ASSESSMENT OF SOCIO ECONOMIC CONDITIONS ASSOCIATED WITH TEEN PREGNANCY IN TANZANIA: A CASE OF LINDI DISTRICT

JULIUS R KOMBANIA

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

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled, “Assessment of socio economic conditions associated with teen pregnancy in Tanzania” **i**n partial fulfilment of the requirements for the award of Degree of Master of Arts in Monitoring and Evaluation MA(M&E).

……..…….

Dr. Harrieth Mtae

(Supervisor)

……..

Date

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DECLARATION

I, Julius Reginald Kombania, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

……..……..

Signature

……..

Date

DEDICATION

This dissertation is dedicated to my Mother Consolata Joseph and my Father Mr. Reginald Kombania, my lovely wife (Anitha Julius), my beautiful children (Julissa Julius and Julian Julius) for their truly selfless and unconditional support which helped the accomplishment of this study.

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ABSTRACT

This study was an assessment of socio-economic conditions associated with teen pregnancy in Lindi District Council. The objectives of the study were to determine whether household gross income, Education level of Parents/Guardians and Occupation of the Parents/Guardians contribute to teen Pregnancy and thereafter to implore for suggestions on how to deal with the situation. The research methodology involved a descriptive cross-section study, where a simple random sampling and Purposive sampling technique were used to select study respondents and participants as per the inclusion criteria. Qualitative and quantitative methods of data collection and analysis were used to achieve the objectives of the study. The methods used for primary data collection were administered questionnaires and focus group discussions (FGD). A total of 35 Pregnant/and have child teenagers were interviewed from RCH, 208 teenage girls interviewed secondary school and 4 focus group discussion of a total of 42 participants. The results revealed a very strong statistical association between teen pregnancy and independent variables of Household income, Education and Occupation. The results showed 62.9% of respondents from RCH and 51% of secondary school's respondents admitted to having engaged in transactional sex. This implied that income significantly influences decisions making ability. Besides being one among the most driving force to early sex, income problems induce parents to decide to use their daughters as a means of earning a living. Regarding parent/caregiver education the results highlighted 85.7% of respondents from RCH and 75.5% from schools stated that the rate of teenage pregnancies is higher in households with lower education levels than households with higher education levels hence as education increases teen pregnancy decreases and vice versa. Combating teen pregnancy is the process that needs to fortify educational curriculums in schools that incorporate sexual relations and reproductive health syllabuses which can enhance appropriate knowledge and awareness in both males and females. The strategies to improve the economic conditions of communities will help stabilize the household income capabilities and hence of the communities. In terms of policy and legislation, the relevant authorities should develop policies and laws that are currently relevant.

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LIST OF ABBREVIATIONS

DHS	Demography and health survey
FGD	Focus group discussion
FTFT	Face to face interview
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
HSRC	Human Science research council
IRIN	Integrated Regional Information Networks
NGOs	Non-Governmental Organizations
PHC	Population and housing census
RCH	Reproductive and Child Health
SAQ	Self-administered questionnaire
SPSS	Statistical Package for Social Sciences
STDs	Sexually transmitted diseases
TDHS	Tanzania Demography and health survey
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Study Overview

For decades, teenage pregnancy has been studied all over the world but it remains one of the biggest problems that face developing countries with sub-Saharan countries having the largest incidences of teenage pregnancies with 10% of total births per year being from teenage mothers (Macleod, 2011; Loaiza and Liang, 2013; WHO, 2014). This is so close to the world average of 11% of global births being attributed to teenage mothers (WHO, 2014).

According to the World Health Organization (2001), each year 75 million teenagers have unwanted pregnancies worldwide. Arai (2007) reported British statistics show that more than 42 000 girls under the age of 18 fall pregnant each year (Arai, 2007). In the United States, about 11% of all births in 2002 were from teenagers aged 15-19 years. The majority of teenage births (67%) are girls aged 18 and 19. An estimated number of 860 000 teenagers become pregnant each year and about 425 000 give birth (Moss, 2004).

With 27 percent (TDHS, 2015-16) of all pregnancies per year being qualified as teenage pregnancies, Tanzania is the first country in East Africa with highest prevalence of teenage pregnancies, Uganda being the second 25% (DHS,2016) and Kenya the third (18%) (DHS, 2014) The government has taken stern measures to curb the problem with tough laws in place to punish any underage matrimonies and sexual activities but the problem is widespread. Programs on safe sexual practices and family planning education have also been implemented all over the country to

little or no effect.

Apart from resulting in social outcasts and limitation to succeed in life due to poverty and lack of community support, there is little extra knowledge among Tanzania communities on actual dangerous healthy impacts that teenage pregnancies bring. Apart from increased probability of stillbirths and neonatal deaths, teenage pregnancies are also at highest risk to pregnancy-related mortality due to eclampsia, episiotomy, sepsis, fistulae, post-partum hemorrhage, and hypertension (Mangiaterra et al., 2008; Macleod and Tracey, 2010; WHO,2014).

Teenage pregnancies are significantly associated with female school dropouts, child marriages and HIV/AIDS (Tanzania Demographic Health Survey, 2015-16) which rob the nation of youth with potential to contribute positively to country's economy. Youths who have finished school have a great chance to improve standard of life of their immediate families and communities by contributing their increased life and economic abilities to communities' development initiatives (Mangiaterra et al., 2008; WHO,2014).

Numerous factors have been linked to teenage pregnancies. Norms and customs, Household size, gender and income inequality and stereotyping, have been observed to significantly correlate with teenage pregnancies. Unemployment and single parenthood, mediocre access to reproductive health education and services (such as family planning education and services, protection from STDs and HIV/AIDS etc.) characterize pregnant teenagers. Family planning services such as contraception are difficult to be accessed by economically and socially underprivileged teens. Similar

is their access to pre-natal and post-natal health care (Panday and UNICEF,2009; Willan, 2013).

According to Tanzania Demographic and Health Survey (2017), Katavi region has the highest teenage pregnancy prevalence while Kilimanjaro has the lowest prevalence rate in Tanzania mainland with 45% and 6% respectively of teenage girls aged 15-19 becoming pregnant while Lindi Region stand at 28% just above Tanzania mainland teenage pregnancy status of 27%. With respect to Lindi Region as a case study area, this study aims at providing comprehensive answers on how teenage pregnancies are associated with Socio economic factors in Tanzania.

1.2 Problem Statement

Tanzania is among the poorest countries in the world. With 27 percent (TDHS, 2015-16) of all pregnancies per year being qualified as teenage pregnancies, Tanzania is the first country in East Africa with highest prevalence of teenage pregnancies, Uganda being the second 25% (DHS,2016) and Kenya the third (18%) (DHS,2014). Laws in Tanzania prohibit sexual intercourse with underage girls but the age allowable is confusing. The mainland's 1971 Marriage Act defines the minimum age of marriage as 18 for males and 15 for females, the law also allows courts to permit marriage of females who have reached 14 years of age (Marriage Act, 1971).

Similar law in Zanzibar does not put age cap on marriage and sexual intercourse due to religious influence. Islamic law, according to the Tanzanian Government allows marriage and consummation of the marriage from puberty (Rights of The Child,

2000). While this is all confusing, the government has been very vocal and strict to sex offenders with harsh punitive measures to all men having sex with or impregnating under-age girls being imprisoned. Pregnant teenage girls are expelled from school and are not allowed to return after giving birth. They are also arrested and forced to inform on who impregnated them. While this is all done in order to reduce teenage pregnancies and also rape, teen pregnancies have not slowed down.

NGO's in Tanzania have also worked a great deal in helping reduce the prevalence of teenage pregnancies. They have been working hard to ensure teenagers have access to age-appropriate sexual and reproductive health information and services, including voluntary family planning, particularly in remote areas and for the most marginalized. The organizations are also working on sensitizing girls, boys, parents, teacher and community members about the harmful impacts of giving birth at a young age as part of a campaign to decrease the number of girls becoming mothers. They have also been working hard to lobby the government by advocating to end the exclusion from school of pregnant pupils and teenage mothers, and providing re-entry opportunities for young mothers of school-going age. With all these efforts, teen pregnancy is still rampant in the country.

A lot of studies have been done to understand driving factors for teenage pregnancies. A study in South Africa showed that rich communities had at most only 5% prevalence of teenage pregnancies in contrast to 60-80% prevalence in poor communities (Macleod and Tracey, 2009) but these communities have contrasting issues such as significant variations in ethnic heterogeneity, urbanization, unemployment, residential mobility, violence and crime (Kubrin, 2009). Malisa

(2015) and Mauna (2015) have studied factors contributing to teenage pregnancies in Tunduru district and Lindi Municipal respectively. They both found out that peer pressure, low levels of education, child marriages, poverty, and poor access to reproductive health education and services are the significant factors that significantly influence prevalence of teenage pregnancies. While a lot of studies have been done on factors contributing to teenage pregnancies, there is limited literature on detailed examination of how socio-economic conditions influence on teenage pregnancies. Poverty is only mentioned as among factors contributing to the pregnancies but which facets of poverty actually contribute significantly to the pregnancies is yet to be known.

There is a cloudy of uncertainties on whether Tanzania's pro-growth policies will also help alleviate the teenage pregnancy problem. Will the improvement in the country's economy reduce the impacts of poverty and hence reduce the prevalence of teenage pregnancies? How can significantly teen pregnancies be controlled? We do not have answers to these questions and that is a problem. This study aims at providing comprehensive answers on association and linkages between socio-economic conditions and teenage pregnancies and ways to improve the situation as it is now.

1.3 Research Objectives

1.3.1 Main Objective

The main focus of this study was "To assess how socio-economic conditions is associated with teen pregnancy in Lindi District.

1.3.2 Specific Objectives

Specific objectives that aimed at realizing the main objective of this study were:

i. To assess the effect of household income to teens pregnancy in Lindi District.
ii. To examine the effect of education on Teen pregnancy in Lindi District
iii. To assess the effect of occupation on Teen pregnancy.

1.4 Significance of the Study

Comprehensive understanding of linkages of socio economic conditions and teenage pregnancies will provide a way to properly prepare and implement both legislation, policy and programs that intricately strive to provide solution to the problem. As the country is working harder than ever now to move to mid-level economy, efforts to alleviate poverty must be comprehensive to ensure that all facets of poverty and their impact are addressed. Otherwise the country may become richer but communities poorer or excluded from the growth. Understanding linkages between socio economic conditions and teenage pregnancies will help understand deeper impacts of poverty to society and hence provide more suitable measures to alleviate it.

Findings of this study will also be used by targeted Lindi District Council and local authorities to design and set appropriate interventions that will help to alleviate the high prevalence of teenage pregnancies. Furthermore, NGO's such as HAKI ELIMU, sustainable development donors such as UNICEF and researchers will also use the findings to develop appropriate integrated programs that not focus on increasing teenagers' awareness and practice of safe reproductive health but also work on improving their livelihood in order to get them out of low social economic condition trap and hence reduce the influencing power that has on teenage

pregnancies.

1.5 Scope and Delimitation of the Study

Primarily, this study limited itself to interviewing teenage girls who are either pregnant/have given birth or attending secondary school. The study never used teenage girls from primary schools simply because they might not know the reason what exactly compelled them to early sexual activities

1.6 Organization of the Study

The study comprised of five chapters. Chapter one is the introduction which explains the study overview and problem background, research objectives, questions significance, limitation, scope, and delimitation of the study. The second chapter carries the literature review which includes the conceptual definitions of useful concepts as applied in the study, the theoretical review, empirical reviews, research gap, and conceptual framework. The third chapter presents the research methodology which includes research design, study area and target population, sampling and sample size, data type and data collection methods, validity and reliability issues as well as ethical considerations. The fourth chapter is a presentation of the findings of the study after data collection and analysis. The discussion, recommendation and conclusion chapter follow the fifth chapter.

1.7 Research Limitation

As it is for every study, this research had the following limitations

i. Financial resources to recruit data collectors, to cover travelling costs, for

buying the necessary equipment for a study and to meet other expenses borne on the study.

ii. Time constraint had been a limiting factor to the study as this academic research is a time-bound phenomenon.

iii. Method of data collection the use of face to face interviews, in relation to the nature of the study sometimes a respondent felt uncomfortable to describe issues relating to sexuality and become bias conferring to what is expected from her or to what is socially acceptable.

iv. Sample size and sample profile since the problem of teenage pregnancies affect both primary and secondary school girls but the study didn't consider primary school teens.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter takes a deeper look into linkages between socio economic condition factors and teenage pregnancies. It discusses both the theoretical and empirical studies on the topic. The chapter also provides theoretical framework that will drive both the design and data collection and analysis of this study. Normal presentation of this chapter would require dividing it into theoretical and empirical parts but due to intricacies in both definition and linkages of the two subtopics, socio economic condition and teenage pregnancies, this chapter is presented in a manner that fuse both parts to provide a more coherent and comprehensive perception of literature regarding the study topic

2.2 Conceptual Definitions

2.2.1 Socio Economic Condition

Refers to integration between social factors and economics factors that combinedly shape the society development process. Socio Economic status is gauged educational attainment, occupation, income, wealth, and deprivation (Brocklehurst,2010)

2.2.2 Teenage Pregnancy

The term “adolescent” is often used synonymously with “teenager”. In this sense “adolescent/teenage pregnancy” means pregnancy in a woman aged 10–19 years

(WHO,2004)

2.3 Theoretical Review

2.3.1 Self-actualization/motivation Theory

Maslow's hierarchy of needs theory was set forth by Psychologist Abraham Harold Maslow in the year 1943. The theory initially explained the five-tier model of human needs assumed pyramidal shape with the need lower down the hierarchy must be fulfilled before individuals can get motivated to attain some higher needs in a hierarchy. Hierarchy of needs explained by Maslow's theory (1943) in his paper was presented in ascending order namely physiological needs, safety needs, love and belonging need, esteem need, and self-actualization. Furthermore, this theory is a key foundation in understanding how drive and motivation are correlated when discussing human behavior (Wikipedia).

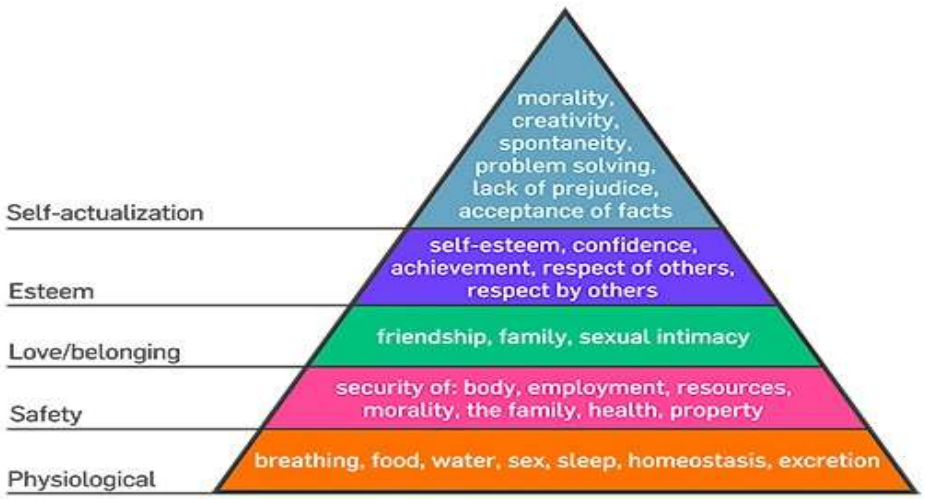

Figure 2.1: Maslow's Hierarchy of Human Needs (Maslow, 1943)

The five-needs model suggested in the hierarchy of needs theorem can be divided into deficiency needs and growth needs. Deficiency needs (D-needs) which are the

results of scarcity and motivate human behavior of people when they are unmet. In this category there are physiological, safety needs, love and belonging, and esteem. Primarily, Maslow stated that individuals must fulfill/and satisfy lower level deficit needs before advancing on to meet higher level growth needs. While Growth/Being Needs(B-Needs) are not borne from a deficit of any need but rather from the quest to realize personals' full potential. Maslow's Theory focuses on needs as the basis for motivation. The theory operates under three major assumptions. First, People's behavior is based on their needs. Second, A satisfied need can no longer motivate a person. Third, as one need is satisfied, another replaces it.

2.3.1.1 Physiological Needs

These are needs necessary for human being's survival, needs such as food, water, shelter and all other. Physiological needs are at the bottom of the pyramid of hierarchy of needs but they are the most important because without which other needs in the hierarchy can hardly be achieved if a human being is denied/deprived of such needs. If Teenagers can be deprived of these basic needs may enhance physically weakness, illnesses and even induce them to engage in risky behavior.

Unfortunately, due to poverty and unfavorable economic conditions, the majority in society struggle to meet these basic physical needs since they are not easily met. However, teenage girls need food, clean water, clothes and shelter all for survival but also extra needs like menstrual sanitary products which all of them are necessary but not easily obtainable and hence motivate them to adopt a certain pattern of behaviors to satisfy these needs. Around the world, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack

of education and employment opportunities (WHO, 2018)

2.3.1.2 Safety Needs

This is the second need in the Hierarchy of needs which translates needs for protection from elements, security, order, law, stability, and others. Human being needs for safety improve the sense of self-confidence and the ability to face new challenges in the community if that person feels he is in a safe environment. Adolescents need protection against any harm it being physical or psychological and make them feel safe at home, school, community, and even trusted friends. Effective communication between parents and teenagers is very important to ensure safety (Stanley, 2008) and According to Costa (2000), if adolescents' problems are not always addressed at home, they seek answers to many of their concerns outside the home, by talking to their friends, receiving potentially misleading information.

