welfare reform: Challenging the boundaries of risk.* College of urban labor and metropolitan affairs. Wayne state University. 14 pp.

MOHSW, (2008)..*National road map strategic plan to accelerate reduction of maternal newborn and child deaths in Tanzania 2008-2015.* Dar es Salaam:

Muchuruza, P. P. (2012). Social, economic and cultural factors associated with pregnancy among adolescent girls in Magu District, Mwanza. Unpublished dissertation. Muhimbili University of Health and Allied Sciences. Dar-es-Salaam, Tanzania.

- Mugenda, O. M., and Mugenda, A. G. (2003). *Research Methods, Quantitative and Qualitative Approaches*. ACT, Nairobi.
- Nasoro, M. (2003). *Sexual behaviour: contraceptive awareness and use among pregnant adolescents attending clinics in Dar-es-Salaam, Tanzania*. Unpublished dissertation. Muhimbili University of Health and Allied Sciences. Dar-es-Salaam, Tanzania.
- Ng'walida, N. M. M. (2011). *Unplanned pregnancies: prevalence, outcome and contraceptive use, in an urban area in Dar-es-Salaam, Tanzania*. Unpublished dissertation. Muhimbili University of Health and Allied Sciences. Dar-es-Salaam, Tanzania.
- Ngalinda, I. (2008). *Socio-economic factors associated with premarital childbearing and adolescent Age at first motherhood*. Dar es Salaam. 20pp.
- Ngumch Wattsa. M, Liampultong, P., & Mc Michael, C. (2015). *Early Motherhood: A Qualitative study exploring the experiences of African, Australian teenage mothers in greater Melborn, Australia*, BMC Public Health 15, 873, doi 10, 1186/12889-05-2215-2212.
- Odu, K. B., & Christian, J. A. (2007). 'Menace of teenage motherhood in Ekti state', *Middle East Journal of Scientific Research*, 2(3-4): 157-161.
- Odu K. B., & Christian, J. A. (2007). 'Menace of teenage motherhood in Ekti state', *Middle East Journal of Scientific Research*, 2(3-4): 157-161.
- Oke, Y. F. (2010). *Poverty and Teenage Pregnancy: The Dynamics in Developing Countries* Vol. 2, No. 5, pp. 63-66, 2010 NIGERIA.

- Owens, E. B., & Hinshaw, S. P. (2019). Adolescent Mediators of Unplanned Pregnancy among Women with and without Childhood ADHD. *Journal of Clinical Child & Adolescent Psychology*.
- Panday, S., Makiwane, M., Ranchod, C., and Letsoalo, T. (2009). *Teenage Pregnancy In South Africa*. SA.
- Pathfinder International, (2010). *Reproductive health, family planning and HIV/AIDS prevention and care. Newsletter*. Non-government organization. Waterloo, Massachusetts, United States of America.
- Philemeon, M. (2007). *Factors contributing to high adolescent pregnancy rate in Kinondoni municipality, Dar es Salaam, Tanzania*. Dissertation for Award of Masters of Arts in Health Studies at University of South Africa, 88pp.
- Philemon, M. N. (2009). *'Factors Contributing to High Adolescent Pregnancy Rate in Kinondoni Municipality, Dar-Es-Salaam, Tanzania'*. UNISA (University of South Africa).
- Regina, C., Margaret, M. M., Ngoma, C., & Chileshe, M. S. (2019). Childbirth Complications among Adolescent Mothers at Mbala General Hospital in Mbala District, Zambia. *Open Journal of Nursing*, 9(07), 629.
- Saunders M, Lewis, P., and Thornhill, A. (2009). *Research Methodology for Business Studies* .5th edition, Lotalito Lombarda. Italy.
- Sewell. A. (2011) *Aspects of child poverty: Reducing conceptions and supporting teenage 183 parents*. Retrieved from: <http://www.education.gov.uk/childrenandyoungpeople/families/childpoverty/sharinggoodpractice/a0069219/creating-opportunities-for-teenage-parents>

