



**“ I HAVE NO  
IDEA HOW I GOT  
PREGNANT ”**

Participatory Study on Teenage Pregnancy and Child  
Motherhood in Mpwapwa District, Tanzania

**FEBRUARY 2018**

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# RESEARCH PARTNERS



The Children's Dignity Forum (CDF) is a non-governmental civil society children's rights organization based in Dar es Salaam. It was founded and registered in 2006 under the NGO Act No. 24/2002.

CDF has sub-offices in Mara and Dodoma regions. CDF works on children's rights issues to influence public attitudes and policy and to build the capacity (on legal and human rights issues) of child-focused organisations in Tanzania. It provides a forum for dialogue and discussion on issues affecting children. It seeks to explore new and contentious issues that affect children. CDF puts children first in all aspects of its work.



FORWARD is an African-led, women's rights organisation. Our work focuses on the issues of female genital mutilation (FGM), child marriage, and other forms of violence against women and girls (VAWG) that impact on the health, dignity and wellbeing of African women and girls.

We work with community members, key professionals, policymakers, and through strategic networks and partnerships. This allows us to amplify the impact of our work in multiple spaces.

We work for the day when African women enjoy equal rights and opportunities, have control over their own bodies and are free from violence.

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# ACRONYMS

CDF	Children's Dignity Forum
FORWARD	Foundation for Women's Health, Research & Development
HRW	Human Rights Watch
PEER	Participatory Ethnographic Evaluation Research
PRs	PEER Researchers
SRHR/S	Sexual Reproductive Health Rights/ Services
STIs	Sexual Transmitted Infections
TDHS-MIS	Tanzania Demographic Health Survey – Malaria Indicator Survey
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
URT	United Republic of Tanzania
VETA	Vocational Education and Training Authority
VICOBA	Village Community Bank

# GLOSSARY

Yeboyebo	Cornrow
Khanga	Clothes worn by women made of pure cotton, with words printed on the cloth
Bodaboda	Motorcycle
Vitumbua	Rice doughnuts
Ulanzi/Chonya/Kangaramaji/Komoni	Locally brewed beer
Kulinda Mlango	A situation whereby children take care of the house when their parents go to ceremonies in faraway villages
Ntumbatu/Mafiga matatu	Extramarital affair
Kasunzu	Compensation money received by parents if their daughter becomes pregnant outside of marriage
Vitenge	African cloth
TZS	Tanzanian shillings

# EXECUTIVE SUMMARY

Teenage pregnancy and child marriage are two of the most serious socio-economic challenges facing Mpwapwa District in the Dodoma Region of Tanzania. Dodoma is among the five most affected regions in Tanzania in relation to both child marriage and teenage pregnancy. Over half (51%) of young women are affected by child marriage, and well over a third (39%) are affected by teenage pregnancy (URT, TDHS – MIS 2015/16). Children in the region face social, economic and health challenges as a result.

This Participatory, Ethnographic, Evaluation and Research (PEER) report was conducted to assess the situation of teenage pregnancy and child motherhood in Mpwapwa District, with a view to delivering programs and interventions that might address the situation, and meet the needs and best interests of young mothers in Mpwapwa.

The study used the PEER methodology because it has a proven track record of effectively working with marginalised groups. It adopts a 'bottom up' approach where selected participants who are directly affected by the research topic play an active role in its process. Selected members of the target community are recruited (the PEER Researchers) and trained to carry out in-depth conversational interviews with friends in their social networks.

A total of 16 PEER Researchers (12 child mothers and four boys) aged 14 to 17 years were selected from four wards in Mpwapwa District: Kibakwe, Mpwapwa Town, Berege and Pwaga. These PEER Researchers were supervised by four supervisors, one from each ward, each of whom were teachers.

Prior to the data collection the PEER researchers were provided with three days of theoretical and practical training to equip them with basic data collection and interview skills. PEER Researchers then went on to interview their peers with questions divided into three key themes: **1.** life in Mpwapwa District; **2.** issues causing teenage pregnancy and child motherhood; **3.** key recommendations to address the challenges girls are experiencing in Mpwapwa District.

## FINDINGS ON POVERTY

This study found that farming and livestock keeping are the major economic activities in Mpwapwa. Other activities include running small businesses, motorcycles (bodaboda) to provide paid transport, selling of crops such as rice, maize, millet, vegetables and baobab fruits. There was also small scale mining, cooking and the selling of local brew (alcohol). Poverty and alcoholism were found to be among the major economic challenges facing the District.

# THE CAUSES OF TEENAGE PREGNANCY

Root causes of teenage pregnancy included low household income. This forces parents to marry off their daughters to ease the family's burden of care. It was also due to the family's expectation of getting bride price – a payment made by the husband or their family.

Other catalysts for teenage pregnancy included lack of parental guidance and care for their children, transactional sex and peer pressure. Interviewees reported a poor awareness of and access to youth friendly Sexual Reproductive Health Rights (SRHR) services in their communities.

# THE IMPACT ON TEENAGE GIRLS

This study found that girls are denied access to education due to parents' preference of sending boys to school, but not girls. Girls also dropped out of school for a number of reasons, including teenage pregnancy.

The study reveals that many girls are left with a burden of caring for babies alone as they are abandoned by the baby's father. Others lack support from their parents and close relatives as they are considered to have embarrassed their families. In order to survive, some child mothers report being forced to engage into sex in exchange for money.

The study highlighted the health impact of teenage pregnancy and child motherhood in the District. It revealed fistula\* during delivery and other labour complications, girls' failure to fulfil parental responsibilities, widespread sexual transmitted infections, and the death of pregnant teenagers.

Girls interviewed were against the Government's new statement, effectively banning girls who have had babies from returning to education. They claim it further victimizes them, and denies them a chance to improve their lives.

# RECOMMENDATIONS

Participants in this study proposed a range of interventions that could meet the challenges girls and young women face:

1. Government support for child mothers;
2. Youth friendly sexual and reproductive health services (SRHS);
3. The choice to go back to school;
4. Financial support and entrepreneurship skills;
5. Establishment of girls clubs;
6. Stronger role for parents.

*\*Fistula happens during obstructed labour when the baby's head exerts prolonged pressure on the mothers pelvis. The blood supply to the tissue around her bladder, rectum and vagina is cut off, causing tissue damage and creating a hole between the vagina and bladder or rectum. This results in incontinence, in most cases the baby does not survive.)*

# 1. INTRODUCTION

In Sub-Saharan Africa, an increasing number of girls are becoming mothers by the age of 18 years old.<sup>1</sup> In 2014 the World Health Organization reported that 11% of all births were among girls/women aged 15 to 19 years old.<sup>2</sup> Approximately 95% of teenage pregnancies occur in developing countries, with 36.4 million girls there becoming mothers before 18.<sup>3</sup> Sub-Saharan Africa has the highest prevalence of teenage pregnancy in the world (UNFPA, 2013). Births to teenage mothers account for more than half of all the births in this region: an estimated 101 births per 1,000 women aged 15 to 19 (ibid).

Teenage pregnancy in Tanzania, one of the countries in Sub-Saharan Africa, is a significant problem. According to the Tanzania Demographic and Health Survey of 2015, 27% of girls and young women aged 15 to 19 have begun childbearing: 21% have given birth, and an additional 6% are pregnant with their first child. Teenage pregnancy is also increasing in Tanzania: 26% of girls had a child or were pregnant in 2004-05, after which it decreased to 23% in 2010, then increased to 27% in 2015-16. Katavi is the region with the highest prevalence rate of child bearing (45%), followed by Tabora (43%), Dodoma (39%), Mara (37%) and Shinyanga (34%).<sup>4</sup>

Being a child mother hinders girls' futures because it can limit educational attainment, their capacity to support themselves financially, negatively affects their health, and reduces their quality of life. Participants in this research mentioned that many girls have illegal abortions at great risk to their own lives, because they are not allowed to continue attending school if they are pregnant, or have given birth.

Under the Revised Penal Code of Tanzania (chapter 16, sections 150-152) the performance of abortions is generally prohibited. Any person who, with intent to procure the miscarriage of a woman and unlawfully uses any means to do so is subject to 14 years imprisonment. A pregnant woman who undertakes the same act with respect to her own pregnancy or permits it to be undertaken is subject to seven years imprisonment. Any person who supplies anything relating to the miscarriage procedure, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman is subject to three years imprisonment.<sup>5</sup>

<sup>1</sup> Mbelwa, C and Kahabi, G.I (2012): Teen Pregnancy: Children Having Children in Tanzania

<sup>2</sup> World Health Organization, 2014

<sup>3</sup> United Nations Population Fund, 2013

<sup>4</sup> 2015/16 Tanzania Demographic Health Survey – Malaria Indicator Survey

<sup>5</sup> [www.un.org/esa/population/publications/abortion/doc/tanzania.doc](http://www.un.org/esa/population/publications/abortion/doc/tanzania.doc)

This Participatory Ethnographic Evaluation Research (PEER) was conducted in Mpwapwa District with young women and girls who have experienced teenage pregnancy or are child mothers. Major factors on the prevalence of teenage pregnancy included poverty, child marriage and limited access to youth-friendly reproductive health services. A large proportion of pregnancies among girls were unintended, often due to the lack of information on Sexual Reproductive Health (SRH) available from health services, parents or in school. This is linked to the lack of youth centres and designated youth friendly SRH units in the clinics and hospitals in Mpwapwa District. Girls lack even basic information about their bodies, puberty, sexuality and reproduction.

## 1.1 BACKGROUND

### TEENAGE PREGNANCY AND CHILD MOTHERHOOD IN TANZANIA

The UNGA Resolution on Early, Forced and Child Marriage estimates that, globally, there are approximately 15 million girls under the age of 18 married every year and more than 720 million women and girls alive today were married before reaching their 18th birthday.<sup>6</sup> Tanzania is one of the largest contributors to this trend, with an average of almost two in five (36%) girls married before their 18th birthday. 59% of women aged 20 to 24 were married before the age of 20,<sup>7</sup> and 7% were married by the age of 15.<sup>8</sup> Teenage pregnancy, when a girl becomes pregnant before the age of 20 but outside of marriage, is another factor that hugely affects the lives of girls in Tanzania.

Teenage pregnancy and child motherhood deny girls educational opportunities as it results in them dropping out of school. In 2015, a total of 251 primary school girls dropped out of school due to pregnancy. Some from as early as school Standard 4, when they would normally be aged between 10 and 12. In secondary school, pregnancy accounted for a total of 3,439 drop outs.<sup>9</sup>

Teenage pregnancy and child motherhood also lead to economic insecurity and continued poverty, a higher risk of contracting HIV/AIDS or STIs, inability to have a career of their choice, risk of miscarriage, maternal mortality and/or infant mortality, verbal, physical, sexual and emotional abuse, lack of autonomy and psychological distress.<sup>10</sup>

<sup>6</sup> United Nations General Assembly Resolution 71/175

<sup>7</sup> TDHS (2010) & URT-MoHCDGEC/CDF (2017): National Survey on the Drivers and Consequences of Child Marriage

<sup>8</sup> UNICEF (2016) State of the World's Children

<sup>9</sup> President Office – RALG (2016): Basic Education (Pre, Primary and Secondary) Statistics (BEST) Report

<sup>10</sup> URT-MoHCDGEC/CDF (2017): National Survey on the Drivers and Consequences of Child Marriage

Studies have shown that there are many drivers causing child motherhood and teenage pregnancy in Tanzania including:

**INCOME POVERTY:** Parents living in poverty struggle to properly cater for the needs of their children. Sending them to school can be costly. Therefore, parents may resort to marrying girls off so they are no longer responsible for these costs. A further incentive is the bride price that the girls' family receive when she is given over to the new family. Poverty can also lead to teenage pregnancy; girls may be driven to engage in transactional sex in exchange for school equipment or other items that their parents cannot afford.