2.3.1.3 Love and belongingness Needs

Humans beings need love and a sense of belonging. The sense of being a valued member of the family or community enhances the physical, mental, and social health of an individual. Teenagers like other human beings want to feel loved and belong to a community, such as a family, a sphere of friends, or a social group, this improves confidence, strength, and morale to self-control and wellbeing. According to Lisbeth (2003) “Because of the social nature of humans and the long developmental period from birth to adulthood, the need for love and belonging is closely linked to the need for survival” (p.128). The need to be loved and belongingness ranked three in the hierarchy of needs and it is very important that is, if teenagers feel isolated they are more likely to find themselves in risky behavior when the struggle for attention and

connection.

2.2.1.4 Esteem Needs

Maslow indicated that human beings need respect, recognition and value from others. This need creates sense of independence, dignity, and struggle for personal achievement. Esteem need is most important in shaping children and adolescents' behaviors because teens are able to do just anything to gain respect and self-worth. According to Maluleke (2007), adolescents who discuss sex with their parents are more likely to delay sexual activity, and use protection, than those without guidance from their parents. Getting information about sex from the adults they trust will enable them to be more responsible as grown-ups that know their rights and respect those of others Maluleke (2007).

2.2.1.5 Self Actualization

The top need in hierarchy that advocates in apprehending personal potential, self-fulfillment, pursuing personal growth and peak experiences. Self- actualization is termed to be a lifelong process. Process that includes setting goals, grow as individuals and the struggle to realize the better future. According to Marule (2008) teenage pregnancy is likely to force the younger girl to be more dependent on the adults around her, possibly frustrating her desires to become more independent and self-sufficient. Teenagers like other human beings aspire to reach their full potential at whatever they are capable of doing.

In the process to realize their full potential teens are prone to different danger one being lured into sexual activities. At this juncture more guidance is require to

improve their self-awareness and discipline and hence success. Needs in hierarchy of needs induce people to employ different ways so as to fulfill them since every human being has the desire to move up the hierarchy as suggested by Maslow. Failure to meet lower level needs mainly survival in nature may result to teenager choose unpleasant/risky option to satisfy their needs. The way that teenagers choose to meet these needs as outlined by Maslow may affect their emotional/mental health and even behavior pattern. Maslow's conceptual framework was chosen for this study because it can explain the relationships of a particular behavior in the struggle to fulfilling needs in the hierarchy. So, it could explain several factors that lead teenagers to engage in risky behaviors such as early sex.

2.2.2 The Social Disorganization Theory

The study will also use an adaptation of the social disorganization theory to explain teenage pregnancy. The social disorganization theory was developed by two researchers from the University of Chicago, Clifford Shaw and Henry McKay in 1942 and is classically used to explain the levels of crime in different contexts (Kubrin, 2009, Shaw and McKay, 1942). The theory states that crime is not randomly distributed occurring equally in all areas, but occurs more frequently in ‘bad’ neighborhoods than in ‘good’ neighborhoods (Kubrin, 2009).

The social disorganization theory was established under following assumptions: First, humans are a product of their environment. Second, cultural values govern behavior. Third, communities are characterized by many cultural values. Fourth, as different cultural values compete, traditional values breakdown. Fifth, deviant

behavior results when one acts in disregard to the dominant cultural values Sixth, deviant behavior, delinquency, and crime are more prevalent in the inner cities (Moriarty, 1992)

As the theory links the levels of crime in an area directly to the levels of poverty, cultural heterogeneity, residential mobility, family disruption, and urbanization, it may be possible that social disadvantage influences teenage pregnancy as it influences crime. Thoroughly related to this: Disparities in teenage pregnancy based on location exist with lower levels of zero to five percent occurring in affluent areas as opposed to levels as high as 60-80% of teenage females having ever been pregnant in deprived areas (IRIN Africa, 2007, Macleod and Tracey, 2009).

This study will specifically concentrate on the aspect of socioeconomic status levels in Tanzania. The independent variables of interest are household income, Educational level and Parent/Caretaker occupation/employment that will explain the dependent variable teenage pregnancy because the environment in which people live is what builds their character. According to the theory of social disorganization, we suppose the teenage pregnancy to be directly linked to social disadvantage condition. Generally, there is a high probability of teenage pregnancy to be higher among communities with low socio-economic conditions due to lower capacity to meet necessities and even access to other reproductive health services and vice versa. Social disorganization theory lies the foundation to compare favorable and unfavorable social-economic conditions contribution to teenage pregnancy.

2.4 Empirical Review

2.4.1. Household Income Level Influence on Teenage Pregnancy

Physiological needs/survival needs induce individuals to engage in several activities in exchange for money to assist them to survive. Individuals who consistently lack necessities are termed to live under poverty conditions and poverty can drive anyone into risk behavior so do teenagers. There are several studies verified that more teenage pregnancies occur in countries/communities which are economically poor as compared with economically rich countries/communities. According to TDHS (2015-16), teenage childbearing is much less common among young women in the wealthiest households' equivalent to 12% but teenagers in the lowest wealth households are more likely to have started childbearing equivalent to 42%.

Mfono (2003) also revealed that there is a high rate of teenage pregnancy among black poor teenagers who get involved in unprotected sexual activities as a means to survive their circumstances. According to MacPhail and Campbell, (2001:1620) poverty could be an important factor influencing decisions on whether or not to use contraceptives. The Human Sciences Research Council (HSRC) (2009) survey on teenage pregnancy in South Africa, points out that teenage fertility is in fact the result of a complex set of factors largely related to the social conditions under which children grow up.

2.4.2 Educational Influence to Occurrence of Teen Pregnancy

Adults have a responsibility to help adolescents understand about reproductive Health and issues related to sexual relationships. Studies have shown that parents do not talk to their children about these matters because they feel confused, ill-informed or embarrassed about the topics (Hughes & McCauley, 1998). However, Ziyane and Ehlers (2006) reported that 60% of Southern Africa women were not informed about

contraceptives, no information was available in their communities and that education program was unavailable to their schools. The parents' level of education plays a major role in building capacity for the children. The education level of the parents not only provides an incentive for children to pursue goals, but it is also the main source of knowledge and information for children in the household.

According to TDHS (2015-16), teenage childbearing decrease as the level of education increase. According to Hughes (2003), adolescent pregnancy can be reduced if they are provided early, detailed information and advice on contraception and pregnancy. Limited communication between parent and child creates a gap in the flow of information hence bring difficulties in fighting early pregnancy. Thus, providing realistic information about pregnancy prevention helps reduce the incidence of unwanted pregnancies (Hockenberry & Wilson, 2007). Mauna (2015) reported that Parents and other members of the community have a major role to talk with their children in the early stage of childhood to acquire knowledge and skills that can enable them to decide on sexuality.

Mwaba (2000) found that 50% of the adolescents in his study were ashamed to use contraceptives, whilst 49% feared parental reaction should their contraceptive use be discovered. Also, 43% did not trust contraceptives. Teenage mothers often indicate that teenage pregnancy is infinitely preferable to the possibility of infertility caused by contraceptives (Jewkes et al. 2001). The above findings from respective studies reveal how awareness of reproductive health issues is very low in many communities. Teenagers are learning a lot from community behavior and hence early

pregnancy persist.

In some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility (Locoh, 2000). Early marriage and traditional gender roles are important factors in the rate of teenage pregnancy these factors define education level in the communities is very low hence the relatively lower level of understanding on matters concerning reproductive health. Makundi (2010) in his research that examined factors contributing to the high rate of teen pregnancy in Mtwara revealed that getting pregnancy at an early age is not regarded as a shameful act among Makonde societies.

If this holds to Makonde societies can also hold to other tribes found in all southern Regions districts, Lindi District being one of them since there is very high cultural integration among tribes. Cultural barriers and respect for elders in discussing sexuality issues contributed to problems as neither parents nor children could initiate a conversation (Seekoe, 2005). In most African cultures, it is unacceptable for parents to discuss sexuality with children (Yako,2007). Because most communities believe that discussing issues related to reproductive health is extensively perceived as encouraging children to engage in sexual activity prematurely.

2.4.3 Parents/Care takers Occupations Influence on Teen pregnancy

According to Romer et al 1999 Parent's occupation may not only determine household income but also the level of monitoring and communication about sexual risk. Regardless of it being urban or rural area the parent's/guardian's occupation

determine a lot the behavior shape of the teenagers since at this age without proper guidance, communication and close monitoring the likelihood of teens to involve themselves in risk behavior is very high and hence Teen Pregnancies. Council of Economic Advisors, (2000) found that children aged 12-14 who ate dinner with their Parents, 5 or more days per week were in less probable situation to engage into smoking, use alcohol or marijuana, or have sex. Also Buhi & Goodson, (2007) explained the incidence of early sexual behavior initiation has been associated with time which adolescents spent without a parent at home.

Due to the absence of proper Monitoring Adolescents are exposed to mass media with sexual content and peer pressure. This is one among most contributing factors in promoting adolescent pregnancy as teenagers easily access to pornographic materials, adult television program and multimedia text messages. Free access to pornographic material on the internet is also likely to influence teenagers' minds (L'Engle et al. 2006). Communities' moral downfall, has been brought largely by technological advancements devices such as computers and mobile phones has made availability of sexuality content very easy. Han, Miller, and Waldfogel (2010) in their research of Parental work schedules and adolescent risky behaviors highlighted the potential risks that face the children of low-income or non-professional parents who may have little or no choice regarding the type of shift they work

2.5. Research Gap

Poverty has been a simple cause for many problems affecting many communities. Even in the epidemic of Teenage pregnancy, many studies have shown Poverty as

one of leading the causes for teenagers to start early sex and hence pregnancies. However, difficult debate exists on how to measure poverty. Income has widely been used as a measure of poverty and socioeconomic status of individuals and communities as a whole but cannot sufficiently represent poverty measurements in studies regarding teenage pregnancies. This study will unveil the relationship between socio-economic status and the teenager's sexual life.

Research is needed to critically examine all the attributes of socio-economic conditions and how they influence teenage pregnancies to gain an understanding of the magnitude of the problem and what strategies to address. The study conducted in Tanga (Nyakubenga, 2009) Reported Low socioeconomic status to be an important cause for adolescent pregnancies. This and many other studies publish only preliminary results on factors contributing to teenage pregnancy occurrence but never details how and to what extent each contributing factor relates to Teen pregnancy. Therefore, this study aims to comprehensively study if and how the socio-economic condition that defines broadly defines the poverty status of the communities causes teenage pregnancies in Tanzania.

2.6 The Conceptual Framework of the Study

A conceptual framework is a structure which the researcher believes can best explain the natural progression of the phenomenon to be studied (Camp, 2001). The conceptual framework for this study as shown in figure 2.2 describe the existing relationship between the dependent and independent variable. The study intends to estimate the relationship between socio economic conditions and teen pregnancies prevalence in Lindi District. Therefore, Household Income level, Reproductive

Health education and Parents/Caretakers occupations are the independent variables that the estimate of how much they contribute to Teen Pregnancies which is the dependent variable.

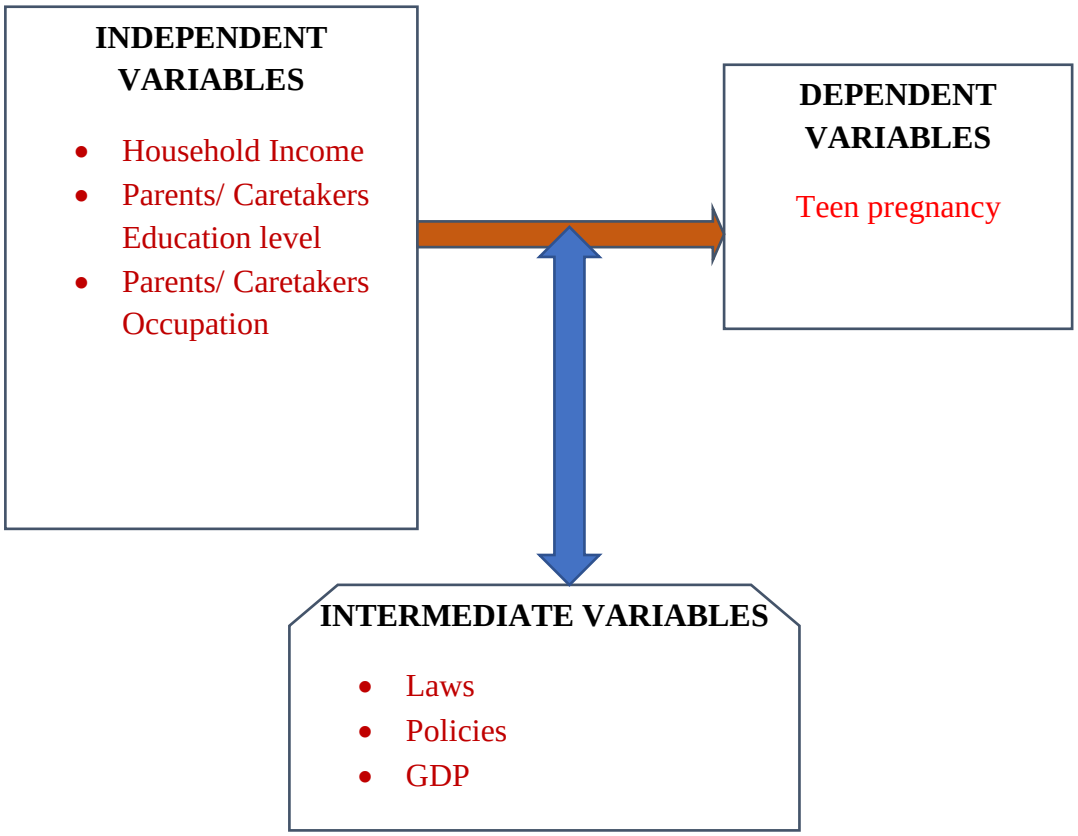

Figure 2. 2 Conceptual Framework

Source: Researcher's Construct, 2019

2.6.1. The Dependent Variable

Dependent variable is the outcome or change(s) brought about by introduction of an independent variable (Ranjit, 2011). In this study, the dependent variable is the Teen pregnancies. The Teen pregnancies is a dependent variable because its occurrence is

due to other variables which cause the Teenagers to engage and involve in sexual activities.

2.6.2 Independent Variables

Independent variable can be defined as the cause supposed to be responsible for bringing about change(s) in a phenomenon or situation (Ranjit,2011). In this study the independent variable which have to be gauged are Household income level, Reproductive Health education and Parents/Caretakers occupation. These are the variables may influence Teenagers to engage in sexual intercourse activities to result to Teen pregnancies.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This section provides the methods and approaches to data collection and analysis in order to reveal the intricate relationships between socio-economic conditions and teenage pregnancies.

3.2 Research Design

Planning for ways to collect data, analyze it and present it to a specific audience is what constitutes research design (Ram, 2010). A descriptive cross-sectional study was undertaken to study the association present between socio-economic conditions and teenage pregnancy because it offered a bigger probability to find connections between the two topics. It also, offered a wider field to capture more relevant data for a study of this nature than most other designs.

3.3 Study Area

This research was conducted in the Lindi District of the Lindi Region. Lindi District Council is one of six districts making Lindi Region others being Lindi Municipal, Ruangwa, Nachingwea, Kilwa and Liwale. Lindi District Council lies between Latitude 100 -110 South of Equator and Longitude 380-390 East of Greenwich and covers an area of about 6,979km^2. Managerially it is divided into 9 divisions, a total of 31 wards and PHC 2012 counted 196,480 dwellers. The Indian Ocean demarcate the eastern border and Kilwa District to the north. In the south, the District is bordered with Newala, Tandahimba and Mtwara Districts of Mtwara Region while

Masasi District and Ruangwa District border the district to the west. The has 27 secondary schools and 49 health service Facilities. The area was selected because According to TDHS (2015/16) Lindi Region has 28% of teenage girls getting pregnant annually and being one among southern zone regions, 15.5% of southern zone girls have sexual intercourse before age of 15 years.

3.3 Target Population

Population refers to a large group of people possessing one or more characteristics in common on which a research study focuses. The target population is the group of subjects from whom the researcher expects to conclude the research topic (Kothari, 2010). This study targeted the population made up of teenage girls in the age between 13 to 19 years who are in secondary school or pregnant/has given birth receiving reproductive and child health Clinic (RCH clinic) from the health facilities. Eligibility criteria to maintaining homogeneity of the respondents were considered, for instance only those with the following characteristics were involved in this study: Teenage girls who were between the ages of 13 and 19 years old, the ones who lived in the selected area of study, those who were willing to participate in the study, those who attended reproductive and child health Clinic (RCH clinic) and filled informed consent forms.

3.5 Unit of Analysis

The unit of analysis refers to the specific object to be studied that can be an individual, group, book, town and the like (Kothari, 2010). While available secondary data have offered deep insights into the socio-economic association to

teenagers' pregnancies, a one to one interview/discussion with select teenagers has offered a deeper insight into individual inputs. Therefore, the unit analysis of this study was 13-19 years old teenager attending secondary school and those attending reproductive and child health Clinic (RCH clinic)

3.6 Sampling Techniques

3.6.1 Probability Sampling

The probability/random sampling method is any method of sampling that is designed to ensure that the different units in the study population have equal probabilities of being chosen. The advantage of using a random sample is the absence of both systematic and sampling bias. If random selection is done properly, the sample is, therefore, representative of the entire population. Simple Random sampling technique was used to select 8 secondary schools and teenagers that participated in face to face interviews and focus-group discussions. Simple Random sampling is done when all the members of the study population are included in the list and then study subjects are randomly selected from it. A software called Research Randomizer was used to randomly select participants in the study.

