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# **DISCRIMINATION IN EDUCATION AGAINST PREGNANT GIRLS IN TANZANIA**

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## ABSTRACT

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Discrimination in education against pregnant girls in Tanzania

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The aim of this thesis was to investigate the problems pregnant adolescence are facing in Tanzania. In Tanzania, adolescent pregnancy is a common and blooming issue that brings many negative consequences among poor populations within the country. This study examines the challenges single young mothers living in Tanzania have in accessing education. The thesis is centred around the development needs in adolescence girls' education and human rights.

The first part of this thesis discusses the basic context and concepts of early pregnancies in Tanzania and their consequences for young mothers, especially school dropouts and loss of education for young mothers. The background for the thesis was taken from different research studies, articles, and statistics resources, which identifies different contributing factors to early pregnancies. This is qualitative research that mainly focuses on different themes analysed from the data. The data was collected from interviews containing open-end questions.

This study's main findings are challenges in education for young mothers, their perception about early pregnancy, and progress being made by NGO programs and government policies designed to support this marginalized group. This work supports views presented in earlier research how pregnant girls are facing discrimination and are being abandoned by their families. The conclusion is based on data analysis and discussion about the importance of girls' education. The results suggest that government and NGOs should start the work inside the communities to support girls to get back to school and get their right to education.

Keywords: Tanzania, adolescence, girl, pregnancy, right for education

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## LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CRR	The Center for Reproductive Rights
FAO	Food and Agriculture Organization of the United Nations
HIV	Human immunodeficiency virus
HRV	Human Rights Watch
LHRC	Legal and Human Rights Centre
NGO	Non-Governmental Organisation
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually transmitted disease
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## 1 INTRODUCTION

Adolescence pregnancy is when a 15-19-year-old girl is pregnant with her first child or is about to give birth. When a girl gets pregnant, her life changes radically. However, they encounter many difficulties in the entire world, but in Tanzania, her education will be terminated, and her job opportunities will be decrease. Her vulnerability to poverty will grow, and her social circle will diminish. Often their health will suffer, too. Teen pregnancy doesn't hurt only these girls and young women and their families, but also their communities, and the country development. (UNFPA 2018.)

It is estimated that Tanzania has one of the highest adolescent pregnancy rates globally. Approximately 27% of girls between the ages of 15-19 years. The birth rate among the 15–19-year-old girls is as high as 132 in 1000. (UNFPA 2018.) Kwanza (2011) argues that approximately 44 % of girls by the age of 19 are pregnant or mothers. Youth under the age of 18 make up almost 51% of the population of Tanzania. With youth between age of 15 to 19 years the chances of death during labor as high compared to adults. WHO (2007) stated that unsafe abortion procedures and enforced miscarriages are common in regions like Tanzania. A total of 14% of abortions in developing countries are done to adolescent girls between the ages of 15-19 years. (WHO 2007.)

According to UNICEF (2011) in Tanzania, pregnant girls are forced to drop out from school by family and school administration resulting in loss of hope in their future. The girls attending school in Tanzania are forced to take pregnancy tests, and in case of pregnancy, they were expelled from the school. This topic became controversial between those who support the girls with pregnancy or being mothers to complete education with the administration. There is no official rule to restrict young mothers to get readmitted to school after giving birth. (UNICEF 2011.)

This thesis focuses on research on adolescent girls in Tanzania who are pregnant and the discrimination they face during the entire process and after giving birth. The primary purpose of this thesis is to shed light on the issues that

pregnant adolescents face. The topic of discrimination in education against pregnant girls in Tanzania gain our attention in our intensive course in Tanzania, and we wanted to learn more about this issue.

This thesis follows a qualitative explorative study format and takes an in-depth approach to the community with interviews. The data collection to be carried out by using main methods: interviews using questioners and group interview. We selected this method has been selected based on the nature of the topic. (Adamson, Gooberman-Hill, Woolhead & Donovan 2004.)

The first part of this thesis is focused and dedicated to the theoretical concept and contextual information, regarding the background of adolescent pregnancies in Tanzania and understanding the primary factors and consequences of pregnancy. It also includes the credentials information on political and economic factors associated with the subject and how the Legal and Human Rights Centre and NGOs are trying to support the pregnant girls and adolescent mothers in Tanzania. The next part contains the methodological approaches we use to collect data including some analysis from other research and studies. The main body will cover the discussion of research findings from the interviews with the girls in Tanzania, analysis and deliberation, and discussion of the data. A summary of the key findings, research understanding, arguments, proposition of future ideas will be covered in the discussion. The last part is the conclusion, where we focus on our findings.

## 2 CONTEXT AND KEY CONCEPTS

### 2.1 Adolescent pregnancies in Tanzania

Currently, Sub-Saharan African countries are riddled with the highest pregnancy rates of adolescent girls in the world. Each year there were thousands of young girls (adolescents) who become pregnant. The estimated birth rate of young people in 2018 globally was 44 births per thousand (1000) girls, and in Tanzania, it was 139 births per thousand girls aged 15-19. Adolescent girls, especially younger ones, are particularly vulnerable of the risk of premature pregnancy and childbirth. Maternal conditions are the leading cause of death for girls between the ages of 15 and 19 worldwide. (UNICEF Data 2019.) This is the span in which these adolescent girls should be having fun and be studying at school. They should be worried about the upcoming mathematics and history papers rather than fearing giving birth and taking care of a baby. In Tanzania, there are many adolescent girls enrolled in schools who – due to a lack of understanding about body functions and no concept of safe sex – end up having early and, more importantly, unintended pregnancies (Martínez & Odhiambo 2018).

In addition, Martínez & Odhiambo (2018) argue that this discriminatory ban on pregnant girls badly impacts thousands of lives by forcing them to end their education. Martinez also stated that the young mothers are badly stigmatized by the school's administration, who forcefully take pregnancy tests and isolate pregnant girls from others. Many young girls suffer enforced miscarriage. To avoid blame from school and society, many commit suicides. He also argues that it is a global human right that all girls have the right to access education regardless of their status. (Martínez & Odhiambo 2018.)

Adolescent pregnancy is a worldwide issue that results in serious consequences (physical and socio-economic). Early pregnancies are among the biggest reasons behind girls' school dropouts (Madeni, Horiuchi & Iida 2011). School dropouts in Tanzania are higher in numbers with girls than boys in their adolescence, and the common reasons are teen pregnancy and teen

marriages. Early marriage and pregnancy prevent girls from going to school in Tanzania. Pregnancies among young people resulted in nearly 3,700 girls dropping out of primary and secondary education in Tanzania in 2016. More than a third of girls will get married by the age of 18, but girls from poor families are twice as likely to get married as girls from richer homes. (UNICEF 2021.) At the age of 16, for example, 45,4% of the girls who have married or are in marriagelike relationships have dropped out of school due to teen pregnancy, in comparison, only 36,6 % of the girls who have never been married dropped out of school (Ministry of Education Science and Technology, UNESCO & UNICEF 2018).

According to Birchall (2018) expelling pregnant young girls from their schools and denying the adolescent mothers their basic right to education in any of the public schools in Tanzania, this is one of the biggest causes of gender discrimination. In most cases, these expulsions end the girl's chances of getting any education and expose her to being forced into child marriage and a life of hardship and abuse. It is generally practiced that the girls are always expelled; however, the boys who are equally if not more responsible for these pregnancies are not even given any significant punishment and continue in school undeterred. (Human Rights Watch 2020; CRR 2013, 77.) Niskanen (2012) believes that expelling is a way to control women's bodies. This is part of harmful gender stereotypes around the social role and abilities of young girls and women (Niskanen 2012).

Tanzanian Ministry of Education, Sciences, and Technologies have stated that allowing these pregnant girls to continue their education in schools will serve as a cathode to normalize pregnancies out of wedlock while absolving the girls from any punishment. The ministry is also worried it may create a dreaded "domino effect" increasing the number of adolescent pregnancies. Tanzanian education officials go on to routinely subject the girls enrolled in schools to undergo forced pregnancy tests. This is considered a disciplinary method and results in the permanent expulsion of pregnant girls. These mandatory tests are also a major infringement of the girls' fundamental human rights to having some privacy and equality, and autonomy over their bodies. Such rigorous



measures also cause many girls to drop out of fear. (Human Rights Watch, 2020; CRR 2013, 42-44.)

In Zanzibar and mainland Tanzania the education system is different. In Zanzibar primary and lower secondary school is compulsory and free when in mainland Tanzania only primary is. Niskanen (2012, 9) stated that in 2007 Zanzibar Education Act was amended, which allow young mothers to return to their education after childbirth, but mainland Tanzania did not apply this yet. This kind of education could help adolescents, and young women have better futures as parents and future citizens. (Niskanen 2012, 9, 22.)

In 2020 in Tanzania, the total population of both sex adolescents (age 10-19) was 14.1 million, and 7 million are girls. In 2015 only 26.7% of girls completed lower secondary school, and 6.8% completed upper secondary school. When from boys, 31.1% completed lower secondary school, and 9.9% completed upper secondary school. The numbers of completing school are small in both, but there is a difference between girls and boys. In Tanzania, expected schooling years are only 8.1 years compared to Finland; for example, it is 19.4 years. (UNDP 2020; WHO 2021a.)

The table 1 below shows how adolescent girls are getting married at an early age which affects their ability to go to school and have an education. Also, some boys are getting married at an early age, but the number is smaller.

Table 1. Child marriage status in Tanzania 2015-2016 (WHO 2021).

	Female	Male
Adolescents, 15-19, who are married/ in union (%)	23.0	1.5
% married/in union before age 15	5.2	0.5
% married/in union before age 18	30.5	3.9

Willemsen & DeJaeghere (2015) wrote a Tanzania report on youth forums to highlight the extent of sexual abuse and violence experienced by girls, leading to pregnancy and school dropouts. They also examined the prevalence of

adolescent women engaged in transactional sex as a means of supporting their education and other material needs. In studies like this report, researchers generally view girls as passive recipients of structural injustice, including material needs that are not fulfilled, paying attention to relationships as having negative effects, and the need to take protective measures. One assumption in this literature is that girls cannot have marital or sexual relationships at the same time to complete their education. (Willemsen & De Jaeghere 2015.)