**SOCIO-CULTURAL NORMS AND PRACTICES:** Traditional dances and initiation rites such as female genital mutilation (FGM) are supposed to initiate girls into womanhood. Girls from as young as nine years can be expected to learn about sexual and marital issues, and undergo FGM, to ensure their marriageability.

**LACK OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION:** Poor knowledge and access to youth friendly sexual reproductive health services has contributed to teenage pregnancies, and self-induced abortion because teenagers are sexually active, but lack the knowledge and access to appropriate services to mitigate or respond to its consequences.

**WEAK LEGAL AND POLICY FRAMEWORKS:** In Tanzania, the Law of Marriage Act 1971 specifies 15 as the minimum age of marriage for girls and 18 for boys, although it can be 14 for boys and girls with parental consent. This is discriminatory and exposes girls to dangerous risks, as they are vulnerable to some of the other factors already mentioned.

## THE LOCAL CONTEXT IN MPWAPWA

Teenage pregnancy and child marriage are two of the major socio-economic challenges facing Mpwapwa District, and Dodoma Region in general, 51% and 39% respectively (TDHS – MIS 2015/16). It is leaving children with many adverse consequences including dropping out of school and other social, economic and health risks. In Mpwapwa District in 2016, 48 girls (1.25% of total drop outs) dropped out of secondary school and five girls (10% of total drop outs) dropped out of primary school because of pregnancy. Records from Mpwapwa District Hospital show that in 2016 girls under 20 made up 26% of all deliveries, of which most girls were 14 to 17.<sup>11</sup> Similarly, a national hospital report shows that girls under 20 made up about 40% of all caesarean sections performed in 2016, as most child mothers are unable to deliver naturally.<sup>12</sup>

<sup>11</sup> CDF (2017) Baseline report Tarime and Mpwapwa District

<sup>12</sup> CDF (2017) Baseline report Tarime and Mpwapwa District

According to a baseline report (CDF, 2017) and the Human Rights Watch (HRW) Report on Child Marriage and Human Rights in Tanzania (2014), child marriage and teenage pregnancy are the result of a number of factors.<sup>13</sup> These include:

**POVERTY.** Disadvantaged families struggle financially and are unable to provide for their children's education and other items. This results in forcing their daughters to marry early so they can receive the bride price;

**STATUS.** Parents avoid the social stigma of their daughters getting pregnant outside of marriage so they marry them off as to protect their social status;

**TRADITIONAL PRACTICES AND BELIEFS.** For example, the gogo tribe, the dominant ethnicity in Mpwapwa, encourage extra marital affairs and husbands to marry more than one woman which they refer to as '*Ntumbatu/Mafiga Matatu*'. Wives provide a larger labour force for farming, resulting in higher yields and more income;

**SCHOOLING AND ACCOMMODATION.** There is a lack of dormitories to accommodate secondary school girls who live too far from school to walk each day. Parents have to rent a room for girls to live independently. These girls may have to resort to transactional sex for income if their parents fail to send them money for their living costs;

**FAILURE TO HOLD BOYS AND MEN RESPONSIBLE.** Some families force girls to marry the men who got them pregnant as a way of 'resolving' the issue. In the HRW report, it was noted that in some instances even local government leaders, who are responsible for child protection, attended traditional weddings where young girls are married;

**INADEQUATE SRH INFORMATION.** Despite Mpwapwa having 50 health facilities providing reproductive health advice and services, there is a very limited number of facilities committed to providing youth friendly sexual reproductive health education and services. Lacking access to this information and these services, young people are at high risk of STIs and unplanned pregnancy.

<sup>13</sup> Human Rights Watch (2014) NO WAY OUT: Child Marriage and Human Rights Abuses in Tanzania

# 2. METHODOLOGY

## 2.1 OBJECTIVES OF THE RESEARCH

The objectives of the study were to increase knowledge and understanding of the situation around teenage pregnancy and child motherhood in Mpwapwa District, Tanzania with a specific focus on the following issues:

- Obtaining essential data to inform interventions on teenage pregnancy and child motherhood, and amplify voices of affected girls and young women in the process;
- Exploring the experiences and perceptions of child mothers and girls affected by teenage pregnancy and to understand the challenges they face in their lives;
- Determining the attitudes of communities and young people towards child motherhood, teenage pregnancy and early sexual activity;
- Assessing girls' experiences of existing services and policies related to sexual and reproductive health, teenage pregnancy and child motherhood.

## STUDY METHODS

The study took place over six months in 2017. It employed mixed methods of participatory research: Participatory Ethnographic Evaluation Research (PEER) and focus group discussions. PEER is particularly effective when working with marginalised groups. Members of a community (the PEER Researchers) are trained to carry out in-depth conversational interviews with friends in their social networks. This enables those individuals who have been directly affected by the issues being researched to play an active role in the research process.

Focus group discussions were also conducted with pregnant girls and child mothers to further explore girl's views on services and to hear their recommendations for programme interventions. Two focus group discussions were organised in Mpwapwa with girls aged between 14 to 17 years old.

## 2.2 SAMPLING AND RECRUITMENT

PEER Researchers (PRs) were selected from four wards in Mpwapwa District: Mpwapwa Town, Kibakwe, Berege and Pwaga wards. Girls who had been affected by teenage pregnancy, child motherhood or child marriage were selected. In total, 16 PRs aged between 14 and 17 were identified, of which 12 were girls who had been affected by either teenage pregnancy and/or child motherhood and four boys who had first hand experience of girls affected by child marriage. Four PEER Supervisors were selected from teachers at four primary schools: Kibakwe, Berege, Kitati and Mtejeta. The research was done in collaboration with the District Community Development Office, the District Primary Education Office, Ward Development Officers and village leaders who played important roles in the identification of these PRs and Supervisors.

There were four groups which were involved in the focus group discussion, of the selected four wards. Participants were aged between 14 to 17 years old, with a total of 25 child mothers. Of the participating child mothers, five were the PRs.



## 2.3 PROFILE OF PEER RESEARCHERS

NO.	AGE DURING PEER	GENDER MALE / FEMALE	MARITAL STATUS	AGE AT 1ST PREGNANCY	NO. OF CHILDREN
1	17	Female	Married	16	1
2	16	Female	Not married	14	1
3	17	Female	Not married	16	1
4	17	Male	Not married	NA	0
5	17	Female	Not married	16	1
6	17	Male	Not married	NA	0
7	18	Female	Not married	16	1
8	16	Female	Not married	16	1
9	17	Female	Not married	16	1
10	17	Female	Not married	16	1
11	14	Female	Not married	13	1
12	16	Female	Married	16	0
13	17	Male	Not married	NA	0
14	16	Female	Not married	15	1
15	17	Female	Not married	16	1
16	17	Male	Not married	NA	NA

# PROFILE OF FOCUS GROUPS PARTICIPANTS

## KIBAKWE FOCUS GROUP

NO.	AGE DURING PEER	GENDER MALE / FEMALE	MARITAL STATUS	AGE AT 1ST PREGNANCY	NO. OF CHILDREN
1	17	Female	Not married	15	1
2	16	Female	Not married	16	1
3	16	Female	Not married	15	1
4	17	Female	Not married	15	1
5	17	Female	Not married	15	1
6	16	Female	Not married	15	1
7	18	Female	Not married	16	1

## MPWAPWA TOWN FOCUS GROUP

NO.	AGE DURING PEER	GENDER MALE / FEMALE	MARITAL STATUS	AGE AT 1ST PREGNANCY	NO. OF CHILDREN
1	17	Female	Not Married	15	1
2	17	Female	Not Married	16	1
3	17	Female	Not Married	15	1 (died)
4	17	Female	Not married	16	1
5	14	Female	Not married	13	1

## PWAGA FOCUS GROUP

NO.	AGE DURING PEER	GENDER MALE / FEMALE	MARITAL STATUS	AGE AT 1ST PREGNANCY	NO. OF CHILDREN
1	17	Female	Not Married	16	1
2	16	Female	Not Married	15	1
3	16	Female	Not Married	15	1
4	17	Female	Not Married	15	1
5	17	Female	Not Married	15	1
6	17	Female	Not married	16	1
7	16	Female	Not married	16	1

## BEREGE FOCUS GROUP

NO.	AGE DURING PEER	GENDER MALE / FEMALE	MARITAL STATUS	AGE AT 1ST PREGNANCY	NO. OF CHILDREN
1	17	Female	Not Married	16	1
2	17	Female	Not Married	16	1
3	17	Female	Not Married	15	1
4	15	Female	Not Married	13	1
5	17	Female	Not Married	15	1
6	17	Female	Not Married	15	1

## 2.4 PEER RESEARCH TRAINING

After the identification of PRs and PEER Supervisors, Children's Dignity Forum (CDF) conducted a three day training for them. The objective was to equip participants with key skills and knowledge for effective data collection and compilation, based on the PEER methodology. During the training, facilitators led discussion around three major themes:

- Life in Mpwapwa District;
- Issues leading to teenage pregnancy and child motherhood;
- Recommendations for addressing the challenges girls face.

PRs were trained in interview techniques, practicing one-to-one interviews and received feedback on areas of improvement in order to develop their confidence. The training also covered key skills in data collection. Supervisors received special training on collecting data from PRs while ensuring that all the collected information was of high quality and addressed the specific research questions. They also received training on how to support PRs in case they became confused or had problems during the process.

## 2.5 DATA COLLECTION AND ANALYSIS

PRs collected data from their respective wards, and supervisors compiled the data from PRs to share with CDF. During the three week period of research, each of the PRs conducted three interviews with two friends who had been affected by teenage pregnancy and or child motherhood. Each of the 16 researchers carried out six interviews, making a total of 96 interviews. PEER Supervisors met with PRs weekly to compile data and discuss challenges that may have arisen. Then PEER Supervisors shared the collected data with CDF who transcribed and translated it into English.

Data analysis was done by tallying, code matching and triangulation of key issues which emerged from interviews on the three main themes. Focus groups took place with four groups of girls from four wards using FGD (Focus Group Discussion) guides. These focus on the experiences of pregnant girls/young women and their perception of current policies, such as banning pregnant girls and child mothers from returning to schools, as well as support services within the community.



# 2. RESEARCH FINDINGS

The data collected for this study has been grouped into three sections. Section 3.1 shows life in Mpwapwa including economic activities, barriers to accessing education, and life for women and girls; Section 3.2 covers socio-economic challenges in the community including poverty and alcoholism; Section 3.3 sheds light on root causes and impact of teenage pregnancy and child motherhood on girls and women.

## 3.1 LIFE IN MPWAPWA

### 3.1.1 ECONOMIC ACTIVITIES

When asked about the type of economic activities people generally practice, the majority of the respondents mentioned farming, keeping livestock and entrepreneurship.