3.6.2 Non-Probability Sampling

According to Showkat, Nayeem & Parveen, Huma. (2017), Non-probability sampling technique uses non-randomized methods to draw the sample and mostly involves judgment. Purposive sampling is when you select your sample based on your knowledge of the population, its elements and the nature of the research aims, in short, based on the judgment and the purpose of the study (Babbie, 2001). The

purposive sampling was used to select teenagers who attend reproductive and child health Clinic (RCH clinic)

3.6.2 Sample Size

Thirty (30) elements and above of all elements in the sampling frame is adequate to constitute a sample that can permit statistical analyses to be carried out (Prince,2005). Also, Israel (1992) suggests another approach is to use the same sample size as those of studies similar to the one you plan. Mauna (2015) has studied factors contributing to teenage pregnancies in Lindi Municipal by using a sample size of 207 teenagers.

Thus 207 of secondary school female students of age 13-19 drawn from 8 out of 27 secondary schools available in Lindi district was included in the sample. Also, the sample size of at least 30 Teenagers who are pregnant attending reproductive and child health Clinics were recruited for the face to face interview. The sample size estimated from insight brought from TDHS 2015 as only 55 Teenagers who begun childbearing were interviewed in Lindi District at the household level. This sample size was representative of the perspective as it was drawn conveniently from Health facilities.

3.7 Types of Data Used

3.7.1 Primary Data

Primary data refers to the first-hand data gathered by the researcher himself. Collected data in real-time, mostly in crude form and the data collection process is

very involved with a greater probability of accuracy and reliability. Common sources for primary data are Surveys, observations, experiments, questionnaire, personal interview, etc. Primary data was collected through face-to-face interviews and focus-group discussions with respondents. This primary data collection focused on collecting individual perception of their problems especially regarding linkages of the socio-economic condition and teen pregnancies.

3.7.2 Secondary Data

According to (Kothari, 2010) Secondary data means data collected by someone else earlier. Collected data is past data mostly in refined form and the data collection process is quick and easy with its accuracy and reliability relatively less than that of primary data. Common sources of secondary data are Government publications, websites, books, journal articles, internal records, etc. Secondary data was collected from the 2012 National Population Census, Tanzania Demographic and Health Survey 2015/16 and any related surveys that provide poverty indices for the study area. Clinic records for the study area examined to collect as much relevant information as possible.

3.8 Data Collection Methods and Instruments

This study focused on using two Methods namely Face to face interview (FTFI) and Focus-group discussions (FDG) as data collection methods. Face to Face interviews/discussion with selected teenagers offered deeper individual inputs and insights (from the horse's mouth) into the study problem. Since teenage pregnancy is not such a thing to be proud of, so most of the girls may not have the courage to

speak out on their own unless they are at safe environment and are sure of their anonymity also with most of the pregnant girls lacking literate skills, they may resort to ask their friend and/or relatives to help them fill the forms. This could have reduced objectivity in answering the questionnaires if self-administered questionnaires (SAQ) were chosen for data collection.

Focus group discussions and face to face interview do not provide such a problem. The study used a semi-structured questionnaire administered by interviewer not self-administered questionnaires (SAQ) as a data collection tool during face to face interviews with the respondents. In the realization of research objectives, a set of questions were prepared to cover the context of specific objectives of the study. As for the Focus group discussion, the checklist of questions was used to guide the direction and progress of the discussion. All the discussion was recorded by a digital audio recorder as the tool for data storage.

3.9 Validity and Reliability Issues

3.9.1Validity

Validity encompasses the entire experimental concept and establishes whether the results obtained meet all of the requirements of the scientific research method. Data collection for the study is designed in such a way that bias is minimized by randomization. Also, respondents provided consent before interviews and discussions. Triangulation of primary and secondary data with data collection being undertaken at different randomly selected schools also improved the validity of data collected for this study.

3.9.2 Reliability

Reliability refers to the consistency of measurements in a research instrument to give the same outcome under the same conditions with the same subjects. Shuttleworth, (2008). To ensure the reliability of data collection and analysis techniques, a trial data collection was done. The data collection and analysis methods were improved to address any pitfalls identified during trial data collection.

3.10 Data Analysis Methods

Complimentary qualitative and quantitative data analysis techniques were used to analyze data from interviews and focus group discussions. Quantitative data were collected from RCH and Secondary schools by Questionnaires. Data from questionnaires were sorted and then entered into Excel and Statistical Package for Social Sciences (SPSS) version 20. Quantitative data were descriptively analyzed to obtain statistics that simplify interpretation and presented in tables and figures of frequencies distributions and percentages. Focus group discussions produced qualitative data that contextually and thematically analyzed by nVivo. Data from tape recorder transcribed and coded to obtain significant themes and contextual implications.

3.11 Ethical Consideration

Ethical considerations in the conduct of this research were followed to prevent ethical problems. To ensure it, the researcher secured a research permit from the Open University of Tanzania. Then it was taken to Lindi Region Commission offices and to Lindi district Executive Director to get a permission letter to take to the

selected schools and health facilities for data collection. Informed consent obtained from each respondent who was requested to participate in the study. Each respondent was free to drop out of the study at any stage without fear of retribution. To ensure confidentiality, anonymity, honesty, openness, and fair treatment, the list of their names for sampling purposes has not been revealed.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

The chapter presents the results and findings of the study from 208 questionnaires completed by Secondary school girls, 35 respondents from RCH and 4 FGDs. The presentation follows the arrangement of specific research objectives which first to assess the effect of household income to teens pregnancy, second to examine the effect of education on Teen pregnancy and third to assess the effect of occupation on Teen pregnancy. The findings are presented fitting to the sections of the questionnaire with reference to the three specific objectives of the study. The five sections of the questionnaire were Social-Demographic data, Sexual Activity and relationship status, Household Income, Parents Education and Parents Occupation

4.2 Social-Demographic Characteristics of Respondents

This first section covered the respondents' age, survival status of parents, the percentage of teenagers living or not living with a biological parent, highest school qualification and number of female adolescents in the Household.

4.2.1 Respondents' Ages

The respondents were asked how old they were at their previous birthdays. The adolescent girls ages ranged from 13 to 19 from RCH, with the majority being 17 as 8 (22.9%) respondents were at this age. Table 4.1depicts the respondents' ages.

Table 4.1: Percentage Distribution of Respondents' Ages (From RCH N=35)

AGE	FREQUENCY	PERCENTAGE
13	2	5.7
14	5	14.3
15	5	14.3
16	7	20
17	8	22.9
18	4	11.4
19	4	11.4
Total	**35**	**100**

Source: Research Field Data (2019)

The respondents were asked how old they were at their previous birthdays. The adolescent girls ages ranged from 13 to 19, with the majority being 17 as 45 (21.6%) respondents were at this age. Table 4.2 depicts the respondents' ages interviewed from secondary schools.

Table 4.2: Percentage Distribution of Respondents' Ages

Age	Frequency	Percentage
13	11	5.3
14	18	8.7
15	30	14.4
16	29	13.9
17	45	21.6
18	38	18.3
19	37	17.8
Total	208	100

Source: Research Field Data (2019)

This study Triangulated two methods of data collection to enhance the research findings hence Focus Group Discussion (FDG). In consideration of data quality participants to develop Focus Groups were purposively selected from secondary

schools. The group included only teenage girls from four different schools. Each FGD had participants between 8 – 12 people. The study recruited 42 total number of participants. Table 4.3 depicts shows age distribution for FGD participants.

Table 4.3: Age Distribution of Participants (FGD)

AGE	FREQUENCY	PERCENTAGE
13	2	5
14	3	7
15	7	17
16	1	2
17	11	26
18	7	17
19	11	26
Total	**42**	**100**

Source: Research Field Data (2019)

4.2.2 Survival Status of Parents and Family setting

Table 4.4 Percentage Distribution of who live with the Respondents (From RCH N=35)

	Frequency	Percentage	Cumulative Percentage
Both Parents	9	25.7	25.7
Mother Only	8	22.9	48.6
Father Only	1	2.9	51.4
Relatives	9	25.7	77.1
Husband	7	20	97.1
Boyfriend	1	2.9	100
Total	35	100	

Source: Research Field Data (2019)

Respondents were asked whether their biological parents are alive or not and who are they living with. The findings revealed that 20(57%) respondent's both parents are alive, 8(23%) only mother is alive, 4(11%) only father is alive and 3(9%) both parents died. Amongst respondents 9 live with both parents,8 live with mother only

and 1 respondent lives with only father. Generally, from the study, about 18(51.4%) live with their biological parents while 17(49%) are under the care of either other Relatives or Husband. The analysis reveals that 148(71%) respondent's both parents are alive, 30(14%) only mother is alive, 15(7%) only father is alive and 15(7%) both parents died. Refers to table 4.5 Amongst respondents, 129 live with both parents,37 live with mother only and 21 respondent lives with only father. Generally, from the study, about 187(89.9%) live with their biological parents while 21(10.1%) are under the care of either other Relatives or Husband.

Table 4.5: Percentage Distribution of who live with the Respondents

Response	Frequency	Percentage	Cumulative Percentage
Both Parents	129	62	62
Mother Only	37	17.8	79.8
Father Only	21	10.1	89.9
Relatives	20	9.6	99.5
Other	1	0.5	100
Total	**208**	**100**	**100**

Source: Research Field Data (2019)

The findings from table 4.4 and table 4.5 show that the biological parents of most respondents are alive. The results signify that 51.4% of respondents from RCH (Pregnant/and have a child) and 89.9% of respondents from schools are living with their biological parents thus So sexual and reproductive health education should be given to parents/ guardians for them to become the best educators to teenagers.

4.2.3 Respondents Level of Education

Education Status of the respondents interviewed from RCH have been classified into two broad categories, those who have ever attended school were 33 (94.3%) and

those who have never attended school were 2 (5.7%.) Those who have attended school subdivided into 3 who attended some primary school but never completed,18 completed primary school, 3 attained post-primary Training while the remaining 9 went to secondary school with only five completed the years of studies. Table 4.6 presents the highest level of school education

Table 4.6: Highest Education Qualification (From RCH N=35)

		HIGHEST GRADE									
		1	2	3	4	6	7	8	9	10	**Total**
HIGHEST LEVEL)	Primary	0	0	0	0	3	18	0	0	0	**21**
	Post Primary Training	0	0	0	0	0	0	1	1	1	**3**
	Secondary O Level	1	2	1	5	0	0	0	0	0	**9**
	Total	**1**	**2**	**1**	**5**	**3**	**18**	**1**	**1**	**1**	**33**

Source: Research Field Data (2019)

Also, the research wanted to know school grades for every 208 respondents interviewed in secondary school. The respondents were asked the grade they're in at the time of the interview. Out of 208 respondents, 74 (35.6%) were in form four, 58 (27.9%) was in form three, 51 (24.5%) were in form two and 25 (12%) was in form one. Table 4.7 presents the grades on which respondent study.

Table 4.7: Highest Education Qualification

GRADE	FREQUENCY	PERCENTAGE
1	25	12
2	51	24.5
3	58	27.9
4	74	35.6
Total	**208**	**100**

Source: Research Field Data (2019)

Below is the school grades distribution for FGD participants.

Table 4.8 School Grade Distribution of the Participants(FGD)

Grade	Frequency	Percentage
1	4	10
2	8	19
3	10	24
4	20	48
Total	**42**	100

Source: Research Field Data (2019)

4.3 Sexual Activity and Relationship Status

This section consists of nine questions collected information on timing of first sexual intercourse, willingness in participation, reasons for first sex encounter and first pregnancy circumstances.

4.3.1 Age at First Sexual Intercourse

The first sexual intercourse reported age ranged from 13–17 years (mean age 14.03 SD 0.891). As can be seen from table 4.9, 45.7 percent reported first sexual encounter at age of 14 years,28.6% at age of 13 and 22.9 when aged 15 years. This signifies that over 90% of teenagers interviewed from RCH stated to start sexual intercourse when aged less than 16 years with only 2.9% reporting first intercourse 16 and above years of Age.

Table 4. 9 Percentage who had first sexual Intercourse (From RCH N=35)

AGE	FREQUENCY	PERCENTAGE
13	10	28.6
14	16	45.7
15	8	22.9
17	1	2.9
Total	**35**	**100**

Source: Research Field Data (2019)

The first sexual intercourse reported age ranged from 10–17 years (mean age 14.47, median 15 and SD 1.233). Out of 208 respondents 124 have had sex intercourse while 84 had never have sexual intercourse. As can be seen from table 4.10, 37.9 percent reported first sexual encounter at age of 15 years,27.4% at age of 14 and 16.9 when aged 16 years. This signifies that out 124 of teenagers who had sex 82.3 stated to start sexual intercourse when aged less than 16 years with only 17.7% reporting first intercourse 16 and above years of Age.

Table 4.10 Percentage who had First Sexual Intercourse

Age	Frequency	Percentage	Valid Percentage	Cumulative Percentage
10	2	1	1.6	1.6
11	1	0.5	0.8	2.4
12	5	2.4	4	6.5
13	13	6.3	10.5	16.9
14	34	16.3	27.4	44.4
15	47	22.6	37.9	82.3
16	21	10.1	16.9	99.2
17	1	0.5	0.8	100
Total	124	59.6	100	
Never had sex	84	40.4		
Grand Total	208	100		

Source: Research Field Data (2019)

Tables 4.9 and 4.10 reveal that mean age for first sexual intercourse is 14 years of age and 97.1% of respondents from RCH and 82.3% from Secondary schools had engaged in sexual intercourse below 16 years of age. This indicates that measures to prevent early pregnancy through education about sexual intercourse, pregnancy and contraception should start before the age of 10. Since table 4.4 reported two teens who started sex intercourse at the age of 10.

4.3.2 Reasons for Respondents' First Sexual Debut

As can be seen form figure 4.1 about 26 (74.3%) respondents from RCH were not willing with the first intercourse Whilst 9 (25.7%) respondents reported being willing during their first sexual intercourse. However, the study investigated more to what influenced those 26 respondents who were not willing to engage into sexual intercourse for the first time and found that out of 26 respondents 13(50%) reported peer pressure,7(26.9%) reported Economic problem/poverty-related issues,5 (19.2%) reported they were sexually abused and only 1 (3.8%) reported other influential factors.

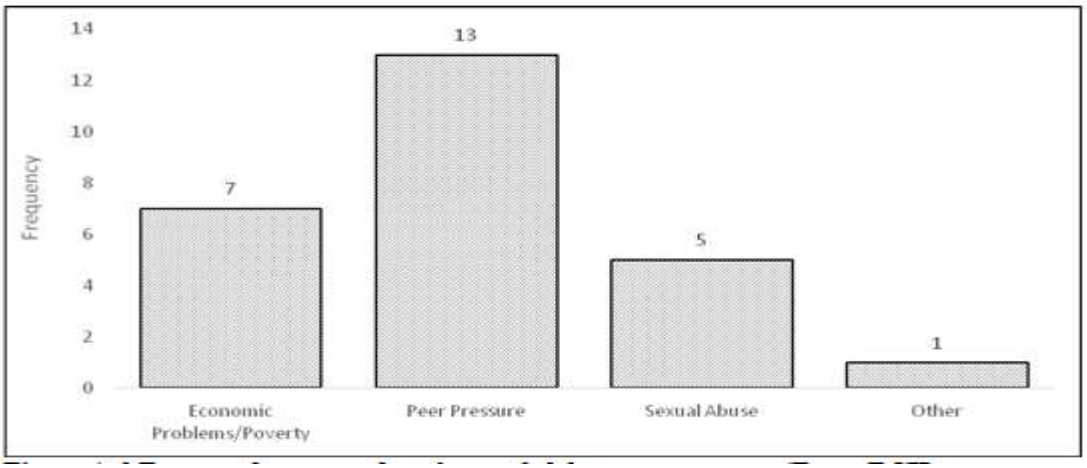

Figure 4.1 Reasons for Respondents' Sexual Debut (From RCH N=35)

Source: Research Field Data (2019)

As can be seen from figure 4.2 about 94 (75.8%) respondents from secondary schools were not willing with the first intercourse Whilst 30 (24.2%) respondents reported being willing during their first sexual intercourse. Out of 94 who were not willing, 42 (44.7%) respondents reported peer pressure,31 (33%) reported Economic problem/poverty-related issues,18 (19.1%) reported they were sexually abused and only 3 (3.2%) reported other influential factors.