While these policy instruments and actions will improve school safety and early school leaving, the government needs to invest more in education and health care to help prevent young girls' pregnancies and ensure their access to learning opportunities. Key constraints included the government's decision not to allow a return policy for pregnant girls. Public investment in non-formal alternative learning opportunities is insufficient and cross-sectoral synergies and coordination in youth programming are also insufficient. (UNICEF 2017.) Many young people grow up in countries characterized by limited educational opportunities, poverty, high levels of sexual violence against women, and rapid change in cultural norms and traditions (Rodgers, Tarimo, McGuire & Diversi 2018).

## 2.2 Consequences of adolescent pregnancy

Pregnancy is often a reason for dropping out of secondary school. As the level of education increased, so did the achievement gap between boys and girls. For example, more than 65% of school dropouts were girls in 2009 (UNICEF 2011). Teenage pregnancy is a common problem in secondary school, and when pregnancy occurs, girls typically leave school and never return. (Hagues & Parker 2014.) Kaufman, Tsang, Mooney, McCartney-Melstad, Mushi, & Kamala (2016) also argued that schoolgirl pregnancies increase the number of school dropouts. Some girls shared their experiences of how their male teachers had "fallen in love" with them and enticed them into sex. They also mentioned that they were having punishments if they were not willing to have a relationship with the teacher, and when they got pregnant, they were expelled from school. (Hagues & Parker 2014.)

These unwanted pregnancies then go on to define the entire life ahead for these young girls. Hundreds of girls drop out of school yearly because of pregnancy. If not dropped out, they go on to face many social and financial barriers that restrict them from continuing their education. Education is a basic right for everyone regardless of his/her status (being pregnant or not, being married or not), as mentioned by Human Rights Commission article 13 and 14. Although in many countries teenage girls face difficulties to continue their education after pregnancy, in Tanzania the situation is even worse. There adolescent pregnancies resulted in loss of education rights and became a cause of school dropouts. (Mbelwa & Isangula 2012.)

Adolescence pregnancies may result in other consequences (worldwide) than only dropping out of school. For example, it causes depression; about 50% of women diagnosed with depression can be diagnosed before the age of 25. The average Tanzanian incidence of depression among 5- to 17-year-olds is about 8%; however, little is known about the prevalence of depression in age group 15-19 years old (Sik 2015). Data varies widely from country to country: 8.6% in Uganda and 10.7-21.1% in Tanzania with pregnant young mothers. In Tanzania, there is barely any existing number of healthcare workers who are specialised of identifying, diagnosing, and treating adolescence with mental health care problems. Currently health problems are mainly treated by practitioners of traditional medicine. (Kutcher, Wei, Gilberds, Brown, Ubuguyu, Njau, Sabuni, Magimba, & Perkins 2017.)

Pregnancy also exposes adolescent girls to medical, social, and economic threats because they are at substantial risk of dying during childbirth, becoming socially excluded, and single mothers living in poverty (Pfeiffer, Ahorlu, Alba & Obrist 2017). Guttmacher (2020a) states that 57% of 15-19 years old girls lack high-quality sexual and reproductive health care and do not meet the needs they have because of pregnancy. Pregnancy affects their income hugely because often, girls' parents and relatives abandon them, and they must make their living by selling supplies and carrying their baby with them. (Makoye 2016.)

Sambaiga, Haukanes, Moland, & Blystad (2019) state that about 16% of maternal deaths in Tanzania the result of complications during abortion. Unsafe abortions are estimated to be the second primary cause of maternal death in Tanzania. About 3.9 million unsafe abortions carried out on girls aged 15-19 years, causing maternal mortality or life-lasting health problems. Tanzanian law permits abortion if health safety problems arise for mothers in early pregnancy, and health facilities providing services of abortion are completely legal. In Tanzanian government became obliged to ensure that a safe and legal abortion facility is available, and the following grounds should exist: when the pregnancy is the result of rape, sexual violence, incest and when the pregnancy endangers the life and health of the mother physically and/or mentally. According to Sambaiga et al. (2019), this scenario means that the population is exposed to a variety of abortion-related data. It facilitates information not only on the illegality and sinfulness of abortion but also on the right to abortion and abortion procedures that can save women's lives with unwanted pregnancies. (Sambaiga et. al. 2019; UNFPA 2018.)

### 2.3 Contributing factors of early pregnancies

From several articles and studies like Laura Stark's (2013) study "Transactional sex and mobile phones in a Tanzanian slum", it became clear that children and adolescence, especially girls, engage in sexual relationships and/or transactional sex with adults where they were sexually used. They fall prey to sexual predators caused by economic and power differences. Stark (2013) identified that the socio-cultural and economic factors highly contribute to transactional sex and early pregnancies in Tanzania. Three broad explanations for the sexual exploitation of children in Tanzania have been identified: 1. poverty - older sexual predators who provide payment or financial support to disadvantaged adolescence, 2. superstition - notion in the purifying power of the virgin labia; and 3. Un-education - victims don't know their rights or where to get help with abuse or sexual exploitation. Sexual abuse exposes children and youth to negative consequences, from physical, psychological, cognitive, and to lifelong social development. In Tanzania, children and adolescent girls involved in sexual exploitation are at high risk of unintentional pregnancy,

sexually transmitted diseases, and many other health risks like depression and excess stress. (Miyakado & Li 2019)

According to the article by Rodgers et al. (2018), it is rare that girls would get sex education from schools since, as part of Tanzanian culture, mothers and grandmothers teach girls. The mother-daughter relationship affects adolescent sexuality. Mothers might not have so much information on different contraception option etc. and the sexual education what they or grandmothers give to daughter is out of date. Correct information and not just scaring with HIV could help to prevent early pregnancies. (Rodgers et al. 2018.) Sexuality is recognized as an important part of adolescents' development, and material and intimate needs are placed as part of relationships rather than reserve time for them. Although research and practice have focused on the importance of teaching sexuality to reduce negative sexual behaviour, there is still a gap in sub-Saharan Africa in school curricula and practices that teach about the positive potential of relationships, sexuality, and intimacy as an important part of young women's lives. (Willemsen & De Jaeghere 2015.)

Qualitative studies of secondary education in sub-Saharan Africa illustrate how relationships and sexuality are often not openly discussed in classrooms, except for preventing the spread of HIV. Ethnographies in a secondary school in northern Tanzania describe how social customs prohibit intergenerational discussion of such topics and exclude teachers from having an honest discussion with students about sexuality, even though they have been trained to teach the biological aspects of reproduction and the spread of disease. (Willemsen & De Jaeghere 2015.)

In some schools in Tanzania and some other parts of the world, some male teachers are guilty of sexual harassment of their female students. *"A girl's refusal to have sex can lead to public humiliation, unfairly low scores, exclusion from the class, or corporal punishment"*. This creates a learning environment for girls that is not only unfriendly: Sometimes, girls are insulted, bullied, discriminated against, and even beaten. This social factor contributes to school dropout and sometimes intentional school-left out by girls. (Hagues & Parker 2014.)

Kaufman et al. (2016) wrote in the article that from adolescence between age 15 to 19 years old, 8% had had non-marital sex with over ten years older partner. Over 45% of under 19 years old girls in Tanzania have had their first pregnancy or child. Young mothers are at risk of maternal birth complications or abortions caused by the mother and increase the risk of mortality. Pregnancy is the leading reason for Tanzanian adolescent girls' failure in primary and secondary education, and it also creates barriers to getting out of poverty or achieving their dream career. (Rodgers et al. 2018)

As we mention earlier, legislation by itself cannot achieve real gender equality. In addition to legislation, discriminatory mental and social attitudes towards women and girls' rights need to be eliminated at the community level through support, communication, education, and information. Society must consider women and girls as equal to men and boys if girls are to find equal opportunities in education and ultimately in life. As research shows, many factors hinder girls' success in school and their ability to keep their right to education. (Hagues & Parker 2014.) If girls thought as being equals to boys, they wouldn't be in the position of all these factors promoting them to get pregnant and drop out of school. When parents' attitudes stay the same, it is difficult for girls to have changed in their lives.

## 2.4 Right to education

According to United Nations Human Rights Commission article 26, education is everyone's basic human right:

### Article 26.

1. Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
2. Education shall be directed to the full development of the human personality and the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance, and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

3. Parents have a prior right to choose the kind of education that shall be given to their children. (United Nations n.d.a.)

The principle of equality between men and women or gender equality is a concept that everyone and all beings regardless of gender are free to develop their personal abilities. Its goal is to let everyone to continue developing and doing their professional career choices without rigid gender roles or restrictions imposed by stereotypical prejudices. (United Nations 2011.)

The United Nations Convention on the Elimination of All Forms of Discrimination against Women wrote in their report (2016) how women's and girl's rights are being neglected for example by expelling pregnant girls from school and practicing mandatory pregnancy tests or girls being victims of sexual violence or abuse by the teacher. In the report, the Committee has recommendations on how to act so no human rights would be stepped on. The committee recommend the State should include in the curriculum sexual and reproductive health and rights and responsible sexual behavior information by teachers who are trained for it. They also recommend that all kinds of harassment or abuse will be prohibited. (United Nations 2016.)

The committee on the Elimination of Discrimination against Women recommends that the State needs to ensure that the return is promptly completed and approved instructions on how pregnant schoolgirls can continue their studies. In order to ensure education to girls who become pregnant during school, it is important that adolescent mothers can continue their education and should not be stigmatized. (United Nations 2016.)