**“THE GENERAL ECONOMIC ACTIVITIES IN MPWAPWA MAINLY INCLUDES FARMING, BUSINESS AND LIVESTOCK, OTHERS ENGAGE IN ENTREPRENEURSHIP ACTIVITIES LIKE BODABODA (MOTOR CYCLE).”**

**“THE BASIC ACTIVITIES DONE IN MY COMMUNITY INCLUDE FARMING MAIZE, RICE, MILLET AND OTHER BUSINESS ACTIVITIES LIKE SELLING JUICE, BAOBAB FRUITS AND VEGETABLES.”**

**“THE MAJORITY OF PWAGA COMMUNITY MEMBERS DEPEND ON FARMING AND KEEPING LIVESTOCK AS THEIR KEY ECONOMIC ACTIVITIES. THIS INCLUDE FARMING MAIZE, MILLET, SORGHUM, SUNFLOWER AND KEEPING LIVESTOCK SUCH AS GOATS, SHEEP, PIGS, DUCKS, CHICKENS AND DONKEYS.”**

Others explained that in their community, men are involved in mining activities while women are involved in cooking and selling locally brewed alcohol.

**“IN MY COMMUNITY MEN ARE INVOLVED IN MINING ACTIVITIES SUCH AS GOLD MINING WHILE WOMEN ARE COOKING AND SELLING LOCAL BEER AND OTHER PETTY BUSINESSES SUCH AS COOKING OF VITUMBUA. MY MOTHER AND I SELL KANGARAMAJI (A LOCAL BEER), WE WAKE UP EARLY IN THE MORNING, LIKE 3AM, TO START PREPARING AND COOKING THE BEER.”**

**“IN KIBAKWE THE MAIN ECONOMIC ACTIVITIES INCLUDE GRINDING SUNFLOWER, FARMING MAIZE, BEANS AND POTATOES. ALSO SELLING OF LOCAL BEER, RUNNING RESTAURANTS, AS WELL AS KEEPING ANIMALS LIKE CATTLE, GOATS AND PIGS.”**

Interviewees explained that some women are striving to engage in small income generating activities that are available in their area.

**“MANY WOMEN AND GIRLS IN MY COMMUNITY LIKE TO ENGAGE IN ENTREPRENEURSHIP ACTIVITIES LIKE SELLING VITENGE AND KHANGA OR FARMING ACTIVITIES SO AS TO EARN INCOME. MOST OF THEM SELL BEANS, MAIZE AND MILLET.”**

**“THEY FARM CROPS SUCH AS CASSAVA, SUNFLOWER, SESAME, GROUNDNUTS, MAIZE, FINGER MILLET AND MILLET. THEY KEEP DIFFERENT LIVESTOCK SUCH AS GOATS, COWS, PIGS, DONKEY, CHICKEN AND GUINEA FOWLS.”**

**“MOST OF THE WOMEN IN OUR COMMUNITY ENGAGE IN BATIK BUSINESS, FARMING AND MAKING SOAP. THERE IS A GROUP OF WOMEN WHO SELL BATIK AND MAKE LOCAL SOAP. ALSO THEY ARE INVOLVED IN CREATION OF VILLAGE SAVING AND LENDING SCHEMES ACTIVITIES.”**

**“MY FRIEND GOES EVERY DAY TO DIFFERENT HOUSES TO LOOK FOR WORK, SHE WASHES CLOTHES FOR 1,000 TZS PER DAY, SHE ALSO GOES TO NURSES HOUSE TO HELP THEM WITH HOME CHORES, BEING PAID 6,000 TZS PER DAY.”**

**“I SELL DOUGHNUTS (MAANDAZI) IN THE VILLAGE, I USE THE MONEY I RECEIVE FROM MY BUSINESS TO TAKE CARE OF MYSELF AND MY CHILD.”**

**“I HAVE BOUGHT ONE ACRE OF LAND AND I AM FARMING MAIZE, MILLET AND GROUNDNUTS, WITH THIS I MANAGE TO TAKE CARE OF MY BABY AND MYSELF.”**

However, for the majority of women and girls in Mpwapwa, getting start-up funds for small income generating activities is something they cannot afford. They are still struggling to make ends meet.

**“GIRLS AND WOMEN DO NOT HAVE SPECIFIC INCOME GENERATING ACTIVITIES AND ARE MORE DEPENDENT ON AGRICULTURE, WHICH IT IS NOT RELIABLE DUE TO VARIABLE RAINFALL.”**

## 3.1.2 BARRIERS TO ACCESSING EDUCATION

When asked about the Tanzanian Government's recent announcement in June 2017 that pregnant girls could not return to education following the birth of a child, the interviewees said they saw it as a denial of their basic human rights and stated that this policy would only increase dependency and make life worse for the child mothers. Teenage pregnancy and child motherhood should not, they say, be the end to one's life.

The interviewees also noted that they had not seen any girl who got pregnant and managed to return to school, almost all are raising their children and hoping that things change soon.

**“EVERYONE HAS THE RIGHT TO EDUCATION.”**

**“IF YOU DON'T ALLOW A PREGNANT GIRL TO GO BACK TO SCHOOL AFTER SHE HAS GIVEN BIRTH YOU ARE ONLY MAKING HER LIFE HARD. IT IS BETTER TO GIVE THEM A SECOND CHANCE SO THAT THEY CAN ACCOMPLISH AND FULFIL THEIR DREAMS.”**

**“THE GOVERNMENT IS NOT DOING THE RIGHT THING BY DENYING PREGNANT GIRLS PERMISSION TO GO BACK TO SCHOOL AFTER THEY HAVE DELIVERED. THIS WILL ONLY INCREASE DEPENDENCY SINCE THEY WILL STAY AT HOME DEPENDING ON THEIR PARENTS. ALSO THEY WILL ONLY BE WAITING FOR A MAN SO THAT THEY CAN GET MARRIED.”**

**“GIVING BIRTH IS NOT THE END OF A GIRL'S LIFE, SHE NEEDS TO BE GIVEN A CHANCE TO STUDY AND PURSUE HER DREAMS. THE POLICY IS NOT GOOD, IT ONLY AIMS TO UNDERMINE A GIRL, IT ALSO MAKES A GIRL SUBMISSIVE AND WEAK.”**

Although the reality of teenage pregnancy in Tanzania seems challenging, one interviewee mentioned that depending on the financial capacity and willingness to help from the girls' parents, girls could get the right support from their family.

**“THERE WAS A GIRL IN OUR VILLAGE WHO DROPPED OUT OF SCHOOL BECAUSE SHE WAS PREGNANT. AFTER SHE GAVE BIRTH HER PARENTS TOOK HER TO PRIVATE SCHOOL WHERE SHE CONTINUED WITH HER STUDIES.”**

**“MY PARENTS FELT VERY BADLY AFTER THEY FOUND OUT I WAS PREGNANT, BUT THEY TOLD ME NOT TO REPEAT IT AGAIN. THEY HELPED ME DURING THE TIME I WAS PREGNANT, UNTIL NOW THEY ARE SUPPORTING AND PROVIDING THE BASIC NEEDS FOR MY CHILD.”**

**“EDUCATION IS NOT EQUALLY PROVIDED AMONG BOYS AND GIRLS; BOYS ARE PREFERRED OVER GIRLS. GIRLS ARE NOT GIVEN TIME TO STUDY AT HOME AS THEY ARE DOING HOUSEHOLD CHORES AFTER SCHOOL WHILE BOYS ARE STUDYING. YOU MAY ALSO FIND THAT GIRLS ARE FORCED TO STAY AT HOME WITH CHILDREN WHILE BOYS ARE GOING TO SCHOOL.”**

Almost all of the interviewees felt that in their community parents have a very low awareness about the value of educating girls and that they prefer to send boys to school rather than girls. Furthermore they do not see any benefit in educating girls as there is an assumption that girls will get married early. Mostly girls are expected to work around the house and help their family.

**“EDUCATION IN OUR COMMUNITY IS MORE OF A PRIORITY FOR BOYS THAN GIRLS. THE COMMUNITY HERE SAYS GIRLS DO NOT HAVE THE CAPACITY TO CONTRIBUTE TO NATIONAL DEVELOPMENT OR TAKE PART IN LEADERSHIP.”**

**“YOU CAN SEE BOYS ARE GOING TO SCHOOLS AND GIRLS ARE LEFT BEHIND AT HOME TO TAKE CARE OF THEIR SIBLINGS, THEIR PARENTS MAY GO TO DRINK LOCAL BEER.”**

**“MY PARENTS DIDN'T TAKE ME TO SCHOOL; THEY ONCE SAID I WILL WASTE MY TIME SO IT IS BETTER I ENGAGE IN FARMING OR ANY OTHER ACTIVITIES.”**

**“THERE ARE PARENTS WHO TELL THEIR DAUGHTERS THAT THEY HAVE NO MONEY TO SEND THEM TO SCHOOL AND THAT EDUCATING THEM IS NOT NECESSARY AS THEY WILL JUST END UP MARRIED.”**

**“IN MY COMMUNITY PEOPLE BELIEVE THAT EDUCATING A GIRL IS A WASTE OF RESOURCES AND MONEY AS SHE WILL BE WED TO ANOTHER FAMILY.”**

**“OUR NEIGHBOUR HAS DECIDED TO TAKE HER GIRL OUT OF SCHOOL AND TAKE HER TO SELL LOCAL BEER (KANGARAMAJI) INSTEAD OF GOING TO SCHOOL.”**

**“EDUCATION FOR BOYS AND GIRL IN MY COMMUNITY IS VERY LOW AS MOST CHILDREN ARE NOT GOING TO SCHOOL.”**

The distance to schools is a huge challenge in Mpwapwa district and this discourages parents from sending their girls to school.

**“SOME SCHOOLS ARE LOCATED FAR AWAY, SO LIMIT ACCESS TO EDUCATION.”**

**“MOST SCHOOLS ARE FAR FROM HOMES AND STUDENTS WALK MILES TO REACH SCHOOL. SO IT'S BETTER FOR GIRLS TO STAY AT HOME AND TAKE CARE OF FAMILY WHILE THEIR BROTHERS ARE AT SCHOOL.”**

**“LIVING FAR FROM SCHOOL, CHILDREN CAN WALK MILES TO REACH SCHOOL SO THIS INFLUENCES THEM TO DROP OUT.”**

Parents struggle to provide basic materials to send girls to school.

**“EDUCATION IS EQUALLY PROVIDED FOR ALL THOSE WHO WANT TO STUDY, IT IS FREE AS I HEARD DURING A VILLAGE MEETING. BUT PARENTS FAIL TO TAKE THEIR CHILDREN AT SCHOOL BECAUSE THEY DON’T HAVE UNIFORMS AND EXERCISE BOOKS”.**

**“PARENTS’ FAILURE TO PROVIDE FOR THEIR CHILDREN’S BASIC NEEDS IS ALSO THE REASON FOR DROP OUTS AMONG MANY GIRLS AND BOYS. MY FRIEND DECIDED TO DROP OUT FROM BEREGE SECONDARY BECAUSE HE DID NOT HAVE SCHOOL SHOES.”**

Some respondents discussed the right of boys and girls to attend school, illustrating that they were aware of girl’s rights to become educated.

**“OUR PWAGA COMMUNITY SAYS THAT BOTH GIRLS AND BOYS SHOULD GET ACCESS TO EDUCATION AS IT IS A BASIC RIGHT FOR BOTH GIRLS AND BOYS.”**

**“EDUCATION IS EQUALLY PROVIDED TO BOTH GIRLS AND BOYS. ENROLMENT FOR PRIMARY EDUCATION IS OPEN TO BOTH BOYS AND GIRLS IF YOU HAVE REACHED APPROPRIATE AGE.”**

Interviewees mentioned that many parents in their community feel that educating boys will lead to a stronger household economy compared to educating girls. This is because there is a presumption that girls will get pregnant or married at a young age and fail their education, leading to them becoming child mothers dependent on their parents.