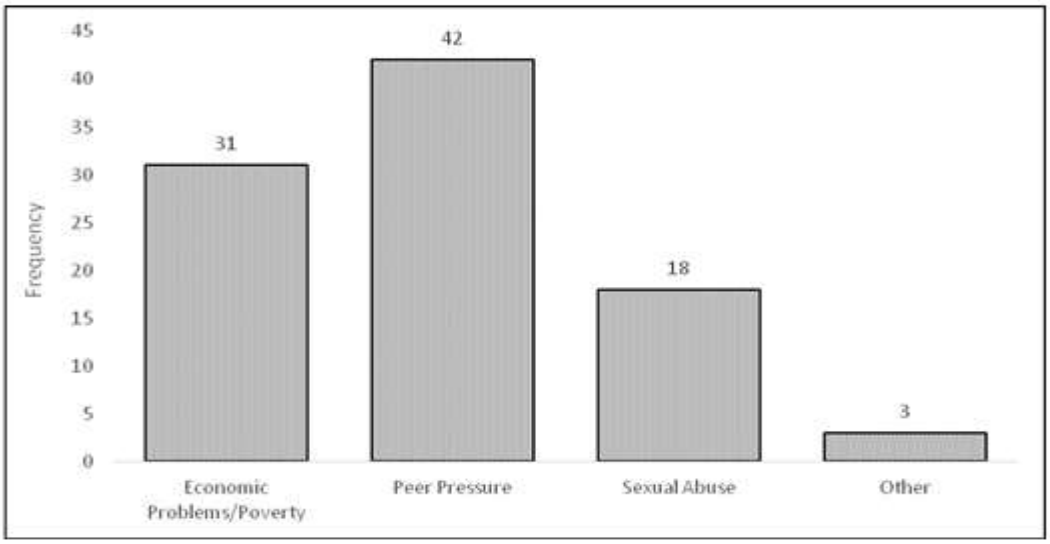

Figure 4.2 Reasons for Respondents' Sexual Debut

Source: Research Field Data (2019)

Figures 4.1 and 4.2 show how peer pressure has become the main reason for adolescents to engage in sexual activities. This can interpret parents/caregivers who have failed to provide accurate information on sexual and reproductive health issues so adolescents seek information from friends/untrustworthy persons and in the end, find it compelling to engage in sexual activity. Economic problems have been reported to contribute to a large proportion of adolescents engaging in sexual activity. However, there is an alarming indication as 19.2% of respondents from RCH and 19.1% from school respondents reported sexual abuse to be the reason for

their debut into sexual intercourse. The question is whether they were abused by a member of their household or from outside the household.

4.3.3 Age at First Pregnancy/and Birth

In the RCH the interviewed adolescents were asked about the first pregnancy/child. Further examination wanted to know whether the first pregnancy/child was planned or influenced by factors like poverty, Peer pressure, etc. Since Teenage pregnancies affect educational attainment the study wanted to know how many became pregnant while still attending school. Table 4.11 shows that all 35 (100%) reported that have given birth or are pregnant with their first child. About eight (22.9%) respondents planned while 27(77.1%) did not plan.

Table 4.11: Percentage Distribution of Planned/Unplanned Pregnancy (From RCH N=35)

Responses	Frequency	Percentage
Yes	8	22.9
No	27	77.1
Total	35	100

Source: Research Field Data (2019)

4.3.4 Reasons that influenced Respondents First Pregnancy/and Child.

Respondents were asked the reasons that influenced them to get first pregnancy. Figure 4.3 depicts the reasons that influenced at the respondents to have pregnancy/and child at early age. Out of 35 respondents, 13 (37.1%) pushed by peer pressure, 11 (31.4%) were due to other reasons like husband desire,8 (22.9%) due to economic problem/poverty related issues and 3 (8.6%) were sexually abused.

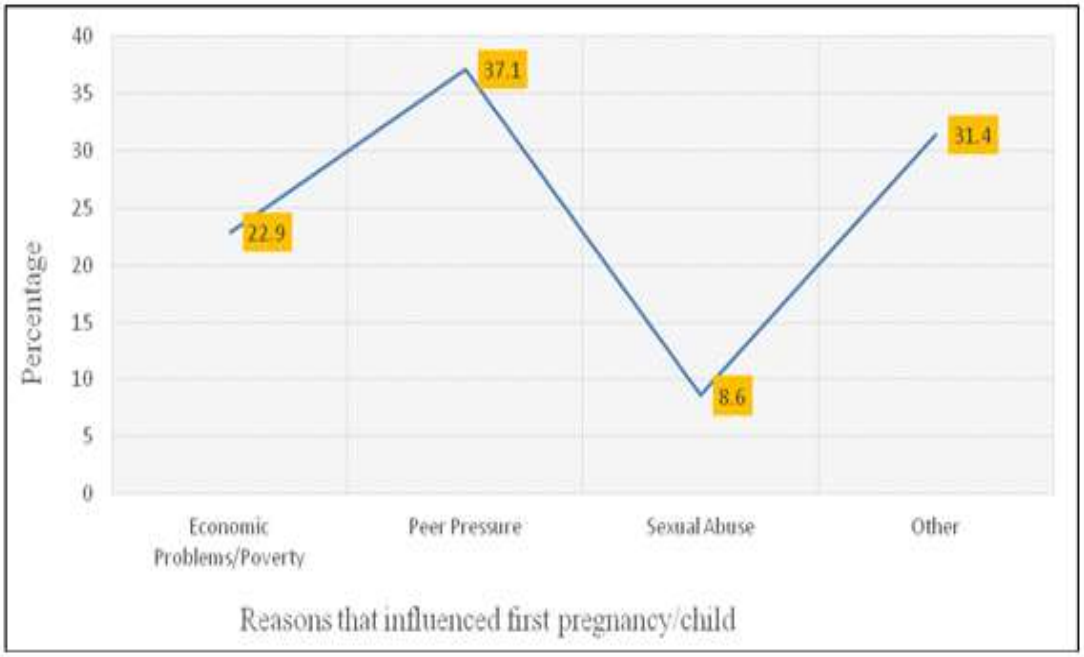

Figure 4.3: Reasons that influenced Respondents First Pregnancy/Child (From RCH N=35)

Source: Research Field Data (2019)

4.3.5 The Respondent lived with whom when became Pregnant

Since this study was done at RCH we needed more understanding on whether these teenage girls became pregnant while living with their biological parents or elsewhere. This indicator provides us with a good tool for matching household income, parental education and their occupations in investigating early pregnancy. From the study, we can see that 20(57.1%) got pregnant living with their parents while 15 (42.9%) were living elsewhere as 7 were married, 5 were living with other relatives and three were in boarding schools. More than 50% of children have become pregnant while living with their foster parents. This means it is either income for needs or education about reproductive health or parent work that results in a lack of time to monitor growth and behavior.

Table 4.12: Respondents became Pregnant living with their Biological Parents or elsewhere (From RCH N=35)

Response	Frequency	Percentage	Valid Percent
Married	7	20.0	46.7
Other Relatives	5	14.3	33.3
Boarding School	3	8.6	20.0
Total Living Elsewhere	**15**	**42.9**	**100.0**
Living with Parents	20	57.1	
Total	**35**	**100.0**	

Source: Field Research Data (2019)

4.3.6 Respondents got Pregnant while in School

Respondents were also asked if they became pregnant while attending school so that the study could identify between them how many interrupted the study due to pregnancy. Table 4.13 shows that out of 35 respondents, only 5 were pregnant while still attending schools.

Table 4.13: Respondents got Pregnant while in School (From RCH N=35)

Response	Frequency	Percentage
Yes	5	14.3
No	30	85.7
Total	**35**	**100**

Source: Field Research Data (2019)

The results show that Five teenagers out of 35 interviewed became pregnant while in school. This number is very significant that it is equal to a ratio of 1 to 7 of which in every seven pregnancies one is likely to be student attending school. This finding shows how big the tragedy of early pregnancy is in society that perhaps efforts to prevent must be doubled.

4.4 Household Income

This section of the questionnaire examines household income contribution to Teenage pregnancy. The section is made up of a total of seven questions asked to obtain opinions about whether Household income can contribute to teenage pregnancy occurrence or not. Questions covered information about the adequacy of the source of income, marriage for dowry and sexual relationship as a means to earn income.

4.4.1 Marriage for Dowry as Source of Income

Teenagers were asked if do girls in their communities are forced to marry for dowry as a source of income so that the family could make ends meet. As can be seen from figure 4.4, over 80 percent of respondents reported that adolescent girls in their communities are forced to marry for dowry.

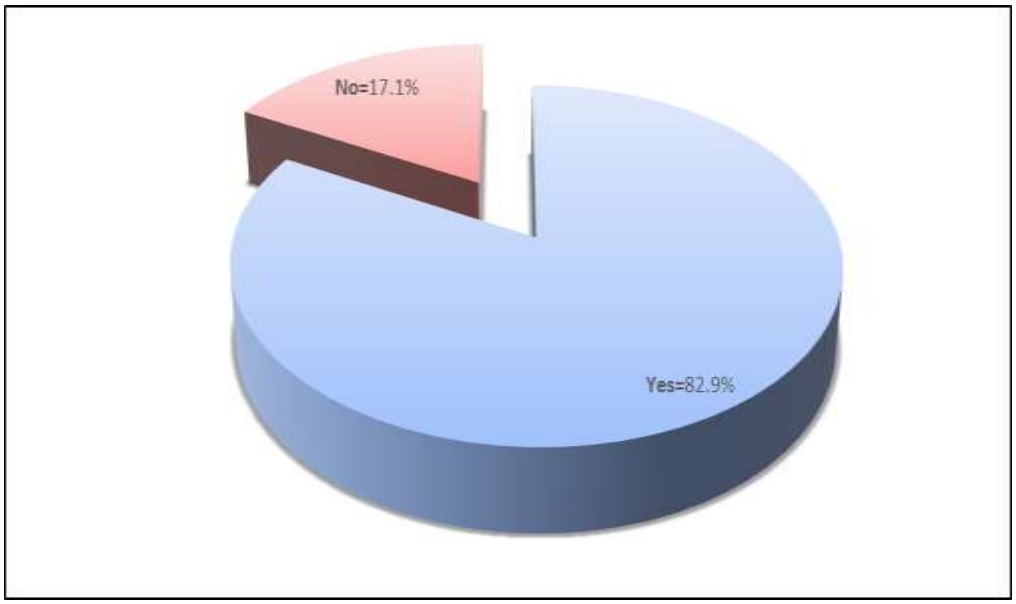

Figure 4.4 Percentage of Respondents who answered that Daughters were forced to marry for Money (From RCH N=35)

Source: Research Field Data (2019)

Teenagers were asked if do girls in their communities are forced to marry for dowry as a source of income so that the family could make ends meet. As can be seen from figure 4.5, over 61 percent of respondents reported that adolescent girls in their communities are forced to marry for dowry.

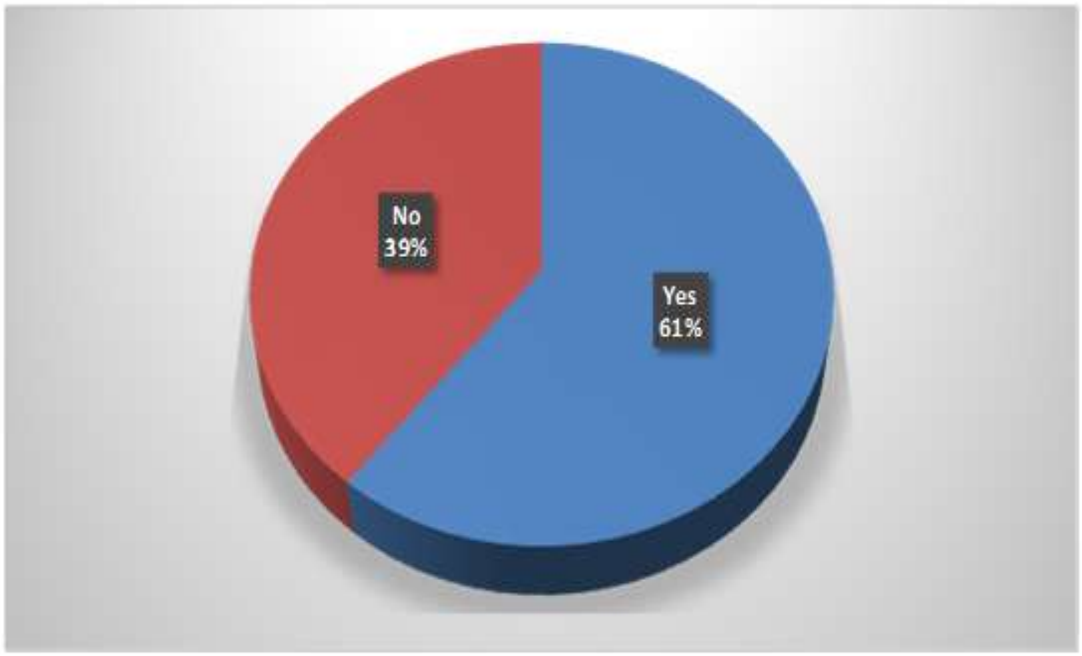

Figure 4.5: Percentage of Respondents who answered that Daughters were forced to marry for Money

Source: Research Field Data (2019)

4.4.2 Lack of Basic Necessities Contribution to early Sex

In getting respondents' perceptions whether a lack of life's necessities can force teenage girls into early sex as a means to earn income to satisfy basic needs, respondents were asked whether they believe lack of basic necessities drive teenagers into early sex. Figure 4.6 shows that 32 (91.4%) respondents revealed needs can push Teenage girls into early sex whilst only 1 (2.9%) said no and 2 (5.7%) didn't know

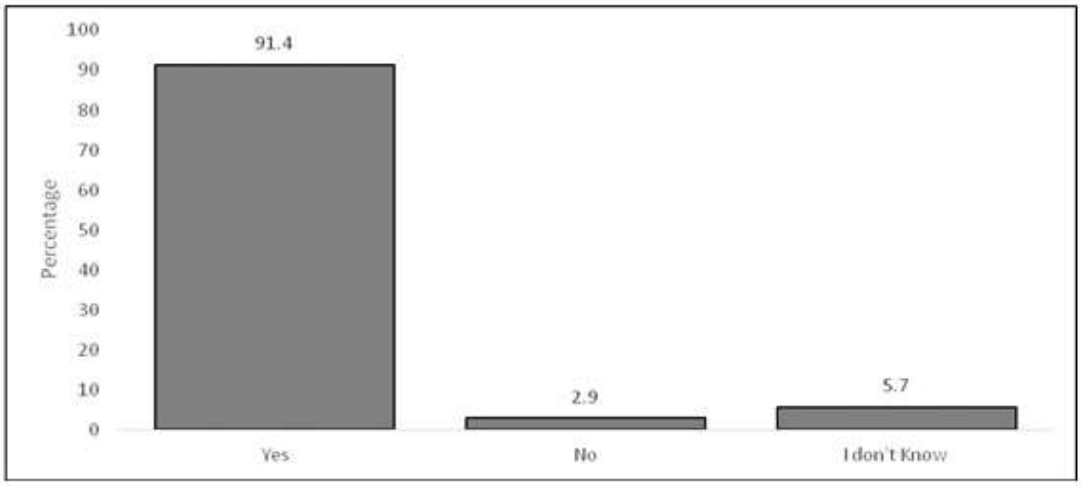

Figure 4.6: Percentage of Respondents who from Experience reported that lack of Necessities can drive Teenager into early Sex (From RCH N=35)

Source: Research Field Data (2019)

In catching secondary school girls' perceptions from whether lack of life's necessities can cause teenager girls into early sex as a means of earning income to meet those basic needs. Figure 4.7 shows that 102 (49%) respondents revealed needs can push Teenage girls into early sex whilst 34 (16.3%) said no and 72 (34.6%) didn't know

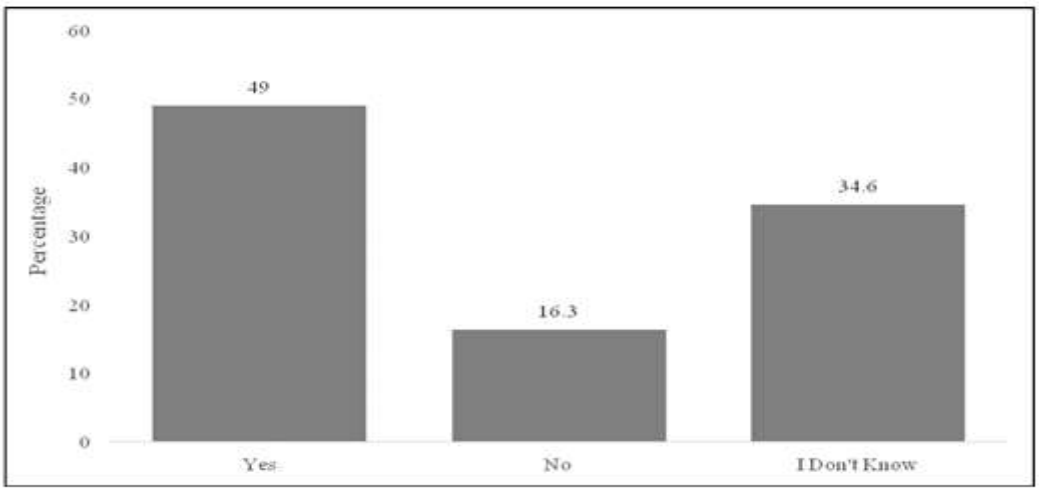

Figure 4.7: Percentage of Respondents who from experience reported that lack of Necessities can drive Teenager into early Sex

From figures 4.6 and 4.7 it appears that most teenagers understand and believe that the lack of basic needs can easily force them into sexual relationships. Over 90% of respondents from RCH revealed that the struggle to meet necessities is very risky and many girls fall into sex for money and remember RCH respondents are pregnant/and have a child so they speak from experience. Many participants (FGD) revealed that the main problem is the lack of necessities due to financial deficiencies especially extra needs for girls. Thus, when income is not enough to satisfy the needs of the whole household members it greatly induces teenage girls to engage in sexual relationships and to debut into early sex to earn money for their needs.

> "*Sometimes even parents request money from their children for the household needs. When this occurs, it is like permitting them to start sexual relationships to earn some money*.".

Focus Group (FG) 3, P11

> "*You find the school is very far from home and your parents/guardians are not able to buy you even a bicycle or provide fare for transport. So, what to expect in a situation like that? it only leads to early sexual involvement*"

Focus Group (FG) 2, P4

4.3.3 The Relationship between the Inadequate Household Income and the Respondent's involvement in Sex for Money

Respondents were asked about the Parent's source of income whether it was sufficient to provide for the whole household needs. Uniquely this question does not directly respond to what the study aims to measure but can be cross-tabulated with the question that focuses on knowing how many Respondents have ever engaged into sexual relationships to fulfill their income-related needs. This analysis indicates

how insufficient household income can compel teenagers to indulge in risky behaviors. Table 4.14 reports that 16 respondents' parent's sources of household income were adequate, and 15 were inadequate while four respondents did not know. Moreover, out of 35 respondents, 22 (62.9%) admitted to engaging in a sexual relationship to meet income-related needs and only 13 had never done so.

