



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

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

SUMMARY REPORT

FEBRUARY 2018

Published in 2018 by: CDF (Children's Dignity Forum) and FORWARD (Foundation for Women's Health, Research & Development). Copyright February 2018 CDF (Children's Dignity Forum) and FORWARD (Foundation for Women's Health, Research & Development).

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Funded by: the generosity of Sida (Swedish International Development Cooperation Agency) and The Sigrid Rausing Trust.



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CONTENTS

ACKNOWLEDGMENTS	05
TACKLING CHILD PREGNANCY IN TANZANIA	07
OBJECTIVES OF THE RESEARCH	07
PEER METHODOLOGY	10
RESEARCH FINDINGS	13
GIRLS EXPERIENCES OF PREGNANCY WITHIN SCHOOL SETTINGS	13
THE CONTRIBUTION OF POVERTY	15
EDUCATION	16
LACK OF FAMILY RESPONSIBILITY	16
POOR HOME EDUCATION ON SEX AND RELATIONSHIPS	17
TRANSACTIONAL SEX.....	17
LACK OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION	18
RECOMMENDATIONS	19
CONCLUSION	22



ACKNOWLEDGMENTS

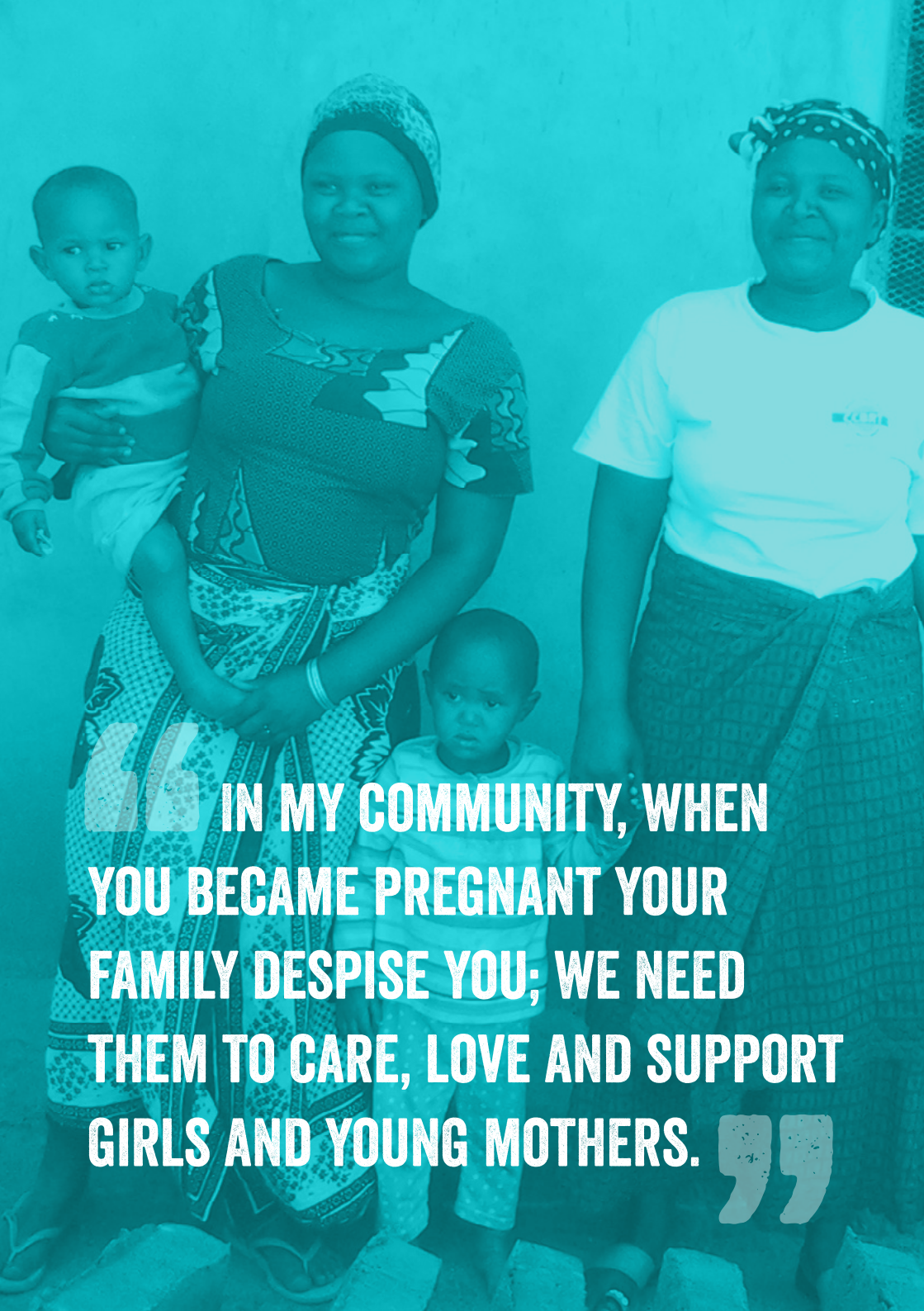
CDF and FORWARD would like to thank the PEER Researchers and PEER Supervisors who gave their time, effort, enthusiasm and devotion to this PEER study. Without their commitment it would not have been possible. We would also like to thank CDF staff Clara Wisiko and Evans Rwamuhuru, the PEER facilitators for their support during the training and data compilation.

