Abstract: Adolescent pregnancy in Tanzania is a prevalent development issue, creating negative impacts in the lives of the poorest populations. This study examines the challenges of single young mothers living in Dar es Salaam have in accessing an education, health services and employment opportunities. Discrimination and stigma against pregnant girls and young mothers in Tanzania has hindered progress from being made by NGO programs and government policies designed to support this marginalized group. This paper also examined the priorities of the young mothers participating in the study to address missing information gaps current adolescent pregnancy interventions have before suggesting potential recommendations to better address the needs young mothers have.
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**Glossary**

**Adolescence**: Youth between 10 to 19 years old in the process of transitioning from childhood to adulthood. As UNICEF (2010) remarks, this “marks a period of significant growth, change, increasing independence, vulnerability and experience, of major physical and psychological change, as well as great changes in social interactions and relationships that can determine the life-course of women, men and their future children”.

**Mainland Tanzania**: The United Republic of Tanzania is a unitary republic comprising mainland Tanzania and Zanzibar. There are two central governments, the Union Government and the Zanzibar Revolutionary Government, each with their own executive, judiciary, and legislature (CRR, n.d.). This study was carried out on the mainland.

**Transactional sex**: Occurs when girls and women enter sexual relations with male partners in exchange for money or material goods (MacPherson et al., 2012).

**Pregnancy testing**: Pregnancy testing occurring in a context in which consent is not voluntarily or freely given carried out in schools on female students (CRR, n.d.).

**Health services**: Provided by a health worker to a patient to prevent, diagnosis or treat a health problem, as well as the provision of information, advice and counseling (WHO, 2012).

**Adolescent-friendly health services**: Youth have varying expectations and preferences of their ideal health service, but the key characteristics identified are being treated with respect by health workers while guaranteeing their privacy and confidentiality (WHO, 2012).

**Informal economy**: Broadly defined by the ILO, the informal economy refers to small-scale units of goods and services produced and distributed, mostly by self-employed producers based in urban areas of developing countries. These units often employ family labour in the context of this study, operating with either little to no capital with low productivity levels providing low irregular incomes and highly unstable employment (David et al., n.d.).
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Chapter 1: Introduction

1.1 – Adolescent Pregnancy’s Significance in Development Research

Tanzania has one of the highest adolescent pregnancy rates globally, with an estimated 23 percent of girls between 15 to 19 years old beginning childbearing (Restless Development, 2011). Furthermore, 39 percent of adolescent girls by 18 years old are either already mothers or pregnant. Given that youth under 18 years of age make up 51 percent of Tanzania’s national population, it is essential to invest in their well-being as this group as the potential to contribute towards the country’s development. Early childbearing places girls’ health at risk as adolescents in the 15 to 19 years old age group are twice as likely to die in childbirth, as well as being prone to seek unsafe abortion procedures which have caused death and disability in countries where abortions are illegal, including Tanzania (WHO, 2007). Aside from the negative health impacts of adolescent pregnancies, girls’ access to education and employment opportunities are also jeopardized. In 2007, approximately 8,000 girls either dropped out or were expelled from primary and secondary schools due to their pregnancies, while those who had already given birth were barred from returning to school. As a result, pregnant girls and adolescent mothers are restricted to limited employment opportunities given their incomplete education levels (UNICEF, 2010). The topic of adolescent pregnancy is receiving increasing attention in Tanzania from the high rates of female students dropping out from school, prompting NGOs to invest in programs addressing the issue. Yet, most efforts focus on preventing pregnancies where sexual reproductive health education is promoted to reduce adolescent pregnancy rates. While pregnant girls and young mothers share similar needs with adolescent girls in general, they face various struggles in supporting themselves and their child, making it necessary to explore the specific barriers faced before proposing options to address their needs.

1.2 – Research Question and Objectives

The research question and corresponding objectives to be explored are the following:
• What are the challenges experienced by pregnant teens and young mothers in terms of accessing education, health and paid work in Dar es Salaam? How might NGOs, CSOs, etc. improve their services to meet the needs of young mothers?

A) To explore, using social science research literature, Tanzanian perceptions around adolescent pregnancy and related policy implications for adolescent mothers’ access to education, healthcare and employment opportunities.

B) To explore the types of barriers faced by pregnant girls and young mothers when seeking education, health services and income generation

C) To explore programs employed in other settings addressing the priorities as expressed of young mothers and consider their relevance applied to Dar es Salaam

1.3 – Organizational Overview

The first chapter of this paper is devoted to a literature review, providing the context of Tanzania’s adolescent pregnancy to understand the contributing factors and consequences. As well, it will cover background information on political economic factors linked to the topic and examples of current NGO programs supporting pregnant girls and adolescent mothers in Tanzanian and global settings. The next part covers the methodological approaches used to gather data with a discussion on my positionality as a researcher and study limitations. The main body of work will then discuss research findings, followed by analysis and discussion of the data at hand. To conclude the paper, a summary of the key findings, arguments, research significance, recommendations and future research needed will be covered.
Chapter 2: Literature Review

2.1 - Overview of Tanzanian Adolescent Pregnancy

According to the Tanzania Adolescent Report issued by UNICEF (2011), adolescence refers to the years of transition from childhood to adulthood, although the report acknowledges that the term itself is quite broad. Individuals experience their adolescent years differently, depending on her or his physical, emotional and cognitive maturation. In the context of this particular report, adolescence is defined as occurring between 10 and 19 years of age, when periods of significant growth, change, increasing independence, vulnerability and experience, and major physical and psychological changes occur.

The Tanzania Adolescent Report (2011) reports that adolescent pregnancy rates contribute to rapid population growth, which in turn puts pressure on government expenditures for social welfare services and impacts national development strategies in reducing poverty. Tanzania is one of the world’s poorest countries with its per capita gross domestic product (GDP) of US $220 (CCIES, 2004). With 67.9 percent of the total population living under the poverty line, the government does not have the resources needed to provide social services to the poorest communities (UNICEF, 2013). Overall, women in Tanzania give birth to an average of five or six children, and the earlier a woman begins child-bearing, the greater the number of children she is likely to have. A quarter of girls aged 17 years have already begun child-bearing in Tanzania; this figure increases to almost 40 percent by age 18. In a subsequent report by UNICEF (2013), adolescent pregnancies are cited as a major social/health concern, determining life trajectories of Tanzanian girls. The educational attainment of pregnant girls and young mothers is reduced from irregularly attending classes or dropping out of school altogether. UNICEF (2013) determines that rural adolescents are likely to begin childbearing even earlier than urban counterparts, while 52 percent of girls with no education experience early pregnancies in comparison to 6 percent of those with secondary education. Teens in the lowest wealth
quintile are over twice as likely to bear children (28 percent) than those in the highest wealth quintile (13 percent) (UNICEF, 2013). Both UNICEF sources make it evident that adolescent pregnancy is an emerging development issue, emphasizing on how it is not merely a health concern for the country. The implications of early childbearing faced by pregnant adolescents and young mothers are brought to attention, mentioning how girls’ abilities to continue their education are affected due to various reasons.

2.2 - Causal Factors of Early Pregnancies

The factors leading to early pregnancies in Tanzania are complex. When examining the main causes of why adolescent girls become pregnant, UNICEF (2010) focuses on how poverty can lead to girls engaging in sexual relationships with older men to meet their basic needs (i.e. food, clothes, school fees) or to improve their living conditions in both urban and rural areas. Girls lack the skills and power to negotiate safe sex, making them vulnerable not only to early pregnancies, but HIV and other sexually transmitted diseases (UNICEF, 2010). Such relationships are referred to as ‘transactional sex’ which is an important economic resource for adolescent girls (Wight et. al, 2012). Transactional sex underlies most non-marital relationships and is not deemed as immoral due to its common occurrence (Wight et al., 2012). Adolescent girls from low socioeconomic backgrounds lack the means to purchase personal items, such as clothing, taking up the offers of money or other gifts in exchange for sex from men (Wight et al., 2012). An important point is highlighted that transactional sex is not merely “survival sex” to meet basic material needs as it is embedded in this culture at all income levels (Wight et al., 2012). The research of Remes et al. (2010) affirms this argument, stating that aspirations to live a modernized life in terms of consuming modern goods such as cosmetics, fashionable clothing, leisure activities, etc. are a causative factor of early sexual relationships and transactional sex. While Remes et al. focus on how transactional sex is linked to rural poverty and unequal economic opportunities for men and women, it can be argued that this is also applicable to urban
settings as well. Similarly, Leclerc-Madlala (2004) explores how sexual exchanges for material gain is common among low-income females in Durban, South Africa, whereby the group use their power and agency to exploit multiple sexual relationships to access commodities of modernity, such as cellphones. The importance these commodities have to poor girls and women in Durban are shaped by contemporary factors, including peer pressure and popular media, being exposed to multiple signifiers of modern life through radio, billboards, etc. (Leclerc-Madlala, 2004).

Wight et al. (2012) raise the point of how adolescent girls encounter social pressures to consume modern goods like their peers to avoid ridicule, often leading to their engagement in transactional sex where one’s respectability and self-worth depends on receiving compensation for sex. Consequently, increasing young women’s incomes would relieve the pressure to engage in transactional sex, but would do little to erode the entrenched values around it, making it reasonable that this is not restricted to rural poverty since urban poverty is also prevalent in cities, such as Dar es Salaam (Wight et al., 2012). The existence of “sugar daddies”, as raised by Silberschmidt and Rasch (2001), emphasizes that young girls are active social agents within transactional sex, becoming entrepreneurs who exploit their partner(s) for economic gains rather than being passive exploited objects of males. However, they are unaware of the potential consequences of their high risk sexual behaviour, and the health hazards that they expose themselves to, often leading to unintended pregnancies (Silberschmidt & Rasch, 2001).

Sexual and reproductive health education in schools is limited and access to adolescent-friendly services is rare, according to UNICEF (2010). Many communities in Tanzania still possess cultural perceptions that the primary values of girls are to become wives and mothers eventually, rather than encouraging them to attend school (UNICEF, 2010). Yet, the Tanzania Adolescent Report by UNICEF (2011) emphasizes on the importance of understanding why adolescent pregnancy rates have declined in certain regions of Tanzania, attributing this to the
expansion of education, particular for girls, youth-focused media and the greater availability of contraceptives influencing these social changes. More research needs to be done to understand the barriers adolescent girls encounter when seeking sexual and reproductive health education which many do not know how to access, stopping them from being aware of pregnancy prevention strategies.

In addition, UNICEF (2010) mentions less known factors of adolescent pregnancies, such as teachers pressuring female students into sex to receive higher grades. Girls who become pregnant are commonly considered to be at fault, being labeled as immoral and deserving punishment, even if they are rape victims (UNICEF, 2010). Meanwhile, discussions about pregnancies resulting from gender violence, intergenerational or transactional sex are often considered taboo among Tanzanians (UNICEF, 2010). From the previous literature exploring adolescent pregnancy in Tanzania, they commonly recognize that this particular topic is a complex issue linked to the poverty of pregnant girls and young mothers. For future research purposes, it would be beneficial to further explore how such entrenched norms in Tanzania directly impact their access to education, health and income generation prospects to bridge current literature with the consequences of early pregnancies to reveal how such underlying causes result in a series of hardships faced by young mothers throughout their life course.

2.3. - Consequences of Adolescent Pregnancy

Understanding adolescent girls’ experiences of unintended pregnancies is important because it is influences their capacities to find familial support during pregnancies and after giving birth to their child. Wamoyi et al. (2014) discuss how parent-child relationships are undermined when a daughter faces an unplanned pregnancy as it leads to a reduction of social respectability for both the family and the girl in sub-Saharan Africa. Parent-daughter communication becomes one-directional, meaning that parents would give orders and warnings, with the pregnant daughter expected to be compliant within a tense relationship (Wamoyi et al.,
The only way for such girls to feel appreciated is if they can contribute to household finances or receive a marriage proposal, helping to offset the shame of having a pregnant daughter in the views of society as she would have a man at her side (Wamoyi et al., 2014). In serious situations, some pregnant girls contemplate suicide or elope with any man to leave their natal homes (Wamoyi et al., 2014). If the pregnant daughter has siblings, it is noted that parents would prefer to spend time with them, causing emotional distress on such girls due to feelings of isolation (Wamoyi et al., 2014).

WHO (2007) also advances that adolescent girls’ social and economic consequences encountered when pregnant and during childbirth depends on her cultural, family and community settings. In cultures where motherhood is a core aspect of a woman’s identity, married adolescents who are pregnant have an elevated status (WHO, 2007). WHO’s research findings indicate that the majority of pregnant adolescents are unmarried, leading to embarrassment for her family. In some cases, girls may be abandoned or chased from home, resulting in no guaranteed means of support for both the child and herself, while cultural attitudes towards childrearing responsibilities is solely on the mother (Lerisse et al., 2003). Compared to the research conducted by Wamoyi et al. (2014), the emergence of two differing arguments regarding pregnant adolescents and whether they continue to live with their family is present. This reveals the subjectivities and varying realities of pregnant girls when exploring family relationships. It is important that future research continues to explore obtaining how adolescent girls’ unplanned pregnancies impacts familial relationships within Tanzania’s culture containing strong perceptions against unmarried pregnant girls. Becoming a single mother at an early age has implications for the present and future of girls, as they often lack support networks during the pregnancy and post-pregnancy phases during the life course. Thus, it is important that more
research is carried out on the matter of pregnant adolescents’ experiences and its impacts with family relationships, as well as with communities they live in, feeding into eventual barriers to education, income generation and healthcare access experienced.

According to WHO (2007), pregnant female students are coerced to drop out of school, consequently abandoning career aspirations due to embarrassment, physical demands of pregnancy and childbirth, or expelled by school administration. Adolescent girls who attend school encounter barriers to finish their studies upon becoming pregnant from being forced to drop out of their education, which has been a controversial topic across Tanzania between people who support young mothers to return to school and those who stigmatize the group (WHO, 2007). Similarly, UNICEF (2011) discusses how the expulsion and denial of education rights of Tanzanian adolescent mothers has resulted in local and international media to raise the issue’s visibility. The Tanzanian Ministry of Education and Vocational Training issued a statement in 2010 clarifying that no official policies exist in preventing girls from returning to school after giving birth, producing guidelines to schools about their responsibilities as educators to support young mothers in achieving their studies (UNICEF, 2011). While the guidelines state that schools must readmit young mothers, schools still deny their reenrollment since their status as a mother is deemed to set a bad example for fellow students. WHO (2007) and UNICEF (2011) demonstrate how pregnant students’ and young mothers’ difficulties in continuing their education within a system which discriminates the group due to taboos about the presence of mothers in classrooms is seen as disruptive. Education policies established to support young mothers in completing their studies are proved to be ineffectively enforced, raising attention to the violation of basic human rights in terms of educational access. In addition to laws and regulations, social structures such as pressure from family and stigma in society add up to make
further education unreachable for thousands of young mothers (UNICEF, 2011).