In this situation families are not able to see any opportunity for their young pregnant daughters to become self-sufficient. Rather they fear that they will be a further drain on the family’s already low income.

**“PEOPLE SAY THAT IT IS BETTER TO EDUCATE BOYS THAN GIRLS AS GIRLS MOSTLY END UP PREGNANT AND FAIL TO FINISH SCHOOL WHICH LEADS THE FAMILY TO BE ECONOMICALLY POOR.”**

**“I GOT PREGNANT WHEN I WAS IN STANDARD SIX, MY PARENTS GOT ANGRY AND SAID FROM NOW ON GIRLS IN MY FAMILY ARE NOT ALLOWED TO GO TO SCHOOL, SINCE THEY WILL ALL END UP PREGNANT.”**

**“ I WAS STUDYING AT IHALA SECONDARY LOCATED AT MPWAPWA TOWN. I GOT PREGNANT WHEN I WAS IN FORM TWO AT THE AGE OF 14. I MISSED MY PERIOD FOR THREE MONTHS AND MY FRIENDS SUGGESTED I TEST FOR PREGNANCY. THE TEST REVEALED THAT I WAS PREGNANT, THEN I DECIDED NOT TO GO BACK TO SCHOOL AND I RAN AWAY FROM HOME AND WENT TO MY BROTHER’S PLACE AT KIBAIGWA. I STAYED AT MY BROTHER’S PLACE UNTIL I WAS EIGHT MONTHS PREGNANT AND COULD NO LONGER HIDE IT. MY BROTHER TOLD MY PARENTS AND TOOK ME BACK TO THEM IN MPWAPWA. MY PARENTS WERE VERY ANGRY SAYING I HAVE WASTED THEIR MONEY AND I HAVE ONLY BROUGHT SHAME TO THE FAMILY.”**

There are cases where pregnant girls are beaten by their parents for being pregnant.

**“I WAS BEATEN BY MY PARENTS WHEN THEY REALIZED I WAS PREGNANT, I HAD TO RUN AWAY FROM HOME AND GO TO MY GRANDMOTHER’S HOUSE.”**

One interviewee mentioned that boys are also expected to quit school under certain circumstances. In their case, they may have to drop out of education to help their fathers with farming.

**“ONE BOY, WHO WAS STANDARD FIVE, DROPPED OUT FROM SCHOOL BECAUSE HIS FATHER FORCED HIM TO DO SO. HE TOOK HIM TO THE OTHER VILLAGE TO TAKE CARE OF THE FAMILY LIVESTOCK.”**

**“THERE ARE CASES IN OUR COMMUNITY WHEN ONE MEMBER OF A FAMILY OR CLAN DIES, ALL THE CHILDREN OF THAT FAMILY OR CLAN ARE FORCED TO NOT GO TO SCHOOL FOR A LONG PERIOD AS THEY PARENTS HAVE GONE FOR THE BURIAL IN A FAR VILLAGE AND THESE CHILDREN ARE TASKED WITH STAYING AT HOME AND TAKING CARE OF THE HOUSE. THIS IS FAMOUSLY KNOWN IN OUR COMMUNITY AS “KULINDA MILANGO”. THIS TENDENCY ALSO CREATES A HABIT OF CHILDREN SEEING EDUCATION AS SOMETHING OF NO VALUE.”**

For the vast majority of child mothers the options of accessing other informal education (vocation training) seems unthinkable. The availability of informal education options in Mpwapwa is almost zero.

**“THERE IS NO AVAILABILITY TO ACCESS THESE EDUCATION OPTIONS IN OUR WARDS.”**

**“IN OUR WARDS THERE  
ARE NO OTHER EDUCATION  
OPTIONS AVAILABLE TO  
GIRLS AFTER THEY DELIVER.  
AFTER A GIRL DELIVERS  
SHE CAN'T GO BACK TO  
SCHOOL SINCE THERE  
ARE NO OTHER INFORMAL  
SECTORS WHERE SHE CAN GET  
EDUCATION LIKE MECHANICS,  
TAILORING.”**

**“THERE ARE NO OTHER FORMS OF EDUCATION IN OUR WARD APART FROM STATE SCHOOL, SO WHEN YOU BECAME PREGNANT DON’T EXPECT TO RECEIVE AND BE ENROLLED ON ANY OTHER EDUCATION.”**

**“THERE IS NOT ANY FORM OF INFORMAL EDUCATION IN OUR WARDS, THE ONLY EDUCATION AVAILABLE IS FORMAL EDUCATION.”**

**“IF YOU WANT TO ACCESS VOCATIONAL EDUCATION LIKE THAT OF VETA (VOCATIONAL EDUCATION AND TRAINING AUTHORITY) YOU NEED TO GO TO DODOMA TOWN.”**

**“OUR PARENTS CAN’T AFFORD TO PAY THE FEES TO ACCESS INFORMAL EDUCATION.”**

### **3.1.3 LIFE FOR WOMEN AND GIRLS**

The interviewees explained the expectation of a ‘good’ woman or girl in their community.

**“PEOPLE SAY THAT BEING A GIRL OR A WOMAN IN OUR COMMUNITY IS BEING ABLE TO HELP AND RESPECT THE ELDERS, WEARING RESPECTABLE CLOTHES AND WORKING HARD. THEY FARM MAIZE, BEANS, GROUNDNUTS, MILLET, SORGHUM AND PEAS.”**

**“IN MY COMMUNITY WOMEN AND GIRLS ARE VERY HONEST, HAVE INTEGRITY AND THEY ARE VERY PATIENT EVEN IF FACED WITH A CHALLENGE OR PROBLEM. WOMEN HAVE THE FEAR THAT EVEN IF YOU LEAVE YOUR MARRIAGE AND RETURN TO YOUR PARENTS, THEY MAY FORCE YOU TO GO BACK TO YOUR HUSBAND SO THEY HAVE TO PERSEVERE WITH THE SITUATION WITH THEIR HUSBANDS.”**

**“THE IDEA OF BEING A ‘GOOD’ GIRL OR WOMAN IN OUR COMMUNITY IS BASED ON RAISING CHILDREN SUCH AS GETTING THEM FOOD AND CLOTHES. ALSO CULTIVATING CROPS SUCH AS FINGER MILLET, SUNFLOWER AND SORGHUM, FETCHING WATER, WASHING AND COOKING, DOING PETTY BUSINESS SUCH AS SELLING VEGETABLES LIKE TOMATOES, POTATOES AND CABBAGE AND BRAIDING DIFFERENT HAIR STYLES SUCH AS CONS (YEBOYEBO) AND RASTA.”**

Others explained that what makes a woman and girls 'good' in the eyes of their community is linked to morals

**“A GOOD THING FOR GIRLS OR WOMEN IN MY COMMUNITY IS TO HAVE GOOD MORALS AND NOT TO GET PREGNANT WHILE SHE IS IN SCHOOL, A WOMAN NEEDS TO KEEP HERSELF [A VIRGIN] UNTIL THE DAY OF HER WEDDING.”**

**“GIRLS SHOULD RESPECT THEMSELVES, TO FOLLOW GOOD MORALS AND TO LISTEN TO THE ELDERS SUCH AS HER PARENTS, COMMUNITY AND RELIGIOUS LEADERS.”**

There was a sense from a number of interviewees that the lack of resources and low income leads to parents failing to provide for their family. They are concerned that this will eventually lead to girls being more vulnerable to prostitution, teenage pregnancy and child marriage.

The interviewees said being a woman or girl, they face a number of challenges.

**“GIRLS AND WOMEN ARE FACED WITH MULTIPLE CHALLENGES IN MY COMMUNITY; THESE INCLUDE RAPE, TEENAGE PREGNANCIES, AND FEMALE GENITAL MUTILATION. “**

**“YOUNG MEN ARE HIDING IN BUSHES AND TEND TO RAPE GIRLS WHEN THEY GO TO COLLECT FIREWOOD.”**

**“THE CHALLENGE WITH BEING A GIRL OR WOMAN IN OUR COMMUNITY IS THAT GIRLS ARE FORCED TO BE MARRIED AT VERY EARLY AGE SO THAT THE BRIDE PRICE OBTAINED CAN PAY FOR BROTHER'S BRIDE PRICE SO HE CAN GET MARRIED. MY NEIGHBOUR MARRIED HER DAUGHTER AND THE BRIDE PRICE GIVEN FOR HER WAS USED FOR THE BROTHER TO PAY FOR HIS NEW BRIDE.”**

**“GIRLS ARE MORE OVERWORKED THAN BOYS. WHEN BOYS COME BACK FROM SCHOOL THEY GO OUT AND PLAY WITH OTHER BOYS WHILE GIRLS REMAIN AT HOME TO DO DIFFERENT HOUSEHOLD CHORES. THEIR FAMILIES STILL DON'T RECOGNIZE GIRLS' WORK.”**

**“WOMEN ARE BEING BEATEN AND ABUSED BY MEN. SOMETIMES THEY ARE EVEN BEATEN IN FRONT OF THEIR OWN CHILDREN WITHOUT ANY REASON.”**

**“MY AUNT IS A WIDOWER, SHE WAS DENIED INHERITANCE OF HER HUSBAND'S PROPERTIES BECAUSE IN MY COMMUNITY THEY BELIEVE THAT WOMEN ARE NOT ALLOWED TO OWN PROPERTIES AS THEIR ROLE IS TO STAY AT HOME AND RAISE CHILDREN.”**

**“COMMUNITY BELIEFS ABOUT WHAT WOMEN ARE ALLOWED TO OWN, OR NOT, ARE A CHALLENGE TO THEIR ECONOMIC SECURITY.”**

**“WOMEN IN MY COMMUNITY  
ARE FACED WITH MULTIPLE  
PROBLEMS, PEOPLE BELIEVE  
THAT A WOMAN CANNOT  
GET EDUCATION, INHERIT  
PROPERTIES OR GIVE HER  
OPINION. ONE DAY MY  
FATHER SAID, A WOMAN  
SHOULD STAY AT HOME  
AND PERFORM DOMESTIC  
ACTIVITIES.”**

### 3.1.4 POVERTY AND TRANSACTIONAL SEX

Many of the interviewees highlighted how poverty at home leads girls to engage in transactional sex in order to provide for themselves and their families. This transactional sex leads to pregnancy and early motherhood.