We appreciate the effort made by CDF Executive Director Koshuma Mtengeti for his support during the design, data analysis and final report writing of the PEER study. We acknowledge the key role played by all CDF staff, in particular Lennyster Byalugaba, Sophia Temba, Gloria Mbuya, Frederick Baragwiha, Kambibi Kamugisha, Nancy Minja, Amina Ally and Michael Jackson who have been helpful through this study.

A special mention to Ms Dorothea Ernest for overseeing the PEER implementation, analysing the data and writing the final report. Many thanks to Naana Otoo-Oyorkey, Executive Director, Seblework Belay Gebreegziabher, Programme Officer, Adwoa Kwateng-Klavitse, Head of Global Partnerships and Advocacy and Naomi Reid, Communications & Events Manager at FORWARD for providing technical assistance and editorial support as well as critical review of the study throughout the process.

CDF is also very grateful to the FORWARD team for their technical, financial and designing and editorial support.

Finally, this research was made possible with generous financial support from Sida (Swedish International Development Cooperation Agency) and The Sigrid Rausing Trust. Our thanks goes to them for their continued commitment to and support of our work.



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



TACKLING CHILD PREGNANCY IN TANZANIA

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:

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

Teenage pregnancy and child marriage is one of the most serious socio-economic challenges facing Mpwapwa District, in the Dodoma Region of Tanzania. The impregnation of young girls before marriage, and sometimes forcing them to marry against their will is leading to an economic and social disaster in the country. This problem is restricting the futures and opportunities for girls and creating a cycle of poverty and inequality.

Teenagers lack education about sex, their bodies and the consequences of sexual activity. This is because of the failure to inform girls in schools and in the communities about sexual matters and their rights. Sexual abuse, transactional sex and young women's feelings of obligation to sell their bodies in order to merely survive are other crucial issues linked to high numbers of teenage pregnancies.

Parental responsibility is seen as inadequate for girls and young women, not only because families are failing to educate their daughters about sex and their bodies, but because they are failing to support their daughters when they become pregnant. Child mothers are often forced to leave the family home because they are regarded as having brought shame on their parents.

At the same time, sending girls to school is not a priority for families, who may feel it is not traditional to educate young women. Girls may be viewed as being more useful at home, farming, or that there is no point in educating girls because they will soon be married.

Government statements and policies that girls should not return to school if they have become pregnant means that girls who are victims of teenage pregnancy and child motherhood become trapped in poverty, perhaps even a cycle of having to sell sex in order to provide for themselves and their child.

Poor sexual and reproductive health knowledge and lack of services at a local level compounds the problem, with many girls unaware of or unable to access services. There are no youth friendly services at district and ward levels and existing services do not target young people. . Prevention is not a priority for these services, leaving vulnerable young girls more vulnerable to factors that affect their futures and their dreams.

It does not have to be this way.

This PEER study in the Mpwapwa District shows that girls and young women understand their situation, i.e. the causes of child and teenage pregnancy and child motherhood and what might be done to address the situation.

They therefore call for a change in attitudes towards girls, improving their access to formal education and sexual health services as well as support from their parents and from their own peers (through girls clubs).

Girls and young women know that if they and their families can be lifted from poverty, their own life chances would be improved and the likelihood of girls and young women becoming pregnant would be far less.

Most of all, they call for support in education and entrepreneurship. They recognize that for girls and young women who become pregnant, returning to education should be a priority. For those who cannot return to school, support is needed to help them establish small businesses to generate a moderate income.

The girls, young women and young men involved in this PEER study are hopeful for the future. They believe solutions exist however more work is needed to tip the balance and stop the cycle of poverty, teenage pregnancy, child marriage and child motherhood.

Teenage pregnancy in Tanzania, Sub-Saharan Africa, is a significant problem. According to the Tanzania Demographic and Health Survey 2015, 27% of 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. This is a very worrying development for the country.