Actors in the national and international arena advocating for the educational rights of an estimated 8,000 expelled pregnant school girls condemn discriminatory education policies according to Niskanen (2012). The revising of such policies is feasible in Tanzania, given that on the island of Zanzibar, the 2007 amendment of the Zanzibar Education Act has enabled girls to return to school after childbirth, although this has not yet applied to mainland Tanzania (Niskanen, 2012). Maluli (2014) cites certain positive changes in Tanzania, referring to a new 2009 policy that was passed under the pressure of civil organizations (i.e. UNICEF) to allow pregnant students to write national examinations in primary and secondary schools, as well as new guidelines supporting mothers to return to school after delivery. Three main issues identified by the Ministry of Education when researching on adolescent pregnancy and education are helping young mothers cope with curriculums after returning to school, which school to be readmitted to, and childcare (Maluli, 2014). In reality, the readmission of pregnant students and young mothers remains a controversial issue for most schools despite government authorization since some school heads are against giving mothers space in their institutions (CRR, n.d.). Cultural attitudes account for school administrators’ actions because of their beliefs that that more students will become pregnant by the influences of peers who have given birth, leading to current expulsions (CRR, n.d.). Sexuality in Tanzania is a topic shaped by traditional norms and values dominated by patriarchal values. Individuals against the idea of young mothers returning to school often base their perceptions on how inappropriate it is for them to be in the classroom as punishment for violating gendered expectations of being abstinent (Maluli, 2014).

Early pregnancies have affected pregnant and parenting girls’ access to health services. Restless Development (2011) discusses how existing health services are not user-friendly
due to health staff’s negative attitudes towards girls seeking pregnancy-related information. Health workers often display discriminatory attitudes to pregnant girls and young mothers trying to seek health care for themselves or their child or family planning information, discouraging them from future visits (Restless Development, 2011). As well, medicines are unaffordable for mothers who lack financial resources to purchase them. Save the Children (2004) has further examined the health consequences of early pregnancies. Adolescent mothers tend to have more children in their lifetime through shorter intervals between births compared to older women, putting them at risk since adolescent bodies may not be physically mature enough to deliver a baby without complications, such as obstructed labour, while lacking the means to delay further pregnancies (Save the Children, 2004). Restless Development (2011) and Save the Children (2004) both discuss Tanzania’s inadequate health services for adolescents to use which prevent them from being healthy, knowledgeable of sexual and reproductive health and learning about family planning. However, neither source explores in-depth how early pregnancies are a factor in deterring young mothers from health care access. For research purposes, organizations need to address how pregnant girls and young mothers’ healthcare access is inadequate in Tanzania to explore potential health interventions to ensure they have access to the services for themselves and their child to be healthy.

2.4 – NGO Program Examples

By exploring current adolescent pregnancy interventions by various development actors, an understanding of how the issue of adolescent pregnancy is framed may potentially enable NGOs to move forwards in supporting pregnant girls and young mothers. Innovation in development is important since the success of NGO efforts often draws from learning lessons from the successes and failures of programs to find alternative solutions in approaching future
initiatives. The programs to be explored are based in Tanzania, as well as Malawi and Jamaica. The rationale behind exploring adolescent pregnancy interventions in contexts outside of Tanzania is to analyze the relevance of designing similar programs to support pregnant teenagers and young mothers living in Dar es Salaam. As well, it will be useful to assess the possibility of replicating such programs in Tanzania.

*Tanzania – Alternative Education*

Focusing specifically on pregnant girls’ and young mothers’ access to schooling, Niskanen (2012) explores the establishment of Tanzanian Folk Development Colleges (FDCs) offering adult education to Tanzanians who have not completed their formal schooling, including young mothers. Girls and women benefit from having access to an education, enhancing their opportunities to participate in the labour market which improves economic situations and enables young mothers knowledge to make informed decisions regarding their future. In effect, this spills over to families and societies despite expulsions from primary and secondary schools upon discovering a student’s pregnancy. In Niskanen’s dissertation, she researched on alternative education opportunities for young mothers in Tanzania which will be discussed.

*Njombe FDC*

Njombe Folk Development College teaches courses in carpentry, masonry, tailoring, agriculture and animal husbandry, electricity installation, welding, mechanics and cookery. The college is partially funded through the government. To cover the remaining costs of running the courses, students pay school fees ranging from TSH 150,000 per year for day school to TSH 250,000 for boarding school. Njombe FDC is noted to have targeted young mothers expelled from schools and established the single-mother program (also referred to as ‘mama courses’), realizing
the education and employment difficulties experienced by pregnant school girls denied their education. The first single-mother course started in 2001 through the Tanzanian-Swedish NGO Karibu Tanzania/Sweden Associations (KTA/KSA). Currently, five FDCs throughout Tanzania offer this kind of program to young mothers living under low socioeconomic conditions. Mama course students’ expenses are covered by the KTA’s funding, such as courses and learning materials, dormitory housing, food and medical care for students and their children. Other expenses are financed by the government and student tuition fees (Niskanen, 2012).

At the FDC, 15 young mothers were enrolled in the 2-year mama-course program, choosing from available college courses. Dormitories housed all young mothers and their child. The college’s pre-school teachers look after the children when young mothers attend their classes. The lengths of courses have been extended based on student feedback, as well as course choices to enroll in (only tailoring was initially offered to young mothers) to any of FDC’s 30 courses. Mama-course students enrolled at Njombe FDC studied tailoring, agriculture and animal husbandry, motor vehicle mechanics, electricity installation and masonry. Also, mandatory classes taken include life skills, Swahili, English and mathematics (Niskanen, 2012).

The Institute of Adult Education

The Institute of Adult Education (IAE), an autonomous institution under the Ministry of Education and Vocational Training, has enrolled students regardless of their background, providing equal opportunities of education for all, including young mothers. IAE is an informal institution teaching primary or secondary school subjects, where students have the option of studying for their secondary education in two years rather than the regular four years in formal Tanzanian schools. Students pay tuition costs of TSH 170, 000 per year at the Babati campus (Niskanen, 2012).
It is known by headmasters and teachers at both the Babati and Njombe IAE campuses that young mothers attend their schools. Young mothers are not discriminated against, as the IAE believes that regarding of their mother statuses, they are still students and deserved to be treated equally as other students. However, the IAE emphasizes to young mothers that they are expected to learn from their mistake of early childbearing. Unlike the Njombe FDC, young mothers often keep their children a secret with school management and staff not asking who among the student population are mothers. This is due to the IAE emphasizing that since all students are adults, the enrollment of young mothers must be accepted, supporting them in achieving their educational goals rather than isolating them from their entitled studies (Niskanen, 2012).

**Vocational Training Centers (VTCs)**

Young mothers in Niskanen’s study were mostly enrolled in VTCs to obtain learning and training. The Babati VTC is an all-girls’ school offering 2 year secretarial, computer and tailoring courses where a number of students stay at the school’s hostel. Among the students, some were pregnant or were young mothers. The VTC is under the Vocational Education and Training Authority (VETA), an autonomous governmental agency managing Tanzania’s vocational training. The tuition fee paid by students to attend the Babati VTC was TSH 450, 000 annually (Niskanen, 2012).

The Njombe VTC is a coed institution offering courses in motor mechanics, electricity installation, welding and masonry, as well as short-term courses in computer knowledge and driving. The VTC is predominantly male with only 12 out of the 84 students being female. Female students studied either computer knowledge or electricity installation, with the low enrollment of girls attributed to the course options considered unappealing to females. The school’s policy is that as long as students followed the center’s rules, it does not matter whether a
female student is a young mother. Njombe VTC operates as a day college, although some female students stayed in campus hostels while male students lived in separated premises. Students paid the yearly tuition of TSH 250, 000 and an additional TSH 40, 000 for food and fuel wood if they stayed on campus (Niskanen, 2012).

**Education and Training Centers**

Njombe’s Education Enhancement Center is considered to be another alternative for young out-of-school mothers to continue with their education. The center adheres to the curriculum of formal secondary schools, enabling students who have failed their primary or secondary education to study at the center before writing qualifying tests allowing them to continue their studies in any secondary school of their choosing or study A-levels at a private secondary school. Tuitions according to which level a student is, examination fees, etc. and ranged from TSH 350 – 450, 000 yearly with an additional TSH 60, 000 for students staying at the school’s hostel (Niskanen, 2012).

According to Niskanen’s study, various types of educational interventions targeting young mothers are provided in the Babati and Njombe regions of Tanzania, supporting them in continuing with their education and providing them with vocational skills in various areas. Despite available educational and training opportunities such as the FDCs and vocational training, young mothers experience challenges in accessing them due to school fees, arranging for childcare and overcoming stigma and condescending community treatment. To move forwards, an expansion of efforts is needed to target vulnerable out-of-school mothers, such as the single mother courses discussed, as it increases the mothers’ status, capabilities and employability and challenge occupational gender-segregation and wage gaps which can break the poverty cycle. Furthermore, NGOs need to strengthen and expand on partnerships with
government institutions to find solutions for covering the costs of courses, housing, etc. to solve the issue of alternative education expenses, enabling mothers from the poorest backgrounds to enroll in such programs as they do not have the money to pay for existing tuition fees.

**Buguruni Youth Centre – The Million Hours Fund Project**

The Buguruni Youth Centre (BYC) is an NGO located in Dar es Salaam which uses sports as a means of reaching out to children and youth from low income backgrounds to promote youth development and create awareness of HIV/AIDS, environmental health, gender equality and drug abuse. In 2013, BYC became one of the three local organizations in the country to partner with VSO Tanzania to participate in the Million Hours Fund (MHF) Project (VSO Tanzania, 2014). The MHF project has the following objectives of:

- reducing early pregnancies and sexually transmitted infections (STIs) by 30 percent of youth
- increasing youth incomes through microenterprise trainings
- improving leadership skills and confidence of youth leaders in communities.

While there is no specific adolescent pregnancy approach, MHF has the overall aim to promote sexual reproductive health awareness and improve the living standards of youth through income generation trainings, which is noted by VSO to be attended by young mothers at BYC. Youth participants are mentored by peer educators through various means. Income generation groups have been established to train youth in workshops on developing business skills, such as marketing, with the aim to support them to start their own businesses. Through sports and drama activities, youth participants and their peer educators engage in sports and drama activities to promote sexual reproductive health awareness. In addition, peer educators encourage each youth participant to promote the MHF project, educating others on entrepreneurship, sexual
reproductive health information, etc., acting as role models to community members to contribute towards strengthening the project’s outreach. BYC’s engagement with the MHF project has resulted in its wide community outreach to youth in general.

**Jamaica - Women’s Centre of Jamaica Foundation (WCJF)**

WCJF is documented by WHO (2007) as being one of the few evaluated efforts supporting pregnant and parenting adolescents with the objective of motivating the pregnant and lactating mothers under 16 years of age to return to school to complete their studies. Additionally, programme participants are encouraged to delay pregnancies until their academic and professionals goals are achieved, raising young mothers’ employment potential and offering them an alternative to reduce their dependence on others for financial support. The following services in the programme offered are the following:

A) **Education programming** – Academic courses and skills training are carried out to strengthen participants’ capabilities and preparing them return to formal school systems following their leave from school. Girls who became pregnant in the last year of high school are provided tutoring to prepare them for final examinations in order to graduate and are written at the Women’s Centre under the approval of the Ministry of Education as an official examination centre.

B) **Nutritional education and support** – Aside from girls given nutritional education to encourage healthy eating habits, daily breakfast and lunch meals are provided to the poorest participants.

C) **Day nursery** – To address childcare concerns of mothers attending educational programmes, the centre operates a Day Nursery for their babies, as well as caring for those of working adolescent mothers. Breastfeeding practices and good parenting habits of both young mothers and fathers are encouraged.

D) **Counseling and referral services** – Individual and group counseling sessions are given to participants to build self-esteem and educate them about sexual reproductive health and family planning. Meanwhile, special counseling and referral services are provided to the young fathers and parents of adolescent mothers and fathers.

WCJF’s programme has been a major success from an evaluation conducted in 1997, twenty years after its initiation, having reached 51 percent of the 3,016 adolescents under 16
years of age giving birth across the island. The programme has pressured the government to revise the Education Code (a regulatory law) to allow pregnant and parenting adolescents to continue their studies. Furthermore, the academic achievements of adolescent mothers in the programme appear to have a spill-over effect on their child(ren) who also attend school. Notably, no pregnancies have been documented in participants’ children. A 1996 study that explored the lives of programme participants, 50.7 percent of the mothers did not give birth to additional children and the average child spacing between first and second births of all participants was 5.5 years. WHO (2007) provides a comprehensive exploration of WCJF’s activities, although it would have been useful to include information on whether the educational achievement of programme participants enabled them to find employment allowing them to generate sufficient incomes to raise their child. After all, it is not sufficient for young mothers to simply complete their education since it is a precursor to finding employment outside the informal work sector, granting them stable incomes to provide for themselves and their child.

Malawi - Save the Children

Save the Children’s (SC) adolescent reproductive and sexual health program in Malawai, as discussed by Mayzal et al. (n.d.), works with adolescents who are already mothers, recognizing that girls are expected to devote their lives solely to raising their child. SC has reached out to young mothers who share similar needs and interests as non-parenting girls and secondarily as mothers and wives. In the southern Mangochi district, SC established support groups called Teenage Mothers Clubs (TMCs) to support more than 2,000 mothers in accessing family planning (FP) information and methods, as well as helping them exercise their right to re-enroll in school and graduate from secondary school. Malawi’s Ministry of Education (MOE) has established a policy enabling young mothers to return to school (albeit with procedures),
although most teachers, parents and students are unaware of this.

TMCs have created a space for addressing mothers’ FP needs. All members are provided with health information on various topics, with each club facilitated by at least one peer educator who advised mothers on FP advice and methods, inclusive of oral contraceptives and condoms. Also, the TMCs engage in community outreach efforts to adolescents with club members educating girls about unwanted pregnancies and the challenges of being a young mother through door to door visits, performances of music, dance and drama and participating in community meetings. This in turn has resulted in community attitudes to shift away from views of young mothers needing to remain at home to a new acceptance to discuss FP and related topics to youth (Mayzal et al., n.d.).

The challenges young mothers face from dropping out of school has prompted SC to intervene, although both SC and club members are aware of the issues preventing the program from being fully successful. Barriers in finishing education included unmotivated mothers, an unsupportive learning environment and discrimination and ridicule from teachers, friends and relatives. SC has promoted the MoE policy and the importance of re-enrollment with community members and parents encouraged to support mothers’ education and learn of the benefits to the women, their children and community as a whole. Teachers and school officials were also informed of the educational readmission policy and the importance of supporting young mothers’ return to and retention in school. SC is also engaged with promoting school reenrollment, emphasizing future income earning opportunities from one receiving an education. SC staff have conducted visits and counseling to others, preparing them to be assertive and avoid further pregnancies before graduating from secondary school. Also, SC has collaborated with local NGOs, the District Education Office and secondary schools to locate financial assistance for
young mothers planning on re-enrolling. Finally, girls who returned to school have been recruited to actively participate in TMCs to share their experiences with those who are out-of-school. However, it has been noted that young mothers attending school struggle to balance their limited time and resources to meet their educational goals and families’ needs, suggesting that interventions need to address how to support in-school mothers with their responsibilities of raising their child. SC would need to explore how students’ employment prospects have been influenced by their return to school to overcome the issue to succeed in supporting young mothers to graduate from secondary school (Mayzal et al., n.d.).