- Shahabuddin, A. S. M., Delvaux, T., Nöstlinger, C., Sarker, M., Bardají, A., Sharkey, A., & Broerse, J. E. (2019). *Maternal health care-seeking behaviour of married adolescent girls: A prospective qualitative study in Banke District, Nepal. Plot S one, 14(6)*, e0217968.
- Smith, B. and Lee, R. N. (2007). The vulnerability of teenage mothers, Challenging prevailing assumptions. *Journal A-Z, The Advances in Nursing Science 23(1)*: 1-13.
- Somers, C. L., & Paulson, S. E, (2000). Students' perceptions of parent-adolescent closeness and communication about sexuality: relations with sexual knowledge, attitudes, and behaviors. *The Journal of Adolescence*,
- Sommer, P. A., Kelley, M. A., Norr, K. F., Patil, C. L., & Vonderheid, S. C. (2019). *Mexican American Adolescent Mothers' Lived Experience: Grounded Ethnicity and Authentic Mothering*. Global qualitative nursing research.
- Tandale Reproductive and Child Health Clinic. (2018). *Clinic records: January 2018 to September 2018*. Tandale Health Centre. Dar-es-Salaam, Tanzania.
- The National Campaign, (2010). *To Prevent Teen and Unplanned Pregnancy*. The National Center for Education Statistics: Washington, DC.
- UNFPA, (2013). *State of the world population. Motherhood in Childhood, Facing the challenges of adolescent pregnancy. Information and external relation division*. The United Nations Population Fund, New York, USA
- UNFPA, (2013). *Motherhood in Childhood: Facing the challenge of adolescent pregnancy*, State of World Population
- UNFPA, (2013). *Motherhood in Childhood: Facing the challenge of adolescent pregnancy*, State of World Population

- UNICEF, (2011). *Adolescence in Tanzania*. Retrieved from http://www.unicef.org/infobycountry/files/TANZANIA_ADOLESCENT_REPORT_Final.pdf .
- United Nations Children's Fund (UNICEF) (2011). *Adolescents in Tanzania. Communication, Advocacy and Partnerships Section: UNICEF Tanzania Dar es Salaam*.
- United Nations Population Fund, (2018). *Adolescent pregnancy*. Retrieved from <https://www.unfpa.org/adolescent-pregnancy> on 20/092019
- United Republic of Tanzania, (2012). *Tanzania demographic and Health survey*. National Bureau of Statistics.
- United Republic of Tanzania, (2013). *2012 Population and Housing Census. Population distribution by administrative areas*. National Bureau of Statistics. Dar es Salaam.
- Vundule, C., Maforah, F., Jewkes, R., & Jordaan, E. (2001). Risk factors for teenage pregnancy among sexually active black adolescents in Cape Town. *South African Medical Journal*.
- WHO, (2011). *Guidelines: Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*
- WHO, (2007). *Adolescent Pregnancy: Unmet Needs and Undone Deeds*. Retrieved from <http://whqlibdoc.who.int/publications/2007/9789241595650>
- WHO, (2012). *Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services*. Retrieved from <http://apps.who.int/iris/bitstream> accessed on 25/10/2017).
- William, N. (2011). *Social Research Methods*. Britain: Sage Publications.

- World Health Organization (WHO), (2017). *Definition of adolescent at Geneva conference: WHO* (<http://www.un.org.in/Jinit/who>, accessed on 25/10/2018).
- World Health Organization, (2018). *Adolescent pregnancy*. Retrieved from <http://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy> on 20/09/2019
- Yardley, E. (2008). Teenage mothers' experiences of stigma. *Journal of Youth Studies* 11(6): 671-684.
- Yemane, T. (1967). *Statistics, An Introductory Analysis, 2nd Ed*, New York: Harper and Row
- hu, G. (2019). *Book review: Sexual Exploitation of Teenagers: Adolescent Development, Discrimination, and Consent Law*.

APPENDICES

Appendix I: Questionnaire for adolescent mothers

I am a student of Master of Social Work (MSW) studying at Open University of Tanzania . I am undertaking a study on the **“Assessment of the challenges facing adolescent mothers at TandaleWard in Kinondoni District Dar es Salaam”**.

Please answer questions honestly and objectively as possible. The data obtained from this questionnaire will form an integral part of my study. Also all information that will be provided to me will be treated as confidential.

Yours sincerely,

Hadija Said.

Instruction

- i. Please answer all questions by ticking the box corresponding
- ii. Answer according to your own opinion and experience for there is no right or wrong answer
- iii. Please return the completed questionnaire to person provided the form

Section A: Demographic Data

1. Level of education

- i. Primary education ()
- ii. Secondary education ()

2. Marital status

- i. Single ()
- ii. Divorce ()
- iii. Married ()
- iv. Widowed ()

3. Age

- i. 10-12 ()
- ii. 13-15 ()
- iii. 16-19 ()

4. How many children do you have?

- i. None ()
- ii. Single child ()
- iii. 2- 5 ()

5. What is your mothers/guardian Occupational status

- i. Unemployed ()
- ii. Employed ()
- iii. Self employed ()

SECTION B: CHALLENGES FACING ADOLESCENT MOTHERS

6. At what age was your first had sexual intercourse? ()Years

7. What led you to have sexual relationship

- i. Self desire ()
- ii. Peer pressure ()
- iii. Parent pressure ()

iv. Pressure of partner ()

v. Economic status ()

If any other please specify.....