Table 4.14: Cross Tabulation of Income Source with Respondents got into Sexual Relationship for Needs (From RCH N=35)

			SEXUAL RELATIONSHIP FOR NEEDS		
			Yes	No	Total
INCOME SUFFICIENCY	Yes	Count	7	9	16
		% within INCOME	43.8	56.2	100
	No	Count	14	1	15
		% within INCOME	93.3	6.7	100
	I don't Know	Count	1	3	4
		% within INCOME	25	75	100
	Total	Count	22	13	35
		% within INCOME	62.9	37.1	100

Source: Research Field Data (2019)

Table 4.15 reports that 27 respondents' parent's sources of household income were adequate, and 90 were inadequate while 91 respondents did not know. Moreover, out of 208 respondents, 106 (51%) admitted to engaging in a sexual relationship to meet income-related needs and 102 had never done so.

Table 4.15: Cross Tabulation of Income Source with respondents got into sexual relationship for needs

			SEXUAL RELATIONSHIP FOR NEEDS		
			Yes	No	Total
INCOME SUFFICIENCY	Yes	Count	15	12	27
		% within INCOME	55.6	44.4	100
	No	Count	58	32	90
		% within INCOME	64.4	35.6	100
	I Don't Know	Count	33	58	91
		% within INCOME	36.3	63.7	100
	Total	Count	106	102	208
		% within INCOME	51	49	100

Source: Research Field Data (2019)

Tables 4.14 and 4.15 show the relationship between household income and sexual relationships for income-related needs. Table 4.14 shows that 15 respondents admitted that household income was insufficient and 14 (93.3%) of them engaged in a sexual relationship to earn money. A total of 22 respondents from RCH engaged in sex to satisfy their income-related needs. Table 4.15 shows that 91 respondents reported that household income was insufficient to satisfy the household needs, among them 58 (64.4%) engaged in sex for the needs. A total of 106 respondents from secondary schools engaged in sex for income.

The Findings mean even teenagers from the household with sufficient income are at

risk of engaging in a sexual relationship to meet their extra needs. So as household income decreases, the possibility for adolescents to engage in sex for money increases. The limited capacity of household income sources to provide basic needs such as food, medical care, and other things has led children to indulge in financial pursuits that lead to early pregnancy to still be a tragedy.

> "*The suffering comes when you are in the menstrual cycle when household income is insufficient to even buy food for the family. Difficulties in obtaining sanitary products during menstruation can drive a girl to request financial help from the person who has a love interest in you only him can quickly help as there is something he needs from you*". Focus Group (FG) 3, P6

4.3.4 Girls in the Community engaging in Early Sex for Money

In finalizing income component of the questionnaire, the respondents were asked about their understanding and opinion of Adolescents girls in their community whether they begin to engage in sexual activity at an early age due to difficult income circumstances. Figure 4.8 shows that 85.7% made it clear that most girls in their community start early sex for money while 14.3% opposed the idea.

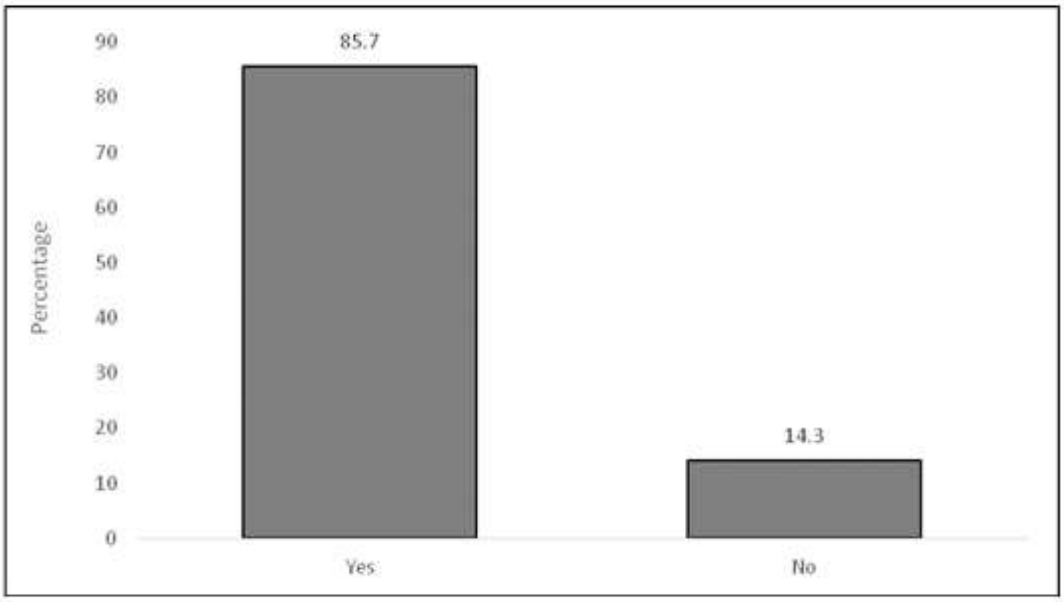

Figure 4.8: Percentage of Respondents who agreed that Teenage Girls Start Early Sexual Relationships to earn Money (From RCH N=35)

Source: Research Field Data (2019)

Figure 4.9 shows that 69.7% made it clear that most girls in their community start early sex for money while 30.3% opposed the idea.

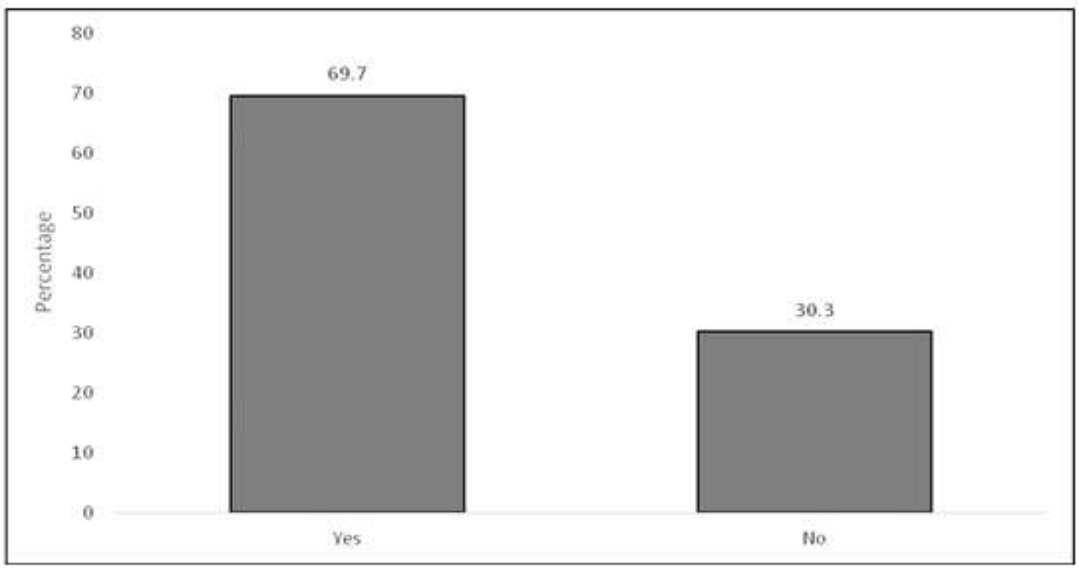

Figure 4.9: Percentage of Respondents who agreed that Teenage Girls start Early Sexual Relationships to earn Money

Source: Research Field Data (2019)

4.4: Parents/Guardians' Education

This section is looking at how a parent's education can or can't contribute to the occurrence of early pregnancy. It should be noted that in the human development stages, adolescent age is the perfect time when high-quality care is required to ensure teenagers pass without engaging in most risky behaviors. In connection with our research, early pregnancy also occurs due to a lack of education in a sexual relationship and reproductive health.

During adolescence, both boys and girls should be provided with appropriate reproductive health education because it is during this period they are at very high risk of engaging in sex without knowledge and understanding that can sufficiently help them manage physical changes in their growth. Four questions of this section aimed at gaining respondents' perceptions of the parents /caregiver's educational level equip parents with appropriate knowledge of reproductive health that helps teenagers in self-awareness and coping with physical changes.

4.4.1 Possession of Appropriate Knowledge about Reproductive Health

Respondents were asked whether they think their parents/guardians have appropriate knowledge and awareness of sexual and reproductive health. Subsequently, if a parent does not have enough knowledge, teenage girls will likely find information about sexual and reproductive health issues somewhere else, thus instigating the risk of misinformation. Figure 4.10 shows that 45.7 percent think that parents/guardians

don’t have appropriate knowledge about reproductive health while 34.3 percent believe that Parents/Guardians know appropriately enough about reproductive health with the remaining 20% responded they didn’t know.

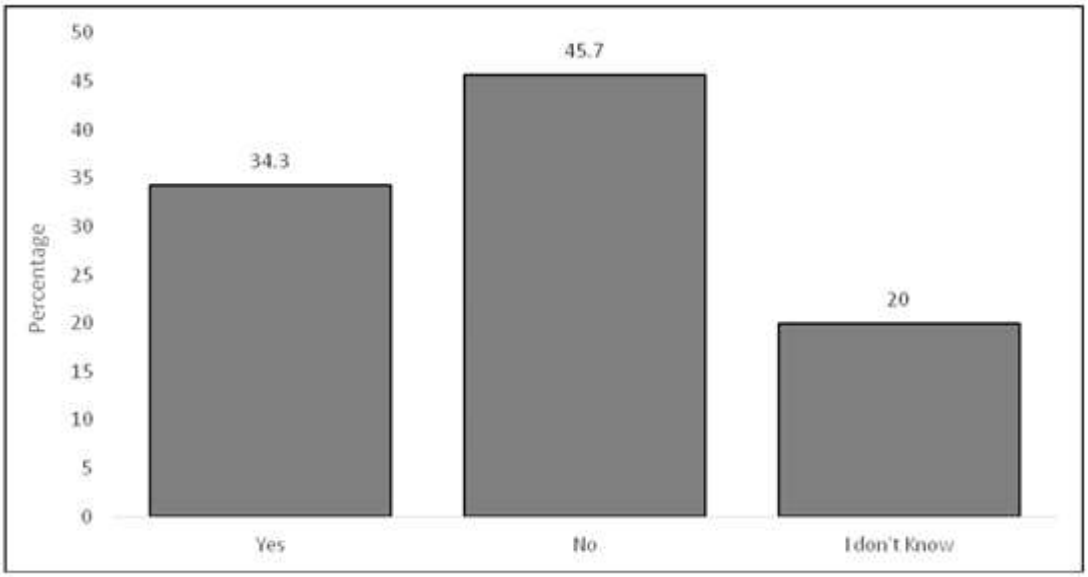

Figure 4.10 Percentage of Parents who have Appropriate Knowledge about Reproductive Health (From RCH N=35)

Source: Research Field Data (2019)

Figure 4.11 shows that 50 percent think that parents/guardians don’t have appropriate knowledge about reproductive health while 37 percent believe that Parents/Guardians know appropriately enough about reproductive health with the remaining 13% responded they didn’t know.

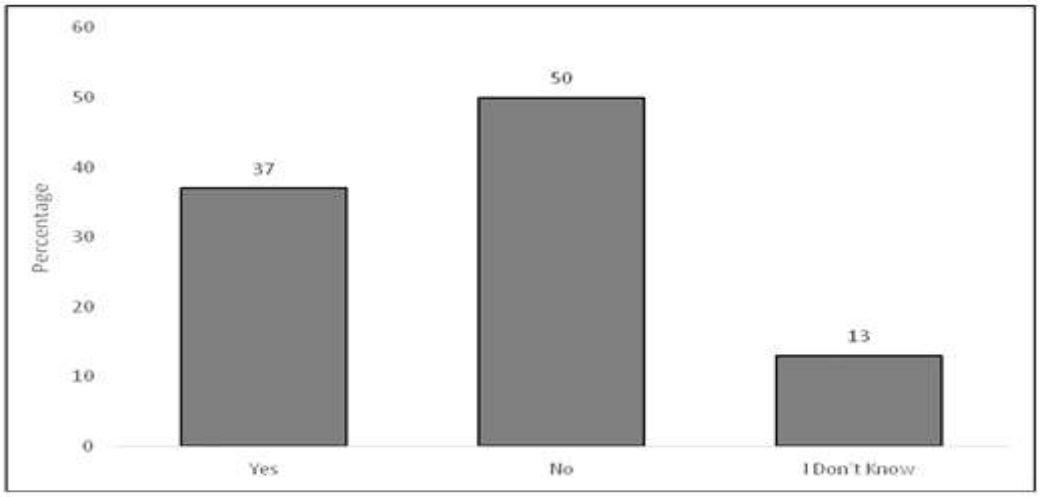

Figure 4.11: Percentage of Parents who have Appropriate Knowledge about Reproductive Health

Source: Research Field Data (2019)

All participants agreed that parent /caregiver education plays a very important role in the child's cultural understandings starting at home. Participants agreed that there is a huge gap between parent's knowledge and their children, especially when discussing issues of importance in Life.

> "*I think my parent does not have enough information and knowledge about reproductive health due to her level of education this means even when I ask about changes in growth I got no right answers*". Focus Group (FG) 1, P8

4.4.2 Parents Education Influence in Teenager's Behavior

This section also aimed to find out if respondents believe that parents' education has any contribution to teenagers' involvement in risk behaviors. Since parent's education level reflects many elements of children's behavior. Figure 4.12 shows that out of 35 respondents, 27 (77.1%) agreed that parents education level could significantly influence the behavior of adolescents while they 4 (11.4%) disagreed like the other 4 (11.4%) didn't know.

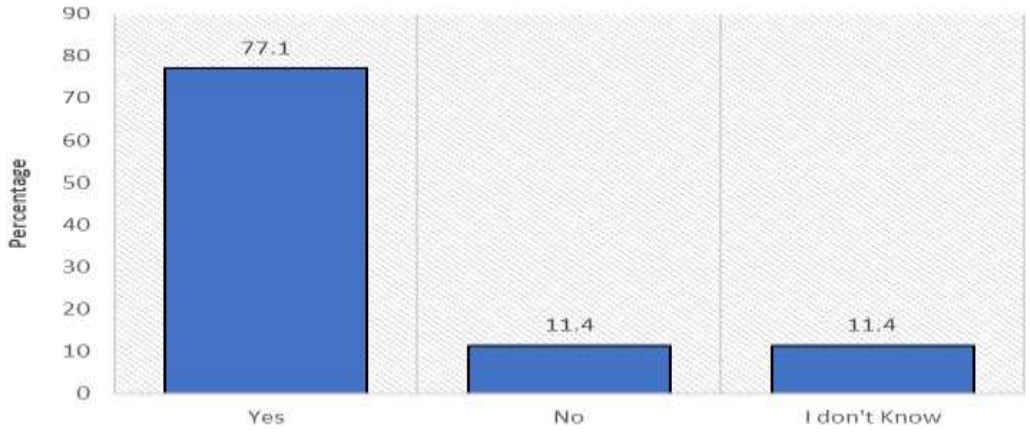

Figure 4.12 Percentage of Respondent who believe Parents Education has Influence in Teenager's Behavior (From RCH N=35)

Source: Research Field Data (2019)

Figure 4.13 shows that out of 208 respondents, 107 (51.4%) agreed that parents education level could significantly influence the behavior of adolescents while they 12 (25%) disagreed like the other 76 (36.5%) didn't know.