2.5 - Political Economic Context of Tanzania’s Adolescent Pregnancy

The political economy refers to the various political and economic factors linked to health inequities present in societies It is defined as “understanding health and illnesses considering the political, social, cultural, and economic contexts in which diseases and illness arise, and examine the ways in which societal structures (i.e. political and economic practices and institutions, and class interactions) interact with the particular conditions that lead to good or ill health” (Birn 2009, 134). Indeed, it is crucial to explore the underlying structural elements which have led to adolescent pregnancy in Tanzania becoming a prominent development issue today. Vavrus (2005) states that international economic forces impact policies at international, national and local levels, leading to adverse outcomes on the lives of impoverished populations. Tanzania’s economic performance has been unsatisfactory since its independence in 1961 under prime minister Julius Nyerere despite the country’s GDP growing at an annual rate of 6 percent during the decade (CCIES, 2004). During the 1970s the GDP declined to about 4 percent, followed by a further decrease of less than 2 percent during the 1980s, reflecting Tanzania’s stagnant economic situation from internal policy failures of the Government (CCIES, 2004). Meanwhile, the national economy was impacted externally by the
country’s declining major exports of sisal, coffee and tea on the world market and the 1970s oil crisis (CCIES, 2004). Additionally, Tanzania’s economic resources were depleted between 1978 and 1979 in its war against Uganda which lead to President Idil Amin’s defeat (CCIES, 2004). External debt also impacted the economy, given the reduction of external assistance shaped by some of the factors mentioned, resulting in the deterioration of Tanzanian’s living standards (CCIES, 2004). With the advice of the World Bank and International Monetary Fund (IMF), President Ali Hassan Mwinyi adopted the IMF’s structural adjustment policies (SAPs) in 1986 to repay Tanzania’s loans and balance the national fiscal budget (Vavrus, 2005). While the intention of SAPs is to help improve the development of indebted developing countries, the case of Tanzania reveals how imposed policies placed the poorest populations at a disadvantage.

**Education Policy Implications**

Following the adoption of SAPs, Tanzania’s education and health sector reintroduced user fees after years of free service from previous president Julius Nyere’s socialist development ideology implemented in state policies (Vavrus, 2005). The emergence of private schools and health clinics increased to offset the lack of government investments in social services, benefitting wealthy Tanzanians while poor populations found themselves with no access to schooling and healthcare (Vavrus, 2005). With parental financial contributions becoming necessary to pay for children’s education while the value of household incomes declined due to the devaluation of the Tanzanian shilling, poorer families needed to make a decision between investing in education and spending on basic needs (Vavrus, 2005). As a result of such policy changes, the gross primary school enrollment rate declined from approximately 90 percent in the early 1980s to somewhere between 66 to 75 percent a decade later (Vavrus, 2005). With education becoming unaffordable for students from poor households, these user fees lead to the
exclusion of inequalities between the urban and rural poor and rich youth from starting or finishing their education (Vavrus, 2005). A study conducted by TGNP revealed that out of the 39 percent of secondary students enrolled in government schools, a mere 8 percent were students from the poorest households in Tanzanian communities (Vavrus, 2005). User fees in the education sector have implications when discussing poverty reduction, since only an elite group receives the necessary education to become the prime decision makers within the country (Vavrus, 2005).

Girls in Tanzania face a higher degree of exclusion from the national education system compared to their male counterparts (Niskanen, 2011). While the country is on the path to achieving Millennium Development Goal (MDG) 2 of universal primary education with a 95.4 percent Net Enrollment Rate (NER) in primary education, secondary school attendance remains stagnant (Niskanen, 2011). Despite the increase of primary school enrollment, the decline in the quality of education students receive has repercussions throughout Tanzania’s education system (Niskanen, 2011). For instance, the limited secondary education system produces a limited pool of qualified candidates who choose to become teachers in both primary and secondary schools, passing through an impoverished education system (Wedgewood, 2007). This results in a cycle of poor teaching to be sustained throughout Tanzania, causing parents to lose faith in the value of secondary education altogether (Wedgewood, 2007). In 2006, secondary school enrollment rates increased to 60 percent from the 2002 rate of 12 percent, yet it fell to 35 percent in 2011, revealing the country’s incapacity to sustain a strong education system due to low government investments (UNFPA, n.d.). It has been noted that female students are less likely to complete a full course of education due to drop outs, with families devaluing girls’ education due to gender ideologies and early pregnancies (Niskanen, 2011). Sub-Saharan African countries (including
Tanzania) contribute to almost half of the global number of out-of-school girls, remaining one of the regions with high gender disparities in secondary schools despite global increases in girls’ Gross Enrollment Rate (GER) in both lower and upper secondary education (Niskanen, 2012). Upper secondary schools’ gender disparities have intensified in the last decade, placing female students at a disadvantage (Niskanen, 2012). Indeed, Tanzania has a significant gap between girls’ enrollment and completion rates. Referring to the Gender Parity Index (GPI) of primary enrollment is more or less equal for girls and boys, yet the GPI value for completion according to the gender ratio is 0.74 (Niskanen, 2012). In other words, male students outnumber the rate of female students finishing their primary education across Tanzania (Niskanen, 2012). The GPI increases within higher levels of the education system, with the completion of lower and upper secondary school education being reduced to 0.52 and 0.40, indicating a weak education system which has been unable to address such gender disparities (Niskanen, 2012). For girls who have dropped out of school from early pregnancies, their futures become uncertain as they lack the skills and professional networks to find employment in the formal sector guaranteeing a stable income to support themselves and contribute to their households (Lefebvre et al., 2015).

Employment Policy Implications

Shifts in the labour market during and following the years of SAPs have had implications exist for youth employment, in particular female employment (Vavrus, 2005). During the years of adjustment policies, the Tanzania Integrated Labour Market Survey indicated that age and gender based employment disparities were on the rise (Vavrus, 2005). Throughout the 1990s, youth between 15 to 24 years of age made up 44 percent of the national unemployment rate, having increased from 33 percent in the 1980s (Vavrus, 2005). Jobs in the public sector associated with the government became limited due to a reduction in government spending from
adjustment policies (Vavrus, 2005). For those who are employed in this particular sector, 81 percent of the employees are male in comparison to the 19 percent female rate (Vavrus, 2005). The labour market survey further indicates that gender disparities in income levels exist in every sector of employment, with females earning less money than male counterparts (Vavrus, 2005). Women are more likely to label themselves as being “economically inactive” due to their inability to find employment in the formal sector (Vavrus, 2005). With females possessing a higher possibility of dropping out of school during their primary and secondary education, this poses a problematic issue since they are unable to participate in the labour market, sustaining the employment gender disparity in the country (Vavrus, 2005).

Females from low-income families are prone to engaging in the previously mentioned “sugar daddy” relationships with men having wealth or influence in exchange for covering their school fees, accessories and clothing which only their better-off female peers are able to afford (Silberschmidt & Rasch, 2001). Indeed, limited opportunities for young women to find employment outside the agricultural and informal sectors, with financial investments needed for education and inflated prices of consumer goods, has created an environment where sugar daddy relationships prevail among female adolescents (Silberschmidt & Rasch, 2001). When the females feel deprived of education opportunities and commodities which they desire, they opt to participate in sexual relationships with men who have the means to provide such things for them since they are aware of the lack of opportunities available to enter the formal labour market (Silberschmidt & Rasch, 2001).

Health Policy Implications

The implementation of SAPs in the health sector has resulted in an increase of privatized health care since the 1980s, placing Tanzania’s most marginalized groups (i.e. women) at a
disadvantage since they are unable to access free health care services. Vavrus (2005) discusses an example of how in the Kilimanjaro region of the country, there has been an increase in the establishment of private hospitals, along with well-stocked pharmacies and clinics catering to those who can afford SAP-imposed user fees. Meanwhile, the quality of healthcare services at public hospitals and clinics is low as medical workers have opted to work in the profitable private health sector, resulting in an internal ‘brain drain’ (Vavrus, 2005). Tanzanians from the poorest backgrounds are expected to be able to pay a fee at “public” health facilities, resulting in many choosing to forego seeking treatment for any medical condition as health care is perceived to be a ‘luxury’ (Vavrus, 2005).

Although healthcare user fees were imposed in Tanzania under World Bank pressure, exemptions and waivers were established to protect the interests of vulnerable groups such as pregnant females who would not be able to afford paying for such services (Nyamweya et al., 2007). However, these exemptions and waivers have been ineffective in supporting the country’s most marginalized groups to access healthcare, as demonstrated through the Tanzanian Demographic Health Survey (TDHS) of 2004 (Nyamweya et al., 2007). TDHS respondents noted that healthcare costs are a key barrier in accessing maternal healthcare in the public sector with its inadequately skilled workers and low quality of healthcare services due to a lack of government investments (Nyamweya et al., 2007). With 36 percent of Tanzanians living below the poverty level of 1 U.S. dollar per day, pregnant adolescents from low income households are unlikely to have the resources to afford the 500 shillings or more for medical services (Nyamweya et al., 2007). With an understanding of the link between SAPs and its consequences in the areas of Tanzania’s health, employment and education policies, pregnant adolescents and young mothers from poor backgrounds are placed in a disadvantaged position. With their lack of
access to support services, it perpetuates a cycle of poverty in their households, with their child likely to live in poverty in the future since limited education opportunities for the mother means she has limited job prospects (Wedgewood, 2007). In turn, this sustains an impoverished household where the mother’s child is unlikely to complete their education, dropping out of school to work in the informal sector in attempts to earn an income (Vavrus & Moshi, 2009). This study aims to reveal how early motherhood does not only impact the life of adolescent girls in Tanzania, but also those living in their household which often results in long-term poverty within families.
Chapter 3: Methodology

The purpose of this study is to explore the kinds of challenges Dar es Salaam’s pregnant adolescents and young mothers encounter in terms of accessing education, health services and employment. Dar es Salaam is the research setting because most adolescent pregnancy studies have focused on rural locations due to higher rates of girls becoming mothers. However, it is important to consider how urbanized cities also contain populations of pregnant girls and young mothers who experience socioeconomic marginalization from upper class Tanzanians from uneven urban development. Furthermore, I will also explore the kinds of NGO programs aiming to support the city’s pregnant girls and young mothers to suggest how their services can be improved to consider the priorities shared by the young mothers I interviewed. This chapter aims to:

1) Present the overall methodology approach of the study
2) Describe and analyze the specific methods employed to gather data
3) Address the positionality of the researcher
4) Outline research limitations encountered

3.1 - Overall Methodological Approach

A qualitative research approach was used to conduct the fieldwork for the study. Denscombe (2010) associates qualitative research with the term interpretivism, referring to the emphasis on the researcher’s role in the concept of data. As the researcher, I am the ‘measurement device’ as my background, values, identity and beliefs have an influence on how the data was collected and its eventual analysis. A central focus of qualitative methodological approach is its holistic focus. The concepts of adolescent pregnancy, corresponding health/education/employment barriers experienced by pregnant/parenting Tanzanian girls, low-
living standards and roles of NGOs are interconnected. It is crucial to explore such links, seeing as the exploration of each topic is not isolated. As Lincoln and Guba (1985: 39) state, social “realities are wholes that cannot be understood in isolation from their contexts, nor can they be fragmented for separate study of their parts”. Indeed, it is important to place key areas of focus in context and explore their multi-dimensional relationships with a variety of factors in the setting. The research methods used to gather and analyze qualitative data include interviews, the grounded theory approach and secondary literature to address the research question and objectives at hand.

3.2 - Specific Data Collection Methods Used

At the center of my research, individual semi-structured interviews were carried out to gather the interviews firsthand to explore the education, healthcare and employment barriers pregnant adolescents and young mothers face on a daily basis in the urban setting of Dar es Salaam. The Buguruni Youth Centre (BYC), located in the Buguruni district of the city, acted as a gatekeeper to the recruitment of interview participants. BYC is a partner organization of my co-op work placement at VSO Tanzania, collaborating on the Million Hours Fund project aiming to educate Dar es Salaam’s youth on sexual and reproductive health and offering business skills training, enabling low-income adolescents to participate in income generation activities, which will be discussed further on. The role of the volunteer program manager of BYC was crucial in finding eligible research adolescent participants who were either pregnant or young mothers between the ages of 17 to 19 years old. BYC works directly with youth in the Buguruni district of Dar es Salaam, resulting in their credible presence among the local population. When determining who would be appropriate to interview for this study, I decided that interviewing older adolescents would be effective to reduce the possible emotional distress of participants,
making it more appropriate to avoid having participants below 17 years of age. In the end, twelve young mothers participated in the study.

Due to my limited capacity to carry out interviews in Swahili, BYC’s program manager acted as an interpreter during all interviews conducted at the centre. Oral informed consent was obtained with the interpreter orally translating the script into Swahili from English to explain to participants, describing the research purpose, guaranteeing participant confidentiality and anonymity, and the options of how to participate in the study – by being audio recorded or note-taking. As well, participants were informed of their right to not answer questions they did not feel comfortable answering and to stop interviews at any given time should they feel intrusive or upset during the session.

The reasoning behind using individual semi-structured interviews was to prepare a list of questions to be addressed, while having the flexibility to allow interviewees to develop ideas and elaborate on questions of interest. Another advantage to semi-structured interviews were the open-ended answers gathered. Interviewees were not restricted by a standardized interview agenda as in structured interviews. In addition, such interviews enabled young mothers to share their insights and opinions in a private setting with myself and the translator. The translator has experience from interacting with adolescent girls from her role as BYC’s program manager, enabling her to actively support colleagues in working alongside youth, including young mothers. Participants engaged in the research processes were observed to be open in speaking about their experiences to myself, the researcher, whose role was to listen and engage with given responses (Denscombe 2010, 193).

Interview questions were organized into four categories:

- Personal background
• Contributing factors towards pregnancy
• Participants’ and community’s perceptions of adolescent pregnancy and motherhood
• Perceptions of NGO interventions

It was essential to begin all interviews with questions about each participant’s background prior to addressing the topics of causal factors, socio-cultural attitudes and beliefs and personal opinions of NGO’s support to the young mothers. Given the sensitive and personal nature of the interviews, it was important for me to start each session by gathering factual information for respondents to become engaged with the interviews to establish rapport. The prepared interview questions created by myself served as a guide for both the researcher and participants to develop a coherent dialogue around detailed insights and reflections about being a young mother. Using interviews to gather data was a suitable method in approaching the subject matter, given that participants’ responses to questions asked were explored in detail, as well as discussing sensitive issues with questions structured to be considerate to encourage young mothers to engage with them in an open manner. It was important to organize the interviews in this manner to allow all participants to build upon their responses in an in-depth manner, while enabling the interpreter and I to facilitate the interviews. Field notes were also taken, documenting interviews for participants who did not want to be recorded and for all interviews, information such as participant facial expressions, body language, key phrases, etc. to serve as an additional basis for data analysis.