Girls have a right to education despite their status Whether they are pregnant, married or mothers. The chance of the right of pregnant girls to continue with their education has put up emotional debate among many African countries in recent years. These claims are always led by the term "morality" that it is wrong to be pregnant outside of marriage. The fact that education should be a privilege and right for everyone instead of these young mothers they have always taken away their right to education as an act of punishment. (Martínez & Odhiambo 2018; Human Rights Watch.)

Scholar pro (2021) discovered that the level of education in Tanzania for most young mothers ranged from primary to lower secondary school before they either dropped out or were expelled by school authorities upon becoming pregnant. This meant that participants' education was disrupted at various ages within the established education system. The following table 2 below shows that the girls' education levels ranged from primary to lower secondary before they became pregnant and dropped out. It is shown that the pre-primary grade of the schooling system in Tanzania consists of children of 4 to 6-year age, and of course, pregnancy-related dropouts are 0% here. The primary school includes grades 1 to 7, where children's average age is 13 at the end of school, and the dropout percentage is 11%. The highest pregnancy-related school dropout percentage is 58% in a lower secondary school, an average age of 17.

Table 2. Education level and the age of the student. (Scholaro pro 2021.)

Education level	Starting grade	Ending grade	Age from	Age to	Years of school	Percent-age Drop-out
Pre-primary			4	6	2	0%
Primary	1	7	7	13	7	11%
Lower secondary	8	12	15	17	4	58%
Upper secondary			18	20	2	31%

The Tanzanian educational system operates on the 2-7-4-2 system: first two years of pre-primary school followed by seven primary school years. After primary school, there are secondary school Ordinary Level 4 years leading to two years of Advanced Level following to Cambridge model. After the 13th year of secondary school, students may take the Advanced Certificate exam and attend college for three to four years. Swahili is the national language, and English is taught, along with Swahili, Math, and Science, in Primary Schools, and secondary school students are taught in English only. (Asante Sana For Education n.d.; Scholaro pro 2021.)



In Primary School, students are taught in their native language, Kiswahili, which is free, but the students must buy their own uniform and school supplies. Students begin standard one at age seven in which will learn in the native language and start learning English in standard three. Long-distance to school is a challenge for many students (recommended 3 to 5 kilometers, but most walk more than that); apart from that, most children have responsibilities at home, poor health, and lack of education funding that prevent many children from attending primary school. (Asante Sana For Education n.d.)

The Secondary school is divided into Ordinary (O) level and Advanced (A) level, O level Form 1-4 (4 years), and A level is Form 5-6 (2 years) and is taught in English. Students who do not learn English well in primary school, fail easily in secondary school and are not able to graduate from secondary school to continue their studies. To enable to move on to Advanced Secondary School, students must pass the form four level which is divided into division one to four, only division one to three will be able to attend advance level in a government school. Most of the secondary school are in boarding schools and they are more expensive than Ordinary level school. Students who did not do well in Ordinary level will need to apply the private A level schools which are as twice expensive as government schools. Many students drop out of school at this point because they can't afford to join A level school. Students who pass form six (division one being the highest and division four the lowest) may continue onto university. The government will assign the University for the student and may loan upwards of 75%-100% of the tuition for those with division one results. Universities are three to four years. Students who fail form six (Advance level) exams may go onto an Advanced Vocational School and can train to be a head primary School teacher among other things. (Asante Sana For Education n.d.)

The Ministry of Education and Vocational training clarified in 2010 due to media attention that there was no policy of preventing adolescent girls from returning to school after labour. They developed guidelines to help schools understand their responsibility for girls who became mothers. According to the guidelines, schools must let girls come back to study after giving birth. The girls can still be dismissed immediately because other students will know they

have become mothers, and it is often considered distracting and showing a bad example. In fact, there is no data that shows percentages of these young mothers returning to school or were able to enrol in vocational training, so meaning the lack of these data reveals that there is a lot to be done to secure the future of women in Tanzania. One reason why many girls cannot go back to school is that they do not have anyone who would help them with the infant at home. (UNICEF 2011.)

LHRC is Tanzania's human rights advocacy organization; it was established in 1995. LHRC was set up as a non-governmental, voluntary, impartial, and non-profit organization to empower and inform Tanzanian citizens about their legal and human rights. LHRC operates in some remote areas and urban areas of the country and raises awareness and provides resources to enable citizens to redesign their communities and increase their ability to resolve some of their problems amicably without lengthy legal processes. The broad aim is to raise legal and human rights awareness among citizens, especially to the most vulnerable sections of society, through legal and civic education, promotion of legal aid, research, and human rights monitoring. (LHRC 2020.) The LHRC ensures equality by pursuing the rights of women, children, and other marginalized groups.

## 2.5 Sustainable Development Goals, Agenda 2030

United Nations (UN) Sustainable Development Goals (SDGs) are a universal call to end poverty, improve all people's lives and opportunities everywhere, and protect our planet and ecosystem. In 2015 all UN Member States adopted a 15-year plan to achieve the 17 Goals as part of the 2030 Agenda for Sustainable Development. UN SDGs 4. Quality Education and 5. Equality should be right for each girl all around the world. Receiving quality education is the basis for improving people's lives and sustainable development. Every child has a right to education no matter of the background or other merits. Also, gender equality is a fundamental human right and a necessary foundation for a peaceful, flourishing, and sustainable world. (United Nations n.d.b.)

Girls' empowerment, gender equality (Goal 5) is a key tool for sustainable development, and it is something that many countries need to focus on also including Tanzania. Gender inequality continues everywhere and halts social development, even though girls and women represent half of the world's population and thus also half of its potential. Disadvantages in education lead to lack of admittance of skills and to limited opportunities in the labor market. It is crucial to empower girls and women to promote social development and economic growth. Most nations would add national growth if women's participation in the work field would be increased to full, but for example, in 2019, only 28% of women worldwide hold a managerial position. (United Nations n.d.b.)

Estimated 617 million primary and secondary school children and adolescents globally lacked a minimum mathematics and reading level in 2015. One-third of these children and adolescents were out of school and needed to get to the education urgently. (United Nations n.d.b.) UNICEF (2019) wrote in their annual report that despite SDG 4's call to "ensure an inclusive and equitable quality education and promote lifelong learning opportunities for all," the UNESCO Institute for Statistics is estimated that more than 258 million children, adolescents, and young people are out of school, which is one-sixth the world population of this age group.

UNICEF (2019) reported results of gender-responsive access to school globally. Each year spent in secondary education reduces at least 5% of the possibility to be married under 18 years. Adolescent girls can drop out of school due to safety concerns, gender norms, child marriage, or the need to take on adult roles to support the family prematurely. Boys can be taken from school for financial reasons, joining the labor market at an early age, or are being recruited in armed groups as child soldiers. (UNICEF 2019.)

Educated women tend to have fewer children compared to uneducated women, which contributes to Sustainable Development Goal 1: Ending poverty. Education contributes to girls' empowerment, and their health will improve, leading to Goal 3: Good Health and Well-being. Good health and Well-being include knowledge of sexual health and the ability to seek health care. Empowered women feel more strength and ability to decide their own life.

Educated women take a bigger part in the labor market and earn more. Quality education includes comprehensive sexual health education for both genders to avoid misunderstanding. This will also improve women's participation in decision-making. (United Nations n.d.b.)

## 2.6 Sexual health education in Tanzania

WHO (2021) defines sexual health as

a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled. (WHO 2021b.)

UN (2014) wrote in “Women’s Rights are Human Rights” that women's sexual and reproductive health is connected to many human rights, including the right to life, the right to be free from torture, the right to privacy, the right to education, the prohibition of discrimination and the right to health which includes their right to sexual and reproductive health. United Nations Member States including United Nations of Tanzania have responsibilities to respect, protect and fulfill the sexual and reproductive rights of women’s health. It means that women’s right to health includes that they are entitled to reproductive health services, goods and facilities are the services are sufficiently available; physically as well economically available; available without discrimination; and the quality of service is good. UN (2014) also claims that sexual and reproductive health is considered an important part of the right to the highest attainable physical and mental health, as pregnancy can have huge effect to women’s right to education and to employment. (UN 2014.)

Cultural beliefs have created challenges for sexually active young people to obtain reliable information about sexual health risks. Knowledge alone does not guarantee that adolescence women have safe sex. The risk of HIV and pregnancy within college women is high even though there is existing knowledge of contraceptives, and it doesn’t guarantee the safe sex. Many

young people are growing up in countries such as Tanzania, which are characterized by limited educational opportunities, poverty, high levels of sexual violence against women and fast changes in cultural norms and traditions. (Rodgers et.al. 2018.)

Most schools in Tanzania do not have teachers who have been trained to teach subjects like reproduction, pregnancy, HIV or AIDS, and STD. Most students graduating from formal education will not learn these important health issues. Less than 10% of primary and secondary schools teach life-skills as an extra-curricular, without even reaching all adolescents in those schools. (UNICEF 2011.)

Dar Es Salaam is among the regions in Tanzania which have been affected with a high rate of teenage pregnancy. Lack of education about sexual and reproductive health and rights among youth at schools in Tanzania is one of the major contributing factors to this problem. Ngilangwa, Rajesh, Kawala, Mbeba, Sambili, Mkuwa, Noronha, Meremo, & Nyagero (2016) did a cross-sectional study design using mixed methods, and this survey was conducted in 2013 in three selected districts of Tanzania. Ngilangwa et al. randomly selected 398 young people, including those with disabilities, to partake in the quantitative survey, while 48 community members were purposely selected for the qualitative part. The participants were questioned about the sources of information about sexual and reproductive health. About 90% answered in a satisfactory way, presented in the table below, indicating the percentage of sources where participants obtained the information, and what they do. Figure 1.