8. What are the occupational status of your child's father?

i. Unemployed ()

ii. Employed ()

iii. Self employed ()

For ii and iii please specify the occupational status

.....

9. What age of your child's father?

i. 12-18 ()

ii. 19-25 ()

iii. 26-35 ()

iv. 36-45 ()

v. Above 45 ()

10. What are the challenges that adolescent mothers experienced (Only tick the correct choice)

	Challenges	
1.	Drop out school	
2.	Death due to complications facing during delivering	
3.	Their babies place into risks of dying within a first few weeks of life and they are more likely to have low birth weight which cause health effects.	
4.	Pressure from family and stigma in society	
5.	Drug and alcohol	

6.	Gang membership	
7.	Adolescent mothers were discriminatory from health services and community at large	
8.	The risks of HIV and AIDS	
9.	Becoming a single mother at an early age	
10	Conflict between their new position as mother and their adolescent needs	

If any other, please specify.....

SECTION C: FACTORS CONTRIBUTING TO ADOLESCENT MOTHERS

11. What factors contributing to adolescent mothers (Tick all appropriate)

S/N	FACTORS	
1.	Lack of parental guidance	
2.	Raping and forcing sex (exploration by older man)	
3.	Early Puberty and Menarche	
4.	Adolescent Sexual Behavior	
5.	Socio-cultural and Economic Factors	
6.	Inadequate knowledge about safe sex	
7.	Drugs and alcohol	
8.	Childhood environment	
9.	Poverty and social vulnerability	
10.	Urbanisation	
11.	Peer pressure	

If any other, please specify.....

SECTION D: COMMUNITY INVOLVEMENT ON ADDRESSING ADOLESCENT MOTHERS

12. Do you get any family planning lessons from the community?

i. Yes ()

ii. No ()

13. What support is available to adolescent mother? (Tick all appropriate)

	Statement	
1	Promoting positive cultural values and norms to the adolescent mother	
2	Individual and group support to adolescent mothers in this community (Funds/Loans,	
3	Policies and National development plans helps to reduce adolescent mothers in this community	
4	Psychological counseling is available in this community	
5.	Informal education available in a community (SMEs)	

If any other, please specify.....

14. Is there any organization which provide education / awareness to the adolescent mothers in your ward

If the answer is yes, list them

15. In your opinion what should be done to overcome challenges facing adolescent mothers in your ward

.....

Appendix II: Questionnaire for Parents/Guardians

I am a student of Master of Social Work (MSW) studying at Open University of Tanzania . I am undertaking a study on the *“Assessment of the challenges facing adolescent mothers at Tandale Ward in Kinondoni District Dar es Salaam”*. Please answer questions honestly and objectively as possible. The data obtained from this questionnaire will form an integral part of my study. Also all information that will be provided to me will be treated as confidential.

Yours sincerely,

Hadija Said.

Instruction

- I. Please answer all questions by ticking the box corresponding
- II. Answer according to your own opinion and experience for there is no right or wrong answer
- III. Please return the completed questionnaire to person provided the form

Section A: Demographic Data

1. Level of education

- i. Primary education ()
- ii. Secondary education ()

2. Marital Status

- i. Single ()

- ii. Divorce ()
- iii. Married ()
- iv. Widowed ()

3. Age

- i. 18-25 ()
- ii. 26-35 ()
- iii. 36-45 ()
- iv. 46-55 ()
- v. Above 56 ()

4. What is your Occupational status

- i. House wife ()
- ii. Domestic Servant ()
- iii. Government Servant ()
- iv. Private servant ()
- v. Self employed ()

SECTION B: CHALLENGES FACING ADOLESCENT MOTHERS

5. What led her to have sexual relationship

- i. Self desire ()
- ii. Peer pressure ()
- iii. Parent pressure ()
- iv. Pressure of partner ()

If any other please specify.....

6. What are the challenges that adolescent mothers experienced (Tick all appropriate)

S/N	Challenges	
1.	Drop out school	
2.	Death due to complications facing during delivering	
3.	Their babies place into risks of dying within a first few weeks of life and they are more likely to have low birth weight which cause health effects.	
4.	Pressure from family and stigma in society	
5.	Drug and alcohol	
6.	Gang membership	
7.	Adolescent mothers were discriminatory from health services and community at large	
8.	The risks of HIV and AIDS	
9.	Becoming a single mother at an early age	
10.	Conflict between their new position as mother and their adolescent needs	

If any other, please specify.....