In Dodoma 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 of these problems

In Mpwapwa District, where this PEER study was conducted, in 2016, 48 girls (1.25% of total school 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, the majority of whom were girls aged 14 to 17.¹ Similarly, a national hospital report shows that girls under 20 made up around 40% of all caesarean sections performed in 2016, as most child mothers were unable to deliver naturally.²

¹ CDF (2017) Baseline report Tarime and Mpwapwa District

² CDF (2017) Baseline report Tarime and Mpwapwa District

PEER METHODOLOGY

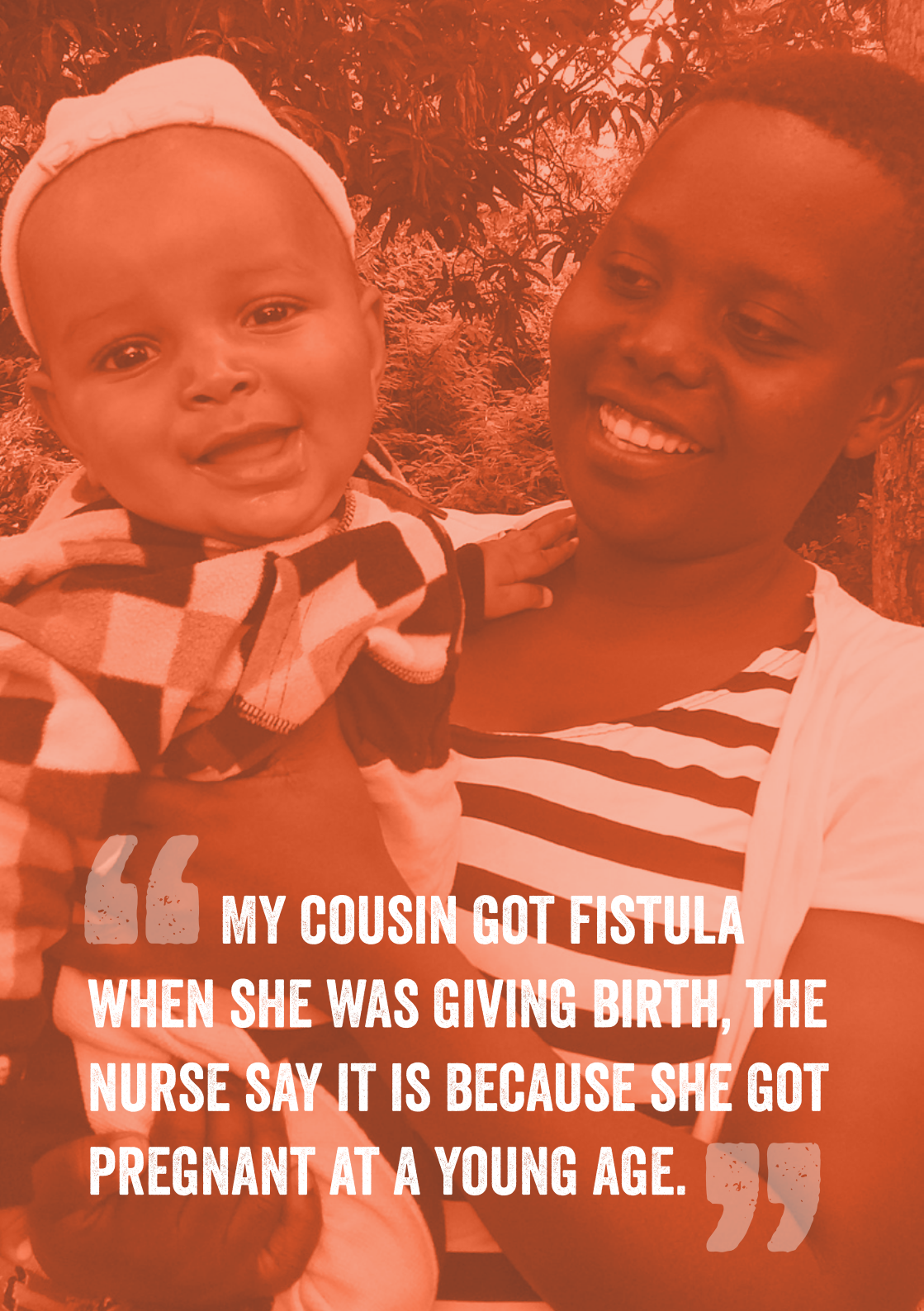
The study used the Participatory Ethnographic Evaluation Research (PEER) methodology because it has a proven track record of effectively working with marginalised groups. It adopts a 'bottom up' approach where selected participants who are directly affected by the research topic play an active role in 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.

Before data collection from their peers, 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 using questions divided into three key themes: (1) life in Mpwapwa District; (2) issues causing teenage pregnancy and teenage motherhood; (3) key recommendations to address the challenges girls are experiencing in Mpwapwa District.