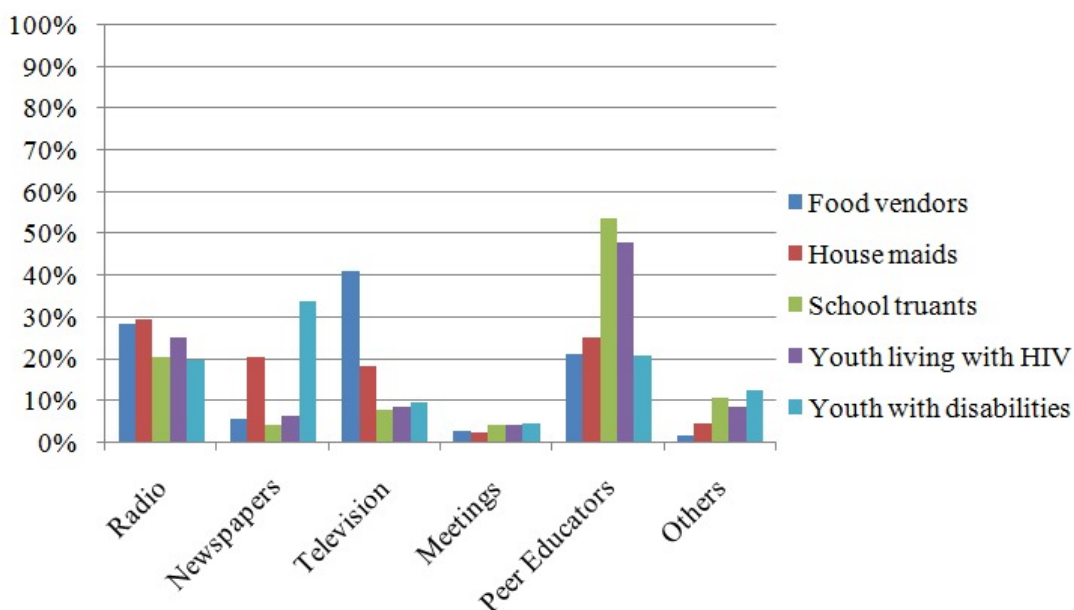


Figure 2. Adolescents' sources about Sexual and reproductive information

When looking at the above table, it seems that the major source of information about Sexual and Reproductive Health and Rights was through peer groups in different places (churches, mosques, and schools). It appears that like it's about 36,7% of the respondents was able to access the information through it. The second one was the Radio which was about 22.8%. In Tanzania, the youth's media outlet mostly followed is television, food vendors, and magazines.

UNICEF continues its support efforts to empower girls and prevent schoolgirls from becoming pregnant. They are focused on defending the government to invest in the education of out-of-school adolescence (UNICEF 2017). Rodgers et al. (2018) wrote in their article that college women at the Dar es Salaam reported being aware of contraception, and only 60% of sexually active women in the study reported using different ways of contraception, condoms, withdrawal, and intermittent abstinence were mostly used methods to ease their fear of pregnancy or HIV.

Investing in girls' and women's health and well-being, including sexual and reproductive health care, would benefit girls, their families, and the country's social and economic development. Each year 62000 Eastern African women die

because of pregnancy or during childbirth, the number could be lower if they would have the knowledge and their needs would be met. (Guttmacher 2020b.)

### 3 METHODOLOGY

As mentioned before, this thesis's main objective is to look at all kinds of obstacles that Tanzanian pregnant adolescents and young mothers are facing concerning the acquisition of education and school dropouts. Due to the sensitivity of the subject and matter in fact that we can't travel to Tanzania due to Covid-19, we were able to interview 11 girls from one NGO in Dar Es Salaam. We look into the NGOs services that focus on helping the young mothers and suggesting some idea which we think will add some improvement to the NGO.

We also present suggestions with we got from the young mothers during the interview. In this chapter, we are describing the general methodology approach of the research. We will discuss and describe the distinct methods engaged in gathering accumulated data, Addressing the research ethics and presenting data analysis.

#### 3.1 Research objectives and questions

With our research objectives, we study the difficulties encountered by pregnant girls and young mothers when searching for education and employment. We also analyze the interview data in the context of the Tanzanian policy and practice towards girls' right to education. Furthermore, we investigate how the NGOs and other institutions enhance their services to insist on the needs of young/adolescent mothers.

In qualitative research, it is appropriate to write one to three key research questions. The questions are open-ended and often begin with the words what or how. (Leavy 2017.) We decided to have three research questions because we feel like it helps to see the purpose of this thesis better.

- What is the position of girls before pregnancy?
- What are the difficulties encountered by pregnant teens and young mothers concerning accessing education?



- Would comprehensive sexual education enable teenagers to avoid pregnancy?

### 3.2 Methodological approach

We use a qualitative research approach to examine the fieldwork for the study. Qualitative research is the process of collecting, assessing, and explaining non-numerical data, such as language. This research method can be used to give better insight how an individual sees and understand their social reality. The qualitative research is focus on multiple method, with an illustrative realistic approach to its topic. Meaning that its researchers investigate phenomena in their natural contexts, aiming to be logical of or explain situation in terms of the meanings that people assign to them. (Denzin & Lincoln 1994, 2.) We chose this method because we used interview of the adolescence girls as part of our study.

Denscombe (2010, 272) states that qualitative analysis can be used in many different forms, and one is interview as we are using it. Denscombe (2010, 272-273) relates qualitative research with the word interpretivism, pointing out the priority on the researcher's part in the concept. As analysers, our background, values, belief, and identity have an impact on how the data was composed and its final analysis. A primary core of the qualitative methodological approach is its comprehensive focus. The notions of adolescent pregnancy-related to health/education/employment obstacles endured by pregnant/parenting Tanzanian girls and roles of NGOs are associated. It is critical to inspect such connections, recognizing as the analysis of each case is not lonesome.

As Lincoln and Guba (1985, 39) state, with qualitative research social "realities are wholes that cannot be understood in isolation from their contexts, nor can they be fragmented for a separate study of their parts". Indeed, it is important to place key areas of focus in context and explore their multi-dimensional relationships with a variety of factors in the setting. In this study, we will focus on educational difficulties, school dropouts due to adolescent pregnancies, and contributing factors that lead to early pregnancies.

### 3.3 Data collection methods

In the beginning, we choose the individual interviews as the main data collection methods in our research to get first-hand insight into the challenges of how adolescents and young mothers face before and after getting pregnant and on their daily basis life. Due to Covid-19, the interview was conducted using a zoom video call which at first were supposed to have one on one interviews, but we noticed that the girls feel more relaxed with a group discussion, so we end up doing the interview in group discussion by the choice of the girls. The group discussion lasted for a total of 1hour and 20minutes. In the group discussion, there were 11 girls and one person from the NGO. The girls who participated in the interviews were chosen by a worker of the NGO and based on the willingness of girls to take part. The girls were 15 to 17 years of age. We attempted to get some males to join the interview also, the fathers, but none of the males showed up.

This interview's main goal was to get an insight into what the girls have experienced in the process of pregnancy and motherhood and what kind of support the NGO gives to these young mothers. Hearing their suggestions on what they think must be done to prevent and help the next generation so they can do better. Participants (the girls) were informed beforehand that they have all the rights not to answer questions that they did not feel confident answering and stop interviews if they feel invasive or push over during the interview session.

Interview questions which are specified in Appendix 1. Were arranged into four sections to make it easy for them to answer:

- Personal upbringing /background
- Factors leading to early pregnancies and how it could have been prevented?
- Own and their community's views on adolescent pregnancy
- Consequences of pregnancy/motherhood

It was necessary to start the interviews with an inquiry to be more aware of each participant's background before denominating with another topic; this is due to the interview subject's nature and sensitivity. We also tried to conduct sessions more freely and comfortably with the interviewee and make it more of just a discussion than asking questions and them answering. We tried not ask our questions formally, but more of group discussion after noticing most of the girls were shy and not ready to express their feelings when asked individually. This way of interviewing will encourage them to interact with us in a clear aspect as they can.

The idea of arranging the interviews in this aspect was to permit all participants to form their responses in-depth while enabling the worker from the NGO to get more information from the girls. We also gave them the choice of covering their faces or turning back while talking to us for those participants who did not want to be recorded during the interviews, but they were just free, and most of them said that they had nothing to hide.

### 3.4 Research ethics and reliability

As researchers, we have ethical and moral obligations to the people who we are interviewing and to others with whom we work. Ethical norms help to ensure that our research can be held accountable. In the qualitative research interview, the key research tool is the researcher person, with his or her specific experience and expertise. Interpretational prejudice can occur during research, so it is important as a researcher not to prejudge and stay neutral.

Maintaining the anonymity of participants is the leading moral concern in research that has consistently posed a problem for especially qualitative studies. According to Giordano, O'Reilly, Taylor & Dogra (2007) that confidentiality ensures study subjects have the right to provide as much information as they want to a person of their choosing, as well as to withhold it. Adolescence might not be used to being formally questioned and they may find questionnaires and interviews intimidating (Kendrick, Steckley & Lerpiniere 2008.), we need to be honest, open, and trustworthy, and to show respect towards them so they won't

feel intimidated by our questions. They need to know that the information they provide will not harm them in any way.

Anonymity issues are closely linked to another ethical research issue in the fields of beneficence protection, integrity, respect, and honesty. Protecting anonymity requires preventing the formation of connections between individual responses and the identity of the study subject. Children and young people (under 18 years old) are considered vulnerable in research governance and ethics terms, so the key concern is the children's safety and confidentiality (Aldridge 2015).

Conflict of interest may be described as a belief possessed by an individual or institution. Conflict of interest in research concerns a situation where financial or other personal situations threaten the professional judgment of the researcher in conducting or publishing the research. (Giordano et. al. 2007.)

Vulnerable and protected populations in research imply the deprived part of the community that requires care, specific considerations, and protections during research. This population is subject to ethical dilemmas in terms of data confidentiality. Children are part of vulnerable groups by their age and people who are traumatized are also considered as vulnerable, and this kind of research might cause psychological distress. (Aldridge 2015.)