SECTION C: FACTORS CONTRIBUTING TO ADOLESCENT MOTHERS

7. What factors contributing to adolescent mothers (Tick all appropriate)

S/N	FACTORS	
1.	Lack of parental guidance	
2.	Raping and forcing sex (exploration by older man)	
3.	Early Puberty and Menarche	
4.	Adolescent Sexual Behavior	
5.	Socio-cultural and Economic Factors	
6.	Inadequate knowledge about safe sex	

7.	Drugs and alcohol	
8.	Childhood environment	
9.	Poverty and social vulnerability	
10.	Urbanisation	
11.	Peer pressure	

If any other, please specify.....

SECTION D: COMMUNITY INVOLVEMENT ON ADDRESSING ADOLESCENT MOTHERS

8. Do adolescent mothers get any extra lesson from the community?

i. Yes ()

ii. No ()

If the answer is yes, please mention.....

What support do adolescent mothers get from the community

.....

9. What support is available to adolescent mother? (Tick all appropriate)

	Statement	
1	Promoting positive cultural values and norms to the adolescent mother	
2	Individual and group support to adolescent mothers in this community (Funds/Loans,	
3	Policies and National development plans helps to reduce adolescent mothers in this community	
4	Psychological counseling is available in this community	
5.	Informal education available in a community (SMEs)	

If any other, please specify.....

10. Is there any organization which provide education / awareness to the adolescent mothers in your ward

If the answer is yes, please mention.....

11. In your opinion what should be done to overcome challenges facing adolescent mothers in your ward

12. What should be done to overcome adolescent pregnancies in our community?

**Appendix III: Interview guide for key informants (Police, Teachers, Municipal
Community**

Development officer and Health Department)

Date	Position	Education Level	Professional Field

1. What can you say about adolescent mothers?
2. What is the current situation of adolescent mothers in your ward?
3. What are the challenges facing adolescent mother in your ward?
4. What do you think are the causes of adolescent pregnancies in your ward?
5. What measures do you suggest to be done in order to reduce teenage pregnancies?
6. Are there any obstacles which hinder teenage to utilize sexual and reproductive health services?
7. Can adolescent mother be able to revive her aspiration?
8. In your opinion, what should be done to your professional and the government to address challenges facing adolescent mothers?
9. Is there any initiative from the government to prevent teenage motherhood?

Appendix IV: Observation method check list

1) General treatment given by teachers to students.

Teachers are close to students and perform what they are supposed to do like maintaining students behavior as well as teaching as per school syllabus. There are good interface with normal communication between teachers and students which have an impact to the academic performance.

2) School infrastructure and availability of social services.

Good school infrastructure with good places makes it a good place for the children to study. The school do not have good infrastructure like strong fence which enable the students to escape class even during class hours.

3) Means of communication i.e. students still holding mobile phone at young age

Students desire cell phones in order to have contact with friends, when asked by researcher where is the cell phone some said they just put at the shops around the school as they know that they are not allowed to be with phone at the school premises. Other students said that even at their parents they do not know about owning mobile phone. This mobile phone has an impact to the student performance and behavior of some students and leading to the sexual relationship which ending with pregnancy, most of the students cannot afford the cost of using it, so they must find someone to help that running cost the cell phone.

Appendix V: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF RESEARCH, PUBLICATIONS, AND POSTGRADUATE STUDIES

P.O. Box 23409 Fax: 255-22-2668759 Dar es Salaam, Tanzania,
<http://www.out.ac.tz>



Tel: 255-22-2666752/2668445 ext.2101
 Fax: 255-22-2668759,
 E-mail: drps@out.ac.tz

14/12/2018

Director,
 Kinondoni Municipal Council,
 P. O. Box 31902,
 Dar Es Salaam..

RE: RESEARCH CLEARANCE FOR HADIJA SAID

The Open University of Tanzania was established by an act of Parliament no. 17 of 1992. The act became operational on the 1st March 1993 by public notes No. 55 in the official Gazette. Act number 7 of 1992 has now been replaced by the Open University of Tanzania charter which is in line with the university act of 2005. The charter became operational on 1st January 2007. One of the mission objectives of the university is to generate and apply knowledge through research. For this reason staff and students undertake research activities from time to time.

To facilitate the research function, the Vice Chancellor of the Open University of Tanzania was empowered to issue a research clearance to both staff and students of the university on behalf of the government of Tanzania and the Tanzania Commission of Science and Technology.