3.3 - Data Analysis

To explore the data collected from interviews and field notes, I decided to use the open coding approach. As Denscombe (2010, 283) writes, this particular data analysis methodology is linked to analyzing interview transcripts and other types of qualitative data. In other words, the ‘coding’ of qualitative data enables researchers to form interpretations of interview responses.
Recorded interviews were carefully transcribed. With the field notes taken, comments were inserted in accordance to each participant, acting as a permanent record relating to interviews’ climate/atmosphere, clues about intent behind statements and comments on aspects of non-verbal communication from interviewees. Once all transcripts were completed, it was necessary to examine them to cross-reference with field notes to gain a better understanding of the data in context, as well as to identify themes.

During the coding process, recurring themes, ideas and concepts from participant responses were identified to capture meanings behind transcribed text, summarizing and synthesizing participant data to communicate a ‘storyline’ to readers of what was learned from interviews. The two identified categories drawn from the grounded theory approach are types of barriers young mothers face and how they perceive NGO actors’ effectiveness in establishing interventions. Using the grounded theory framework, it has helped to identify themes, ideas and concepts from collected data to draw an analysis from, which will be further discussed in detail.

3.4 - Positionality

As a researcher, my personal beliefs and values influence how I interpret the data collected when speaking to the young mothers interested in this study. Coming from an International Development Studies academic background, I strongly believe that once pregnant adolescents and young mothers are able to access the primary determinants of human development (education, health and income generation), it will create sustainable, long-term impacts for Tanzania’s poverty reduction efforts (Reid & Shams, 2013). This explains why my study focused on these three elements of human development since I was interested in exploring the kinds of challenges Dar es Salaam’s young mothers face while living in poverty. As the concept of human development has become a familiar topic to me from the various courses I have taken over the past few years, I wanted my thesis study to focus on what achieving human
development would mean in the context of adolescent pregnancy.

![Image](74x518 to 514x668)

Figure 1: The UNDP’s model of the theoretical human development concept based on health, income, and education components with their interrelationships reinforcing one another. For example, one being in a healthy condition increased opportunities to secure steady employment and higher education. (Reid & Shams, 2013)

During my yearlong coop placement in Dar es Salaam, I was sometimes exposed to news articles about the country’s adolescent pregnancy problem, especially in regards to the high rates of female students dropping out of school from their unplanned pregnancies. Being a firm supporter of girl’s education, I found myself concerned during interviews when some participants shared how they would most likely be discriminated by school administration, teachers, and other students if they could return to school because they are unmarried mothers. Furthermore, participants’ descriptions about how their communities tend to blame them for their early pregnancies, while the fathers of their child are not, was upsetting to hear since the interviews provided details about how the young mothers were struggling to support themselves and their child when living below the poverty line. While analyzing the interview data collected, I decided to explore transcribed responses in a manner reflecting the realities Dar es Salaam’s young mothers live in due to my interest in the topic.

### 3.5 - Study Limitations and Biases

During the fieldwork process, limitations emerged from the research process which
are inevitable for all of academic research. In the context of Tanzania’s adolescent pregnancy focus, it was initially planned for two study groups to be recruited for interviews: pregnant adolescents and young mothers to compare and contrast responses around barriers to education, health and employment and perceptions regarding NGO interventions among these two groups. Thus, I do not have a diverse breadth of perspectives on the topic. I encountered challenges in recruiting pregnant adolescents since I did not know where to locate pregnant girls to speak to. While the study may not be representative of pregnant girls in Dar es Salaam, existing academic literature are a credible resource which will be explored from previously conducted research on the matter, filling in the missing information required to address the research focus.

The usage of an interpreter resulting from the researcher’s lack of capacity to communicate with participants in Swahili may have impacted the quality of data gathered given how in the process of translating responses during interviews, information could have been misinterpreted or lost in context from switching between English and Swahili. As mistranslations are a possibility in all research projects, I have carefully analyzed interview transcripts and cross referenced them with field notes to check for accuracy to avoid skewing evidence and consequent findings, presenting the most accurate information possible.

NGO representatives were not interviewed to discuss their adolescent pregnancy interventions in order to maintain the small-scale size of the research project, as it would have entailed a process of contacting a sufficient number of various organizations in the city. While viewpoints from development actors were not gathered during the fieldwork process, the wide range of literature available on known programs and projects focusing on adolescent pregnancy in Tanzania and other countries was used to draw an analysis of how the work being done compares with young mothers’ identified needs and priorities. Despite not interviewing
development actors, existing literature on the work being done will help to address the second part of the research question and able to be cross referenced with responses from interviewed participants. However, I recognize that my understanding of NGO programs may be limited in this manner.

Lastly, while I was conducting interviews my status as a foreigner may have caused discomfort among participants, given that they were sharing personal information despite how I also identified as a young, unmarried female. Speaking about sexuality and other matters in Tanzania openly is mostly discouraged because of socio-cultural norms, which may have impacted the quality of information received since interviewees might not have fully disclosed answers reflecting the topic discussed. Being an outsider, my background might have lead to participants providing answers which did not fully address the questions asked because of a lack of rapport from not only being of a different ethnicity, but of inability to communicate well through Swahili. Participants’ trust levels of me, despite assuring their confidentiality and anonymity, could have been affected from not speaking the language well enough to establish enough rapport to make them feel more comfortable sharing their honest opinions. However, I was able to collect a sufficient amount of data to further explore interview responses to continue with my research.
Chapter 4: Main Body of Work

4.1 - Findings

Presenting the findings drawn from interviews carried out and secondary sources published academic resources, this section will demonstrate how collected data address the previously mentioned research question and objectives as indicated below:

What are the challenges experienced by pregnant teens and young mothers in terms of accessing education, health and paid work in Dar es Salaam? How might NGOs, CSOs, etc. improve their services to meet the needs of young mothers?

A) To explore Tanzanian perceptions around adolescent pregnancy and related policy implications for adolescent mothers’ access to education, healthcare, and employment

B) To explore the types of barriers faced by pregnant girls and young mothers when seeking education, health services and income generation

C) To explore programs employed in other settings addressing the priorities as expressed of young mothers and consider their relevance applied to Dar es Salaam

Young Mothers’ Perceptions of Early Pregnancies

Drawing from both literature and interview responses from adolescent mothers to address the first objective, interviewees completed various levels of education prior to their pregnancies, ranging from primary to lower secondary schooling. Upon discovering their unintended pregnancies, it was expressed by all participants that they felt emotions of shock, shame, embarrassment and disappointment in themselves since it is a socio-cultural norm to mother children following a marriage. All twelve participants dropped out of school prior to finishing their secondary school education, either from family pressures to ‘hide’ their pregnant daughters away from society or school administration and staff expelling them after conducting coercive pregnancy tests on female students. The presence of a pregnant student within classrooms was deemed to be disruptive and a negative influence on other students by school administration, teachers and community members, while interviewees expressed the discriminatory attitudes and
behaviours from both school staff and other students resulted in a low sense of self-esteem and confidence in continuing to attend school to successfully graduate. As one participant describes the negative reactions of family, friends and the general public, the young mothers overall lacked a strong support network and become stigmatized members of society:

Since [I] was pregnant [my] parents, [my] family... weren’t willing to let [me] continue with school... And then... [my] friends... left [me] they... didn’t want anything to do with [me]

Participants also described how they did not feel comfortable using health clinics – even when they manage to find the financial resources to afford medical costs – due to health workers’ discriminatory attitudes encountered. Some of the young mothers have noted how upon disclosing their statuses as being unmarried mothers, a change of attitudes from doctors and nurses was evident from observing body languages, tone of voices and facial expressions given the Tanzanian norm of valuing mothers only if they are married. One participant attributed this institutionalized discrimination found in the healthcare system to be the reason why she was hesitant to visit clinics whenever she or her child is ill, stating how she felt ashamed of her motherhood from a previous negative experience of a clinic visit, where she was scolded by the doctor for being a mother despite her status as a single female.

Drawing from the responses provided from interviewees when I asked about how they are perceived by family, friends and the general public around them, the young mothers described their inferior status to others. One participant shared how when community members found out about her pregnancy, it was generally other mothers who acted as a form of support network for her since they understood what the participant was experiencing. Meanwhile, all participants noted the change in family dynamics in terms of relationships. Most participants’ families expressed emotions of anger, embarrassment and disappointment over their daughter’s unintended pregnancy, yet did not expel them from the household which has occurred in similar cases from other conducted studies. However, some participants did describe the strained
relationships they now have with family members since their early pregnancy placed shame upon the entire household. Being a single mother in the household labeled the family as having failed to have raised the daughter well, as a participant expressed how upon realizing her pregnant state, community members blamed her mother for the situation, believing that her mother failed to raise her with good morals. Other reactions towards pregnancies included ridicule and pity, with participants describing how they became outcasts in their residential areas and people reluctant to associate themselves with the participants. In all interviews, it was common for participants to share how most of their friends abandoned their relationship following their pregnancy due to fears of also being ridiculed and social outcasts themselves. One participant stated how prior to becoming a mother, she had a wide range of friends at her school to socialize with, having grown up with most of them. Upon discovering her pregnancy, only one friend still associated with her as the others distanced themselves.

Reflecting on the policy implications for participants’ access to health, education and employment, interviews demonstrated how Tanzanians’ negative perceptions of adolescent pregnancy fed into the lack of support available for pregnant girls and young mothers. Looking at the responses provided when inquiring about their knowledge of current interventions in such areas, it became clear that NGO programs have been unable to reach out to beneficiaries. One participant expressed how she felt hopeless about the future, given her unmarried status, with no source of income to raise her child well by providing the basic necessities of food, education, clothing, etc. She further stated how there was a lack of support available for girls such as herself, attributing it to the stigmatizing attitudes towards pregnant adolescents and young mothers. As a result of this, she expressed her low confidence in being able to plan ahead for the future. Also, one participant believed that it would not be possible for her to return to school, given her knowledge of how the school she previously enrolled in would be likely to deny her return since the school administration and peers labeled her as being a negative example to other
female students. She recalled being scolded at by the school head in front of her classmates for her pregnancy prior to being expelled, who blamed it on her ‘stupidity’ for being a mother at her age. In the areas of health, education and income generation which will be discussed in detail further on, the policy implications are that Tanzanian perceptions about adolescent pregnancy are connected to what is considered to be socially and culturally acceptable.

Young Mothers’ Challenges of Accessing NGO Support

Education

Returning to secondary school and graduating was a major obstacle faced by participants due to their status as mothers. Responses to questions about their educational goals now after having given birth, most expressed their desire to re-enroll in school to catch up with their studies. Young mothers’ motivations behind this was to secure a better future for themselves since they would be literate and knowledgeable of subjects taught in school, such as English, making them employable in well-paying jobs. One participant expressed how hopeful her mother was in seeing her daughter successfully completing her studies, especially since the mother herself did not complete her education. As a result, the participant felt ashamed of herself after realizing she was pregnant as it would require an end to her education to give birth and take care of her daughter. On the other hand, one participant expressed how accessing training in business skills is more important than finishing her education because she saw more value in gaining an income rather than returning to school from her impoverished status.

It appeared that returning to school for all participants entailed a trade-off with their child care responsibilities, given how most lack family members and friends who could support them in taking care of their child. Many of the mothers interviewed shared how their previous partners who impregnated them ended their relationship after participants informed them about their pregnancies. Two participants expressed frustration about how while their partner did not leave their sides, they have not taken the initiative to help care for their child. Coming from
low income backgrounds, family members living with the participants and their child said they were unable to help care for the child due to their occupations working in the informal sector, such as making and selling food on the streets. This resulted in participants spending most of their time caring for the child in addition to engaging in household chores, such as cleaning and cooking, because of gender roles. Family members were found to discourage participants from returning to school due to internalized gender roles which devalued girls’ education. One participant’s grandmother informed her that a female’s purpose in life is to give birth and raise children. According to the grandmother, returning to school would prevent the participant from fulfilling her motherhood responsibilities. The participant also shared how boys’ education was still prioritized over that of girls’, leaving her in a difficult situation since she did not want to contest Tanzanian norms and customs. At the same time however, she strongly believed in the value of finishing her education.

Participants mostly were aware of the possible stigmatizing behaviours from teachers, school administration and other students should they have the opportunity to return to school in the future. However, some mothers still remained optimistic, seeing education as an important method to guarantee a high paying job for them to be able to provide their child with necessities without worrying about being unable to afford them. One participant expressed her desire to be seen as an independent woman by others who have looked down on her for being an adolescent mother, demonstrating her ability to be successful despite her unintended pregnancy. Other motivations noted for returning to school include obtaining the skills and knowledge to start their own small businesses to be financially independent, as well as to become a role model for their child to look up to. One participant expressed how if possible, she would like to be able to save up enough money to send her child to university in the future to receive a higher education for a better future.

*Income*
The lack of employment opportunities for participants emerged as another area of concern, given their responsibility as mothers was to provide basic necessities, such as food and clothing, to their child. When I asked participants about their sources of income, they shared how they support family members working in the informal sector to generate incomes as seen in the following responses:

*My mother doesn’t* have a particular business. *But we buy water and sell it. Or we buy tomatoes from the market and sell to others.*

_Sometimes [my] mother prepares... food and then she sells so she leaves [my child] at home. So [I sell] whatever [my] mother prepares._

For two participants, they did not engage in any forms of income generating labour. They depended on the financial contributions of their fathers who, despite expressing their disappointment in their daughters for becoming pregnant before getting married, still felt responsible for supporting them:

*My father tries to give me some of his money from his job whenever he visits. But he lives far from [my] house, so doesn’t visit a lot._

*I stay at home all day to take care of [my] son, clean and cook. [I use] the money her father gives her to buy things like food for the family._

One participant used to work as a maid for a Tanzanian family, describing how:

*I got a job with an Indian, to work for an Indian but [I] left, [I] didn’t continue because [I] was treated very badly by [my] employer. And [my] grandmother helped look after [my] child, but then she got sick, so no one could help me._

The participant’s decision to quit her only source of income from being mistreated and having a lack of available caretakers for her child prompted the participant to express how she now depends on selling food on the streets which she prepares as a way to make ends meet since her partner ran away after learning he was the father of the child before it was born.

**Health**

Sexual reproductive health education and general health service access were topics
covered in interviews. A few participants were aware of health clinics either within or near the communities they live in, yet barriers have emerged preventing their usage. The main challenge was their inability to pay for medical fees for doctor consultations and medicine which participants found unaffordable, given how the limited financial resources were mostly spent on food supplies for their households. Participants’ inability to afford medical fees imposed a stressful burden on them, preventing them from being able to perform their motherly duties to raise their child in a healthy condition. One participant expressed how she worries about how if her child becomes ill, she would have to find money somewhere to be able to pay for medical treatment and medicine since she is unaware of any free health services in her residential area. She also mentioned even if there was a health clinic providing its services free of charge, transportation costs on public buses would prevent her from making use of it since the community she lives in is isolated.