**“DAILY LIFE IN KIBAKWE IS VERY HARD, ESPECIALLY WHEN YOU HAVE A CHILD. IT BECOMES HARD TO PROVIDE FOR HIS/HER BASIC NEEDS. I BECAME PREGNANT WHEN I WAS 16 YEARS OLD, BECAUSE I ENGAGED IN SEXUAL PRACTICES WITH OLDER MEN SO THAT I CAN GET MONEY.”**

**“MOST OF THE GIRLS ENGAGE IN SEX NOT BECAUSE THEY WANT IT FOR PLEASURE BUT TO GET MONEY. IN MANY CASES THEY ARE PAID AS LOW AS 1,000 TZS AND IN MOST CASES THE HIGHEST AMOUNT OF MONEY ONE CAN BE PAID IS 5,000 TZS.”**

**“MY FRIEND WAS LIVING WITH HER GRANDMOTHER AND WHEN SHE BECAME PREGNANT. HER GRANDMOTHER WAS UNABLE TO TAKE CARE OF HER SO THE GIRL DECIDED TO ENGAGE IN SEXUAL PRACTICES TO EARN MONEY TO LIVE. “**

**“MY PARENTS DIED WHEN I WAS 12 YEARS OLD, I HAD TO ENGAGE IN SELLING MY BODY TO ASSIST MY YOUNG SISTERS AT HOME.”**

**“THERE IS ONE FAMILY HERE WHERE BOTH MOTHER AND HER CHILD ENGAGE IN PROSTITUTION AS A SOURCE OF INCOME DUE TO POVERTY.”**

**“MOST OF THE GIRLS ENGAGING IN COMMERCIAL SEX THINK THAT IT IS AN EASY BUSINESS AS IT DOESN'T REQUIRE FINANCIAL CAPACITY/CAPITAL, WHILE OTHER OPTIONS LIKE SMALL BUSINESSES NEED CAPITAL, WHICH IS VERY CHALLENGING FOR GIRLS.”**

**“MY FRIEND ENGAGED IN SEXUAL PRACTICES AT THE AGE OF 16 TO HELP TAKE CARE OF HER FAMILY. SHE CAN GET 3,000 TZS PER DAY.”**

**“MY PARENTS FAILED TO PROVIDE ME WITH BASIC NEEDS, FOR INSTANCE BOOKS OR A SCHOOL UNIFORM DUE TO HARDSHIP IN THE FAMILY. I FOUND MYSELF ENGAGING IN SEXUAL PRACTICES TO GET MONEY.”**

The interviewees described how this cycle perpetuates itself. When girls become mothers they then have to support themselves and their child. Often one of the only options available to earn income is transactional or commercial sex work.

**“MY NEIGHBOUR DECIDED  
TO ENGAGE IN PROSTITUTION  
SO THAT SHE CAN EARN A  
LIVING FOR HERSELF AND  
THE BABY.”**



## 3.2 SOCIO-ECONOMIC CHALLENGES

### 3.2.1 POVERTY

Poverty manifests itself in various ways in Mpwapwa and interviewees shared the common challenges that women and girls face due to this.

**“HEAD OF HOUSES [FATHERS] RUN FROM THEIR HOMES AND LEAVE THEIR FAMILIES. THIS BRINGS HARDSHIP FOR A SINGLE PARENT TO TAKE CARE OF THE FAMILY AND CAN RESULT IN STREET CHILDREN.”**

**“POVERTY MEANS MANY FATHERS ABANDON THEIR WIVES AND CHILDREN AND GO TO LIVE SOMEWHERE ELSE, ESPECIALLY IN URBAN AREAS IN SEARCH FOR WORK.”**

**“MOSTLY PARENTS CAN'T AFFORD THE SCHOOL NEEDS OF THEIR CHILDREN DUE TO POVERTY.”**

**“POVERTY IS ONE OF THE REASONS FOR DROPOUTS AS PARENTS FAIL TO PROVIDE THEIR CHILDREN WITH BASIC SCHOOL NEEDS LIKE UNIFORM, SHOES AND EXERCISE BOOKS.”**

**“PARENTS FAIL TO PROVIDE THEIR CHILDREN WITH BASIC NECESSITIES SUCH AS CLOTHES AND FOOD WHICH RESULTS IN GIRLS BEING EASILY COERCED INTO TRANSACTIONAL SEX. FOR EXAMPLE, WHEN A GIRL DOESN'T HAVE MONEY OR SHOES AND A MAN COMES AND PROVIDES IT FOR HER, SHE WILL EASILY BE TEMPTED AND AGREE TO HAVE SEX WITH THE MAN AS A RETURN.”**

**“POVERTY RESULTS IN SCHOOL DROPOUT FOR MANY GIRLS, SINCE THEIR PARENTS CANNOT AFFORD TO BUY SCHOOL MATERIALS FOR THEIR CHILDREN. ONE BOY DROPPED OUT FROM SCHOOL BECAUSE HE DIDN'T HAVE A SCHOOL UNIFORM.”**

**“DUE TO POVERTY I DECIDED TO ENGAGE IN SEXUAL PRACTICES WITH THE AIM TO GET MONEY TO SUSTAIN MY BASIC NEEDS, THIS RESULTED IN HAVING TO DROP OUT FROM SCHOOL BECAUSE I WAS PREGNANT.”**

Some interviewees mentioned parents being too 'lazy' to go out and work, failing to support the basic needs of their girls, leading to children being engaged in risky sexual behaviours.

**“POVERTY IN THE KIBAKWE COMMUNITY IS CAUSED BY LAZINESS, PEOPLE DON'T LIKE TO WORK OR ENGAGE IN ANY ACTIVITY TO EARN INCOME. MANY YOUNG PEOPLE LIKE TO STAY AT HOME DOING NOTHING OR ENGAGING WITH PEER GROUPS INSTEAD OF ENGAGING IN PRODUCTIVE WORK.”**

**“LIFE IN GENERAL IS VERY HARD, PARENTS ARE FAILING TO PROVIDE THE BASIC NEEDS TO THEIR CHILDREN. I WORK AT A BARBER SHOP SO I CAN GET MONEY TO HELP MYSELF.”**

### **3.2.2 ALCOHOLISM**

This accusation of laziness was often linked to consumption of alcohol. Many of the interviewees highlighted alcoholism leading to fathers failing to provide for and look after their family. Many responsibilities therefore fall on the mother to fulfil the needs of the children, which is challenging to women with very limited sources of income.

**“IN BEREGE, POVERTY IS CAUSED BY LAZINESS OF PARENTS, AS MOST DO NOT WORK. PARENTS ARE ADDICTED TO ALCOHOL WITHOUT CARING FOR THEIR CHILDREN, ESPECIALLY GIRLS AND AS A RESULT CHILDREN DO NOT HAVE THEIR BASIC NEEDS MET AND MAY BE TEMPTED TO ENGAGE IN SEXUAL BEHAVIOURS WHICH ARE VERY RISKY TO THEIR LIVES.”**

**“IN IGOMVU PEOPLE ARE LAZY, I THINK THIS CAUSES POVERTY. PEOPLE ARE NOT ENGAGING IN ANY PRODUCTIVE WORK, MANY PARENTS SPEND THEIR TIME AT LOCAL STORE TAKING TRADITIONAL BEER, IN THE END THEY BECAME DRUNKARDS AND FAIL TO PROVIDE FOR THE BASIC NEEDS OF THEIR FAMILIES.”**

**“IN KIBAKWE THE DAILY LIFE IS VERY HARD AS THE MAJORITY OF THE HEADS OF FAMILIES [FATHERS] ARE DRUNKARDS AND THEY FAIL TO TAKE CARE OF THE FAMILY. AT THE END THE BURDEN IS LEFT TO A WOMAN SO THIS MEANS A LOT OF CHILDREN DON'T GET EDUCATION AND OTHER BASIC NEEDS LIKE FOOD AND CLOTHING.”**

**“MEN FAIL TO TAKE CARE OF THEIR FAMILIES. IN ORDER TO TAKE CARE OF THE FAMILY WOMEN MAKE LOCAL BEER. ME AND MY MOTHER WAKE UP EARLY IN THE MORNING TO PREPARE CHONYA (A LOCAL BEER), SHE ALSO DRINKS THE CHONYA, AS A RESULT SHE FAILS TO TAKE CARE OF OUR FAMILY DUE TO EXCESSIVE ALCOHOLISM.”**

**“MY FRIEND’S PARENTS ARE DRUNKARDS, ONE DAY SHE WAS WALKING FROM SCHOOL AND A MAN CALLED HER, HE GREETED AND ASKED HER IF SHE HAS TIME TO VISIT HIS PLACE, SHE AGREED AND WENT TO VISIT HIM. THE MAN PREPARED CHIPS FOR HER AND AT THE END THEY HAD SEX, AS A RESULT SHE GOT PREGNANT WHEN SHE WAS 15 YEARS OLD.”**

In most cases when it comes to girls consuming local drinks/ brew, this increases the risk of being exposed to unprotected sex and pregnancy at a young age.

**“MAJORITY OF THE GIRLS WHO ARE USING ALCOHOL (LOCAL BREWS) THEY ENGAGED IN UNSAFE AND UNPROTECTED SEX WHEN THEY ARE DRUNK AND FIND THEMSELVES PREGNANT.”**

**“MY NEIGHBOUR BECAME PREGNANT BECAUSE DURING NIGHT SHE WAS GOING TO THE NIGHT CLUBS WHERE SHE DRINK ALCOHOL AND ENGAGE IN UNSAFE SEX WITH DIFFERENT MEN.”**



# 3.3 TEENAGE PREGNANCY AND CHILD MOTHERHOOD

## 3.3.1 ROOT CAUSES OF TEENAGE PREGNANCY AND CHILD MOTHERHOOD

Teenage pregnancy is a problem for many girls in Tanzania, especially in rural areas. Most girls lack awareness of how to protect themselves from unwanted pregnancies. Girls typically lack the skills needed to cope effectively with pregnancy and motherhood.

### ROOT CAUSES OF TEENAGE PREGNANCY AND CHILD MOTHERHOOD

#### LOW HOUSEHOLD INCOME AND BRIDE PRICE

Most parents tend to encourage, and in some cases, force girls to get married at a young age so that they can get the bride price. The amount varies from ethnic group and often is a key driver of child marriage, and in turn child motherhood.

**“I WAS FORCED BY MY PARENTS TO GET MARRIED AT THE AGE OF 16 SO THAT THEY COULD GET THE BRIDE PRICE. MY BRIDE PRICE WAS 200,000 TZS, FIVE GOATS AND TWO COWS.”**

**“PARENTS ENJOY THE BRIDE PRICE THEY RECEIVE FOR THEIR GIRLS AFTER BEING GIVEN TO MEN.”**

**“PARENTS SHOULD KEENLY TAKE CARE OF THEIR CHILDREN BECAUSE SOME GIRLS GET PREGNANT BECAUSE THEIR PARENTS FAIL TO PROVIDE THEM WITH BASIC NEEDS.”**

Parents pressurise girls to engage in sex work and financially support the family.

**“A DAUGHTER MIGHT BE ASKED BY HER PARENTS TO BRING SOME MONEY HOME TO BUY FOOD. MY NEIGHBOUR WAS ASKED BY HER MOTHER TO GO OUT DURING THE NIGHT SO SHE CAN BRING THE MONEY HOME.”**

**“SOME GIRLS RESORT TO WORKING FOR THEMSELVES TO EARN INCOME AND IN MOST CASES THEY FALL IN THE ARMS OF MEN AND END UP PREGNANT WHEN THEY SEE THEIR PARENTS DO NOT PROVIDE FOR THEIR NEEDS.”**

## **LACK OF OPEN DISCUSSION AND PARENTAL GUIDANCE ON SEXUAL MATTERS**

For the vast majority of girls, lack of information, open discussions or parental guidance increases the risk of girls becoming pregnant as they do not know about or discuss sexual and reproductive health issues.

**“THE REASON FOR EARLY PREGNANCY AND MOTHERHOOD IS CAUSED BY LACK OF PARENTAL CARE. MOST PARENTS IN OUR COMMUNITIES DON’T HAVE TIME FOR THEIR CHILDREN.”**

**“CHILDREN DON’T HAVE ENOUGH INFORMATION AND EDUCATION ON WHAT TO DO TO AVOID PREGNANCY, ALSO PARENTS DON’T HAVE TIME TO TALK TO THEIR CHILDREN ABOUT MORAL ISSUES AND OTHER HIGH RISK BEHAVIOURS. MY MOTHER NEVER HAD TIME TO TEACH ME WHEN I REACHED PUBERTY, SO I DIDN’T KNOW THAT IF I HAD SEX I CAN GET PREGNANT.”**

For some of the child mothers, pregnancy was the result of transactional sex. Many highlighted the financial challenges and family difficulties they faced.