Children are in a vulnerable state, they depend on someone else for their survival, and children are unable to see things beyond their own perspective. They have no idea of the autonomy of others, so they are dependent on others to protect them. Their sense of right and wrong is still developing so they need someone to guide them, and they have the right to get someone who cares. Protection of children is a key principle, so children need a safe environment to mature and acquire the necessary skills and experience as they prepare for full adulthood and the responsibilities associated with it. (Smith 2019.) We need to take into consideration also their rights when writing this thesis. Children and young people (under 18 years old) are considered vulnerable in research governance and ethics terms, so the key concern is the children's safety and confidentiality (Aldridge 2015).

We need to ensure that the research questions that we ask from the girls are necessary and valid. Also, one important principle is that they have the right to withdraw from the questionnaires whenever they want, without consequences. Often, whether children choose to participate in the study or not, it does not necessarily depend on the children's own choices, but on the choices and decisions made by others, especially the adults involved in their lives. Sometimes those adults make the decision even without asking straight from that child. (Aldridge 2015.) When someone is choosing who can participate in the research, it might affect the results of the research and that way influences the reliability of the results. As we mention before the NGO worker choose the girls who participated in the interview luckily this act did not affect our reliability.

Children's ability to take part in the research and to make important inputs as children should be assessed not only based on their age and level of development but also based on variations in their social experience and social competence (Aldridge 2015). Adolescence might not be used to being formally questioned and they may find questionnaires and interviews intimidating (Kendrick et.al. 2008.), this means we need to be honest, open, and trustworthy, and to show respect towards them so they won't feel intimidated by our questions. They need to know that the information they provide will not harm them in any way.

In this matter confidentiality has a significant role, so we can have research information that is valid. Linked to issues of confidentiality are the mechanisms for the support of adolescence, when necessary, especially when researching sensitive topics. We must be acknowledged that the adolescence who take part in this research are making strong commitments to address sometimes painful issues. (Kendrick et.al. 2008.)

Assumptions in this research are made on a small group of people. When thinking of the validity of the research, the amount of data in this research needs to be recognized. Despite the small size of the data, it gives an insight into the reality of what pregnant adolescents are experiencing in Tanzania. The research quality is confirmed by interviewing people related to the research topic. (Kananen 2014.) That is the reason the workers of the NGO

chose who should take part in our interview. In Findings we are concentrating on girls' answers and those are in line with previous research conducted by other researchers. UNFPA (2018) was also stating that pregnant girls were forced to drop out of school due to adolescence pregnancy and they were often rejected by their parents, like the girls we were interviewing. Girls we interviewed were all pregnant or given birth by now, so we don't have comparison to girls who are not pregnant. And as the girls were only 11 girls in total, we can't look at a percentage to the total number of young girls in Tanzania with the answers we received in the group discussion, so with the percentages we depend on the previous research.

We look at the data collected by explaining the interview findings with formal sources and get the better of the missing holes that NGO programs encounter in program accomplishment. Thinking of credibility of the research we kept research diary where notes were written down after the interview and experiences rising from the data. The research diary was also used to record other findings the girls were saying, the interview environment, and the researcher's personal reflection.

### 3.5 Data analysis

Denscombe (2010) mentions that qualitative data, whether words or images are the explanation process results. He states that the data will only become data when they are used as data. He continues by saying that it does not exist out there waiting to be uncovered, as would be the case if a willingness approach were acquired but is built by the way they are transcribed and applied by researchers.

We decided to use the open coding approach. According to Denscombe (2010) this analysing data methodology is associated with figuring out the interview transcripts and all sorts of qualitative data. As Denscombe (2010, 283) writes, this data analysis methodology is linked to analysing interview transcripts and other types of qualitative data. In other words, the 'coding' of qualitative data enables researchers to form interpretations of interview responses.

Recorded interviews were carefully transcribed. With the field notes taken, comments were inserted in accordance with each participant, acting as a permanent record relating to interviews' climate/atmosphere, clues about the intent behind statements, and comments on aspects of non-verbal communication from interviewees. Once all transcripts were completed, it was necessary to examine them to cross-reference with field notes to gain a better understanding of the data in context, as well as to identify themes. After the interview was conducted, the data collected was analysed by thematic analysis – it identifies what matters and is repeatedly coming up. Coding the data allows researchers to combine the different codes identified in the original coding into categories and subcategories. Moreover, by making connections between these categories' researchers can identify themes in the data. We identified the themes through the answers of the girls. (Liamputtong 2009.) Then the data is used to reach a conclusion where the researcher firstly identifies all the reasons behind the happenings, the short, medium, and long terms consequences of these happenings, the long-term impact on society, and give suggestions on how to address the issues going forward to create the maximum impact possible. Previous research work is a theoretical framework that helps code and interact with the research data. (Collins & Stockton 2018.)

The use of theory in qualitative approaches is currently included to clarify epistemological rankings, identifying the reasons of methodological choices, after research findings building a theory as a result and a guide or a framework for research (Collins & Stockton 2018). The theoretical background gives structure for qualitative research and helps us analyse the results of the interviews.

Traianou (2014) argues that in qualitative research, the risk of any damaging effect to the focus group (in our case, the girls we interview) is low, and its occurrence has been rare. Moreover, this is also needed to make justifiable decisions when examining whether the risk of any potential damage is justified. Some ethical research proposals require that harm should be avoided altogether but given the types and varying severity of potential harm, it is often impossible to avoid it completely. (Traianou2014.) Collins & Stockton (2018) wrote that there are two ways to damage the research, and it is if you are too uncritical to the already existing theory or if you do not use it enough. So, it is

important to find the correct way to use the already existing theory, so it won't determine your results but only gives background to it.

Our video call interviews were interpreted with the information taken due to the interview; we gave each interviewee feedback about participating in the process and thanking them for it. When all transcripts were done, mandatory, we had to footnote with the information we took during the interviews to achieve a greater insight of the data in the background and classify the point. As we were writing this thesis, we kept in mind that our beliefs and values could influence how we clarify the whole data collection while doing the interview.



## 4 FINDINGS

For every woman, the whole pregnancy and birth process is a significant life-changing experience. The entire process of moving from girlhood into womanhood was argued to be challenging. So, when a woman is young, and still in school, the whole process transitioning from girlhood to womanhood is becoming harder and more challenging than it would be if they were an adult.

The process of motherhood is mostly seen as unpleasant for young girls due to being at higher risk of psychological affliction, failing to acquire educational and occupational ambition, and loneliness (Mulherin & Johnstone 2015; Parekh & De La Rey 1997; Thompson & Peebles-Wilkins 1992; Yelland, Sutherland, & Brown 2010). Anxiety, mental health problems, and postpartum depression are the biggest problems these young mothers faced compared to older mothers (Darvill, Skirton, & Farrand 2010; Yelland et al. 2010). Meeting the child's needs and satisfying or taking account of their own adolescent needs are the two biggest challenges these young mothers are facing (Ankomah & Gyesaw 2013). However, some research also shows that some teen mothers had positive experiences in this whole motherhood process, like those who had knowledge of maturity and parenthood or those who had assistance from their parents and family members (Seamark & Lings 2004; Seibold 2004; Spear & Lock 2003).

### 4.1 Experiences of the young mothers at the beginning of pregnancy

The first question that we thought was suitable to ask all the participants was the first thing that came to their mind once they found out that they were pregnant. The common answer was that they felt emotions of shock, shame, embarrassment, and disappointment in themselves since it is not their culture for a woman to have children before marriage. Also, the other common response was how they had to hide their pregnancy from their parents, schoolmates, and teachers in the beginning. After the parents finding out it was the second-hardest part hiding the pregnancy from the society since the parents felt it was

an embarrassment and a sign of their own failure as parents. One girl told us how overwhelmed she was when she first found out that she was pregnant.

I remember after seeing my stomach getting bigger, I decided to go to our local pharmacy to buy a pregnancy tests kit and the woman who was there looked shocked and told me to go home and bring my urine samples there so she can help me check whether I am pregnant not. (silence) then I did as she says and after a few second, she showed me two bars and then she said that I am pregnant... at that moment my mind was freeze, I could not believe it I was overwhelmed... mmmmh(silence) how (crying)... like one-act made me pregnant?

All the participants expressed that it was hard even for themselves to come in terms of the fact that they were pregnant; the whole idea of taking care themselves and protecting the baby during the pregnancy leave out the difficulties they were all facing during that time.

We interviewed eleven young mothers and all of them had to drop out of school the moment they realized they were pregnant since they believed that their presence was disturbing and could potentially become a negative attraction among other students. Participants also expressed how they felt discriminated against by friends, school administration, and others, this made their self-respect and pride drop and they did not want to continue attending school even if they had that chance.

One of the participants mentioned that when all her family members were against her, she received a lot of help from one of their neighbours who had the same experience. The reason why she helped her was that she understood what she was going through. Almost all the interviewees told us that their family felt so disgusted with them that they were experienced anger and bitterness from them, and they were a shame in their family. One of the interviewees expressed that sentiment in a way that was poignant to us, in the following statement

Being a mother is hard. The whole process is very challenging especially when you are young and hopeless, am telling you, I think it's becoming five times harder than how it supposed to be... honestly being a mother at a young age is very hard, I can say you

need all the help you can get... I was so confused.... Jesus, it wasn't easy, getting harder day by day, hard, one person and you must play three roles, a mother, a doctor, a teacher and so on....

When we asked them why they think the family reacted like that, their responses were that due to that circumstance their family was marked as a failure within the society, meaning they didn't raise them well and that is why they ended up pregnant. They said that they were foreigners in their own society, felt lost and unwanted. We asked them if they ever think about harming themselves or the pregnancy, and the response was never.