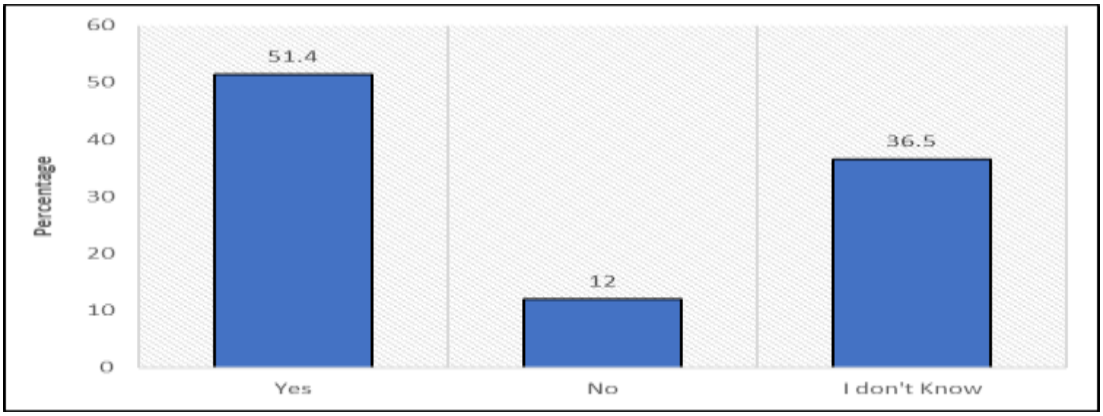

Figure 4. 13 Percentage of respondent who believe Parents Education has Influence in Teenager's behavior
Source: Research Field Data (2019)

The researcher needed to gain experience from participants whose parents have high education if these parents focus on educational issues and educate children about reproductive health

P3- "*Yes, it is true my father put much emphasis on education and*

discusses with me issues related to reproductive health whenever I need because he knows a lot."
P6 – "I get lots of information and knowledge about sexual relation/reproductive health from my parents as they who are both teachers".
P1 – "My mother has reached university and she often advises and emphasizes me not to have sex at an early age by highlighting its effects". Focus Group (FG) 3

4.4.3 The difference in Teenage Pregnancy Rates between low Educated Households and High Educated Households

Also, respondents were asked their thoughts and perspective of their experience in the community whether teenage girls in low educated households are likely to get early pregnancy compared to teenager high educated households. Results in figure 4.14 indicate that 30(85.7%) respondents agreed that teenage girls in low educated households are vulnerable compared to only five 14.3% respondents who opposed

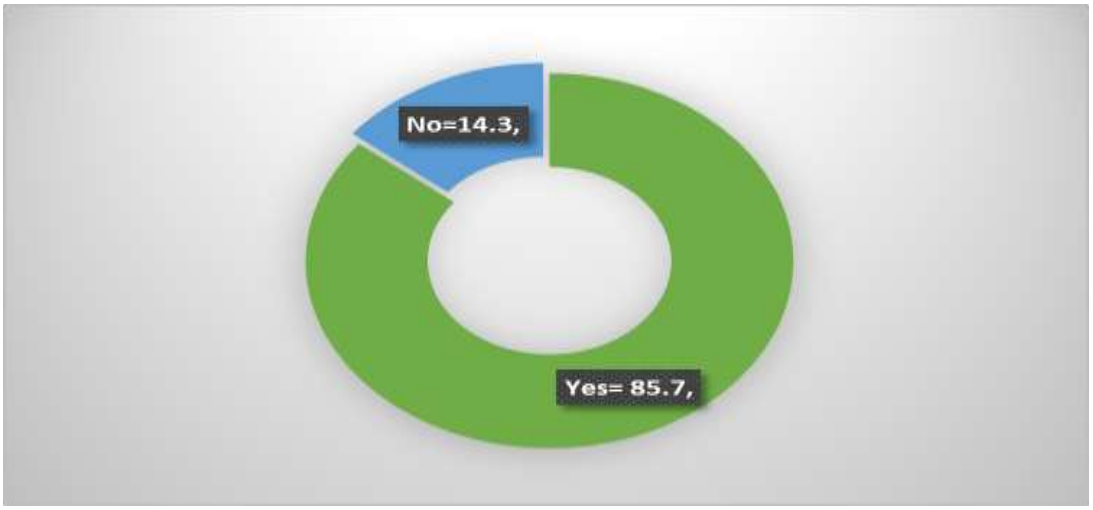

Figure 4.14 Percentage Distribution of Early Pregnancy in low Education Household versus high Education Households (From RCH N=35)
Source: Research Field Data (2019)

Results in figure 4.15 indicate that 157 (75.5%) respondents agreed that teenage girls in low educated households are vulnerable compared to 51 (24.5%) respondents who

opposed

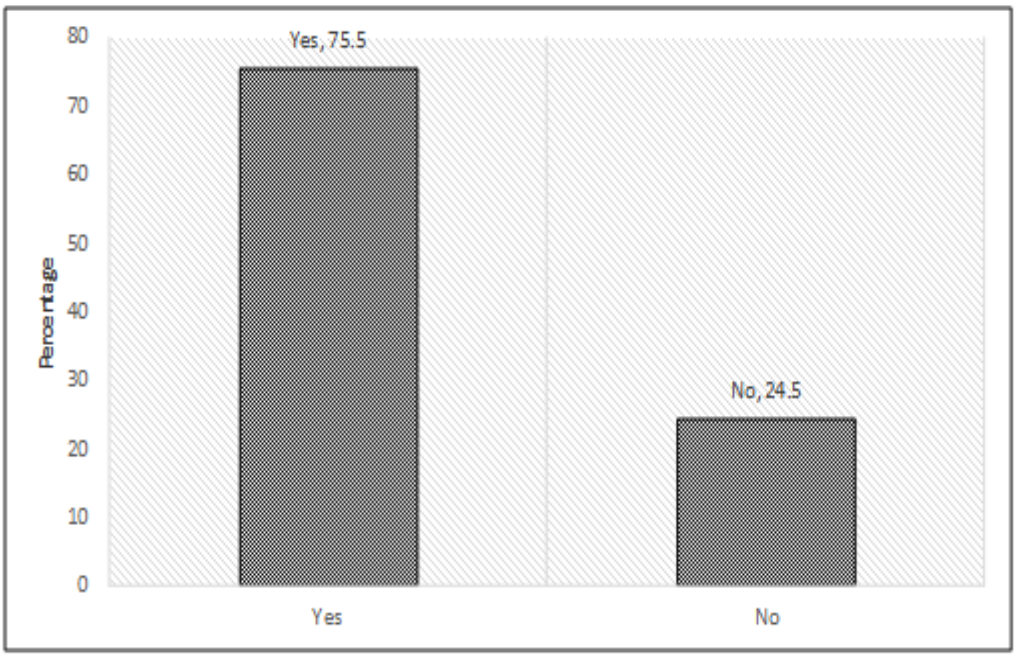

Figure 4.15: Percentage Distribution of Early Pregnancy in low Education Household versus high Education Households

The study also looked at whether there were differences in early pregnancy in lower education households compared to households with higher education levels. Participants discussed and agreed that the differences are very much present and provide examples

> "*In our society, it is very difficult to hear or find a pregnant teenager from a household of parents /guardians with a higher education level, and even when it does happen, it is one out of 50*".

Focus Group (FG) 2, P12

> " *Even if the* Government *or other institutions decide to conduct research they can find out that most teenage pregnancies come from families with lower educational levels*. "

Focus Group (FG) 3, P6

4.4.4 Parent's Education Contribution to Teenager Behavior and the Likelihood of Early Pregnancy in the Low Educated Household

To gain a deeper understanding of the impacts of parents/guardian's education, the need to cross-tabulate the question that assessed whether parent /guardian's education contributes to teenager involvement into risky behavior and the question that determined the respondent's perceptions on likelihood of early pregnancy to occur in teenage girls living in low educated households versus high educated households. Analyzed data showed there is a correlation between the two cross-tabulated questions.

Table 4.16 shows that 88.9% of respondents who agreed parent /caregiver's education may contribute to teenagers to engage in risky behaviors acknowledged that teenage girls living in low education households are more likely to get early pregnancy compared to those living in high-education households. The two cross-tabulated questions show a very high correlation.

Table 4.16 Percentage of education contribution to teenager behavior and early pregnancy in households with different education levels. (From RCH N=35)

		Is there a high Likelihood of early pregnancy in low education households than high education households		
Parents Education can Contribute to teenagers Behavior		Yes	No	Total
	Yes	88.9	11.1	100
	No	100	0	100
	I don't Know	50	50	100
	Total	85.7	14.3	100

Source: Research Field Data (2019)

Table 4.17 shows that 72% of respondents (from school) who agreed parent /caregiver's education may contribute to teenagers to engage in risky behaviors acknowledged that teenage girls living in low education households are more likely to get early pregnancy compared to those living in high-education households

Table 4.17 Percentage of education contribution to teenager behavior and early pregnancy in households with different education level

		Is there a high Likelihood of early pregnancy in low education households than high education households		
Parents Education can Contribute to teenagers Behavior	Yes	Yes	No	**Total**
	No	72	28	**100**
	I don't Know	80	20	**100**
	Total	78.9	24.1	**100**
		75.5	**24.5**	**100**

Source: Research Field Data (2019)

4.5 Parents Occupation

This section looked at how a parent's work may contribute to a lack of time to monitor children's especially teenager's behavior at home and school. A total of seven questions had been created to cover a wide range of information including parent or guardian work, working hours, as the parent/guardian has time to follow up and discuss issues related to reproductive health.

4.5.1 Parents/Guardians Working Hours

The respondents were asked how many hours their parents worked. This question

intended to provide the foundation for assessing the parenting capacity across different work hours. The logic behind is looking at whether working hours and type of job can hinder closely monitoring of behavior and proper communication to adolescent girls. Table 4.18 shows that 18 (51.4%) respondents revealed that their parents worked more than eight hours, 12 (34.3%) parents had irregular working hours while 4(11.4%) didn't know exact hours their parents worked per day and only 1 (2.9%) worked less than eight hours.

Table 4.18 Percentage Distribution of Parents/Guardians working Hours (From RCH N=35)

Response	Frequency	Percentage
Less Than 8 Hours	1	2.9
More Than 8 Hours	18	51.4
Irregulars	12	34.3
I Don't Know	4	11.4
Total	**35**	**100**

Source: Research Field Data (2019)

Table 4.19 from school data shows that 86 (41.3%) respondents revealed that their parents worked more than eight hours, 94 (45.2%) parents had irregular working hours while 10 (4.8%) didn't know exact hours their parents worked per day and 18 (8.7%) worked less than eight hours.

Table 4.19 Percentage Distribution of Parents/Guardians Working Hours

Response	Frequency	Percentage
Less Than 8 Hours	18	8.7
More Than 8 Hours	86	41.3
Irregulars	94	45.2
I Don't Know	10	4.8
Total	**208**	**100**

Source: Research Field Data (2019)

Participants discussed the issue of parent/caregiver occupation and its contribution to monitoring child behavior. Many participants said that if a parent has no regular work shift or defined time to get in and out of work leave parents spending more time at work or sometimes more than one job to provide for the family. Thus parents/guardians lack enough time in monitoring and interacting with children especially during adolescence, in turn, leads to children getting in temptations

> "*You find the parent wakes up at dawn and comes back at night. When a parent leaves the house doesn't even know whether children slept at home or not. In short, these type working conditions subject a parent to no time to know whereabouts of children*".

Focus Group (FG) 1, P10

4.5.2 Parental follow up of Respondent's Behavior

Respondents were asked whether their parents had time to make proper follow up of their behavior at home/and school. This question logically determines whether parents had time to do behavioral monitoring which is an essential element in reducing early pregnancy occurrence. As can be seen from Table 4.20, 25 (71.4%) out of 35 respondent's parents/guardians had no time to make follow up on their children's behavior at home /and school and 10 (28.6%) had no time to make follow up.

Table 4.20: Percentage of parents who had time to make follow up (From RCH N=35)

Response	Frequency	Percentage
Yes	12	34.3
No	23	65.7
Total	**35**	**100**

Source: Research Field Data (2019)

As can be seen from Table 4.21, 166 (79.8%) out of 208 respondent's parents/guardians had no time to make follow up on their children's behavior at home /and school and 42 (20.2%) had no time to make follow up.

Table 4.21: Percentage of parents who had time to make follow up

Response	Frequency	Percentage
Yes	42	20.2
No	166	79.8
Total	**208**	**100**

Source: Research Field Data (2019)

4.5.3 Parental Discussion with Respondents about Sexual Relation and Reproductive Health

Also, respondents were asked if their parents/guardians discussed with them issues of sexual relationships and reproductive health to gain insight into parental contribution as a source of information that would help adolescents girls manage changes in their growth. Table 4.22 indicates that parents/guardians of 23 (65.7%) respondents did not discuss with their children while only 12 (34.3%) discussed with their children issues regarding reproductive health and sexual relationships.

Table 4.22: Percentage of Parents who Discussed with their Children issues of Sexual Relationship and Reproductive Health (From RCH N=35)

RESPONSE	FREQUENCY	PERCENTAGE
Yes	12	34.3
No	23	65.7
Total	**35**	**100**

Source: Research Field Data (2019)

Table 4.23 indicates that parents/guardians of 159 (75.4%) respondents did not discuss with their children while only 49 (23.6%) discussed with their children issues regarding reproductive health and sexual relationships.

Table 4.23: Percentage of Parents who discussed with their Children issues of Sexual Relationship and Reproductive Health

RESPONSE	FREQUENCY	PERCENTAGE
Yes	49	23.6
No	159	76.4
Total	**208**	**100**

Source: Research Field Data (2019)

4.5.4 Reasons for not Discussing Sexual Relationship and Reproductive Health

All respondents who said that their parents did not discuss with them issues related to the sexual relationship and reproductive health were asked what were the reasons for parents not being able to discuss with them. The answer options are lack of time due to work, lack of education, it is against norms and customs, the parent/guardian does not see the need to discuss and the respondents were allowed to mention. Figure 4.16 shows that 41% of respondents indicated the reason for parents not to discuss with them was lack of time due to work while 26% lack of reproductive health education, 22% against norms and customs, 8% didn't see the importance of doing so and 4% other specified.

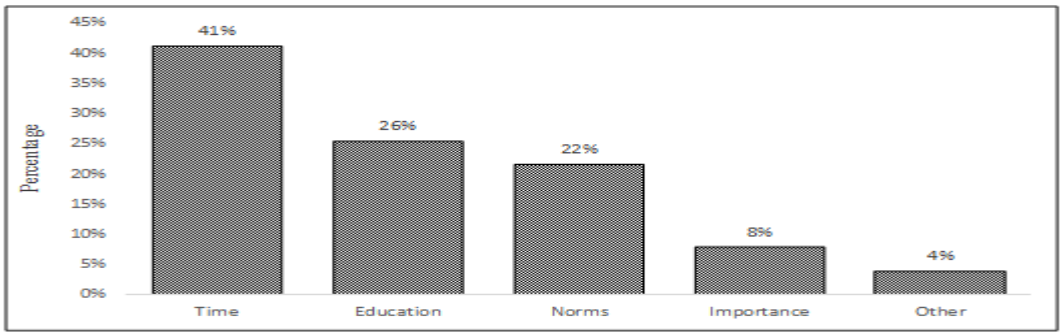

Figure 4.16: Reasons for not Discussing Sexual Relationship and Reproductive Health (From RCH N=35)

Source: Research Field Data (2019)

Figure 4.17 shows that 41% of respondents indicated the reason for parents not to discuss with them was lack of time due to work while 26% lack of reproductive health education, 22% against norms and customs, 8% didn't see the importance of doing so and 4% other specified.

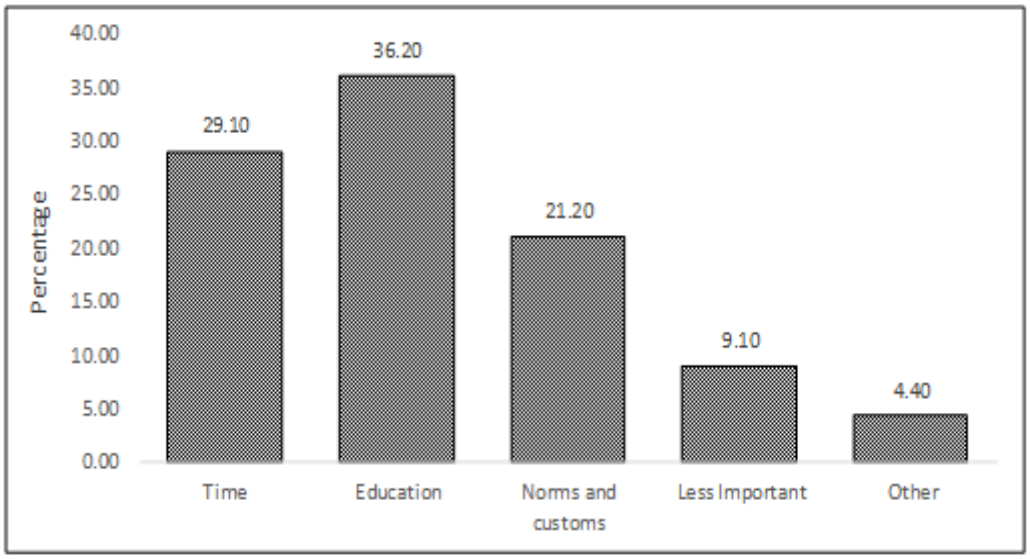

Figure 4.17: Reasons for not Discussing Sexual Relationship And Reproductive Health

Source: Research Field Data (2019)

4.5.5 How Often Parents After Work Sit and Talk with Respondents.

In seeking to determine whether parents upon returning from their respective jobs sit and talk to their children about sexual and reproductive health. Respondents were asked how often parents after their daily works sit and talk with you about relationships and reproductive health. As you can see in Figure 4.18, 42.9% of respondents admitted that their parents upon returning from works never sat and

talked with them issues related to sexual and reproductive health while who said frequently and less frequently were 28.6% each

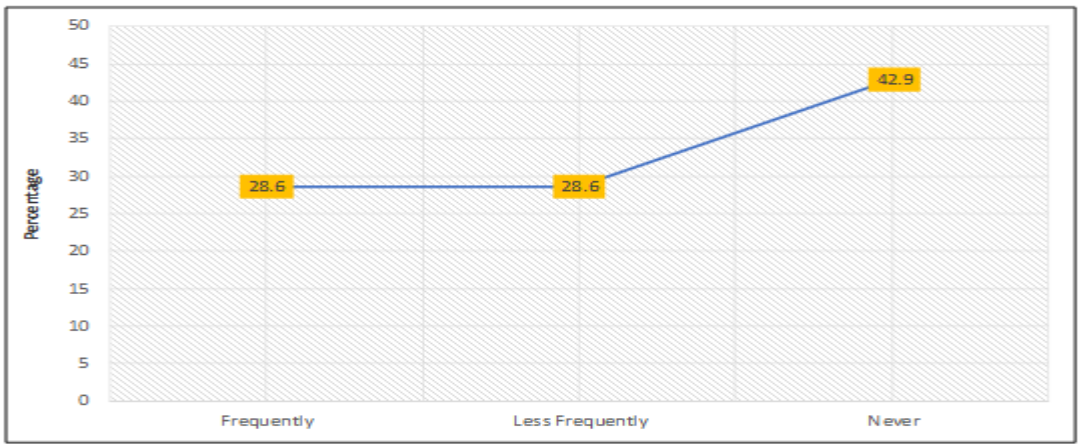

Figure 4.18: Percentage Shows How Often Parents Upon Returning From Jobs sit and talk with their Children (From RCH N=35)
Source: Research Field Data (2019)

As you can see in Figure 4.19, 40.9% of respondents admitted that their parents upon returning from works never sat and talked with them issues related to sexual and reproductive health while 27.9 said frequently and less frequently were 31.3% each.