The purpose of this letter is to introduce to you **Ms. Hadija Said; Reg. No. PG201504925** who is a Master of Social Work student at the Open University of Tanzania. By this letter, **Ms. Hadija Said** has been granted clearance to conduct research in Kinondoni Municipal Council, Dar es Salaam Region. The title of her research is **"Assessment of the Challenges facing Adolescent Mothers in Tandale Ward, Kinondoni District, Dar Es Salaam"**. The research will be conducted in Kinondoni Municipal Council. The period which this permission has been granted is from 15/12/2018 to 14/02/2019.

In case you need any further information, please contact:

The Deputy Vice Chancellor (Academic); The Open University of Tanzania; P.O. Box 23409; Dar Es Salaam. Tel: 022-2-2668820

We thank you in advance for your cooperation and facilitation of this research activity.

Yours sincerely,

Prof Hossea Rwegoshora
For: VICE CHANCELLOR

THE OPEN UNIVERSITY OF TANZANIA

HALMASHAURI YA MANISPAA YA KINONDONI

BARUA ZOTE ZITUMWE KWA MKURUGENZI WA MANISPAA

Simu Na: +255 22 2170173
Fax Na: +255 22 2172951

Unapojibu tafadhali taja:

Kumb Na: KMC/MJ/RESEACH/VOL.1/2019



MKURUGENZI WA MANISPAA
MANISPAA YA KINONDONI
S.L.P. 31902
2 MOROGORO ROAD
14883 DAR ES SALAAM

Tarehe: 15/01/2019

Afisa Mtendaji wa Kata,

Kata ya Tandale

Halmashauri ya Manispaa ya Kinondoni

DAR ES SALAAM

YAH: UTAMBULISHO WA MS. HADIJA SAID

Tafadhali husika na kichwa cha habari hapo juu.

Mtajawa hapo juu ni mwanachuo kutoka katika Chuo Kikuu Huria (Open University). Kwa sasa yupo katika kipindi cha kufanya utafiti kuanzia tarehe 15/01/2019 hadi tarehe 14/02/2019 kama sehemu ya masomo katika kozi yake. Inategemewa kuwa atapewa ushirikiano na msaada utakaohitajika.

Nakutakia kazi njema.

[Signature]
AFISA MAENDELEO YA JAMII
HALMASHAURI YA MANISPAA YA KINONDONI

Dr. NURU N. KITARA

KNY: AFISA MAENDELEO YA JAMII

HALMASHAURI YA MANISPAA YA KINONDONI

Nakala:

Afisa Maendeleo ya Jamii ya Kata ya Tandale – Mpe ushirikiano

Bi HADIJA SAID fika Kata ya TANDALE

Appendix VI: Plagiarism Report

<input type="checkbox"/>	Mussa Ali Mussa	ASSESSMENT OF COMMUNITY POLICING AS A CR...	11%	<div></div>		•		1165279257	30-Aug-2019
<input type="checkbox"/>	Anense Sadiki Kiuye	IMPROVING COMMUNITY INCOME THROUGH IMPRO...	15%	<div></div>		•		1193185457	15-Oct-2019
<input type="checkbox"/>	Shima Dawson Banele	TEACHERS' SUBJECTIVITY ON USE OF INFORMA...	16%	<div></div>		•		1176534273	20-Sep-2019
<input type="checkbox"/>	Apium Lameck Chengul...	! PSYCHOSOCIAL DETERMINANTS ON ADOPTION OF...	16%	<div></div>		•		1194627997	17-Oct-2019
<input type="checkbox"/>	Hadija Saidi	! ASSESSMENT OF THE CHALLENGES FACING ADOL...	16%	<div></div>		•		1203429792	30-Oct-2019
<input type="checkbox"/>	Alice Harison	Visual loss in tuberculosis meningitis: ...	17%	<div></div>		•		1199353521	24-Oct-2019
<input type="checkbox"/>	James E. Mtindi	THE IMPACT OF SOCIAL-CULTURAL ISSUES ON ...	18%	<div></div>		•		1195453889	18-Oct-2019
<input type="checkbox"/>	Mhanze Yona	INVESTIGATE THE PERCEPTIONS OF HEAD TEAC...	19%	<div></div>		•		1185901816	04-Oct-2019
<input type="checkbox"/>	Emily Emmanuel Mesha...	PERFORMANCE ASSESSMENT OF HEALTH INFORMA...	22%	<div></div>		•		1154868736	25-Jul-2019
<input type="checkbox"/>	Thereza Israel Mugob...	ICT DETERMINANTS OF PERFORMANCE OF WORLD...	23%	<div></div>		•		1184507285	02-Oct-2019