#### 4.2 Health and economic challenges

In addition to our questions, they talked about how it was not comfortable going to local clinics, since they felt that they were not welcomed there. They also mention that the moment entered the premises they felt judged due to the facts that they were single mothers, and too young to have children. Most of the participant said that the discrimination was not verbally but they could tell from the facial expression and the approach of the care workers. Therefore, due to all these, most of them decided not to attend clinics before and after they gave birth. One of the girls said:

Imagine sitting on the bench at the clinics with other older expecting mothers, all of them are married and some of them are there with their husbands, it makes you feel like all of them are looking and judging you and think you're the husband snatcher (laughing)

They also say that one of the biggest challenges was struggling financially, it wasn't easy for them. The little they had, had been only enough for their meals, so most of them couldn't afford medical fees on their own and had to seek help from other relatives. One participant suggested that the government could make a law where medical treatment could be free for the adolescents and unemployed young mothers and their children who became ill. Most of them were using traditional medicine and home remedies when they became sick. They also sometimes received assistance from churches. One participant recount:

I remember in our area there was a catholic church, and there were two (wazungu) Caucasian, nuns, who somehow knew my story, they used to give me some small cotton fabrics which I was using then as a baby nappy. I will always be thankful for them, sometimes I am thinking maybe they were angels sent by God to help me.

Reproduction health and sex education were one of the issues which were discussed during the interview. We asked them what their views on contraception were, and if they thought they could have avoided their current predicament if they had had contraception before it. Most of them share the belief that using contraceptives can be harmful and sometimes can make you not ever conceive again. According to the girls, it is believed in Tanzania that it a Western way of decreasing the African population, so all these contraception methods are other ways of eliminating African. Most seem to have a strong belief in the old myth that was said before about contraception method, so this shows that there is a huge need for family planning education for adolescent girls and boys in school.

According to the information from Investing in Sexual and Reproductive Health in Africa by Guttmacher (2020b) institute in New York, in Tanzania, among women who want to avoid pregnancy, the needs modern methods of contraception with adolescence aged 15-19 are unmet more often than with all women aged 15-49 years old. In Tanzania, 670,000 adolescences want to avoid pregnancy: with 290,000 (43%) adolescences their need for modern methods are met and 390,000 (57%) are with an unmet need. If these girls would meet the need of contraception, maternal and neonatal care and abortion care in Tanzania, unintended pregnancies would drop by 72% and maternal deaths would drop by 81% with adolescence. (Guttmacher 2020a.) One of the girls in the group discussion told us why she was not using any contraceptive pills.

They used to say that taking those pills will make you fat and cold inside, so the men won't like to be with you, as you know the woman need to be warm all the time... (laughing and hide her face)

Comprehensive sexuality education and reproduction information seem to be implemented in schools. According to CRR (2013, 30) it looks like it's not yet adopted well, or the teachers are not that comfortable talking about sexuality with adolescence, since they tend to ask a lot of questions which made the teacher feel uncomfortable.

According to Human Rights Declaration, a woman has the right to control what to do with her body in terms of childbearing, contraception methods, and when is the right time to engage herself sexually. The right to learning and receiving information about family planning and information about different types of contraception methods and access to abortion on specific grounds if needed. (UN 2014.) However, in most of Tanzania, long distances to health care facilities are among other obstacles, which makes it hard for many girls to access it. Simultaneously, it makes it hard for healthcare workers to reach those places and provide the assistance needed.

We also asked them if they would have had an abortion if given the chance at the time that they were pregnant, as well as if they would have continued their education for their own sake. And all of them said no, even if it was a matter of life and death.

I believe doing abortion is the same as killing the baby, it's the shameful act, it's against the religion and once the whole community knew about it, you will be the talk of the community since the whole community knows that you have been kicked out of school because of your pregnancy as you know there is no secrets as my pregnancy news were revealed in front of the whole school, so everybody will be waiting to see your stomach growing. - one of the girls we interviewed.

We didn't go in depth with this topic, we only talked briefly about abortion in Tanzania. Tanzania is among the countries in Africa, which condemn abortion even though it's still practised unsafe ways secretly, which makes the country's maternal morbidity and mortality high. According to Guttmacher (2013), one of the leading causes of maternal deaths in Tanzania is unsafe abortion. About 16% of maternal deaths in Tanzania are caused by abortion complications (Ministry of Health 2010).

Each 1 dollar spent on contraception beyond the current level, would save 2.84 dollars in maternal, neonatal, and abortion care because contraception would reduce the number of unintended pregnancies (Guttmacher 2020a). Table 3 below shows how much mortality unsafe abortions cause.

Table 3. Abortion incidence and consequences in Eastern Africa and Tanzania (UNICEF, 2018)

Abortion incidence	Eastern South Africa	Tanzania
Number of unsafe induced abortions	2460000	170040
% of pregnancies ending in abortion	14	17
Abortion rate (per 1000 pregnancies)	39	42
Unsafe abortion rate (per 1000 pregnancies)	37	41
Maternal mortality (number)	13950	1589
percentage of maternal mortality due to unsafe abortion	18	16

According to public health specialty article published on Business Daily Africa (2020) called “Why boys, men have a role in curbing teen pregnancies,” they claimed that while teenage pregnancies are focused only on the girls, it will make a substantial change if the interventions are focused on both females and males. Taking both in action if the male responsible is also a student, teaching them monitoring sexual activities, contraception should be used in both males and females. They should form programs run by men to teach the males how to be responsible and control their sexual desires. The communities could also have some sports and campaigns that will encourage young boys to abstain from a sexual act or use condoms and other contraception if they decide not to abstain. (Business Daily Africa 2020.)

Next, we asked participants about the men who were responsible for their pregnancies, and most did not want to talk about them. Those who agreed to tell us a little mentioned that their partners “*flew away*” (the word they use) as soon as they knew that they were pregnant. Some of the girls were even questioned by their partners about how they were certain that it is their pregnancy and were accused of having multiple relationships.

### 4.3 Challenge of right to education

If you look at the education problem, we can say Tanzanian education system fail to create a curriculum which will allow at the early age teaching and discussions about sex and sexuality. The idea of these two subjects remain taboo is the reason why many of the adolescence girls are unable to make a healthy and safe transition towards adulthood. About 10 % of adolescent girls between the ages of 15 to 19 use any method of contraception. (CRR 2013, 28-31.)

Tanzanian government put policies that say sexuality (“life skills”) education must be taught in primary and secondary school curricula, but during the interview one of the girls said the teachers were just teaching them briefly, they never get enough information about that study. A few of them suggest that the teachers should go deeper and give out more clear information about these subjects since they think that if they had been properly learned about this subject they would not be where they are now.

Schools are illegally testing every girl for pregnancy, for instance between 2003 and 2011 over 55,000 young girls were tested pregnant and all of them dropped out of school. This strict testing and pregnancy related expulsion controls girls’ sexuality and enforces some of them to drop out school even before the school knows about their pregnancy. But according to government of Tanzania, discrimination in education based on sex or pregnancy is prohibited. Despite this, school administration and teachers think that pregnancy testing and expulsion on this basis is required by the law. (CRR 2013, 17; Niskanen 2012.)

Some of the participants we interviewed said they still remember and are still upset about how the school administration humiliated them and performed the procedure of being tested in school. It was very disturbing situation not only that they have been humiliated in front of the school but also knowing that the only opportunity to continue with their education is no longer there.

The participants of our study did not receive any support from the school counsellor and the school healthcare practitioner, although they should have been

the first people to assist them. For these teenagers' expulsion was a form of social control over their body. These girls were restricted to a complete motherhood role, at the cost of educational ambition, as part of a broad set of bad gender stereotypes circling the social roles and position of adolescent girls and women.

This expulsion against these pregnant students applies to all governmental educational institutions permanent, even after giving birth. These girls are normally left with either private schools or vocational schools as the only options to carry on with their education (CRR 2013, 18). Reading from other previous researchers and from what we heard during the interview with participants most of these girls undergo financial hardship, so it is a fact that most of them did not have ways of paying for those private and vocational tuition fees, so most of them they end up staying home. One of the girls from our interview said "it was a hurtful encounter" to know that she had to drop out of secondary school as she knows what is ahead of her, meaning how the Tanzanian society will react towards her and the challenges when it comes to supporting herself and her child.

#### 4.4 The young mother's viewpoint of early pregnancies

It was clear that these girls do not have enough knowledge ways to prevent pregnancies. We noticed in the interview that they did not have idea when it is risky to get pregnant, as contraceptives wasn't a possibility, these girls were relying on those local methods of protecting themselves like having sex before or after the menstruation. Most of those methods end up leading them to where they are, being pregnant. One young mother said that only if the parents were not leaving the responsibility of teaching and guiding the sex education to the teachers, maybe the whole situation could be minimized. According to Rodgers et.al. (2018) barriers to open communication about sex, sexuality, and relationships include parents' belief that sex education encourages children to engage in sexual activity or encourages indifference, parental confusion, lack of education, and parents' own lack of knowledge and ability to discuss sexuality with young people. Parents should have more responsibility and be more



open to talk about sex, early pregnancies and help their children to build self-confidence and be able to say no to men and things which will lead to early sex.

These young girls were excited to do this interview, so it has made our session easy and interesting initially. When we asked them how they feel about going back to school after all this, they said most of them wish to go back to school and do better since now they learned a lot about life. Also, they think they could be good examples to other adolescences and since most of them have now better and enough knowledge about the whole situation so they could be good ambassadors and help more teenagers concerning early pregnancy awareness.

In addition, they also believe going back to school during pregnancy and after the delivery will secure their children's future as they believe that possibility of employment is higher when graduating high school. Due to government refusal of pregnant girls going back to school, so some of them were able to join vocational training and engaged small businesses, like sewing and other hand-works like making clay cooking pots and other home appliances. At least some of these young mothers were able to provide basic necessities for themselves and their families. One participant shares her experience in that area:

I did not have one business. I was buying fruits or vegetables and selling them on the street during traffic jams. Sometimes also, I was buying bread from the local shops and selling to the people in the hospitals since they cannot move around. Sometimes my mother will offer me to help with making small snacks and I will sell it to the local people.