“ 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. ”





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

RESEARCH FINDINGS

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

“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.”

“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.”

GIRLS EXPERIENCES OF PREGNANCY WITHIN SCHOOL SETTINGS

When asked about the SRH services that are available in school, interviewees largely reported that there were none available. This is consistent with the lack of school curriculum and guidance on comprehensive sexuality education in many schools in Tanzania and this is especially so in rural communities.

“THERE WAS NO SRH EDUCATION GIVEN IN MY FORMER SCHOOL, WE DIDN’T KNOW ABOUT IT. 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.”

** Fistula happens during obstructed labour when the baby’s head exerts prolonged pressure on the mother’s 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.*

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 COUNSELING AFTER THEY CONFIRMED A STUDENT IS PREGNANT, THEY ONLY ARREST YOU AND TAKE YOU TO THE POLICE CENTER. THERE THEY FORCE YOU TO TELL THEM WHO IS RESPONSIBLE FOR THE PREGNANCY SO THAT HE CAN BE ARRESTED. ”

“NO COUNSELING 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.”





THE CONTRIBUTION OF POVERTY

Parents living in poverty struggle to properly cater for the needs of their children, and sending them to school can be costly. Parents may resort to marrying their daughters off so they are no longer responsible for them. A further incentive is the 'bride price' that the girls' family receive when she is given over to the new family. Another outcome of poverty is that girls may be driven to engage in transactional sex in exchange for school equipment or other items that their parents cannot afford.

“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.”

“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.”

“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 COULD GET MONEY.”

EDUCATION

Parents living in poverty struggle to properly cater for the needs of their children, and sending them to school can be costly. Parents may resort to marrying their daughters off so they are no longer responsible for them. A further incentive is the 'bride price' that the girls' family receive when she is given over to the new family. Another outcome of poverty is that girls may be driven to engage in transactional sex in exchange for school equipment or other items that their parents cannot afford.

“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.”

“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.”

“THE INTERVIEWEES SAID 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.”

LACK OF FAMILY RESPONSIBILITY

The study reveals that many girls are left with a burden of caring for babies alone as they are often 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 in sex in exchange for money. Some interviewees mentioned parents being too 'lazy' to go out and work, failing to support the basic needs of their girls resulting in them being forced into sexual activity for money.

“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.”

“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 BEHAVIORS WHICH ARE VERY RISKY TO THEIR LIVES.”

POOR HOME EDUCATION ON SEX AND RELATIONSHIPS

For the vast majority of girls, lack of information, open discussions or parental guidance increases their risk of becoming pregnant as they have had no chance to learn about or discuss sexual and reproductive health and rights issues. These are seen as taboos.

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

TRANSACTIONAL SEX

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 economic hardship some girls accept and have unprotected sex. However, this is often due to huge power issues between girls and older men who prey on girls for sexual favours for money.

“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.”

“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.”

LACK OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION

Girls lack even the most basic information about their bodies, puberty, sexuality and reproduction and have inadequate access to advice about contraception and related services. Poor knowledge and access to youth friendly sexual reproductive health services has contributed to teenage pregnancies, childbirth and self-induced abortions because teenagers are sexually active, but lack the resources to mitigate or respond to its consequences. When asked about awareness of sexual and reproductive health (SRH) services most respondents stated that they need to know more about SRH issues and are desperate to get those 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 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.”

“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.”

RECOMMENDATIONS

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

Government support for young mothers, so they can continue studying without being victimised or denied access to education. Many girls wanted to be given a second chance to improve their lives and access education.

“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 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.”

Youth friendly sexual and reproductive health services (SRHS), and improved community knowledge of the existence of such services.

“BOYS AND GIRLS SHOULD BE EDUCATED ABOUT SRH, ESPECIALLY ON THE IMPACT OF TEENAGE 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.”

“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 CENTERS, WE ARE NOT OPEN AND WE FEEL SHAME TO TALK TO THE NURSE.”

The choice to go back to school. Participants spoke with great emphasis of the need for young mothers to have the option to return to school.

“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 TO SUPPORT THEM TO FULFIL THEIR DREAMS.”

Financial support and entrepreneurship skills, including greater action at a government and NGO level to support girls and young women either back into education, or into small businesses.

“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.”

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

Establishment of girls clubs. Safe spaces are needed for 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 faced 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 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.”

“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.”



Stronger role for parents and their support in providing SRH information as well as providing girls with their basic needs to help them stay in school. Parents also need to learn how to support pregnant girls and mothers.

“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 THE IMPACT OF TEENAGE AND EARLY PREGNANCIES.”

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

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

CONCLUSION

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 young 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.

“ 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. ”





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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