**“MY NEIGHBOUR IS JOBLESS HE FAILED TO PROVIDE FOR HIS DAUGHTER’S BASIC NEEDS, SO THE DAUGHTER DECIDED TO ENGAGE IN SEXUAL PRACTICES TO SUSTAIN HER NEEDS, IN THE END SHE GOT PREGNANT AT A VERY YOUNG AGE.”**

**“AFTER I GOT PREGNANT WHEN I WAS 15 YEARS, NO ONE WANTED TO SUPPORT ME. I HAD TO WORK AT A BAR DURING THE NIGHT AND SOMETIMES ENGAGE IN SEX WITH OLD MEN SO THAT I COULD GET MONEY TO TAKE CARE OF MY BABY AND MYSELF.”**

**“THERE IS ONE GIRL IN OUR NEIGHBOURHOOD WHO DEVELOPED A RELATIONSHIP WITH A MAN TO EARN INCOME AND ENDED UP BECOMING PREGNANT AT A YOUNG AGE. THE MAN WHO IMPREGNATED HER IS NOT TAKING CARE OF HER THEREFORE SHE SUFFERS.”**

**“MY MOTHER WAS VERY SICK, AND THERE WAS NO MONEY TO TAKE HER TO HOSPITAL, SO I HAD TO HAVE SEX WITH A MAN IN ORDER TO GET MONEY TO SEND MY MOTHER TO THE HOSPITAL.”**

**“YOUNG GIRLS AND YOUNG  
WOMEN ENGAGE IN EARLY  
SEXUAL ACTIVITIES TO  
IMPROVE THEIR LIVING  
CONDITIONS, BUT THEY ARE  
LIED TO BY VARIOUS MEN  
WHO SAY THAT THEY WILL  
BUY EXPENSIVE GIFTS LIKE  
MOBILE PHONES LIKE OTHER  
GIRLS IN TOWN.”**

## LOW AWARENESS LEVELS OF SRH INFORMATION AND SERVICES

There is poor knowledge on SRH information and services in Mpwapwa, particularly adolescent friendly SRH services.

**“I AM A YOUNG MOTHER, I GOT PREGNANT BECAUSE I DIDN'T KNOW WHAT I WAS DOING AND I WASN'T AWARE OF THE IMPACT OF ENGAGING IN SEXUAL PRACTICES AT A YOUNG AGE.”**

**“LACK OF HEALTH EDUCATION LEADS TO EARLY PREGNANCY AS GIRLS DO NOT KNOW HOW TO PREVENT PREGNANCY.”**

**“SOME WOMEN AND GIRLS IN OUR COMMUNITY USE ROPE TO AVOID PREGNANCY, ONE OF THE GIRLS SAID THAT HER GRANDMOTHER TIED A ROPE AROUND HER WAIST TO PROTECT HER FROM HAVING UNWANTED PREGNANCY. THIS IS A TRADITIONAL WAY OF PLANNING THE NUMBER OF CHILDREN WOMEN HAVE.”**

Few interviewees related that girls are using contraceptives to avoid unwanted pregnancy.

**“GIRLS WHO DON'T WANT TO GET PREGNANT USE FAMILY PLANNING METHODS LIKE INJECTION, PILLS, CONDOMS, AND GIRLS WHO DO NOT WANT TO GET PREGNANT CHOOSE TO ABSTAIN FROM SEXUAL INTERCOURSE. ONE GIRL SAID THAT SHE HAS CHOSEN TO ABSTAIN UNTIL SHE IS THE AGE OF 20.”**

One interviewee explained that they did not feel confident to buy condoms and that this resulted in unprotected sex, leading to teenage pregnancy.

**“MANY GIRLS ARE AFRAID TO GO TO THE SHOP TO BUY CONDOMS BECAUSE THEY FEEL SHY, SO THEY END UP PRACTICING UNPROTECTED SEX, AND AS A RESULT GET PREGNANT.”**

## PEER PRESSURE

Peer pressure is another factor to contribute to teenage pregnancy in Mpwapwa.

**“GIRLS ENGAGE IN EARLY SEXUAL ACTIVITY BECAUSE OF PRESSURE FROM THEIR PEERS TO OWN LUXURY THINGS LIKE JEWELLERY, MOBILE PHONES, CLOTHES, SHOES ETC.”**

**“I JOINED IN WITH BAD GROUP. INSTEAD OF GOING TO SCHOOL WE USED TO GO TO VARIOUS MEN’S HOUSES. AT THE END I WAS THE VICTIM OF TEENAGE PREGNANCY.”**

**“YOUNG GIRLS AND WOMEN IN MY COMMUNITY WHO ENGAGE IN EARLY SEXUAL ACTIVITIES ARE MOTIVATED BY PORNOGRAPHIC VIDEOS, THEY WATCH THESE IN VIDEO HOUSES, OTHERS ARE TAUGHT BY THEIR PEERS.”**

## MEN AS PERPETRATORS

Many teenage pregnancies are caused by men who coerce girls into sex by promising to give them money if they agree to have sex with them. Due to hardship some girls accept and have unprotected sex.

**“ TEEN PREGNANCIES ARE CAUSED BY MEN WHO SEDUCE GIRLS BY PROMISING THEM THAT THEY WILL GIVE THEM MONEY IF THEY AGREE TO HAVE SEX WITH THEM. ”**

**“OTHER GIRLS DON’T HAVE A SCHOOL UNIFORM AND A MAN CAN PROMISE TO PROVIDE YOU WITH THE UNIFORM AND OTHER NEEDS, A GIRL WILL AGREE TO HAVE SEX TO BE PROVIDED WITH HER NEEDS.”**

**“SOME GIRLS SEE THOSE WHO ARE IN LOVE ARE BEING GIVEN VARIOUS GIFTS. WITH MEN THEY BECOME EASILY SEDUCED AND THEY ARE TEMPTED TO ENGAGE INTO SEX AT YOUNG AGE.”**

## 3.4 IMPACT OF TEENAGE PREGNANCY AND CHILD MOTHERHOOD

When asked about the impact of teenage pregnancy and child motherhood, the interviewees spoke about school dropouts, fistula, pregnancy and delivery complications, failing to fulfil parental responsibilities and girls becoming more dependent on their families.

### SCHOOL DROP-OUTS

**“I GOT PREGNANT AT THE AGE OF 15 AND I WAS STUDYING AT WOTA SECONDARY (FORM 2). I REALIZED I WAS PREGNANT AFTER I FELT SICK AND DECIDED TO GO TO THE HOSPITAL, AND THEY CONFIRMED THAT I WAS FIVE MONTHS PREGNANT. I HAVE NO IDEA HOW I GOT PREGNANT. FROM THERE I DECIDED NOT TO GO BACK TO SCHOOL AND I WENT BACK HOME WHERE I STAYED UNTIL I GAVE BIRTH TO MY CHILD. IN OUR SCHOOL THEY USED TO TEST FOR PREGNANCY AT EVERY BEGINNING OF SEMESTER, I WAS LUCKY I WASN'T TESTED BECAUSE I WAS TWO WEEKS LATE SINCE WE OPENED SCHOOL. SO IT WAS ON THE NEXT HOLIDAY THAT I FOUND OUT THAT I WAS PREGNANT AND I DECIDED NOT TO GO BACK TO SCHOOL.”**

### FISTULA AND PREGNANCY COMPLICATIONS

**“THERE IS ONE GIRL IN OUR NEIGHBOURHOOD WHO GOT PREGNANT AT A YOUNG AGE AND LOST HER LIFE BECAUSE HER PARENTS DELAYED TO TAKE HER TO HOSPITAL AS THEY LACKED MONEY.”**

**“ MY COUSIN GOT FISTULA WHEN SHE WAS GIVING BIRTH, THE NURSE SAY IT IS BECAUSE SHE GOT PREGNANT AT A YOUNG AGE. ”**

**“A GIRL MAY GET COMPLICATIONS DURING DELIVERY AND SOMETIMES HER PARENTS DON’T HAVE MONEY TO SEND HER TO THE HOSPITAL, SO SHE ENDS UP DELIVERING AT HOME WHICH LEADS TO BOTH MOTHER AND CHILD DEATHS.”**

## **INABILITY TO FULFIL PARENTAL RESPONSIBILITIES**

**“WHEN GIRLS BECOME PREGNANT AT YOUNG AGE THEY ARE UNABLE TO FULFIL THEIR MOTHERHOOD RESPONSIBILITIES AND UNABLE TO CARE FOR THEIR CHILDREN AND THEIR FAMILIES.”**

**“TEENAGE PREGNANCY AFFECTS CHILDREN’S LIVES BY EXPOSING GIRLS TO COMPLICATIONS DURING DELIVERY, THEY ALSO FIND IT DIFFICULT TO RAISE THEIR CHILDREN AS THEY ARE STILL IMMATURE. “**

**“ MANY GIRLS WHO ARE MARRIED AT A YOUNG AGE ARE UNABLE TO FULFIL MOTHERHOOD AND PARENTAL RESPONSIBILITIES AND END UP GETTING DIVORCED. ”**

**“I NEED TO PROVIDE FOR THE BASIC NEEDS OF MY SON, WHEN HE IS SICK I AM SUPPOSED TO TAKE HIM TO THE CLINIC, THIS IS VERY HARD FOR ME AS I DON’T HAVE ANY SOURCE OF INCOME.”**



# 4. SRH SERVICES

## 4.1 AWARENESS OF SRH SERVICES

When asked about awareness of sexual and reproductive health (SRH) services most respondents stated that they need to know about SRH issues and are desperate to access appropriate SRH services.

**“BOYS AND GIRLS SHOULD BE EDUCATED ABOUT SRH, ESPECIALLY ON THE IMPACT OF TEENAGE PREGNANCY. THERE WAS A YOUNG GIRL WHO GOT PREGNANT BUT SHE NEVER KNEW ABOUT IT AND WHAT TO DO TO AVOID THE PREGNANCY.”**

**“GIRLS IN SCHOOL NEED TO HAVE KNOWLEDGE ON SEXUAL REPRODUCTIVE HEALTH SERVICES AND FAMILY PLANNING, THEY SHOULD BE TAUGHT HOW TO USE THESE SERVICES.”**

**“THERE IS A NEED FOR SEXUAL REPRODUCTIVE HEALTH KNOWLEDGE TO BE PROVIDED TO GIRLS, AS MOST OF THEM GET PREGNANT BECAUSE THEY DON'T HAVE THIS KNOWLEDGE. ONCE THEY HAVE GAINED THIS KNOWLEDGE THE PROBLEM OF TEEN PREGNANCIES WILL GO AWAY.”**

**“GIRLS IN MY COMMUNITY LIKE TO HAVE ENOUGH INFORMATION AND KNOWLEDGE ABOUT SEXUAL REPRODUCTIVE HEALTH AND OTHER RELATED ISSUES SO THAT THEY CAN TAKE GOOD CARE OF THEMSELVES AND THEIR BABIES.”**

**“I KNOW NOTHING ABOUT SEXUAL REPRODUCTIVE HEALTH SERVICES, MY PARENTS FEEL ASHAMED TO TALK TO ME ABOUT SEXUAL ISSUES.”**

**“HEALTH CENTRES AND EXPERTISE NEEDS TO BE INCREASED TO REDUCE MATERNAL AND CHILD DEATHS, THE COMMUNITY NEEDS TO BE PROVIDED WITH SEXUAL REPRODUCTIVE HEALTH KNOWLEDGE.”**

**“IT'S NOT GOOD TO GET PREGNANT AT YOUNGER AGE, AS A PERSON CAN EITHER DIE DURING PREGNANCY OR INFECTED WITH HIV/AIDS AND STI DUE TO UNPROTECTED INTERCOURSE AND CAUSE DEATH.”**

## 4.2 IN-SCHOOL SRH SERVICES

When asked about the SRH services that are available in school, interviewees largely reported that none were available.

