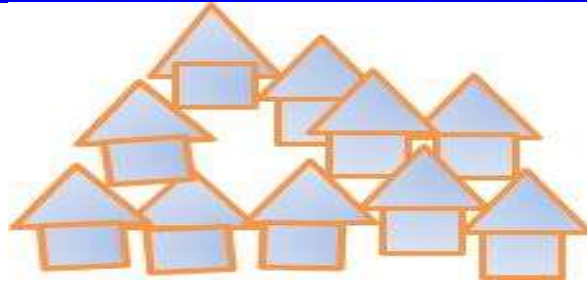
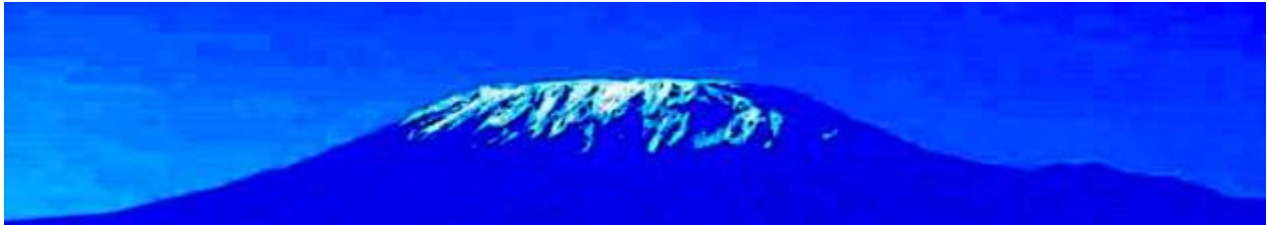


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Persistence of Teenage Pregnancies in Tanzania: a Case of Primary Schools In Babati Municipality

Diyammi Mark Paul (Ph.D.)¹

Abstract

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The paper employed the Social Ecological Model to comprehensively assess the multifaceted factors contributing to teenage pregnancies in primary schools within Babati Municipality, Tanzania. A sample of 100 participants, including students, teachers, headmasters, community members, and local government officials from the Seventy students from two primary schools participated, with a hundred respondents from the Maisaka and Singe wards. To facilitate a comprehensive examination of the factors influencing teenage pregnancies in primary schools, the research employed a combination of data collection methods, including in-depth interviews, questionnaires, and focus group discussions, enabling both open and closed-response inquiries. Through meticulous analysis of the data, which included the descriptive analysis, binary logistic regression model analysis and thematic examination of critical themes emerging from the perspectives of the participants concerning "factors contributing to teenage pregnancies in primary schools," the study revealed that primary drivers of teenage pregnancies in Babati Municipality include lack of awareness on contraceptive measures to avoid pregnancy; little information from media, parents, teachers, and friends on pregnancy prevention; sexual intercourse experience at a tender age; level of sexual desire; peer pressure, material gain, and sexual desire. In light of these findings, the research proposes several recommendations. First, the government is advised to consider the construction of hostels for female pupils. Second, it emphasizes the importance of collaborative efforts between parents and teachers to educate pupils and adolescents on sexual and reproductive health matters, advocating for open and comprehensive discussions on these topics. Additionally, primary schools are encouraged to incorporate sex education into their curriculum, taking the subject seriously. Moreover, teenagers are encouraged to delay the initiation of sexual activities and to adopt protective and preventive measures to reduce the incidence of teenage pregnancies.

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1.0. Introduction

Teenage pregnancies in a community are a real lens for examining the relationship between fertility and social inequality (Barcena, 2013; Mezmur, Assefa, & Alemayehu, 2021). Teenage females face a lot of pressure to engage in sexual activity, to appear seductive, and to adhere to preconceived notions of what the other sex finds attractive (Rudd et al., 2013; Kangwana et al., 2022; Manguro et al., 2021). According to several studies, a danger factor for teenage pregnancies is educational attainment. According to Tabei, Cuisia-Cruz, Smith, and Seposo (2021), and Van Rooy et al. (2021), educational attainment is not positively correlated with teenage pregnancies. The odds of teenage pregnancies decreased as educational status rose. Even if adolescent birth rates stay constant, the size of the incoming youth cohorts is expected to lead to an increase in the absolute number of teenage births (Marteletto & Dondero, 2013; Tabei et al., 2021). Teenage pregnancies rates varied depending on the type of residence, with rural regions having a higher pregnancy rate (Cook & Cameron, 2020). Teenage fertility rates are nearly twice as high in rural than in urban regions, according to the 1998 SADHS. Due to early marriage and pressure to have children right away, teenage motherhood is more prevalent in rural regions (Akanbi et al., 2021; Nabugoomu, Seruwagi, & Hanning, 2020).