Conspiracy theories regarding Western medicine administered by health clinics also prevented participants from seeking healthcare whenever they or their child became ill, as well as discouraging them from wanting to learn about sexual reproductive health. As two participants expressed:

*I* was advised that... use of the pills and other services are not good for *me* because *I am* young.

There’re rumours or there’s some other information out there that the needles...when they inject you they can cause problems such as stomach aches and the pills you take like contraceptives are bad for the body.

The participants shared how a large majority of community members strongly believe in such conspiracies which are spread by word-of-mouth, resulting in a particular reluctance among youth to visit clinics to learn about sexual reproductive health and pregnancy prevention strategies. After all, the circulating belief was that the use of contraceptives can cause undesirable side effects among adolescents due to their young ages. The two participants who
shared the conspiracy theory knowledge were observed to also believe in it from their tone of voices suggesting it was factual to them, having been exposed to these rumours from others. Meanwhile, community members unfamiliar with the biomedical culture of using needle injections as a form of treatment have prompted many to be skeptical of its ability to cure illnesses, preventing them from seeking healthcare services.

**NGO Support Programs**

I concluded the interviews by asking interviewees questions about what sort of support they would like to obtain from NGOs and the government to be able to improve their quality of life. Education was expressed by the majority of the young mothers to be important, stating how returning to school and graduating would result in their capacity to have the skills and knowledge to be employable in the formal sector, guaranteeing their ability to generate an income. In terms of where participants obtained financial resources, most did not receive any support from the men who impregnated them, whether in childcare responsibilities or providing financial contributions. Meanwhile, the young mothers depending upon the meager amount of money provided from their fathers or helping family members run informal businesses have described the burden they feel in raising their child well with their lack of money, revealing their motivation behind prioritizing their education as one participant explained:

[I] would like to go back to school because [I know I] cannot speak English well, know how to do mathematics well and other subjects [I] stopped learning about when [I] left school... by finishing [my] studies, [I] can find a good job with good pay because [I] graduated from secondary school.

In addition to placing a priority in continuing their studies, participants have also noted that they would like for their child to have access to schooling as well, as one participant viewed it as a strategy to ensure her child will be successful in finding a well-paying job. This is believed to secure her son’s capacity to look after her needs in the future. Also, the participant noted how her own mother desired to have her graduate from school and advance to a
university education since she was unable to do so. The participant was influenced by familial aspirations regarding encouraging children in the household to do well in their education, attributing it to awareness around how completing one’s studies can result in a higher standard of life in terms of having financial resources to access better accommodation, health care, food, etc.

In terms of healthcare priorities, participants discussed how user-friendly and affordable health services would be ideal to have in their communities, stating how current health clinics charge medical fees which they do not have the money to pay for. Also, one young mother noted how:

*If clinic staff can stop looking down on adolescents who are pregnant or have a child, that would be good. [I] see them as not respecting [us]. [My] friend who is pregnant now went to see a doctor and she told [me] she was scolded by him for not being married.*

A third priority discussed by some participants was their aspiration to run their own small businesses in order to become financially independent. Entrepreneurship and vocational training were indicated as programs the young mothers would like to participate in, being aware of how business owners need a set of skills and knowledge to maintain a successful business in the long run. Furthermore, one participant stated that if she could have the opportunity to start a small business selling fruits and vegetables, it will be possible for her mother to look after her child during the day since she sells breakfast foods on the streets early in the morning. The participant described how with her own business, her mother would not have to prepare food to sell in the evenings because her shop can potentially generate enough revenues to support the household. The participant expressed how her mother’s informal business of selling food provides an unreliable source of income given how the rainy season prevents her mother from carrying out her informal source of work due to the flooding on streets and lack of shelter. By accessing business training opportunities, the participant believed it would help her fulfill her aspiration of being a business owner, while providing a more stable source of income to live on.

*Lack of Awareness of Current Support*
During the interviews, many participants stated that they were not aware of the types of support NGOs and other development actors are carrying out in the city with the exception of the Buguruni Youth Centre (BYC). A majority indicated they would like to know more about where to seek any forms of help they can obtain in the previously mentioned areas of health, education and income generating activities, preferably in their communities to avoid paying for public transportation. A young mother provided her perspective during her interview, stating how:

[I am not saying that] the government or NGOs have not supported [pregnant girls and other young mothers, but I do not know much about their programs]. But [I have] heard that some girls, some teenage mothers have gone back to school.

Drawing from this, a few other participants also expressed how they heard success stories about other adolescent mothers who were able to receive help from NGO programs, but they themselves did not know how to access the same sort of support which could help improve their current livelihoods, expanding their capacities to raise their child. With the case of the participant hearing about how other young mothers have been able to continue with their education after giving birth, she expressed how she would like to seek support from an NGO to return to school since her grandmother would be able to help look after her child. Overall, there appeared to be a consensus among the young mothers that NGO programs should be promoted more, given how they lacked the means to find organizations in Dar es Salaam to receive support. A participant also commented on how if NGOs and other actors could visit her community to talk about adolescent pregnancy and the importance of supporting young mothers such as herself, it would change the attitude of her grandmother who has been supportive of her role as a mother, acting as a part-time caretaker of her child. However, the participant lamented on how her grandmother failed to see the importance of her returning to school, believing women’s sole purpose in life is to raise children well.

Buguruni Youth Center (BYC)
It had been raised in an interview when asking about participant knowledge of NGO support how BYC has been reaching out to adolescents at large, coming from mainly low-income backgrounds. One participant stated how after giving birth, she heard from other community members about BYC providing health information workshops which she attended, receiving valuable sexual reproductive health and family planning information which she did not learn about in school or adult family members. When asked about her perspective on BYC’s impact, the participant responded that because the organization coordinates various community events to raise awareness about sexual reproductive health and actively engages with youth, they have been learning about such health topics. It is clear how BYC is an important space for adolescents to educate themselves about sexual matters and pregnancy prevention, given how the organization actively engages with youth in the community and other parts of the city to promote its cause. With BYC’s activities, the participants (along with other youth who attend health workshops) received information they needed to delay additional pregnancies. This was important for participants since they described how it is a challenge for them to raise one child while lacking a stable income to make ends meet.

4.2 - Logical Argumentation

Having presented the research findings, I argue that the challenges young mothers experience in Dar es Salaam are not fully addressed by NGOs and other development actors in current program/projects focusing on adolescent pregnancy. There exists a lack of understanding of the socio-cultural environments resulting in adolescent girls becoming vulnerable to early pregnancies. Given how the underlying structural issues sustaining this issue are overlooked in interventions due to an emphasis by development actors on the technical aspects of adolescent pregnancy (i.e. distributing contraceptives at health clinics). The rationale behind reviewing both Tanzanian and international interventions designed to support pregnant girls and young mothers is to demonstrate the development field’s understanding of health, education and employment
barriers, identifying areas of improvement needed to address the priorities expressed by the young mothers interviewed. While this research paper focuses on adolescent pregnancy in Dar es Salaam, Tanzania, the overall findings and results can potentially be applied to various developing country contexts with similar cultural stigmatization.

Despite how the various programs discussed in the literature review do cover education, health and income generation, the qualitative data drawn from interviews indicate that existing programs have failed to reach out to communities, making them inaccessible to female adolescents who are either pregnant or already mothers. The continuous focus on establishing adolescent pregnancy interventions without being critically reflective of whether the socio-cultural structures of the Tanzanian culture have been incorporated in the framework have hindered progress in supporting adolescent girls. Employing a technical approach to addressing such issues is not sufficient as it does not address the “causes of the causes” of the barriers to services my interviewees shared in their interview sessions. As illustrated in the following table, the priorities expressed by the young mothers I interviewed in terms of education, healthcare and employment are entangled with underlying structural factors acting as obstacles to their human development.

Table 1: Participants’ Education, Health and Employment Priorities and Barriers

<table>
<thead>
<tr>
<th>Issue</th>
<th>Priorities of Young Mothers</th>
<th>Challenges Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Access to schooling (for themselves and child)</td>
<td>- Education costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Need for childcare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Family support of girls’ education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Institutionalized discrimination in education system</td>
</tr>
<tr>
<td>Healthcare</td>
<td>Access to user-friendly, free healthcare services in community</td>
<td>- Healthcare user fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Geographic distances to clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Discrimination from health workers</td>
</tr>
</tbody>
</table>
| Employment/Income Generation | Business/vocational training opportunities | - Family support (financial)
- Vocational/business training opportunities |

Taking into consideration the priorities and challenges described in the interviews I carried out, it is important to address how NGOs and other development actors can improve their services when reaching out to pregnant girls and mothers in their communities. Further on in this paper, I will explore the data collected by interpreting interview findings with literary sources and overcoming the missing gaps that NGO programs face in program implementation.

4.3 – Analysis & Discussion

Before I examine my research findings in detail, it is important to understand concepts of gender in Tanzania in the context of young motherhood. How Tanzanian society perceives pregnant and parenting girls has a role in influencing the country’s efforts in supporting this group in its poverty reduction efforts. Tanzanian females have the potential to be active development agents when they are better chances in accessing income, education and health, resulting in their higher living standards in this study’s context (Reid & Shams, 2013). As mothers, they are likely to have higher payoffs compared to men in terms of sustaining human development to the next generation – such as their children – where future populations in Tanzania could potentially maximize human development for both males and females (Reid & Shams, 2013). However, my research findings demonstrate how progress has yet to be made in this aspect, making Tanzania’s adolescent pregnancy situation significant in the development field.

4.3.1 - TANZANIAN CONCEPTS OF GENDER, FEMININITY AND MASCULINITY

Gendered Perceptions of Adolescent Pregnancy

Adolescent mothers’ status in Tanzanian society are determined by cultural attitudes
regarding gender roles, resulting in expulsion from school, low social status and stigmatization by society (McCleary-Sills et al., 2013). Being rejected by the father of the child further resulted in a loss of both financial and social support. All participants in the study experienced such issues which led to the development of low self-esteem and confidence since their backgrounds were from low-income households, as well as facing limited economic options to financially support themselves. The girls’ sexual decision making appears to have been influenced in this context, where they were expected to abstain from sex before marriage and contraception is viewed as harmful (McCleary-Sills et al., 2013).

There appeared to be an imbalanced gender dynamic in this context since being female implied it was the sole responsibility of the mother to be the caretaker of her child, while the father was not expected to lend a hand in supporting participants’ responsibilities (Kiluvia, 2011). Drawing from the negative reactions participants received from their schools, family, friends and society in general, this holds truth since they were labeled as immoral and blamed for their situation. Meanwhile, the men who impregnated them mostly abandoned the participants upon learning they were responsible for the girls’ pregnancy and after acting as sources of economic support in exchange for sexual activities for a period of time for those engaged in ‘sugar daddy’ relationships (Kiluvia, 2011). Tanzanian men are pressured from their male peers to have sexual relations to demonstrate their ‘manhood’ which perpetuates strong gendered expectations about the sexual roles they act out within the cultural context (Maluli & Bali, 2014).

Despite the fact that the pressures and expectations men face result in their desires to engage in sex influences girls’ sexual behaviours, adolescent mothers are blamed for failing to avoid the pressure and risk (McCleary-Sills et al., 2013). To interpret my findings based on participants’ responses to inquiries about how they were perceived by others, these gender-based notions of sexuality apply since they commented on the scolding, ridicule, taunting, etc. from family, friends and community members. Meanwhile, there was no mention of their partners.
being subjected to the same treatment, implying that male sexual expectations within the Tanzanian culture were not transgressed. Based on my participants’ descriptions of how they were stigmatized as students in school, health clinics, in public and faced isolation from family members, breaking the cultural gender norm of stigmatizing motherhood before marriage would be helpful. As it will be discussed later in detail, there are a lack of policies implemented to address pregnant girls’ and young mothers’ needs by the government. This is attributed to prominent discourses of this vulnerable group to be at fault for their early pregnancies, thus not being viewed as a priority for national development plans.

**Femininity vs. Masculinity**

Societal expectations about masculinity and femininity are entrenched in perceptions about adolescent pregnancy and young mothers. While masculinity is associated with a male’s sexual prowess, for females they are expected to practice abstinence until marriage to be feminine. In a study conducted by Wamoyi et al. (2010), interviews with out-of-school adolescent boys reveal how they were influenced by their fathers to engage in sexual relations after hearing stories about their sexual experiences when they were younger. Such stories told by fathers were often in a manner suggesting it was ‘heroic’, leading to the interviewed boys to look up to them as role models (Wamoyi et al., 2010). When interviewing young girls, it was revealed that their mothers encouraged their ‘sexual innocence’ – abstaining until marriage. Tanzanian discourses encouraging youth to behave in accordance to masculinity and femininity notions encourage sexual activity among young men while reinforcing the subordination of women.

In the context of my research findings, the social norms of expected student abstinence and female sexual respectability reveal how repressed sexualities has adverse effects given that adults do not want to discuss sexual reproductive health matters with adolescents. Such attitudes discourage both boys and girls from asking questions about reproductive health and contraception because this could lead to punishments should sexual relations be discovered.
Furthermore, a girls’ brideprice could be reduced should she become pregnant prior to marriage which explains why parents are adamant that their daughters remain abstinent as it will limit her choice of potential spouses (Plummer et al., 2008). This was revealed from interviews as being one of the reasons why participants’ relationships with their parents sometimes became strained as news of their unplanned pregnancies spread by word-of-mouth in the community. This soiled the participants’ reputations, as well as portraying the entire household in a negative light. With my participants not practicing abstinence according to established gender norms, it caused people to label them as societal outcasts since they have ‘failed’ to live by gendered expectations of what makes an ideal women. While adolescent boys are expected to finish their education and find employment, the social and economic values of girls are derived from contributing towards household chores and marriage (CRR, n.d.). Public institutions, such as schools, reflect broader social norms and dictate that motherhood is an all-encompassing role, meaning that adolescent girls need to be entirely devoted to it (CRR, n.d.). Indeed, pregnant and parenting girls are denied the chance to continue with their studies to force them into their exclusive role as “mother” and enforce this feminine social mandate (CRR, n.d.).

4.3.2 - THE EDUCATION PROBLEM

Before I explore the insightful data collected from the young mothers interviewed, it is important to introduce the institutionalized discrimination within Tanzania’s education system and existing sexual and reproductive health curricula taught to students. This provides an overview of how it shapes Tanzania’s adolescent pregnancy stigmas, impacting the hardships encountered by participants in returning to school and how their pregnancies may have been influenced by schools’ inabilities to teach sexual and reproductive health.