They also define this whole journey as the hardest experience they ever faced in their life and they do not wish it for anyone, from caring for the child on their own to starting with small business so they can have small income for food and other stuff. Moreover, for those who lived with their parents it was harder since all the household activities (their responsibility, as they were living there for free.

From the interview, we picked themes that came up with the girls' answers. Then we made a table to show how many of the girls had the same views or same experiences. Table 4. below is showing the themes we collected from girls' answers.

Table 4. Girls interview theme results

Themes	Girls' response
Living environment before pregnancy	All the girls were living with their parents before their pregnancies
Dropping out from school	All the girls were kicked out of school
Parents kick out from home	3 out of 11 girls were still living with their parents. 2 girls were living with their aunties. Rest 6 girls were living with their grandparents.
Economic situation drives to a sexual encounter	2 girls were having sexual encounter so that they can have some money to help provide their families.
How many men who are responsible of the pregnancies are still involved with the girls' life	One boy was involved in the girl's life, but wasn't helping financially because he was also still in the school and his parents didn't want him to be involved with her or the baby.

#### 4.5 NGO's participation in the interview and its role.

We encountered some challenges during the interviews. For instance, the NGO representatives were not ready to be interviewed by us as we had discussed in the beginning, most of them were scared since they believe that helping these girls and trying to see if there are anyway these girls could go back to school is somehow against the government, the main sponsor is Tanzanian Legal and Human Rights Centre.

Now LHRC and the government are not in good terms so most of the workers here fear saying anything that may bring controversy in the future - NGO personnel said.

This made the NGO workers not to fully address the questions asked, even though we assure them that their confidentiality and anonymity will be ensured. Overall, we were able to get enough data from the interview. Like finding the main goal of the NGO, which was trying to help these young mothers by empowering them to not think about unsafe abortion and by helping them with offering vocational training and education, so that they can become self-employed, support a salary after the delivery or they can give information of places where the mothers can get more help than they can offer.

Due to the emotional burden which these girls bear, the NGO also provide counselling and emotional support for these girls, uplifting their confidence since most of them due to what they have been through their confidence have been low since in their community everybody knows their situation. Also, the NGO teach the girls self-awareness and helps them to try preventing emotional breakdown and making them know that they are still able to have a normal and bright future ahead. NGO also act as the moderator between the family and the teen mother, trying to reunite the ones who were forced to move out from their families.

The NGO has about 15 girls at the moment. Four times a week the NGO provides food for both mothers and children, for example evening snacks and morning porridge. They also have workshops on reproduction system, life-skills-self-employment and parenting skills once a month, since the person who provide this workshop is specialist from one of the universities.

I think these workshops are particularly important for these girls, something like the menstrual cycle education, most of the teacher who are supposed to teach this topic they have been ignore it and pass on since some of the teachers are not comfortable talking about it and being shy about this since such a topic tend to lead to a lot of questions. - NGO worker.

## 5 CONCLUSIONS

From the above study's findings, it can be concluded that in Tanzania, early pregnancy can result in severe consequences for young mothers. The first thing these young mothers face is that society and school do not accept young mothers' pregnancies. Early pregnancy is the source of shame, embarrassment, and disappointment for schoolgirls in Tanzania. The family considers them shameful and as a sign of disrespect for parents because they were not able to contain themselves. Besides many serious problems, the most common was a loss of educational rights for young mothers as school dropped them out. One of the fundamental human rights is the right to education regardless of physical and social status. However, in Tanzania condition is different. Young mothers are not allowed to continue their education.

Gender base discrimination is well known truth of the Tanzanian society. Education is the basic need and right of every individual regardless of gender. Discrimination in education against any individual based on gender is illegal and against the human rights. The ground realities and researches suggest that this discrimination in education against pregnant girls considered as part of culture. The speech of the current Tanzania administration about restricting the pregnant girls from school is a clear sign of gender based discriminate thinking. In the modern world where women are an integral part of the development system, countries like Tanzania are restricting young girls from education just because of pregnancy, which is someone's personal matter.

One of the most important human rights is right to education. Especially it is important that girls have also right and possibility to have education. Education empowers women when they get more knowledge of their rights and health so they can better decide themselves what they want to do. With better education women can affect to their economic status and freedom. Education is not just empowering the people but also communities and country.

Economic and health-related challenges for young mothers are also severe in Tanzania. Besides young mothers not being able to continue their education,

they also face discriminatory treatment when trying to access health care. The financial status of these young mothers was found deficient during this study. Most of them rely on parents and other relatives for basic needs and refuse to have sex for money. This financial instability results in many other related consequences such as depression, mental and physical health issues.

The lack of appropriate sexual education and misunderstandings about sexual health is one of the most significant factors influencing the pregnancies of teenage girls observed during this study. Teenage girls consider that contraception processes are not safe and may result in permanent sterility. However, they want to avoid early pregnancies but do not trust contraceptive procedures. The common myth about contraception in Tanzania is that this is a foreigner's method to diminish the African population. Abortion is allowed legally for young mothers' health safety, but the community does not allow this and considers this un-ethical. Unhygienic and unsafe abortion methods are being used to terminate early pregnancies. Rodgers et.al. (2018) claims that cultural beliefs have created challenges for sexually active adolescence to find reliable information about sexual health risks, and knowledge alone does not guarantee that adolescents have safe sex. The maternal deaths due to unsafe abortions were found high in Tanzania (Sambaiga et.al. 2019).

Men are facing pressure and expectations in their desires to engage in sex from themselves and their peers, but at the same time, adolescent mothers are blamed for not avoiding the pressure and risk (Maluli & Bali 2014). Explaining some of the findings based on the girls' feedback about how family and community members viewed them, there was no disclosure of their partners being put through to the same judgment, suggesting that male sexual activity within the Tanzanian culture were not a "sin". It will be fair enough if all the judgments and stigmatizing towards these young mothers by the school administration, healthcare workers, and the community toward motherhood should be put aside. Some new policies that act on the benefit of these girls should be implemented and viewed as priorities when planning the national development plans.

When not allowing pregnant girls and adolescent mothers continue with their education and leaving them behind in their education is harmful to the country's development. Tanzanian government should make sure that development goals and human rights obligations would be included to all children and provide the policy that protects and guides a pregnant and adolescent mothers' right to education.

Throughout our study we collected various factors affecting that are similar from previous research from Mbelwa & Isangula (2012), that have effect on adolescence and their behaviour towards sexual encounter and sexual health. The factors were divided in two categories, Distal and Proximal factors. By these distal and proximal factors, the outcome is teen pregnancy. Table 5. Down below is showing all the factors that Mbelwa & Isangula (2012) collected. It shows well all the different factors effecting girls, it has many layers like the law, health services available, the family and community believes and practices, and peer pressure.

Table 5. Conceptual framework for the factors contributing to the pregnancy of adolescents in Tanzania (Mbelwa & Isangula 2012)

DISTAL FACTORS	PROXIMAL FACTORS		OUTCOME
ORGANIZATIONAL HEALTH POLICY AND LAW <ul style="list-style-type: none"> <li>• Marriage Law</li> <li>• Health Policy</li> </ul> HEALTH SERVICES <ul style="list-style-type: none"> <li>• Youth-friendly Reproductive and Child Health (RCH) Services</li> <li>• Access to contraceptive services</li> </ul> OTHER FACTORS <ul style="list-style-type: none"> <li>• Religion</li> <li>• Poverty</li> <li>• Urbanization</li> </ul>	FAMILY Partner influence Family support Parenting  GROUP Peer pressure  COMMUNITY Culture, beliefs and practices Gender imbalance Social cohesion Sexual Abuse Social media	INDIVIDUAL Knowledge, beliefs and attitudes toward sexual health Adolescent sexual behaviour Attitudes towards teen pregnancy Substance use Early menarche Materialism Risk perception Education	T E E N P R E G N A N C Y

## 6 DISCUSSION

### 6.1 Discussion about roles

Trying to understand the whole concept of gender in Tanzania in an adolescent mother circumstance will be a good call before starting research finding analysis. How do the views of the society in Tanzania towards pregnant and parenting girls play a part in the country's aims in assisting this group in its poverty cutback process?

According to Reid and Shams (2013), if you compare Tanzanian females and males, the females have more capability to be active progress agents when they get ways of earning more money and accessing education and health in developing their better living ideal in this research context. (Reid & Shams 2013). However, the findings show that this movement has not yet taken place or is not yet at the stage where women would get support even while pregnant, which makes this pregnancy situation serious in the development area. Starting to support pregnant young people with education instead of kicking them out of school would benefit the whole community and the economic development of Tanzania.

Tanzanian adolescent mother's status within the society is elaborated by cultural attitudes concerning gender roles, resulting in expulsion from school, low social status, and stigmatization by society (McCleary-Sills, Douglas, Rwehumbiza, Hamisi & Mabala 2013). The loss of financial support due to abandonment by their partners is one of the major setbacks for these young mothers. 8 out of 11 girls we interview were the victims of the rejection from their partners. So, this made them face limited financial spending since they had to financially support themselves because most of them were from a low-income family. The girls' sexual decision-making seems to have been urged in this context, where they were expected to avoid sex before marriage, and contraception is viewed as inappropriate. (McCleary-Sills et al. 2013.)

Studying from all the reactions respondents acquired from their schools, family, friends, and society shows that McCleary-Sills et al. (2013) and other researchers were right. From what we learn from all the participants, they were labeled immoral and cursed for their situation. Most of these girls were impregnated by the older men whom, at that time, they were providing financial and economic support to these girls (sugar daddy). Since it is against the law to have an affair with a student, most of them usually abandon them as soon as they heard the news that the girls were pregnant. Their male peers' pressure Tanzanian men to have sexual relations to prove their 'manhood,' perpetuating solid gendered expectations about the sexual roles they act out within the cultural context (Maluli & Bali 2014).