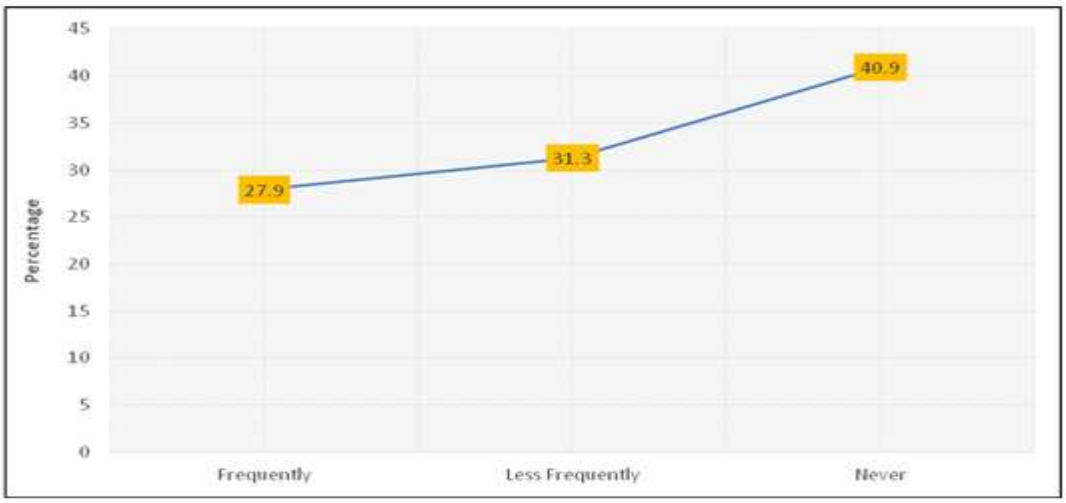

Figure 4.19: Percentage Shows How Often Parents upon Returning From Jobs Sit And Talk With Their Children
Source: Research Field Data (2019)

Figures 4.18 and 4.19 show that about 40% of parents never discuss with their children about sexual relationships and reproductive upon returning from their works. This indicates that a large percentage of parents never spend enough time to talk and discuss sexual relationships and reproductive health upon return from their respective jobs. This widens a significant gap between parents and children which contributes to behavioral and discipline change thus causing early pregnancy and other problems.

4.5.6 Sources Providing Sex Education and Reproductive Health

The respondents specified that they received most information about sexuality and reproductive Health from a set of the information source list. This question allowed multiple responses whereas the respondents can signal more than one source and specify any other not listed in response options. Referring to Figure 4.20, we can see that the majority of respondents received information from their friends making 42.3% of overall sources. Other sources in order of frequency were School and Parents both 14.1%, Movie/Tv/Radio 12.7%, Magazine/Newspaper 11.3%, Books 2.8% and only 1% for both Internet and Other Source not listed

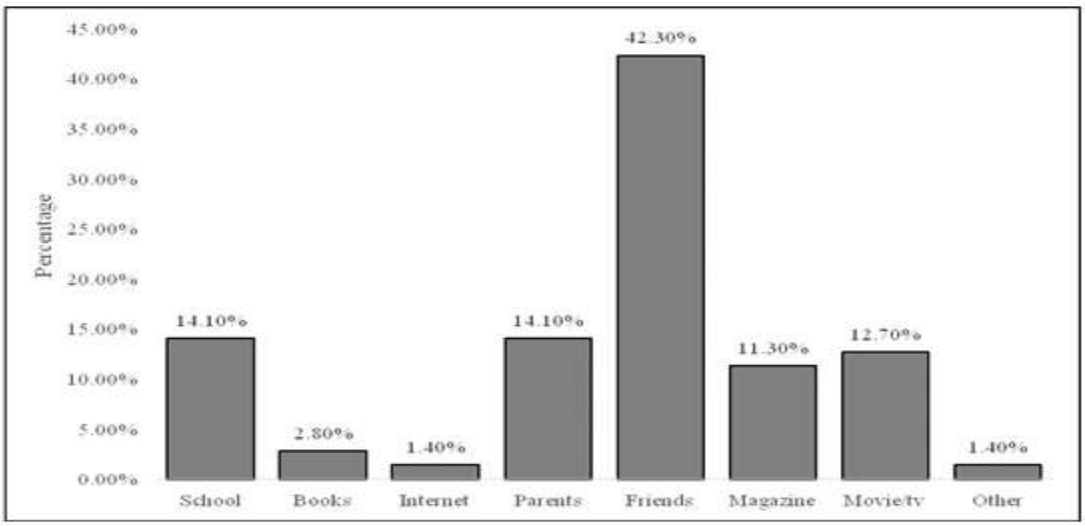

Figure 4. 20 Percentage of most Information source about sex education and reproductive Health (From RCH N=35)
Source: Research Field Data (2019)

Referring to Figure 4.21, we can see that the majority of respondents received information from their friends making 27.8% of overall sources. Other sources in order of frequency were School 22.3%, and 9.2% Parents, Movie/Tv/Radio 6%, Magazine/Newspaper 6.4%, Books 15% and Internet 8.8% and Other Source not listed 4.3%

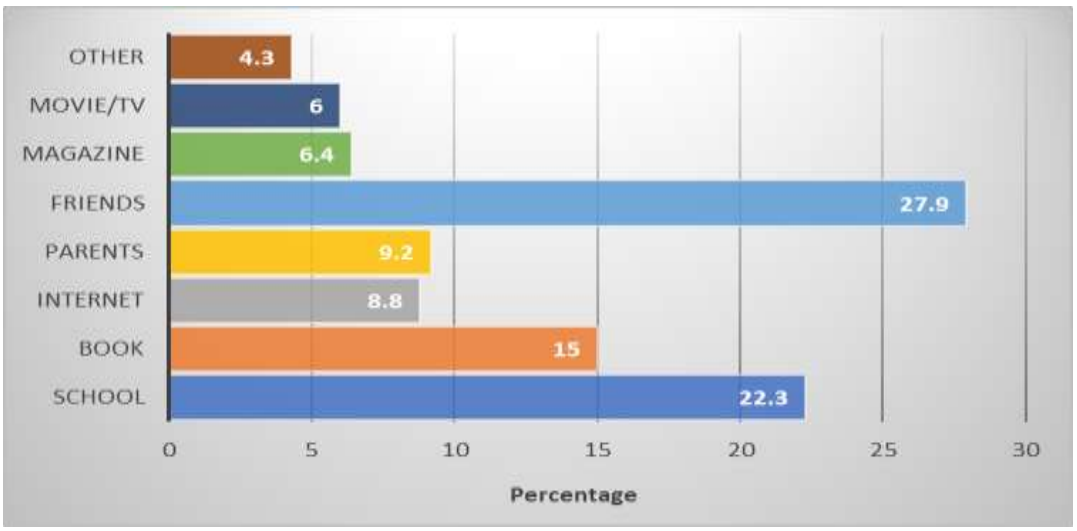

Figure 4.21: Percentage of most Information source about sex education and reproductive Health
Source: Research Field Data (2019)

Figures 4.20 and 4.21 indicate that the majority of respondents, 42.3% from RCH

and 27.9% from the school received most information about sexual and reproductive health from friends while others received such information from school, parents, and books interchangeably. This signifies that most girls receive sexual relationships and reproductive health information education from friends this leads to misinformation and may eventually place them at high risk for early pregnancy and other STDs.

4.5.7 Parental Monitoring for Teenagers

Finally, respondents were asked for their opinions if they think parent jobs take up much of their time and thus prevent the monitoring of children. Respondents were required to answer if they completely agree, somewhat agree and to the extent that they completely disagree. Figure 4.22 shows that 51.4% respondents completely agreed, 17.1% somewhat agreed, 17.1% somewhat disagree, 5.7% completely disagree and 8.6 were neutral.

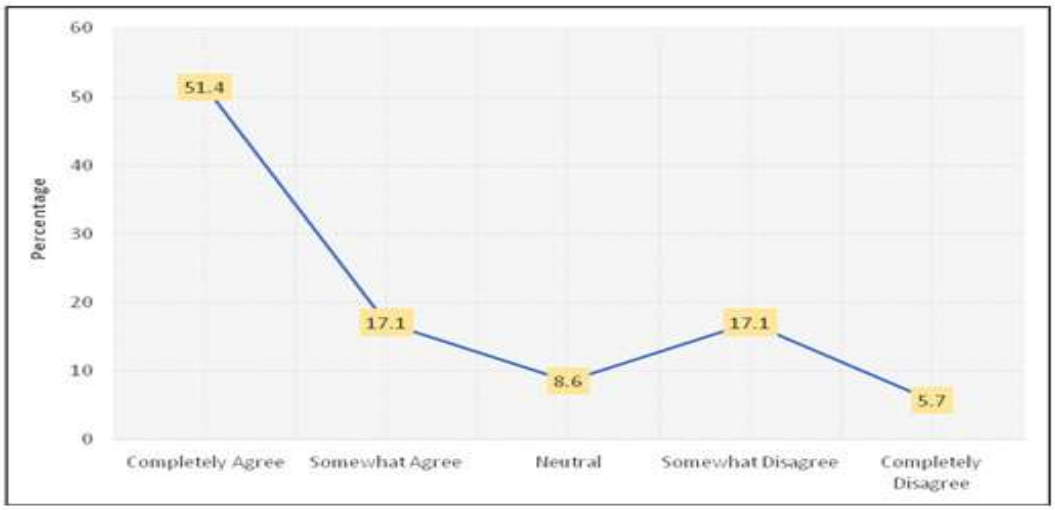

Figure 4.22: Percentage of respondents who agreed/disagreed that parents jobs take most of their time (From RCH N=35)
Source: Research Field Data (2019)

Figure 4.23 shows that 50.5% respondents completely agreed, 31.3% somewhat agreed, 4.8% somewhat disagree, 5.3% completely disagree and 8.2 were neutral

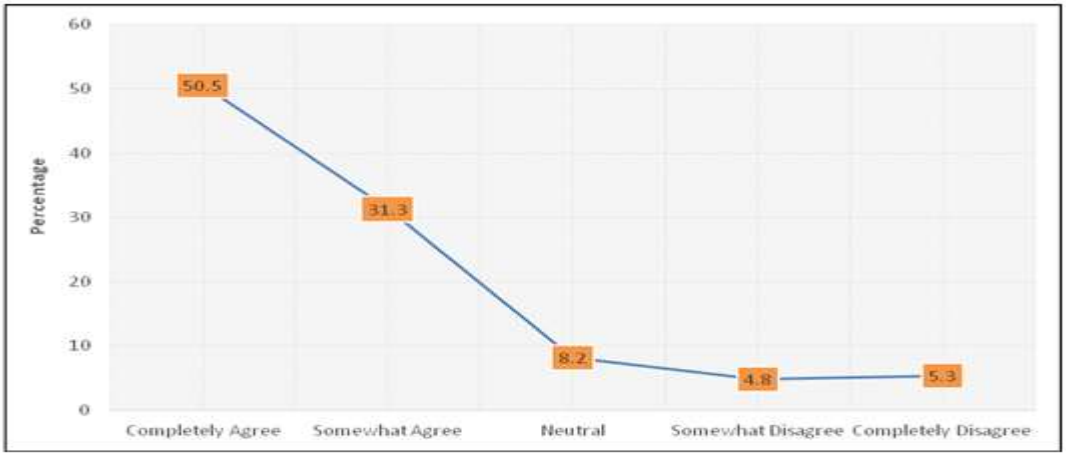

Figure 4.23: Percentage of respondents (from school) who agreed/disagreed that parents jobs take most of their time

Source: Research Field Data (2019)

Figures 4.22 and 4.23 show that about 50% of both respondents from RCH and school completely agreed that works take much of the time of their parent and hence restrict proper monitoring of their children. It is a very alarming indicator since parents are the focal point for teenage behavior monitoring thus lack thereof can result in more teenage pregnancies.

CHAPTER FIVE

DISCUSSION, CONCLUSIONAND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the findings in relation to the research objectives of the study conducted in RCH and Secondary schools in Lindi District Council. This chapter includes the conclusions and recommendations based on the findings of the study, as well as the areas for further researches discovered from the study about the assessment of socio-economic conditions associated with teen pregnancy in Tanzania.

5.2 Discussion of the Findings

The study aimed to assess how socio-economic conditions are associated with teen pregnancy in Lindi District. The discussion of the findings of the study in relation to each study objective follows:

5.2.1 Objective 1: Assessment of Households' Income Effect on Teen Pregnancy

Physiological needs at a lower level of the hierarchy of needs affect lower-income households and hence the communities. Early marriage and indulging in sexual relationships for financial problems lead to teenage pregnancies. Findings show how income deficits increase girls 'risk of sexual activity. Tables 4.11 and 4.12 directly show the negative relationship between income and early adolescent girls' sexual decisions. Transactional sex with older men can be one of the few available sources of income that allows adolescent girls to meet their basic needs, making it a common choice for many girls, even though it increases the risk of unintended pregnancy (McCleary-Sills, et al. 2013).

Teens need to have the necessities so to pass this growth stage safely but the findings (Figures 4.2,4.3 and 4.4) show that due to lack of these necessities influences a teen to engage in early sexual relations which leads to pregnancy. Considering the factors that influence teenagers into first sexual debut or first child/pregnant, economic conditions/poverty-related problem has been reported to be one among prominent reason. Duncan and Magnuson (2007) found that research with young children has found that low family income and poverty are associated with a variety of psychosocial outcomes.

Rural areas reflect poverty and difficulties in economic conditions. Rural communities face challenges in access to basic services such as education, health, water, and even other physiological needs. More so, the strong negative correlation between income and early pregnancy has proven that as household income decreases the likelihood of teen pregnancy increases. According to TDHS (2015), Teenagers in rural areas are considerably more likely to have begun childbearing than urban peers 32% of rural teenagers have had a live birth or are pregnant, compared with 19% of urban teenagers. TDHS Furthermore explained that, teenagers in the lowest wealth quintile are three times more likely to have started childbearing than those in the highest wealth quintile (42 percent versus 12 percent).

In conclusion, the struggle to meet the necessities of life comes with many risks that can affect the decisions and behaviors of teenage girls. Thus, from this study, it has been found that there is a very strong negative correlation between household income and early pregnancy which means that as household income decreases the likelihood of teenagers engaging in sex is higher hence Teenage pregnancy.

5.2.2 Objective 2: Examination of Parents' Education Effect on Teen Pregnancy

It is apparent that parent's education has a significant influence on the awareness and knowledge of children. According to Grissmer (2003), parents' level of education is the most important factor affecting students' academic achievement. Importance of education is not only in imparting knowledge to children; education is also a determinant of the parent's work. Thus, education has a cross-cutting effect. The findings (Tables 4.12 and 4.13) show parents' understanding of sexual and reproductive health education is largely determined by the level of education attained by the parent. The parent with little or no education may lack confidence in talking to children and more likely continue to hold on cultural and traditions that are essentially outdated and leave the teenage girls in the risk of early pregnancy. Eisenberg (2004) revealed that, even when parents provide information, their knowledge about contraception, or other sexual health topics may often be inaccurate or incomplete.

Based on the findings the results show that parents not being able to complete school makes them lack the right information on reproductive health which will make them fail in helping their children to be aware. Also, for them not being able to complete school reduces the chances for them to get fewer working hours' jobs which could have helped them have enough time for guidance and follow up to their children and could have made them have wider thoughts on how to fight against poverty so as to able to provide the necessities hence it would have less influence on the teens. So, as a result, teens end up getting pregnant which leads to school dropout and the cycle continues.

The findings (Table 4.11) also confirm most teenagers get pregnant while not in school this indicates many parents don't send their daughters to school thus create a riskier environment for teenagers hence their involvement in early sexual relationships. Teenage childbearing decreases drastically with the increasing education level of young women, from 52% among young women with no education to 10% among young women with secondary or higher education (TDHS,2015). In addition, there is a strong negative relationship between a person's level of education and their age at first sex. The percentage of adolescent girls who have sexual intercourse by the age of 15 decreases substantially as levels of education increase

In conclusion, the results show that many parents have limited knowledge of reproductive health and therefore, prevent children from receiving accurate information. That is why there is a higher probability of teenage pregnancies in low-income households than higher education households.

5.2.3 Objective 3: Assessment of Parents Occupation Effect on Teen Pregnancy

In this period of growth, parents are entitled to provide maximum guidance to teenagers but the findings confirm lack thereof due to longer working hence hinder proper communication and follow up to the teen girls. Communication is vital during this stage of growth. Refer figures (4.20 to 4.23), minimal or no communication about relevant matters like sexual relationship and reproductive health at home compel teenagers to seek information from friends and other sources hence the likelihood of getting misleading information is very high. Specifically, parental occupation (e.g., managerial work vs. service work) can affect how parents bring their children into a culture of learning (Silk and Romero, 2013).