Illegal Pregnancy Testing in Schools

School and government officials view testing female students for pregnancies in primary and secondary schools as a method to prevent adolescent pregnancy, resulting in expulsions of
over 55,000 girls in mainland Tanzania after they tested positive between 2003 and 2011 (CRR, n.d.). However, forced pregnancy testing and pregnancy-related expulsions merely regulate and control girls’ sexuality instead of providing adolescents with tools to make informed sexual health decisions. The problem with pregnancy testing in schools is that there exists no legal mandate to enforce them as mainland Tanzania’s legal and policy framework prohibits discrimination on the basis of sex, inclusive of pregnancy-related discrimination (CRR, n.d.). Despite this, teachers, school administrators and education officials believe that pregnancy testing in schools and the expulsion and exclusion of pregnant students are required by the law (CRR, n.d.). Some of the young mothers interviewed were noticeably upset when sharing the humiliating procedure of being tested in school and feeling horrified at learning they would become mothers as they were aware of the consequences from hearing about pregnancy-related expulsions. As expulsion is a form of social control over the female body, my participants were restricted to an exclusive motherhood role, at the expense of educational goals, as part of a wider set of harmful gender stereotypes around the social roles and capacities of adolescent girls and women (Niskanen, 2012).

Students discovered to be pregnant were immediately expelled with a lack of support in healthcare and counseling, overlooking pregnant students’ health and well-being as removing them from school premises is the priority (CRR, n.d.). Pregnant students are then permanently excluded from government schools (either the same one attended or a different one) after giving birth, resulting in private schools or vocational schools as the only options available to continue with their education (CRR, n.d.). However, in discussions with my participants regarding their financial struggles, it is evident that they did not have the means to pay for private tuition, shutting them out of formal schooling. It was a devastating experience for participants to have been expelled or forced to drop out of secondary school as they faced stigma from family, friends, and society, challenges to support themselves and their child, as well as
limited employment prospects.

The expulsion of pregnant students enables schools and government institutions to ignore the various troubles during pregnancy stages from poor reproductive health outcomes during pregnancy, during delivery and after giving birth (CRR, n.d.). Furthermore, expelled adolescents are at risk for poor health outcomes due to limited social support to obtain needed services (CRR, n.d.). In the context of my findings, the discontinuation of participants’ education resulted in halting their career aspirations because they were not academically qualified for formal sector jobs. Graduating from secondary school was deemed for participants as crucial in order to find work offering a satisfactory level of income to overcome financial struggles currently experienced. Given their current inability to access schooling due to school mandates of denying the mothers from returning to the classroom, they had no alternatives to finish their studies. As a result, income generating opportunities were restricted to the informal labour from the violation of mothers’ educational rights.

Sexual Reproductive Health Education in Schools

While government guidelines and policies state that sexuality (“life skills”) education must be included in primary and secondary school curricula, students rarely obtain comprehensive sexual reproductive health lessons which hinders their ability to make informed decisions about sexuality and reproduction (CRR, n.d.). Indeed, the young mothers interviewed indicated their teachers never provided them with an adequate amount of sexual reproductive health education (if such lessons were covered at all), indicating that they did not understand how unprotected sex could lead to pregnancy. A few participants were certain that if they had been properly instructed on sexual reproductive matters while they were still students, they would not have become mothers earlier than expected.

Primary and secondary school teachers have no guidance on how to teach sexual reproductive health without a national sexuality education curriculum, resulting in either their
avoidance of teaching such sensitive matters to students which they feel uncomfortable discussing or instructing them in confusing methods which students cannot understand (CRR, n.d.). Furthermore, the Ministry of Education’s guide for school counselors to teach students “life skills” is equated to promoting abstinence with the rationale being that students should not be engaged in sexual activities due to cultural ideologies that premarital sex is immoral (CRR, n.d.). Students are taught by teachers that adolescent pregnancy is not possible if practicing abstinence, with girls being instructed that they have the ability to decline pressure from boys/men to engage in sexual acts (CRR, n.d.). There is no mention on the value of contraception as a means to prevent pregnancy, causing students to be unfamiliar with the concept as evident in discussions with participants revealing community-wide misconceptions about their use, particularly among youth who choose to forgo it altogether if sexually active (CRR, n.d.). Finally, another problematic feature of sexual reproductive health education in schools is how primary students receive little information on the topic as secondary school level is usually the starting point; yet primary school students may be as old as 15 years of age due to retention and other matters which is past the start of puberty and sexual experiences for many youth (CRR, n.d.). Commonly, interview participants became pregnant either during the end of primary school or during the transition between primary and secondary education. It is crucial for primary schools to include sexual reproductive health lessons as the number of students continuing to secondary school in Tanzania is generally low, making primary schools the only opportunity for students to learn about the topic.

**Young Mothers’ Discontinuation of Education**

The education levels of the young mothers ranged from primary to lower secondary school before they either dropped out or were expelled by school authorities upon becoming pregnant, meaning participants’ education was disrupted at various ages within the established education system as illustrated below:
Table 2: Tanzania’s Student Education Levels System

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Starting Grade</th>
<th>Ending Grade</th>
<th>Age From (Average)</th>
<th>Age To (Average)</th>
<th>Years of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Primary</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Lower Secondary</td>
<td>8</td>
<td>12</td>
<td>15</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Upper Secondary</td>
<td></td>
<td>18</td>
<td>20</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

(Foreign Credits Inc., 2012)

Since giving birth to their child, all participants did not re-enroll in school because of family members failing to realize the educational benefits of girls and stigma in the education system. Meanwhile, one participant’s retelling of how she was expelled in lower secondary school represents the issue of increasing rates of pregnant schoolgirls dropping out of school, with a low likelihood to return to complete their studies. The commonality all young mothers described is how they have become stigmatized members of society due to the negative responses received from family, friends, the public, etc. for appearing promiscuous, although the issue is their lack of sexual reproductive health knowledge which resulted in no contraception used during intercourse with their partners. Also, it is possible that both the participant and their partner were unaware of pregnancy prevention methods given the lack of sexual and reproductive health education either from schools, health clinics, family members, etc. As previously stated by one participant whose family pressured her to drop out of school to ‘hide’ her from public spaces, this reveals how having an adolescent pregnancy occurring in the family reflects badly on all family members from girls failing to practice abstinence before marriage due to gender expectations (Maluli & Bali, 2014). With my participants being labeled by school staff, parents of students and classmates as being bad examples to other female students, the likelihood of them completing their education is low. I believe these perceptions fed into my participants’ feelings of low self-esteem which I observed from their facial expressions, tone of voices and
body language documented in field notes.

There exists a lack of data on how many girls return to school after giving birth, revealing how in future studies on adolescent pregnancy this is an important component to address (UNICEF, 2011). Indeed, the denial of mothers to their educational rights has been identified as an area of concern for participants, having cited their aspirations to graduate in order to be literate and employable with skills which employers desire in potential workers. By remaining out-of-school youth, my participants felt despair at the thought of being unable to provide for their child as they attempt to make ends meet through generally engaging in informal labour which provides an unstable source of income. They were aware of the perceptions school administration have of their mother status which have deterred other pregnant girls and young mothers form returning to classrooms. Indeed, it appears that schools are against enabling young mothers to re-enroll in the studies given how it will ruin the reputation of schools since studies have found that the majority of Tanzanians believe adolescent mothers are to blame for their situations, believing it will encourage other students to become pregnant (CRR, n.d.). However, it is through education which the young mothers have identified will bring them out of poverty and open up opportunities for them in income generation to perform their duties as an ideal mother who can provide a good life for her child.

Family and Education

In terms of familial support for the young mothers to return to their studies, it was interesting to see the opposing viewpoints of two participants’ female relatives. One grandmother was supportive of the first participant in terms of childcare and household chores, reducing her burden of responsibilities as a single mother. However, the grandmother abided by traditional patriarchal values of not viewing girls’ education as necessary. In the case of the granddaughter I interviewed, the dominant patriarchal norms indicate that she has no room for educational goals in her life course given the need to raise her child and do household tasks.
(Lerisse et al., 2003). This traditional thinking which only values boys’ education contributed to pregnant girls and young mothers feeling discouraged about graduating with a secondary school diploma since they were constrained by family pressures to perform gendered roles. On the other hand, one participants’ mother wanted her to graduate from secondary school in order to advance towards university studies as the mother herself only has a primary education level. This reflected a breakaway from traditional values of girls’ lives. The disappointment of the participant’s mother expressed upon learning of her pregnancy was due to her having to sacrifice her studies to fulfill her motherly role. However, this is a rare trend since the majority of participants cited family pressures to remain out of school to be one of the reasons why they do not think it will be possible for them to finish school. Until Tanzanians are able to recognize the value of girls’ education in terms of supporting them to have the human capital to contribute towards Tanzania’s development, it will be a challenge to promote the idea of enabling young mothers to return to school in order to graduate and participate in the formal labour force (a gendered expectation of male students) (Restless Development, 2011).

**Educational Aspirations**

Being able to return to school was cited as a priority for the majority of young mothers during interviews. They wanted to resume their secondary education, but they were aware of stigma society holds against young mothers being in school. Until the Ministry of Education addresses this in its policies intended to advocate for young mothers to finish their education, pregnant girls and mothers will continue to be excluded from their educational rights. As single mothers who were not supported by the fathers of their child, the interviewees were dependent upon relatives’ low financial contributions and involvement in the informal sector. However, they wanted to be hired in schools, shops, etc. which would greater self-reliance. The interviewees believed that being a high school graduate can potentially add to their self-confidence and enhance their capacities to raise their child in an environment where they would
not have to worry about living costs and other issues. All participants said they enjoyed learning when they were still students and hoped their children would also be able to go to school in the future.

**Education for Child**

A few mothers expressed that they wanted to ensure their child has access to a high quality education so that they will be literate and obtain formal sector jobs in the future, graduating from upper secondary school and advancing to higher education levels such as university. Family roles were connected to participants’ aspirations given that they expected their child to have the capacity to take care of their needs in the future, performing the roles of being a son or daughter. Also, having an educated member in the family would make it likely to prevent another cycle of poverty. Furthermore, it was noted in all interviews that my participants’ parents had incomplete education levels which acted as one reason they were born into low-income environments. As mothers, they desired to have the best life for their child with access to quality schooling for boys and girls being one element. One way to interpret this perspective is that participants wanted gender equality in terms of girls’ education being seen as equally important. However, guaranteeing their child’s future education goals was a challenge since my participants had limited financial resources which to spend on food, clothing, etc. In Tanzania, it is the case for many children to drop out of school early to work in the informal sector and contribute towards the household income (Save the Children, 2004). In the context of my participants’ low-income backgrounds, it is likely their own children would be unable to complete their studies due to education user fees on tuition, uniforms, books, etc. To increase the possibility for participants’ offspring to obtain a sufficient amount of education, they would need opportunities to increase their income levels and place their child in a school.

**Education Costs**

Tanzania’s education system placed my participants’ – and consequently their child’s –
future education at a disadvantage because of associated costs to attend school other than tuition, which include purchasing uniforms and books (Vavrus & Moshi, 2009). As previously mentioned during interviews, my interviewees wanted to graduate from secondary school, as well as find opportunities ensuring their child’s access to primary and secondary education. Reflecting on expressed concerns about my participants’ lack of access to steady employment, it is unlikely they would be able to pay for secondary school costs should NGOs or the government help them reenroll in school.

Participants’ child’s future education planning will potentially encounter the same issues. Despite the abolition of primary school fees by the Tanzanian government in 2002 to ensure children from the poorest households can attend school, there are other challenges both participants and their child could face (Smith, 2010). One main problem faced by primary schools is the overcrowded classrooms with a national teacher-pupil ratio increasing from 1:41 in 2002 to 1:51 in 2010 (Smith, 2010). Since most primary schools lack government funding to purchase items such as teaching materials for teachers and textbooks for students, parents are expected to make contributions to their child’s school to cover school expenses to keep them running (Smith, 2010). In the case of my participants, it is possible their child may not finish their primary education should they enroll in a school since helping fund schools to obtain scarce resources would be a financial burden on the young mothers. However, education costs are only one aspect of the diverse challenges my participants face in supporting themselves and their child.

4.3.3 - THE HEALTH PROBLEM

Health Consequences

Health providers in Tanzania have generally been found to operate on the basis of personal biases and beliefs around the reproductive health of females (Wamoyi et al., 2010). A study conducted in 2003 on youth-friendly services in the country verified this with interviewed
youth sharing how health providers displayed degrading attitudes towards those seeking sexual and reproductive health-related services (Wamoyi et al., 2010). Furthermore, interviewed providers in the study acknowledged how they are against distributing adolescents with contraceptives or feel that youth should not be sexually active until marriage (Wamoyi et al., 2010). In the context of reflecting upon interview responses from my participants, this is applicable to their anecdotes of not seeking out healthcare services due to being discouraged from previous visits where they discovered health workers labeled them as being inferior to other patients who were either not pregnant adolescents or young mothers. With the lack of a strong support network of family, friends and the public, it was not appealing for the young mothers to seek healthcare when believing they would be subjected to degrading attitudes from health workers. Until health services are able to adopt user-friendly approaches towards treating patients while ensuring adolescents - including pregnant girls and young mothers – are treated well, they will never be able to access quality healthcare services (Vavrus, 2005).

Health User Fees

Given the low-income backgrounds of all participants, being unable to afford medical services emerged as a key barrier towards accessing needed healthcare from clinics. With the limited amount of money the young mothers possessed, it was viewed as an opportunity cost in terms of spending it on food versus accessing needed healthcare. It was more likely medical services would be foregone since my participants were reluctant to neglect purchasing food for their child since they would starve should money be spent on healthcare. Being single mothers, this reflects the need to make difficult decisions on a daily basis in order to fulfill responsibilities of providing their child with the basic necessities, ensuring their well-being. All participants commonly expressed the amount of stress and anxieties felt around ensuring their child is healthy since being unable to see a doctor and purchase medications should their son or daughter fall ill made them feel incompetent as a mother.
Linking this to the various responsibilities my participants performed on a daily basis, imposed user fees added to their low self-esteem from living in poverty. After all, health services expecting patients to pay a fee have created health access inequalities with only middle and upper class Tanzanians being able to afford healthcare (Vavrus, 2005). Those from low income classes, such as the mothers I interviewed, did not have the same capacities to visit a doctor should an illness or injury emerge in themselves or their child. While I did not ask how often my participants visit health clinics, it is likely they rarely see a doctor since as mothers they had to balance the opportunity costs between healthcare and food. Furthermore, one participant raised an additional barrier of healthcare access – clinic distances from her community – sharing how even if a clinic did offer free services, it would be important that it is located within a reasonable walking distance. A couple other participants also agreed with the statement after I conducted more interviews, using the first participant as a scenario-type question. With being able to afford the basic necessities, the opportunity cost mentioned earlier would now be against bus fares which have increased slightly over the past few years.

It was interesting to note how participants interpreted my scenario question of a clinic offering free health services to people as being located far from their communities. This indicates a lack of public health infrastructure resulting from the imposed SAPs policies as private healthcare increased, offering high quality services to those who can afford it (Vavrus, 2005). Furthermore, the communities the participants currently reside in appear to be in the outskirts of the city which are underdeveloped, lacking infrastructure such as roads (Dickson et al., 2012). This is one explanation of why the participants interpreted the clinic being located away from the Dar es Salaam’s outskirts given how isolated their residential areas are, reflecting a need to have free health services located in the outskirts of the city.