Community expectations about masculinity and femininity are established in impressions about adolescent pregnancy and young mothers. At the same time, masculinity is related to a male's sexual prowess, and females are presumed to practice celibacy until marriage to be feminine. Wamoyi, Fenwick, Urassa, Zaba, & Stones (2010) conduct an interview with out-of-school adolescent boys disclose how they were affected by their fathers to attract in sexual relations after telling them over and over stories about their sexual experiences in their younger age which for their views were 'heroic' and excited, so for these young boys whom to look up to them as role models, this was one of the things which lead them to engage in sexual activities in young age. In the case of young girls, Wamoyi et al. (2010) revealed that their mothers were encouraged to keep their 'sexual innocence' – waiting until marriage. It looks like Tanzanian culture motivates youth to act according to masculinity and femininity and boost sexual activity in young men while emphasizing abstaining from sex for women. (Wamoyi et al., 2010).

It seems that the social standards of expected student self-restraint and female sexual integrity expose how muffled sexualities have negative results that most parents and not wanting to discuss sexual and other reproductive health issues with adolescents. So due to this, boys and girls are demoralizing from asking and wanting to know more about sexuality, reproductive health, and contraception due to this could cause and lead to punishments. Another explanation to why some parents insisted on their daughters to remain abstinent is if she



gets married after having a child, her bride price will be small to put restrictions on the girl's choice of the potential husband. (Plummer, Wamoyi, Nyalali, Mshana, Shigongo, Ross, & Wight 2008).

When looking at the interviews we conduct, we now know why some of these girls' relationships with their parents turned difficult as soon as they knew that their daughter was pregnant. These girls were "stained" as the girls mentioned in the interview, since they did not live according to what society expects them to live, so they were named an outcast, not as ideal women who failed to practice abstinence. With all these, adolescent boys are likely to finish school, find jobs while the social and economic values girls social and economic appraise originate from supporting domestic chores and marriage (CRR 2013, 18). Gender bias has been shown since it shows that the role of the person responsible for taking care of the child belongs to a mother if the father deciding to lend a hand is by choice but not his responsibility (Kiluvia 2011). As it is known that motherhood is an all-embracing role, so girls need to be dutiful. These young pregnant and parenting girls who restrained their rights to continue with their studies will automatically be forced into the role of being "mother" and required to these feminine social commands. (CRR 2013, 14.)

## 6.2 Importance of girls' education

In Tanzania, women are now legally assumed to be equal, but in reality, girls and women are not treated equally in all social areas. The cultural practice still lags behind the law on several levels. For example, girls do not have the same opportunities accessing in education as boys. Because of the cultural expectations of gender roles, they are often required to do more homework than boys. As a result, girls start school later than boys, and they do not have the same amount of time to study. Sometimes young girls are taken from school to get married or because of early pregnancy. (Hagues & Parker 2014.) A law was introduced at first in the 1960s and passed again by the Tanzanian government in 2017 that prohibits pregnant and teenage girls from attending school. In June 2017, the Tanzanian government banned the mothers who gave birth to return to school, for they claimed that allowing pregnant girls and

young mothers' participation in school encourages other girls to have sex (Rodriguez 2018.)

Figure 2 below shows how essential girls' sexual health education would be for preventing early pregnancies globally. The specific data for Tanzania is not available yet. Many girls decline contraceptives because they are afraid of side effects or health issues. Also, too many declines from contraceptives because the partner did not want to have them. If both sexes had better sexual health education, they would not be afraid to use those.

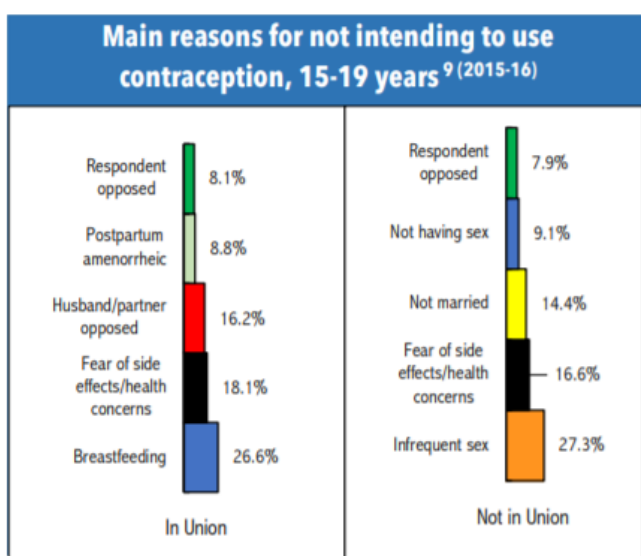


Figure 2. Main reasons not using contraceptives (WHO 2021a.)

Figure 3 show how education decreases adolescence pregnancies. Girls who don't have education get pregnant more often than the girls who have gone to school. In addition, there is strong relationship between person's level of education when it comes to sexual intercourse. When the level of education goes up the percentage of girls above 15 years having sex decreases.

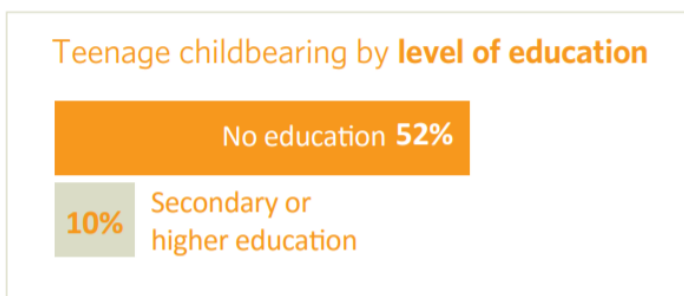


Figure 3. Teenage childbearing in Tanzania (UNFPA 2018.)

### 6.3 Research importance

An important motivation for participating in community-based research is to ease collaboration between people living in the community and non-community resources. Researchers should be committed to conducting research that benefits participants either through direct intervention or by using the results for change. (Unite for sight 2021.) After our study is done, it will be sent to the NGO, for them to use it as they please if it would help them and the girls.

From the exposure and our studies background, we believe that by any chance, once a young mother succeeds to obtain the fundamental aspect of human development (education, health, and income generation), it will produce reliable, lasting influence for Tanzania's poverty cutback endeavor (Reid & Shams 2013). Therefore, these three factors of human development will help us learn more and explore all the challenges that Tanzanian young/adolescent mothers face before and after pregnancy and the whole experience of young mothers are living in poverty.

### 6.4 Suggestion for NGO's

As the pregnancies of young girls continue to increase, we do not believe that NGOs and other actors present well the problems and challenges that young mothers face when familiarizing themselves with these projects and other plans. The fact that to the reasons that have been found to drive these young girls into this situation where they are now or who are more prone to get pregnant early, NGOs and others haven't been able to affect properly. NGOs might not be able to act on all as much as they would want to, because for fear of the possible negative effect that may have on their relationship with government.

We recommend that NGOs will have projects where they have trainings for teachers of sexual health promotion and how to talk about sexuality and gender equality in schools. Example the NGOs using the school alumni or the teens mothers alongside trained comprehensive sex educators to try and act

as motivation speakers around schools and teaching and discourage the students about early sex and its consequences. This can be arranged between the NGOs and the Ministry of education since most of the NGOs are struggling financially, so planning it that way the government will help financially.

Also, the NGOs could try arranging some trainings in some local's community since from what we learn from the interview with the girls most of the community which these girls come from they are lacking sex education knowledge, or they do not have time to talk to their children about it. Madeni et.al. (2011) claimed in their study that adolescence who had communication with their parents about sex and sexual health they had different mindset than the ones who haven't had any communication before they started sexual intercourse. The community does not see doing that it is their responsibility; we believe that in so many communities there are more than two women who were also victims of early pregnancies. NGOs could have tried to work with those women during their arranged trainings, since it's so important for teenager to have some sort of the real example.

From what we learn from previous research and what we heard from the girls during the interview's most families in many communities have a school drop-out due to early pregnancy, so this is making it easy for most of the teenagers to fall into the same place because they don't get the correct information either. We recommend the NGO to include the local radio stations, since now in Tanzania we have more than four radio station which run by young people, so they could try to have a talk show or program which instruct the teenagers about safe and giving them chance to call and ask some questions.

However, we know that as much as the NGOs will try and help these teen mothers and the communities still the underlying problems sustaining this issue is still un-noted in so many areas when it come to the adolescent pregnancy (i.e., giving family planning training and distributing of contraceptives at health care centres). The government will remain the main bridge between brighter future of these young mothers and other teenagers around the country by looking at these main factors of teenage pregnancy and try to prevent or minimize it and helping those who became mothers in early age.

We came up with some suggestions for the future to develop in Tanzania that we think might help the situation what they are now facing with the adolescence pregnancies. We believe that building reproductive health education centres for both parents and adolescence would be helpful, because both need help in getting better knowledge. And, by building a model for preventing adolescence pregnancies in schools. Also, we suggest that they could use local radio stations to spread more knowledge. And lastly, we suggest to put budget in the government's annual budget to combat adolescence pregnancy and its consequences.

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## APPENDIX 1. Questions for the girls

- What was your position before pregnancy?
- What was the first thing that came to their mind once they find out that they were pregnant
- How old were you when you became pregnant?
- What affected you to get pregnant at an early age?
- what you know about the abortion?
- what do you think about it?
- Would you have abortion if given chance at that time?
- What were some of the challenges that you faced being a parent at a young age?
- How did you cope with the difficulties of raising a child?
- Did you have any goals before becoming a mother, which were hindered after becoming a mother?
- How did your family react when you became pregnant?
- What kind of support you got for your pregnancy from family/NGO?
- Have you been able to continue your education after pregnancy?
- Would you like to continue to study after having a child?
- Do you think sex education could have prevent your pregnancy?
- What you think would help to avoid these young pregnancies?
- What government or NGO could do to prevent it?
- How do you think this situation could change for the next generation?