**“WE HAVE NEVER BEEN TAUGHT ABOUT SRH. I CAME TO KNOW ABOUT IT AFTER I RECEIVED TRAINING FROM CDF.”**

**“NO SRH SERVICES AND KNOWLEDGE IS GIVEN TO STUDENTS FROM TEACHERS IN MY FORMER SCHOOL, I STARTED TO HEAR ABOUT IT THROUGH MY FRIENDS BACK HOME.”**

If a girl was discovered to be pregnant, interviewees reported that schools either had no services for them following expulsion, or that these did not provide adequate SRH information.

**“IN OUR SCHOOL THERE WAS NO COUNSELLING AFTER THEY CONFIRMED A STUDENT IS PREGNANT, THEY ONLY ARREST YOU AND TAKE YOU TO THE POLICE CENTRE. THERE THEY FORCE YOU TO TELL THEM WHO IS RESPONSIBLE FOR THE PREGNANCY SO THAT HE CAN BE ARRESTED.”**

**“NO COUNSELLING SERVICES ARE GIVEN IN SCHOOL, THEY ONLY TAKE YOU BACK TO YOUR PARENTS AND THAT MEANS THE END TO YOUR STUDIES.”**

**“THOSE WHO WERE FOUND PREGNANT IN OUR SCHOOL WERE TAUGHT ON THE IMPACT OF ABORTION, THAT ABORTION CAN RESULT IN THE DESTRUCTION OF REPRODUCTIVE ORGANS AND CAN SOMETIMES CAUSE DEATH.”**

## 4.3 ACCESS TO SRH SERVICES

Interviewees explained that community attitudes towards SRH education, as well as long distances to and the poor capacity of SRH services were among the many challenges that girls and young women face when trying to access appropriate services in Mpwapwa.

**“SERVICES ARE NOT ACCESSIBLE FOR EVERYONE DUE TO THE DISTANCE TO THE HEALTH FACILITY AND LACK OF SEXUAL REPRODUCTIVE HEALTH KNOWLEDGE AMONG THE SERVICE PROVIDERS.”**

**“THE COMMUNITY VIEW WHEN YOU EDUCATE A GIRL ON SEXUAL REPRODUCTIVE HEALTH IS THAT YOU INFLUENCE HER TO BECOME A PROSTITUTE.”**

**“THE SERVICES THAT ARE AVAILABLE FOR GIRLS ARE NOT ADEQUATE TO FULFIL THE NEED. ONE DAY I WENT FOR CONTRACEPTION, THE NURSE TOLD ME THEY ARE FINISHED I NEED TO COME BACK NEXT TIME.”**

**“DUE TO THE LARGE POPULATION AT TIMES IN THE HEALTH FACILITY THE DOCTOR/NURSE FAILS TO PROVIDE THE SERVICE IN TIME.”**

**“FAMILY PLANNING SERVICES ARE NOT AVAILABLE AT HEALTH CENTRES. SOMETIMES I WENT TO THE HEALTH CENTRE BUT I CAN'T GET SERVICES, SO I HAD TO BUY PILLS AT THE PHARMACY.”**

**“THERE IS A LOW AWARENESS AMONG THE COMMUNITY OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES. MOST BELIEVE THAT SEXUAL REPRODUCTIVE HEALTH SERVICES ARE FOR WOMEN WHO ARE MARRIED, NOT GIRLS.”**

**“I DIDN'T HAVE A CHILD YET WHEN I WENT TO A HEALTH SERVICE TO BE ENROLLED IN FAMILY PLANNING SERVICES, THEY REFUSED ME SAYING THAT I WILL BE A PROSTITUTE.”**

**“WHEN YOU GO TO A HEALTH CLINIC TO ENROLL FOR FAMILY PLANNING SERVICES THE NURSE DENIES BECAUSE YOU DON'T HAVE A CHILD.”**

**“AVAILABLE SERVICES ARE NOT FRIENDLY, WE NEED FRIENDLY SERVICES SO THAT WE CAN BE FREE TO TALK ABOUT ISSUES. I THINK WE NEED SOMEONE OF OUR AGE SO THAT WE CAN BE FREE AND OPEN TO TALK. WHEN WE GO TO HEALTH CENTRES, WE ARE NOT OPEN AND WE FEEL SHAME TO TALK TO THE NURSE”**

A number of interviewees spoke about the lack of any kind of support services for victims of violence, specifically rape and sexual abuse.

**“IN SOME PLACES THERE ARE NO COUNSELLING SERVICES FOR VICTIMS OF VIOLENCE.”**

**“THERE IS NO COUNSELLING FOR GIRLS WHO ARE RAPED OR BEATEN; MOST GIRLS FEEL ASHAMED TO REPORT TO THE POLICE OR HEALTH CENTRE WHEN THEY ARE RAPED, SO THIS MEANS THEY DO NOT ACCESS TREATMENT.”**

**“THERE ARE NO SERVICES GIVEN TO THE VICTIMS OF RAPE.”**

**“WE DON’T HAVE COUNSELLING SUPPORT FOR VICTIMS OF RAPE AND ABUSE. MY COUSIN WAS RAPED LAST YEAR BUT SHE RECEIVED NO SERVICES. SHE WAS ALSO FEELING TOO MUCH SHAME TO GO TO REPORT TO THE POLICE.”**

This lack of support was not the perception among all interviewees in the study.

**“GIRLS WHO HAVE BEEN RAPED ARE TESTED AT HOSPITAL AND GIVEN DRUGS TO PROTECT THEM FROM HIV AND ALSO THEY ARE TAKEN TO POLICE FOR FURTHER ASSISTANCE. ACTIONS ARE ALSO TAKEN IN CASES OF SEXUAL HARASSMENT AND GENDER BASED VIOLENCE, SUCH AS REPORTING TO THE POLICE AND FILING A CASE IN COURT.”**

## **4.4 THE ROLE OF PARENTS**

The interviewees spoke a lot about the need for parental guidance and support on SRH issues and to provide girls with their basic needs to help them stay in school.

**“RESPONSIBILITIES OF PARENTS FOR THEIR CHILDREN ARE TO PROTECT THEM, RAISING THEM IN A GOOD MANNER AND ALSO IN PROVIDING CHILDREN WITH THEIR BASIC RIGHTS.”**

**“PARENTS NEED TO EDUCATE THEIR CHILDREN ABOUT THE IMPORTANCE OF EDUCATION AND SHOULD TELL THEM TO STUDY HARD. THEY ALSO NEED TO EDUCATE THEM ON IMPACT OF TEENAGE AND EARLY PREGNANCIES.”**

**“THE ROLE OF A PARENT IS TO PROVIDE EDUCATION FOR THEIR CHILDREN, PARENTS NEED TO TEACH THEIR CHILDREN ON THE IMPACT OF EARLY SEXUAL PRACTICES, THEY ALSO NEED TO MOTIVATE THEIR CHILDREN TO STUDY HARD.”**

**“PARENTS SHOULD NOT DISCRIMINATE AGAINST GIRLS; ALL CHILDREN IN THE FAMILY HAVE EQUAL RIGHTS AND SHOULD BE GIVEN EQUAL OPPORTUNITIES.”**

**“IT IS THE PARENT’S RESPONSIBILITY TO SEND THEIR DAUGHTERS TO SCHOOL AND ENSURE THAT THEY PROVIDE FOR THEIR SCHOLASTIC NEEDS SUCH AS EXERCISE BOOKS, PENS, BODY OIL, SOAP AND EXTRA MONEY FOR THEIR PERSONAL EXPENSES.”**

**“YOUNG MOTHERS SHOULD BE TRAINED ON BETTER PARENTING SO THAT THEY WILL BE ABLE TO RAISE THEIR CHILDREN.”**

## **PARENTS NEED TO LEARN HOW TO SUPPORT PREGNANT GIRLS AND MOTHERS**

**“IN MY COMMUNITY, WHEN YOU BECAME PREGNANT YOUR FAMILY DESPISE YOU, WE NEED THEM TO CARE, LOVE AND SUPPORT GIRLS AND YOUNG MOTHERS.”**

**“PARENTS SHOULD NOT CHASE GIRLS WHO GET PREGNANT FROM THEIR HOUSE.”**

**“WHEN YOU BECAME PREGNANT MOTHERS NEED TO TAKE CARE OF THEIR DAUGHTERS BY HELPING THEM WITH THEIR NEEDS AND ASSIST THEM AT THE TIME OF DELIVERY.”**

**“ GIRLS NEED LOVE AND MORAL SUPPORT FROM COMMUNITY INSTEAD OF BEING STIGMATISED JUST BECAUSE THEY GET PREGNANT AT EARLY AGE. ”**



# 5. DISCUSSION & CONCLUSION

Child mothers face numerous challenges that put great pressure on their ability to adapt to the obligations of parenthood. There are several challenges identified by this study that face child mothers.

Solutions to the complex problem of child mothers cannot be found in single activities but must be found through the coordinated efforts of various actors. The lack of policies established by government ministries to support pregnant girls and child mothers needs to be addressed. At the same time existing laws to safeguard children, especially girls and young women, need to be adequately enforced.

Teenagers should be taught to be confident and improve their interpersonal skills to negotiate and refuse sex and child and forced marriage. Special programmes should be initiated by the government and NGOs to assist out of school teenage and child mothers to increase their skills in business and entrepreneurship. Parents and guardians should be encouraged to educate their children about reproductive health and provide basic needs including paying school fees and providing educational materials. Health services should be expanded to provide information on pregnancy and its risks, contraceptive use, abortion and its complications, and early childbirth and its consequences. There is also a particular need for provision of practical and accessible reproductive health information and services for adolescents at existing health centres.



The following section summarises recommendations made by the interviewees, together with recommendations from Focus Group Discussion participants.

## **1. YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRHS) AND IMPROVED COMMUNITY KNOWLEDGE OF THE EXISTENCE OF THESE SERVICES.**

Access to SRH services at health centres is limited, especially in rural areas meaning that girls and child mothers must travel long distances to access them, putting their health at risk and increasing the likelihood of child marriage and teenage pregnancy.

**“THE PROVISION OF FAMILY PLANNING SERVICES SHOULD BE TIMELY AND ACCESSIBLE TO EVERYONE. ONE GIRL SAID THAT, WHEN SHE GOES TO THE HEALTH CENTRE SOMETIMES SHE CAN’T GET SERVICES SO SHE HAD TO BUY PILLS AT THE PHARMACY.”**

Teenagers, especially child mothers, have minimal information about and awareness of reproductive and sexual health services, particularly family planning. Where family planning services are available, they tend not to be youth friendly.