**Distance to Health Clinics**

As Dar es Salaam’s population growth rate is estimated to be 8 percent yearly, it has
become one of the fastest growing cities in sub-Saharan Africa (Dickson et al., 2012). The young mothers I interviewed mostly live on the city’s outskirts, which are most likely among informal, unplanned settlements characteristic of the living conditions of poor communities lacking adequate infrastructure and services (Dickson et al., 2012). Participants’ desires about accessing free healthcare services located near their residential areas for themselves and their child is important to address since access to clean water and sanitation are common issues in poorly planned settlements (Dickson et al., 2012). This can contribute to widespread illnesses, such as cholera and malaria among participants and their child from living in inadequate living conditions (Dickson et al., 2012). Having spoken to participants who cannot afford health services and live far from clinics, this reflects how their overall health is impacted from being exposed to unhealthy environments on a daily basis, leading to their health to deteriorate over time. However, this is not the only issue participants have regarding their access and usage of health care services.

Biomedical Conspiracy Theories

Sexual reproductive health and family planning services are increasingly being provided by NGOs in attempts to reduce adolescent pregnancy. However, the emergence of conspiracy theories around contraceptive usage as raised by participants revealed the distrust both youth and adults had leading to their non-utilization, which in turn contributed towards early pregnancies and can disable participants from delaying additional births. As indicated by one participant, she cited birth control pills as something perceived to be ‘unhealthy’ for adolescents’ bodies since circulating rumours labeled such contraception as having harmful side effects. This can be one reason for the adolescent pregnancy rates in the country, since youth are advised by others to avoid consuming them to avoid risking their health. Furthermore, it was believed that birth control pills disable females from giving birth altogether rather than being understood as a mechanism to avoid giving birth to a second child until adolescent mothers are older. According
to Tanzanian gender norms, females are expected to have the capacity to engage in reproduction, complying to the cultural definition of what is means to be a woman (UNFPA, 2013). Conspiracy theories around birth control being ‘bad’ for the female body can prevent adolescents from learning about sexual reproductive health and family planning strategies.

Regarding the role of Tanzanian males in using contraception, various misconceptions about condoms discourages their usage which also has a role in adolescent pregnancy. A study conducted by Katikiro and Njau (2012) on condom usage among youth in Dar es Salaam revealed how the use of condoms in sexual relationships symbolized a lack of trust should a female partner initiate its use, creating tensions in a relationship. Also, boys believed that condoms reduced sexual pleasure and delayed ejaculation, which discouraged them from wanting to use condoms (Katikiro & Njau, 2012). The role of conspiracy theories around contraceptives is important to address as promoting its usage to prevent pregnancies and encourage mothers to delay giving birth to another child will create an impact in reducing fertility rates among adolescents. But until actions are taken to educate communities about the benefits of contraceptives, youth will continue to be misinformed about its purposes, sustaining their inabilities to make informed decisions about their sexual reproductive health and family planning.

Adolescent-Friendly Healthcare Services

A major theme of ‘discrimination’ emerged throughout my interview responses, revealing how negative attitudes towards pregnant girls and young mothers were entrenched into every aspect of their lives, creating barriers in terms of accessing user-friendly health services which respect adolescent patients. From the responses of participants who shared their unsatisfactory experiences in health clinics, the degrading behaviours of health workers discouraged them from seeking medical services when needed. Pregnant girls and young mothers commonly did not receive sympathy by health workers because of Tanzanian gender
and cultural norms which dictate that it is inappropriate for girls to be in sexual relationships and are expected to practice abstinence for their future husbands (McCleary-Sills et al., 2013). As a result, healthcare workers often treated pregnant girls and young mothers in clinics in an ill-disposed manner in comparison to other patients. Such discrimination contributed to my participants’ hesitance to seek medical services for themselves or their child as they did not want to subject themselves to emotional and mental abuse from doctors who made them feel inferior to others.

4.3.4 - THE INCOME GENERATION PROBLEM

Business and Vocational Training Goals

The theme of being self-reliant emerged when discussing employment priorities with participants, reflecting their goals to improve their capacities to earn a satisfactory income level to raise their child as a single mother. Furthermore, it was expressed by most mothers that they would like to access entrepreneurship/business skills training in order to start their own small-scale businesses, such as owning crafts shops. Being self-employed was highly desirable, given how the participants would have flexible working hours and would not have to subject themselves to be exploited in terms of their wages, or mistreated by employers. Being self-employed would enable my participants to overcome the lack of job opportunities available to them as they would be able to establish their own small-scale businesses in the city.

Another reason for wanting to start their own businesses related to the role of being a filial daughter for two participants who live with their mothers, citing them as being supportive in helping them raise their child. Should the participants become business owners, their mothers will not need to struggle with informal labour (i.e. preparing and selling street food) as their businesses would ideally generate a sufficient amount of revenues to matching (or exceeding) the amount of money earned from such activities. While participants’ mothers have experience in earning a living for the household, the young mothers I spoke to shared how their mothers would
be able to stay at home and act as a caretaker for their child on a steady basis. One participant also said her mother could act as a co-business owner since the mother is familiar with running a small-scale business from years of acting as a breadwinner for the household without a husband. Participants being able to become entrepreneurs could have the potential to not only lift themselves out of poverty, but their entire household as a whole from having the skills and knowledge of owning a business, rather than engaging in the informal sector.

**Child and Family Support**

All participants have mentioned their challenges in accessing formal employment, which they were confident would bring their household out of poverty from a stable inflow of wages. Most of the young mothers have made arrangements to support family run small-scale informal business to contribute towards the household income. It has been described that the various forms of family-run businesses do not generate much money, such as from purchasing vegetables to sell them at slightly higher prices to others to make up the difference. Selling street foods was common among the young mothers since they helped their mothers prepare the snacks, reflecting how gender norms of females expected to be able to cook determines the sort of informal labour they can engage in. Indeed, men in Tanzania work in male dominated sectors such as being security guards, plumbers, etc., reflecting a gender-oriented labour force, explaining the lack of female employment opportunities since the types of ‘acceptable’ jobs are often not in emerging sectors, such as the growing oil and gas industry which mostly hires male workers (Van Wetter et al, 2014).

I found that two participants were financially supported by their fathers, although on an irregular basis. Indeed, these participants indicated they did not engage in any form of labour to generate household incomes as they were restricted to stay home to care for their child. Looking at the family compositions, most participants live in single parent households. Based on interview responses, most did not have a close relationship with their mother/father who acted
distant since learning of their daughters’ pregnancy out of marriage which reflected badly on their parenting style. Despite this, two participants’ fathers still performed their duty of acting as the breadwinner for the family, although this placed a financial strain on the low incomes earned from their occupations from having to support their grandchild and their daughter. After all, their daughters were unable to access employment in the formal sector and the child’s father failed to financially support the participant and his child. In contrast, participants who supported small-scale family businesses have not indicated they received direct financial support from family members. This indicates how despite distanced relationships with their fathers, family obligations are still adopted by the two participants who depend on their fathers’ support to live. However, financial contributions from family members are not enough to assist participants with associated costs of providing basic necessities for themselves and their child, making it important to consider other potential avenues of support for young mothers.

4.3.5 - ROLE OF NGOS AND GOVERNMENT

Policy Implications

Reflecting on interview responses when asking my participants about their thoughts on available support from NGOs and other actors (i.e. the government), it was clear that they either wanted more information on how to access services or were not aware of interventions altogether. This reflects how the young mothers feel marginalized and vulnerable given how their facial expressions and tone of voices from interviews documented in field notes suggest emotions of anxiety, confusion and hopelessness. Having lived in their communities where they were social outcasts from failing to remain virgins until marriage with their child seen to be an outcome of their ‘wrongdoings’, NGO interventions designed to address issues of adolescent pregnancy appear to be unheard of among the mothers. Indeed, participants had described in detail in earlier interview questions about the sort of discrimination and isolation they encountered from family, friends and society because of having a child, leaving them with a lack
of support networks to raise their child well. There appeared to be a consensus among participants when interpreting the various responses collected that it was because of such negative attitudes the public has about pregnant girls and young mothers which has resulted in a lack of initiatives to address their needs in health, education and employment.

While there is increasing attention being paid to on adolescent pregnancy by development organizations in Dar es Salaam, the lack of policies established by government ministries to support pregnant girls and young mothers are hindering progress in reaching out to the beneficiaries. As Bangser (2012) remarks on Tanzanian girls’ programming in the development sector, there is a lack of national coordination where NGOs work together in pressuring the government to advance policies concerning issues impacting adolescent girls. Should NGOs collaborate in technical committees or working groups, this could lead to platforms where programs plans, experience and program evaluation results are shared to inform future program implementation (Bangser, 2012). Also, NGO platforms focusing on adolescent pregnancy-related matters, such as young mothers’ returning to school, could potentially lead to the creation of programming guidelines to submit to the government to synthesize with policies (i.e. mothers’ rights to an education) (Bangser, 2012). NGOs in Tanzania could possibly pressure the government to further act on supporting pregnant and parenting girls after realizing the advantages it would bring to poverty reduction efforts in the country.

Lack of Awareness of Services

Participants lacked information about the sorts of programs NGOs have established designed to support pregnant girls and young mothers throughout the city as more attention is being paid to the issue of adolescent pregnancy. This reflects how current programs have not been able to reach out to their intended beneficiaries who live in the outskirts of Dar es Salaam which are considerably underdeveloped and isolated. In their interviews, the mothers mentioned how they are intrigued by the support they could receive from NGOs in terms of health,
education and income generation since they prioritized them as their areas of concern. This reveals the need for NGOs to expand their programs to remote communities in the city as interview responses illustrate participants’ inability to access support. After all, my participants are restricted in their mobility to leave their community since they lack the means to afford paying for public transportation and devoted to the various responsibilities performed on a daily basis in child care, chores, etc.

The majority’s responses about how they do not know about the development work done in the city to help pregnant girls and young mothers reflects the lack of public awareness of adolescent pregnancy interventions despite progress being made in raising awareness of the issue by NGOs through mass media and campaigns (although they mostly focus on preventing pregnancy). It was noted during interview sessions that a few participants disagreed with statements of others about their views of being unaware of NGO programs, reflecting an anomaly. One participant shared how she has heard anecdotes about how some young mothers have been able to return to school and graduated from friends who are also adolescent mothers. However, the topic of inaccessibility emerged regarding how the participants (as well as her friends) are unaware of how other young mothers were able to obtain NGO support to return to school.

The lack of community integration of NGOs to reach out to pregnant girls and young mothers is viewed as one barrier impacting the accessibility of their work when reflecting on one participant’s comment about how useful it would be if NGOs could visit communities to promote their services to everyone. Currently living with her grandmother who does not see the value of girls’ education, the participant discussed how if NGO workers could discuss the value of their work to the public in supporting young mothers, it can potentially shift gender norms away from solely prioritizing boys’ education. Also, community perceptions about ‘immoral’ pregnant girls and mothers may shift to a non-discriminatory manner could occur from people understanding
the sorts of hardships experienced by single mothers, particularly from impoverished backgrounds. Examining the participant’s response, it is evident how useful it would be for NGOs to design participatory programs enabling all stakeholders to have input into outreach activities given how different perspectives can be explored to fill in the missing gaps hindering progress from being made. After all, participants’ discussions about the inaccessibility of adolescent pregnancy services indicates a disconnection between design frameworks/policies and implementation on the ground. Thus, it is crucial NGO programs are more accessible to pregnant and parenting girls to make progress in addressing the development sector’s challenges in creating impacts in their lives for the present and future.

Chapter 5: Conclusion

5.1 – Key Findings
Perceptions & Policy Implications

Tanzanian perceptions regarding adolescent pregnancy are entrenched in the daily lives of both pregnant and parenting girls due to cultural discourses around acceptable gender expectations between males and females. Participants have described the emotions of shock, shame and embarrassment they personally felt upon learning of their pregnancies as they were unplanned, while the reactions of family, friends and the community contributed to their low self-esteem from being scolded and humiliated. Although all young mothers I interviewed did not receive any forms of childcare support from the men who impregnated them, a few participants were supported by family members financially to help raise their child. This resulted in a lack of support networks for single mothers, creating various barriers in supporting themselves and their child in impoverished conditions.

In Tanzanian education and healthcare systems, discrimination has been institutionalized from teachers, school administration and health workers blaming participants for their situations, viewing them as unfit to continue with their education and being ‘unworthy’ to receive health services due to labels of the mothers being immoral for becoming mothers out of wedlock (UNICEF, 2010). Gender norms which dictate that girls should practice abstinence until marriage evidently influence the life trajectories of pregnant or parenting girls (especially those from poor backgrounds) (UNICEF, 2010). Responses to adolescent pregnancy were largely centered on how girls should accept the consequences of their early motherhood since they failed to live up to gendered expectations of avoiding sexual relationships (UNICEF, 2010). Since this group has ‘violated’ such cultural norms, it is viewed by the public – including those in authority positions such as government officials – that young mothers are to live with the consequences as a form of punishment for not practicing abstinence, resulting in a lack of policies and other forms of support to help such girls (Lerisse et al., 2003).

Education Barriers
All participants were unable to return to school since giving birth, resulting in their educational goals of obtaining a secondary school diploma to be halted. It was indicated by the mothers that finishing their studies is a priority since it would help them obtain well-paying formal sector jobs, allowing them to be self-reliant and raise their child outside an impoverished environment. However, the lack of childcare support from family members or friends was an area of concern since if participants returned to school, there would be nobody available to care for the son/daughter. This made it impossible for participants to return to school, knowing they did not have access to childcare options. Also, family members discouraged participants from finishing school since girls’ education was deemed unnecessary once motherhood occurred, since giving birth and committing to household responsibilities are elements of gender norms restricting girls to the roles of motherhood. Meanwhile, boys’ education is prioritized due to male norms of being the breadwinner of the household, making educational accomplishments important for them (UNICEF, 2011). When discussing returning to school, most participants expressed their awareness of how teachers, school administration, students, etc. would be reluctant to allow them to finish their studies because people do not want to associate themselves with young mothers. However, a few participants expressed how they were optimistic that eventually opportunities will emerge allowing them to reenroll in a secondary school. Also, it appeared that a couple mothers wanted to demonstrate to those who discriminated against them that they are entitled to finish school like any other student, acting as a role model for their child as it was hoped their son/daughter will be literate in order to live a better future.

**Income Barriers**

To financially support themselves and their child as single mothers, participants either helped family members with running informal businesses or relied on financial contributions from their own fathers. None of them have been able to access formal employment given their incomplete education and lack of social networks to find well-paying jobs. With their previous
boyfriends/lovers failing to take responsibility for their child by abandonment, the lack of financial resources to cover living costs in terms of food, clothing, etc. was a source of stress and anxiety for participants. Living in an impoverished environment, the inaccessibility of sustainable income-generating activities is important to address since it sustains a cycle of poverty between family generations (Reid & Shams, 2013). While alternative education programs exist, such as vocational training, they require tuition costs to be paid which my participants could not afford.