Parent's occupation has a cyclic effect as it mainly reflects education level, household income capacity and availability of time for children monitoring. As we have seen in Findings (Tables 4.16 and 4.17), most parents work more than eight hours and with irregular shifts, this implies parents primarily focus on providing for the family and neglect the part of children monitoring. The types of parent's work do not only deprive them of time but also do not provide enough income for all the basic needs of the family. So, it brings double risks as adolescents grow without being monitored and struggle to meet their extra needs. Buhi & Goodson, (2007) explained the incidence of early sexual behavior initiation has been associated with time which adolescents spent without a parent at home.

In conclusion, the type of job and work hours determines the level of communication and monitoring of adolescents. As work hours increase deprives time for most teenagers to obtaining parental guidance. Furthermore, if the occupation can't generate sufficient income to cover household needs can expose teens to a riskier environment.

5.3 Conclusion

The study was undertaken to discover the socio-economic factors associated with the rate of teenage pregnancy in Lindi and Tanzania as a whole. This study has helped to gain a better understanding of how all three components that shape the socio-economic status of an individual/community contribute to teenage pregnancy. In relationship to Maslow's theory of motivation and the theory of social disorganization, the study revealed an interconnection present between the needs of the individuals and the behavior of their respective communities. This means if a

certain locality has high education, relatively high income/economic condition, and lucrative jobs then the adolescents won't suffer for the basic needs thus motivate them to attain self-actualization. Teenagers in socially advantaged communities are in less risky environments compared to those in socially disadvantaged communities. The struggle to meet needs exposes them to more difficulties and eventually engage in risky behaviors such as theft, drug use, and even sex at an early age.

Many studies have reported on the various causes of early pregnancy but from the findings of this study, it is apparent that the socio-economic status of households/and communities is the basis of almost all causes that put teenage girls at risk for early pregnancy. Low socioeconomic status leads to high teen pregnancy and vice versa.

5.4 Recommendations

The following recommendations are based on the findings of the study.

5.4.1 Parents Participation

Parents and society, in general, are the primary caretakers for children in their community. Of course, laws exist but without parents performing their duties as the first pillar for a child's development becomes useless. So, education should be provided to equip parents with appropriate knowledge about sexual relationships and reproductive health that they can use to educate teenagers.

5.4.2 Government Authorities

The government must improve social services such as education, health, water, and others to help communities adapt to the fast-changing world. The government should

also improve the economic environment to enable disadvantaged communities to overcome the challenges of meeting basic needs and its effect on the behavioral components of teenagers. Laws and policies should be revised to suit the needs of the time.

5.4.3 Education System

Research has revealed that as education increases the awareness about issues of sexual relations and reproductive health also increase. Ministry of Education should introduce specialized reproductive health education in education curriculum from the primary school level since the lessons should start even before puberty to cope with the challenges of physical change and growth. This system can also help those who cannot afford further education to become just good parents and impart appropriate knowledge to children in the future.

5.4.4 Community Student Register

Establishment of Educational Register for Ward, Streets / Village and to the hamlet level. This Register will carry a list of all the girls who attend various primary and secondary schools but live in a particular Locality. Ward education coordinators will be monitoring the attendance of these children every three months to find out if anyone girl is missing from school and the reasons why. This is because cases of early pregnancy increase especially for students but no records are available in the designated authorities and for legal action taken to those who impregnated them as there is no way of knowing the reasons why some girls are not going to school. This approach will help deal with the acts of families not reporting the incidences of teenage pregnancies by agreeing with the persons who impregnate their children and

hence prevent laws from working.

5.4.5 National campaigns.

Participants from FGD had the opportunity to suggest ways to combat early pregnancy. Many participants suggested having two large national campaigns.

i. Sexual abstinence national campaign -This campaign will provide education for girls not to engage in sexual activity. Which will go hand in hand with developing a set of rules that will help fight those who lure girls into sex.

ii. Reproductive health education campaign- This campaign is to provide reproductive health education to the general public. To also incorporate reproductive health education into the education system curriculum.

5.5Areas for further Research

i. Findings indicate that a high rate of teen girls got pregnant while not in school further research should consider the reasons behind the girls not to attend school because it creates a risk environment for them to be involved in early sexual relationships.

ii. Findings (Figures 4.1 and 4.2) show that one among reasons compelling teenagers into first sexual intercourse is sexual abuse. Further research should be done to determine whether sexual abuse is being perpetrated by household members or outside the household members. Since sexual abuse has been the source of STDs and even early pregnancy but few or no records of cases have

been reported to authorities and hence becomes a continuous act.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR TEENAGE GIRLS WHO ATTEND SECONDARY SCHOOL

These questionnaires designed to collect the information required for the purpose of the study which is the part of my academic requirement at The Open University of Tanzania for the award of Masters of Arts in Monitoring and Evaluation.

QUESTIONNAIRE FOR TEENAGE GIRLS WHO ATTEND SECONDARY SCHOOL

QID :	
SS NA ME	

OVERVIEW OF THE RESEARCH

AND CONSENT

Hello my name is ……I'm working with the Open university of Tanzania. We're conducting an Academic Research about the Teenage pregnancies association with the socio-economic conditions in Lindi District. The information we collect will help the government authorities, NGOs and other stakeholders for better planning on ways to combat Teenage pregnancies. Your school has been selected for this study, and you have been selected to represent the views of other female students. The questions usually

take about 10-15 minutes. All the answers you give will be confidential and will not be shared with anyone other than members of this research team. You don't involuntary/forcibly have to participate in the research, but we hope you will agree to answer the questions since your views are very important. If I ask you any question you don't want to answer just let me know and I will go to the next question or you can stop the interview at any time.

In case you need more information about the research, you may ask me anytime.

Do you have any questions?

May I begin the interview now?

Signature of the interviewer…….

Date: …….

Respondent Agreed 1 Respondent refused 2

SECTION 1: INTRODUCTION

QN NO	**QUESTIONS**	RESPONSES		
1	What day, month and year you were born?	Day		
		Month		
		Year		
2	How old were you at your last birthday?	Years		
		Cross check with date of birth	if < 13 and >19 she is not Eligible	
3	Are your Mother and Father still alive?		YES	NO
		MOTHER		
		FATHER		

4	Who are you living with?	1. Both Parents 2. Mother Only 3. Father only 4. Relatives 5. Husband 6. Boyfriend 7. Other
5	Which grade are you?	
6	Including you, How many Female members age 13 to 19 present in your family?	
	SECTION 2: SEXUAL ACTIVITY AND RELATIONSHIP STATUS	
	Now, I would like to ask some questions about sexual activities in order to gain a better understanding of some important Life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer just let me know and we will go to the next question.	
7	How old were you when you had sexual intercourse for the very first time?	Years Never had sexual intercourse
		if never skip qn 8
8	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?	1.Yes 2.No
9	What influenced you in starting earl sexual intercourse	A. Economic status /Poverty B. Peer pressure/media influence C. Abused/by force like rapped D. Substance use (smoking and alcohol use) E. Lack of parental or guardian attachment F. Other
10	Have you heard of Teenage pregnancies?	1.Yes

		2.No	
11	In your school is there any one you knew dropped school due to pregnancy	1.Yes 2.No 3.I don't know	
	SECTION 2: HOUSEHOLD INCOME ON TEEN PREGNANCY		
12	How far is your school from home		
13	When going to school what kind of transport are you using?	1.Car/motorcycle 2. Public transport (Bus, Taxi) 3.Animal/animal cart 4.Walking 5.Bicycle 6.Other	
14	Is your Parents current source of income enough to provide for the whole family	1.Yes 2. No 3. I don't know	
15	Do girls in your community forced to marry for dowry as a way to earn income	1. Yes 2.No	
16	Do you believe that lack of basic necessities can drive teenager girls into early sex	1. Yes 2. No 3. I don't know	
17	Have you ever gotten into sexual relationship in order to fulfill your needs? (income related Needs)	1. Yes 2. No	
18	In past 1 month have you faced difficulties to get any of these things due to shortage of money?	A. Food B. Books and other school equipment C.Transport Fare and Pocket money D.Menstrual hygiene products E. Other	
19	In the past 1 month, has your	1. Yes	

	household ever been in need of basic necessities due to lack of income	2. No 3. I don't know	
20	Do girls in your community have to start early sexual relationships in order to earn money?	1. Yes 2. No	
	SECTION 3: EDUCATION OF THE PARENTS/GUARDIANS		
21	Have your parents/guardians ever-attended school?	1.Yes 2. No	

22	What is the Highest level of school they attended?		Father	Mother	Guardian
	level of education	1. Pre-Primary			
		2. Primary			
		3. Post-Primary Training			
		4. Secondary 'O' Level			
		5. Post-Secondary 'O' Level Training			
		6. Secondary 'A' level			
		7. Above Secondary A level			

23	Do you think your parents/guardian have appropriate knowledge and awareness as related to sexual and reproductive health?	1. Yes 2. No 3. I don't know	
24	Do you think parent's education level contribute to Teenagers in engaging into risk behavior and put less emphasis on education?	1.Yes 2.No 3.I don't know	
25	From your opinion, Do Girls from Households with low education level are at high likelihood of getting early pregnancy	1. Yes 2. No Reason	

SECTION 4: PARENTS OCCUPATION

26	What is your parent's main occupation		Father	Mother	Guardian
		1. Employed for wages			
		2. Self-employed in subsistence Agriculture & Livestock keeping			
		3. Self-employed in commercial Agriculture & Livestock keeping			
		4. Fishing			
		5. Other works (laborers etc.)			
		6. A housewife			
		7. Retired			
		8. Unable to work			
27	How many hours do your parents work?	1. Less than 8			
		2.More than 8 hours			
		3.Irregulars			
		4.Don't know			
28	Do Parents have time to make follow up of your behavior at home and school?	1.Yes			
		2.No			
29	Do parents discuss with you about issues related to sexual relationships and reproductive health?	1.Yes			
		2. No			
		If the answer is no give the reason			
30	What is the reason(s) leading the parents to not discuss with you about issues related to sexual relationships and reproductive health	A. Lack of time due to work			
		B. Lack adequate education			
		C.It's against norms and customs			
		D.Don't see the importance of doing so			
		E. Others			

31	Upon returning from their respective jobs/works How often do your parents/guardian sit and talk with you about relationships and reproductive health?	1. Frequently 2. Less Frequently 3. Never	
32	Where do you get most of your information about sex and relationships?	A. School B. Books C. Internet D. Parents E. Friends F. Magazines G. Movies / Television H. Other (please specify)	
33	Do you think, parents/guardian jobs take most of their time and hence restricts them from monitoring their children?	1. Completely agree 2. Somewhat agree 3. Neutral 4. Somewhat disagree 5. Completely disagree	

APPENDIX II: QUESTIONNAIRE FOR TEENAGE GIRLS WHO ARE EITHER PREGNANT/AND HAVE CHILD

QID:	
HF NAME	

OVERVIEW OF THE RESEARCH AND CONSENT

Hello my name is ……I'm working with the Open university of Tanzania. We're conducting an Academic Research about the Teenage pregnancies association with the socio-economic conditions in Lindi District. The information we collect will help the government authorities, NGOs and other stakeholders for better planning on ways to combat Teenage pregnancies. You have been selected for this study to represent the views of other adolescent girls. The questions usually take about 10-15 minutes. All the answers you give will be confidential and will not be shared with anyone other than members of this research team. You don't involuntary/forcibly have to participate in the research, but we hope you will agree to answer the questions since your views are very important. If I ask you any question you don't want to answer just let me know and I will go to the next question or you can stop the interview at any time.

In case you need more information about the research, you may ask me anytime.

Do you have any questions?

May I begin the interview now?

Signature of the interviewer…….

Date: …….

Respondent Agreed 1 Respondent refused 2

SECTION 1: INTRODUCTION

QN NO	QUESTIONS	RESPONSES
1	What day, month and year you were born?	Day Month Year
2	How old were you at your last birthday? Cross check with date of birth	Years if < 13 and >19 she is not Eligible
3	Are your Mother and Father still alive?	YES / NO MOTHER FATHER
4	Who are you living with?	1. Both Parents 2. Mother Only 3. Father only 4. Relatives 5. Husband 6. Boyfriend 7. Other
5	Have you ever attended school?	1. Yes 2. No
6	What is the Highest level of school you attended?	1. Pre-Primary 2. Primary 3. Post-Primary Training 4. Secondary 'O' Level 5. Post-Secondary 'O' Level Training

		6. Secondary 'A' level 7. Above Secondary A level	
7	Including you, How many Female members age 13 to 19 present in your family?		
	SECTION 2: SEXUAL ACTIVITY AND RELATIONSHIP STATUS		
	Now, I would like to ask some questions about sexual activities in order to gain a better understanding of some important Life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer just let me know and we will go to the next question.		
8	How old were you when you had sexual intercourse for the very first time?	Years Never had sexual intercourse	
9	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?	if never skip the following question 1. Yes 2. No	
10	What influenced you in starting earl sexual intercourse	1.Economic status /Poverty 2. Peer pressure/media influence 3. Sexual Abuse 4. Other	
	SECTION 3: PREGNANT/HAVE CHILD		
11	a) Is this your first child/pregnancy? b) Age at first pregnancy	1. Yes 2. No If no, enter your age at your first pregnancy below	
12	Was this pregnancy/Child planned	1.Yes	

		2. No	
13	What influenced you in getting early pregnant/child	A. Economic status /Poverty B. Peer pressure/media influence C. Sexual Abuse D. Substance use (smoking and alcohol use) E. Lack of parental or guardian attachment F. Other	
14	Were you living with a parent/guardian when you became pregnant?	1. Yes if yes skip to qn 14 2. No	
15	Where were you when getting this pregnancy	1. Married 2. Other Relatives 3. Boarding school	
16	Were you attending school when you became pregnant?	1.Yes 2.No	
	SECTION 3: HOUSEHOLD INCOME		
17	Was your Parents source of income enough to provide for the whole family	1. Yes 2. No 3. I don't know	
18	Do girls in your community forced to marry for dowry as a way to earn income	1.Yes 2.No	
19	From your Experience Do lack of basic necessities can drive teenager girls into early sex	1. Yes 2. No 3. I don't know	

20	Have you ever gotten into sexual relationship in order to fulfill your needs? (income related Needs)	1. Yes 2. No			
21	In past 1 month have you faced difficulties to get any of these things due to shortage of money?	A. Food B. Books and other school equipment C. Transport Fare and Pocket money D. Menstrual hygiene products E. Other			
22	In the past 1 month, has your household ever been in need of basic necessities due to lack of income	1.Yes 2.No 3.I don't know			
23	Do girls in your community have to start early sexual relationships in order to earn money?	1.Yes 2.No			
	SECTION 4: EDUCATION OF THE PARENTS/GUARDIANS				
24	Have your parents/guardians ever-attended school?	1.Yes 2.No			
25	What is the Highest level of school they attended?		Father	Mother	Guardian
		1.Pre-Primary			
		2.Primary			
		3.Post-Primary Training			
		4.Secondary 'O' Level			
		5.Post-Secondary 'O' Level Training			
		6.Secondary 'A' level			
		7.Above Secondary A level			
26	Do think your parents/guardian have appropriate knowledge and awareness as related to sexual and reproductive health?	1.Yes 2.No 3.I don't know			

27	Do you think parent's education level can contribute somehow in Teenagers engagement into risk behavior as they put less emphasis on education?	1.Yes 2.No 3.I don't know
28	From your opinion, Do Girls from Households with low education level are at high likelihood of getting early pregnancy (Taking you as an example)	1.Yes 2.No Reason
	SECTION 5: PARENTS OCCUPATION	
29	What is your parents main occupation	Mother Father Guardian
30	How many hours do your parents work?	1. Less than 8 2.More than 8 hours 3.Irregulars 4.Don't know
31	Did your Parents had time to make follow up of your behavior at home/and school?	1.Yes 2.No
32	Did your parents discuss with you about issues related to sexual relationships and reproductive health?	1.Yes 2.No If the answer is no give the reason
33	What was the reason(s) leading your parents to not discuss with you about issues related to sexual relationships and reproductive health	A. Lack of time due to work B. Lack adequate education C.It's against norms and customs Don't see the importance E. Others

34	Upon returning from their respective jobs/works How often did your parents/guardian sit and talk with you about relationships and reproductive health?	1. Frequently 2. Less Frequently 3. Never	
35	Where did you get most of your information about sex and relationships?	A. School B. Books C. Internet D. Parents E. Friends F. Magazines G. Movies/ Television/Radio H. Other (please specify)	
36	Do you think, parents/guardian jobs take most of their time and hence restricts them from monitoring their children?	1. Completely agree 2. Somewhat agree 3. Neutral 4. Somewhat disagree 5. Completely disagree	

APPENDEX III INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSION

Selection criteria: Adolescent girls aged 13-19, who attending secondary school

Questions:

1. Let's start the discussion by talking about what makes Teenage pregnancies a problem.
   What do you think about the topic that has brought us here today i.e. Teenage pregnancy?
2. What factors contribute to existences of Teenage pregnancies in your Community?
3. What is the relationship between Household income and Teenage pregnancy in

Lindi District?

4. What effects Parents/Guardians Education level has on Teen pregnancy Occurrence in Lindi District?
5. How Parent's occupation can contribute to Teen pregnancy occurrence?
6. What suggestions do you have in approaches to combat the Teenage pregnancy?

***Probes for Discussion**:*

- *Household structure*
  - *Basic necessities like food, clothing etc.*
  - *Income with Relationships to cost of living*
  - *Household expenditures*
- *Education level*
  - *Attribute the awareness of Reproductive health*
  - *Higher Education vs lower Education Families*
  - *Community literacy rate as built by members education levels*
- *Working conditions*
  - *Regular shift/irregular shift*
  - *Time parent spend with their children*
  - *Work/home balance*
  - *Monitoring and communication with Adolescents*