**“SRH EDUCATION SHOULD BE GIVEN TO THE COMMUNITY, ESPECIALLY FAMILY PLANNING EDUCATION. THEY NEED TO KNOW THE IMPORTANCE OF FAMILY PLANNING METHODS, ALSO CONDOMS SHOULD BE DISTRIBUTED FREELY.”**

**“THERE IS A NEED FOR SEXUAL REPRODUCTIVE HEALTH KNOWLEDGE TO BE PROVIDED TO GIRLS AS MOST OF THEM GET PREGNANT BECAUSE THEY DON’T HAVE THIS KNOWLEDGE. “**

**“TEENAGE MOTHERS NEED TO UNDERSTAND THE IMPORTANCE OF ATTENDING ANTENATAL CARE VISITS AND DELIVERING AT HEALTH FACILITIES.”**

**“GIRLS NEED SUPPORT AND INFORMATION ON HOW THEY CAN PROTECT THEMSELVES SO THAT THEY WILL NOT BECOME PREGNANT AGAIN AT AN EARLY AGE.”**

**“GIRLS NEED TO HAVE SEXUAL REPRODUCTIVE HEALTH KNOWLEDGE SO THAT THEY WON’T HAVE TEENAGE PREGNANCIES.”**

## 2. SUPPORT CHILD MOTHERS TO RETURN TO SCHOOL

Participants spoke with great emphasis of the need for child mothers to have the option to return to school. They feel discouraged by the education system and their immediate families once pregnant.

**“GIRLS AND YOUNG WOMEN WHO ARE PREGNANT WANT TO IMPROVE THEIR CHANCES IN THE FUTURE BY GOING BACK TO SCHOOL AS SOON THEIR CHILDREN ARE OLD ENOUGH. ONE GIRL SAID THAT WHEN HER CHILDREN REACH THE AGE OF TWO SHE WILL GO BACK TO SCHOOL.”**

**“YOUNG MOTHERS CALL FOR THE GOVERNMENT AND PARENTS SUPPORT THEM TO FULFIL THEIR DREAMS.”**

## 3. PROVIDE FINANCIAL SUPPORT AND ENTREPRENEURSHIP SKILLS TO CHILD MOTHERS

Girls and child mothers who have dropped out of school have few means of earning an income, this increases the likelihood that they will engage in risky actions as a way of earning money. Business loans and entrepreneurship skills may offer these marginalised girls an alternative way forward in terms of creating employment and increasing their earning potential and therefore their economic empowerment.

**“I WOULD LIKE TO START A BUSINESS LIKE SELLING OF DOUGHNUTS, MAKING BATIK OR MAKING AND SELLING SOAP SO THAT CAN TAKE CARE OF MY FAMILY.”**

**“GIRLS NEED SMALL LOANS SO THAT THEY CAN START A SMALL BUSINESS LIKE SELLING OF TOMATOES, SECOND HAND CLOTHES AND VEGETABLES.”**

**“YOUNG MOTHERS SHOULD BE SUPPORTED WITH SKILLS AND CAPITAL SO THAT THEY CAN ESTABLISH SMALL BUSINESSES, AS MOST OF THEM ARE STILL YOUNG AND NOT AWARE ON HOW TO SUPPORT THEIR CHILDREN.”**

**“I REALLY WISH FOR ENTREPRENEURSHIP SKILLS ON MAKING SOAP SO THAT I CAN MAKE SOAP AND SELL HERE AT THE VILLAGE.”**

**“I NEED TO HAVE MY OWN BUSINESS, I NEED TO ESTABLISH A SHOP WHERE I WILL SELL FISH HERE IN THE VILLAGE, I WANT TO HAVE A BETTER LIFE AND MANAGE TO RAISE MY CHILD.”**

**“ENTREPRENEURSHIP TRAINING MEANS THEY CAN USE THAT KNOWLEDGE TO START A BUSINESS LIKE SELLING OF DOUGHNUTS AND FARMING OF GREEN VEGETABLES LIKE SPINACH.”**

## **5. GOVERNMENT SUPPORT FOR CHILD MOTHERS AND THEIR CHILDREN**

Child mothers who wish to continue their studies should be given the opportunity to return to school and continue with their studies after delivery so that they can acquire knowledge to help themselves, their children and their society.

**“AS A YOUNG MOTHER, I WANT TO GO BACK TO SCHOOL SO I CAN FINISH MY STUDIES.”**

**“PARENTS NEED TO CREATE FRIENDLY ENVIRONMENT AND TALK WITH THEIR CHILDREN AND GIVE THEM THE CHANCE TO GO BACK TO SCHOOL AFTER PREGNANCY.”**

**“I WISH I COULD GET AN OPPORTUNITY TO GO BACK TO SCHOOL SO THAT I CAN FULFIL MY DREAMS.”**

**“I WISH TO GO BACK AND STUDY HARD SO THAT I MAY BECOME A TEACHER.”**

**“I WISH TO GO BACK TO STUDY NURSING.”**

**“I NEED TO GO BACK TO SCHOOL, SO IN THE FUTURE I CAN HAVE A GOOD CAREER, BEING A YOUNG MOTHER SHOULD NOT BRING AN END TO MY DREAM, I NEED TO PROVE TO MY FATHER THAT I AM, AND I CAN BE, BETTER.”**

**“THE GOVERNMENT SHOULD ACT ON LAWS TO PUNISH THE MEN WHO IMPREGNATE THESE YOUNG GIRLS AND ALLOW GIRLS TO GO BACK TO SCHOOL.”**

## **6. ESTABLISHMENT OF CLUBS AND SAFE SPACES FOR GIRLS AND YOUNG WOMEN**

Safe spaces are needed for girls and young women to talk to each other, educate and support each other, on matters of sex, contraception, gender based violence, and the particular challenges they face in their communities. Girls and young mothers who participate in these activities could build their capacity to become effective agents of change in their communities.

**“ WE HAVE WOMEN GROUPS IN OUR COMMUNITIES AND THEY HELP WOMEN ECONOMICALLY. SO IF WE WILL BE HELPED AS GIRLS TO COME TOGETHER IN A GROUP I BELIEVE IT WILL HELP US. ”**

**“WE AS GIRLS ARE CONSIDERED AS VICTIMS OF CIRCUMSTANCES. COMING TOGETHER AS A GROUP MAY GIVE US COURAGE AND STRENGTH TO ENCOURAGE EACH OTHER AND REACH OUR DREAMS”**





# 6. CASE STUDIES

## ZAWADI

My name is Zawadi, I am 17 years old living in Ilolo Hamlet in Mpwapwa town ward. In 2015, I worked as a house maid in Dar es Salaam and due to difficult life I decided to come back to Mpwapwa a year later. I got a job at one of the restaurants around Mpwapwa bus stand, where I earned money to sustain my basic needs. A few months later while I was working at the restaurant, I met with one man who was a regular customer and we became friends and he promised to marry me. Two months later I became pregnant with his baby. He was older than me, more than 30 years old.

After I realised that I was pregnant, I went to talk to him but he denied the pregnancy and said that he is still young, he is incapable of impregnating a girl and he cannot take parental responsibilities at that age. I was very disappointed and I went back home to my grandmother where we stayed with my other relatives. Life was difficult as we all depend on her for food and other basic needs. Some of my relatives including my aunties and uncles abandoned me saying I have only brought shame to the family.

I am raising my son alone and it is hard for me to find a job as I do not have anyone who I can leave my child with. CDF opened my eyes through the PEER research training as I have improved my self-confidence. It has highlighted the situation of teenage pregnancy and challenges which child mothers are facing in Mpwapwa District.

During the PEER research I learned that many parents feel shame after they discover their daughter is pregnant and they disown that child from the family, so this brings a lot of psychological problems to a child. I believe it is the duty of parents to take care of their children by providing them with their basic needs as many children decided to engage in sexual activities with the aim to get money to sustain their lives.

## HAPPY (17)

In 2014, I finished primary education and I was selected to join Pwaga secondary. Due to a difficult life at home I failed to continue with secondary education so I had to stay at home to help my parents with farming activities. Later on in 2015 I went to Morogoro Region to look for a job, and got a job as house maid.

During that time I had a boyfriend back in the village, he sent me money so that I could return to the village. I came back home in secret and stayed at his house and I became pregnant. After he realised that I was pregnant my boyfriend never came back home and he escaped to an unknown place. I had no any other option than to return to my parents home to see out the pregnancy.

After six months my boyfriend returned to the village and he came home to his parents, then my parents decided to marry me off to that man. They agreed the bride price but they never returned to my parents house to pay it. I am still staying at my parents' house engaging in farming activities, my son is now one year old.

PEER research increased my ability to educate my fellow young women in my village about the impact of teenage pregnancy and they shared the causes of their pregnancies at a young age with me. I have also managed to give them hope that getting pregnant at a young age is not the end of their life, they need to focus on helping their children and to engage in different activities including farming so that they can help themselves and their children instead of waiting for their parents to take care of them. Many girls in my village don't have knowledge on SRH especially about family planning. I recommend they should be taught about changes that occur in their body during puberty and the impact of teen pregnancies.

## CATHERINE

I am 18 years old and a mother of one child. I was staying with my parents at Kibakwe village engaging in farming activities after finishing primary education. In 2016 I left my parents home to Dar es Salaam, where I got a job as a house maid. While in Dar es Salaam I met a man and we started engaging in sexual activities which is when I got pregnant. When I went to face that man and told him about the pregnancy he threatened to beat me and said that I shouldn't tell anyone that he is responsible for the pregnancy. He said, *"I will never see you and don't ever tell anyone that this pregnancy is mine, I will give you money so that you can return to your village and never come back to look for me"*.

I decided to go back to the village in early 2017 and I was afraid to go back to my parents' house. Instead I went to my friend's house and started living with her, there I started selling local brew chang'aa, I saved the money to help me once the baby is born.

After I gave birth three months later, I heard about CDF and decided to enrol to be a PEER researcher from Kibakwe ward. We received training so that we could be competent and knowledgeable about how to collect data from our peers in the village about teenage pregnancy.

From being a PEER researcher I have acquired confidence and the ability to interview my peers, this has given me the opportunity to get a lot of information from them on what it really meant to be a young mother, what are the challenges which they face as a teen mother and what are the solutions.

I think young mothers should be given opportunities and chances to engage in various productive works, so that they can still feel they belong to that community. Many parents isolate their children soon after they became pregnant and leave them alone to take care of themselves. Also girls need more awareness and knowledge about SRH so that they do not become pregnant again, I learned that many girls don't have enough information.



The Children's Dignity Forum (CDF) is a non-governmental civil society children's rights organization based in Dar es Salaam. It was founded and registered in 2006 under the NGO Act No. 24/2002. CDF has sub-offices in Mara and Dodoma regions.

CDF works on children's rights issues to influence public attitudes and policy and to build the capacity (on legal and human rights issues) of child-focused organisations in Tanzania. It provides a forum for dialogue and discussion on issues affecting children. It seeks to explore new and contentious issues that affect children. CDF puts children first in all aspects of its work.

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**FORWARD** is an African-led, women's rights organisation. Our work focuses on the issues of female genital mutilation (FGM), child marriage, and other forms of violence against women and girls (VAWG) that impact on the health, dignity and wellbeing of African women and girls.

We work with community members, key professionals, policymakers, and through strategic networks and partnerships. This allows us to amplify the impact of our work in multiple spaces.

We work for the day when African women enjoy equal rights and opportunities, have control over their own bodies and are free from violence.

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