**Health Barriers**

Health services are rarely used by participants, even in cases where clinics have been established in their communities. Public health services are underfunded by the government, resulting in doctors who charge consultation fees which were unaffordable for my participants (Vavrus, 2005). This contributed to concerns about the overall health of themselves and that of their child since they would have to find ways to obtain enough money to visit a clinic for diagnosis and treatment. Free health services were non-existent for participants within the areas they lived in since they reside on the outskirts of the city which remain underdeveloped. In addition, using public transportation to visit a health clinic also imposes financial constraints since it would require transferring buses en route to seeking medical services, meaning additional bus fare would have to be paid.

In addition, the lack of contact with Western medicine has resulted in conspiracy theories to emerge around what users of a biomedical system are familiar with – needle injections, pills, etc. In terms of sexual reproductive health and family planning services, participants indicated this contributed to their early pregnancies since they were misinformed by others to avoid taking birth control pills because it would cause serious side-effects. Youth were reluctant to seek sexual reproductive health education since they feared their health would be put at risk by listening to the advice of health workers.
Priorities of Young Mothers

Education emerged as the top priority for participants, which reflects its ties with income generation since could give them desired employability skills and open opportunities to be hired by employers. As well, encouragement from participants’ mothers wanting to see their daughters graduate from secondary school appears to have instilled educational priorities to have their own child to be literate for a couple young mothers. For healthcare, participants wanted free medical services which are adolescent-friendly given the current consultation fees and discrimination by health workers which discourages and prevents them from seeking health services. Finally, business skills and entrepreneurial training was indicated as another priority in terms of support for a few mothers who have aspirations to open up small-scale businesses and become financially stable.

Services Needed from NGOs

The overall consensus among participants regarding their perceptions of NGOs’ adolescent pregnancy interventions was that they were not aware of efforts designed to support pregnant girls and young mothers in the city, reflecting the isolation of their communities from the rest of Dar es Salaam. They indicated their interest to learn more about how to obtain support, as stories have circulated about girls being able to return to school after giving birth, wanting to access the same opportunities. Community integration emerged as a suggestion from participants, noting that if NGO workers visited their communities to promote programs supporting young mothers, it could help reduce the amount of discrimination they currently face since people would be more understanding of their situations. Thus, it is important to draw on the failures, successes, and lessons learned of NGO programs designed to support pregnant girls and young mothers both in Tanzania and other settings since lessons can be learned from exploring the strategies used promoting services.

5.2 - Arguments
It has been discovered that there is a lack of continuously evaluated programs in the area of adolescent girls’ programming in the development field, accompanied by a lack of research targeted at adolescents (Bangser, 2012). I argue that there is a lack of understanding in NGO programs about the socio-cultural factors influencing pregnancy rates and sustaining the social and economic inequalities my participants experienced daily. This is reflected in many of the NGO programs discussed earlier which have a technical perspective, such as establishing alternative education and vocational training programs in attempts to enable young mothers to continue their studies and learn employable skills (Niskanen, 2012). Despite increased efforts to establish such adolescent pregnancy interventions, it does not actually address the various factors making it necessary to find ways to support pregnant girls and young mothers in the first place (i.e. denial of support services due to discriminatory attitudes). While programs do address health, education and income generation barriers pregnant girls and young mothers face, they have not explored in detail how to make their services more accessible and address the discrimination and stigma encountered.

With NGOs failing to address inserting a cultural approach to adolescent pregnancy programs, they have been unable to create change in supporting pregnant and parenting girls from the poorest backgrounds. By ‘cultural’, I refer to the importance of acknowledging the value of cultural sensitivity in interventions since cultural beliefs sustaining gender and economic inequalities are largely overlooked in programs supporting adolescent girls (Wight et al., 2012). Using traditional top-down approaches in programs will not create much impact since supporting girls in priority areas entails activities building on community understandings and needs to break down the root cause – the stigma surrounding adolescent pregnancy. Most NGOs do not address the culture of discrimination against adolescent mothers in Tanzania because they tend to focus on the immediate barriers beneficiaries encountered rather than exploring factors sustaining the barriers. By promoting changes in attitude of Tanzanian society towards pregnant
girls and young mothers, perceptions on the importance of providing services to this group and creating opportunities to extend interventions in the present and future will improve.

5.3 - Research Significance

My research with young mothers highlights the need to fill in information gaps of the realities on the ground by directly consulting with beneficiaries themselves about their opinions. It is important to engage with pregnant and parenting girls as it enables them to be active participants in development, sharing information about the areas NGOs need to improve in to roll out programs from their perspectives. It appears that NGOs implementing interventions have not sufficiently engaged in a two-way dialogue with the intended beneficiaries about their needs and concerns given how most programs use a top-down approach. Furthermore, there is a lack of research on supporting pregnant and parenting girls since researchers have mostly focused on how to prevent adolescent pregnancies, resulting in NGOs to overlook the challenges girls encounter once impregnated and becoming mothers. My research findings indicated the value of obtaining first-hand accounts from young mothers since the conducted interviews provided an understanding of some of the barriers they face. This enabled me as a researcher to explore how NGO programs do/do not address the expressed priorities the participants identified. Synthesizing first-hand experiences of participants with published literature to identify the missing gaps of NGO programs both in Tanzanian and international settings has been useful to determine a ‘skeleton’ of what a program supporting pregnant girls and young mothers should include. Endorsing one ‘best practice’ program focusing on girls in Tanzania and around the world would be neither possible nor appropriate. Instead, the impact of my research of pulling together interview data from the beneficiaries themselves with literature on adolescent pregnancy and examples of NGO programs is to propose options for moving forwards with more effective girls’ programming for the future in Tanzania specifically.

5.4 - Future Programming Suggestions
Based on examples of NGO programs discussed, this section presents lessons learned from strategic approaches and services for pregnant adolescents and young mothers which have the potential to be adapted to local conditions to overcome current program challenges identified from exploring the literature and comparing them with participants’ opinions and suggestions of NGO services. In addressing the health, education and employment priorities of interviewed participants, institutional support is important to ensure the feasibility of support efforts. I propose that NGOs expand their partnerships with government ministries, such as the Ministry of Information, Youth, Culture and Sports, and other development stakeholders to combine resources and expertise, ensuring the sustainability of such efforts.

**Adolescent Mothers Mentoring Programs**

Girls who are already mothers have the potential to act as mentors to adolescent girls in communities if NGOs create mentorship programs. Since young mothers are often social outcasts in their communities and unaware of how to access health services, such clubs could enable them to have a strong social support network and learn about family planning needs together from trained volunteer peer educators. Through the NGOs, young mothers could receive family planning education to learn about the benefits of contraceptive usage, disproving any misinformation of its alleged side-effects which discourage youth from wanting to learn about sexual reproductive health to prevent pregnancies. Also, young mothers could act as mentors to adolescent girls by engaging in outreach activities, educating girls about personal experiences of being young mothers and contraceptives in creative ways such as music/dance/drama performances to capture the interest of the entire community. Through this, it is possible communities would be more open to embrace sexual reproductive health education for adolescents in an environment where it is encouraged to share information with youth concerning their health and well-being to delay pregnancies, breaking down adult’s reluctance to discuss the topic upon learning of its role in reducing early pregnancies among girls.
Furthermore, it would benefit young mothers in NGO programs holding important mentor roles to ensure girls are aware of the various struggles the mothers face, reminding them of strategies to prevent pregnancies happening.

**Adult Stakeholder Involvement**

Adolescent sexual reproductive health programs requires careful planning to ensure adults in the community are aware of the benefits from them by involving stakeholders (i.e. local elders, officials) in program planning and implementation, increasing the likelihood for a successful program since they will actively participate in such interventions (Wight et al., 2012). This aspect is crucial because restrictive sexual norms in Tanzanian culture could cause opposition to emerge among some community members should health programs be implemented in a manner seen to be externally imposed by NGOs without consulting locals about their concerns. Adult stakeholders working with NGO staff should be included in program assessments of the needs of pregnant and parenting girls in communities to understand their realities before designing interventions and monitoring progress of the program with its strong local ownership and support.

**School Partnerships**

It is important for NGOs to reach out to primary and secondary schools to promote the need for sexual reproductive health lessons to be included in curriculums, citing the benefits of encouraging male and female students to make informed decisions about sexual relations rather than imposing an abstinence-based mentality in classrooms, repressing students’ sexualities in attempts to control their behaviour. Also, it is important to inform schools of how there are no legal grounds for conducting forced pregnancy testing on students and expelling and preventing pregnant students from finishing their education, enabling students and Tanzania society to be well-informed of educational rights (CCR, n.d.). With community members, school staff and NGOs working together in a committee, examples of activities to carry out include:
• designing sexual reproductive health lesson guidelines for teachers to ensure the health material taught to students is comprehensive
• training teachers on pedagogical skills to instruct students on the topic in an open manner, creating a supportive environment for students to learn in
• planning community campaigns promoting awareness about young mothers’ rights to return to school, spreading word of benefits of girls’ education in improving Tanzania’s development from their human capital potential

Health Service Extensions

To meet the healthcare needs of pregnant girls and young mothers, it would be useful for NGOs to work with existing health clinics to provide free services, as well as implementing mobile health clinics to visit isolated communities. This will secure the health of the adolescent mothers and child, as well as offsetting concerns about transportation fees in locating a clinic far from the community. The mobile health clinics could be an effective means of collaborating with formal and informal referral networks saving resources and strengthening partnerships.

Adolescent Sexual Reproductive Health and Family Planning Workshops

NGOs could collaborate with existing youth centers and health clinics to establish and expand sexual reproductive health and family planning workshops to youth, including young mothers, who are either students or out-of-school to conduct workshops on sexual reproductive health and family planning to delay pregnancies. To engage workshop participants, the workshops could include activities such as skits and role playing as a base for discussion, demonstrating real-life scenarios such as insisting on using available birth control when having sex to show an audience how to deal with situations. They also are effective in bring out gender equity (gendered double standards of sexual norms) to bring a group together to voice their opinions on the matter to engage in a 2-way dialogue of gendered expectations of boys and girls. With the participation of young mothers, they could find a strong support network of workshop attendees where they feel supported and secure in learning about health matters, reducing the stigma communities have against pregnant and parenting girls. Also, NGOs could support youth
centers with health providers trained in working with youth to offer teen-friendly services, guarantee confidentiality and offer accessible hours (including walk-in appointments) at their own clinics, encouraging them to seek services when needed in a secure atmosphere.

Vocational and Business Skills Training

In the development field, a major challenge is the duplication of efforts where projects/programs supporting the same beneficiaries operate separately, overlooking the potential to scale up activities by collaborating with partner organizations. Such collaboration could plan secure livelihoods projects where youth volunteers are trained to be business and entrepreneurial mentors to single mothers, engaging in small-scale start up businesses to generate incomes. VSO Tanzania’s Million Hours Project is a case study where low-income youth, under the guidance of peer educators, have cooperated in teams to make paper charcoal to sell while learning about business skills at BYC (VSO Tanzania, 2014). Youth in the project have indicated that they feel confident and positive about eventually starting their own businesses after participating in the initiative, including young mothers. NGOs could replicate similar programs to train young mothers in business, recruiting trained volunteers to run workshops. As for vocational training, the Vocational Educational Training Association (VETA) could be a potential NGO partner to expand their classes to include adolescent girls out-of-school, including young mothers, while waiving tuition fees, enabling those from the poorest backgrounds to access vocational education. By enabling young mothers (and adolescent girls in general) employment preparation opportunities, their dependence on engaging in transactional sex will be reduced as they will have better chances of finding formal sector jobs and become financially self-reliant girls in the process.

5.5 - Future Research Steps

This study examined the different forms of challenges a group of single young mothers with low socioeconomic statuses face in Dar es Salaam, as well as suggesting potential program
 avenues NGOs could adopt to increase the impact of their adolescent pregnancy interventions. Additional research is needed to continue addressing the missing information gaps which can help NGOs and the Tanzanian government learn from current failures, as well as referring to successful young mothers programs as case studies in Tanzania and other developing countries. I recommend that future research looks at the following:

- How young mothers’ rights to education can be advanced without conflicting with the Tanzanian culture, increasing chances for community support to reduce opposition against their return to school.
- Free informal education and training in the form of vocational and entrepreneurial skills training should be further explored to identify how Tanzania’s development sector can address vulnerable out-of-school mothers’ educational and income needs. Also, more information is needed about possibilities of inserting child care solutions while young mothers attend classes.
- Exploring how unbalanced gender relations in Tanzania contribute to adolescent pregnancies and how to encourage adults, schools, health clinics, etc. to provide sex education for youth effectively in a manner addressing the stigma and discrimination against young mothers.
- How to better synthesize adolescent pregnancy research into NGO and government programming/policies to create sustainable impacts in current and future interventions tailored to young mothers’ needs and other support services.

Having interviewed a group of Dar es Salaam’s young mothers about their early motherhood while living in poverty, I hope future research continues to investigate how adolescent pregnancy-related issues can be effectively addressed by Tanzanian development efforts. Tanzania’s development will not be successful if pregnant girls and young mothers continue to be mostly neglected in poverty reduction agendas because their child(ren) are born into poverty and likely to grow up deprived of their education, healthcare and steady employment (Reid & Shams, 2013). In other words, adolescent pregnancy in Tanzania helps perpetuate a cycle of poverty within households. By supporting pregnant and parenting girls in accessing an education, health services and job opportunities, greater impacts could be made in reducing poverty with the human development of one of the most vulnerable groups in Tanzania. With development work focusing on enhancing the capacities of Tanzania’s pregnant
and parenting adolescents, NGOs and the government could potentially enable the group to live an improved quality of life in the present and future, while overcoming underlying structural barriers keeping them in poverty. Tanzania has the potential to address and overcome adolescent pregnancy-related issues with collaborations between NGOs, the government and other development actors. The time for change in the lives of the country’s pregnant girls and young mothers begins now.

Appendix 1: Interview Guide

Participant’s Background
What is your name and age?

What educational level were/are you in during your pregnancy?

What is your marital status (single mother/married/unmarried)?

**Contributing factors of early pregnancy**

What is your family’s economic background?

What education level has your mother and father completed?

How would you describe your living arrangement with your family? Were you raised in a single-parent household?

How would you describe your knowledge about contraception?

In your community, where would you go for information about sexual reproductive health and family planning? Have you used any of these services? Why or why not?

**Attitudes towards pregnancy and motherhood**

What feelings did you experience when you discovered you were pregnant? What were your feelings about being a mother after your child was born?

Can you tell me about how being pregnant and a young mother influences your life options for the present and future?

Can you describe what happened after your pregnancy and motherhood? (ex. education, relationships with friends, family, and community, etc.)

**Perceptions on NGO/government support**

What do you know about the programs NGOs have to help pregnant girls and young mothers?

Do you think your government and NGOs have done enough to address the situation? Why or why not?

As a mother, what other forms of support would you like from NGOs and the government?

**References**


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Mayzel et. al. (n.d.) Reaching out to Teen Mothers in Malawi. Retrieved from https://www.k4health.org/toolkits/communitybasedfp/reaching-out-teen-mothers-malawi