Teenage pregnancy rates are high not only in developing countries but also in industrialized countries like the UK (Aluga & Okolie, 2021; Simwanza, Kalungwe, Nyashanu, Karonga, & Ekpenyong, 2022). In 2008, 16 million births to women between the ages of 15 and 19 took place, making up 11% of all births worldwide (World Health Organization, 2011; Monteiro et al., 2021). Nearly 95% of the time, these pregnancies occur in developing countries (Hadley, 2020). More than half of all pregnancies occur in just seven countries: Nigeria, Ethiopia, the Democratic Republic of the Congo, Bangladesh, Brazil, and the United States (Vinekar et al., 2023; Williams-Breault, 2020). In many countries, there is societal concern over the detrimental effects of adolescent pregnancy on the education and health of teen mothers and their children (Cox, Lashley, Henson, Medina, & Hans, 2021; Vinekar et al., 2023). However, young marriage always stops teenagers from getting the education they need for their personal development (UNICEF, 2012). Adolescent motherhood is acceptable in some situations, but it is viewed as a barrier to progress in others, especially for female teenagers. Parents encourage teenage marriage in many parts of the globe in the hopes that the family will benefit financially and socially (UNICEF, 2005). However, this may not be the case for male adolescents who conceive a female teenager, raising the possibility of a bias against women in the outcomes of teenage pregnancies (Fattah & Camellia, 2022; Kamwenje, 2022).

The majority of people in sub-Saharan Africa are young, with more than one-third of the population falling between the ages of 10 and 24 (Jörns-Presentati et al., 2021). The only part of the globe where the population of young people is still increasing significantly is sub-Saharan Africa. In Sub-Saharan African nations, the youth population aged 10 to 24 is projected to reach 436 million by 2025, and by 2050, it is expected to grow even further, reaching 605 million (Ninsiima, Chiumia, & Ndejjo, 2021). This demographic trend presents both opportunities and challenges for the region. With the right investments and strategies, these nations have an unprecedented chance to harness the potential of their young population to bolster economic growth and national development (Ninsiima et al., 2021; Masaba et al., 2022).

In East African countries like Uganda, Rwanda, Burundi, and Kenya, as well as other Sub-Saharan African nations, girls and women still face significant barriers in accessing primary education. For instance, in South Africa, sixty percent of adults without a degree are women (Ninsiima, Chiumia, & Ndejjo, 2021). Moreover, teenage pregnancies continue to be a major obstacle to the educational advancement of females, a challenge prevalent in many developing nations, such as Uganda, Rwanda, Kenya and Burundi (Ombati, & Ombati, 2012; Koissy-Kpein,

2020; Ruzibiza, 2021). As more teenage girls in sub-Saharan Africa, including East African nations like Uganda, Rwanda, Burundi, and Kenya, pursue their education beyond puberty, the risk of teenage pregnancies among students increases (Masaba et al., 2022; Asongu, Diop, & Addis, 2023). This situation underscores the importance of addressing gender disparities and reproductive health issues to ensure that all young people, regardless of gender, can access education and contribute to the region's future development.

Teenage pregnancies that occur in school environments are frequently referred to as "school pregnancies" in Tanzania. In order to differentiate between teenagers who are in school and those who are not, it refers to pregnancies among adolescents who are still in school, particularly in primary or secondary schools (Hagues & McCarty, 2022; Nyangarika, Nombo, & Mtani, 2020). Adolescent girls enrolled in Babati Municipal Council's primary schools, which is located in central Tanzania, will be the center of this study's analysis of the causes of teenage pregnancies in Tanzania .

According to THMIS 2011/2012, Tanzanian adolescents have their first sexual encounters on average much younger than the general population, which is 18 years old (18 for women and 18.7 for men). According to a recent GTZ survey that served as an example, the median age of first sex for boys and girls in Lindi was 11 and 14 years old, respectively. More than half of boys and girls have experienced sexual activity by the time they are 19 years old. However, some study reports indicate that some girls begin having (coercive) sex as early as eight years of age. By the time a woman reaches the age of 18, that percentage rises to 46%. By age 19, the adolescent pregnancy rate has increased from 3% to 54%, depending on the individual (Rohmah, Yusuf, Hargono, & Laksono, 2020).

According to Iddy (2021), teen pregnancy carries a high risk of health complications for both the woman and the unborn child, and early parenthood may have a negative effect on educational success as well as significant employment and socioeconomic repercussions. In addition, unintended pregnancies account for a sizable percentage of female dropouts from school each year. It was reported that 8000 (3000 primary school girls) girls dropped out of school in 2010 owing to pregnancies. Pregnancy has also been identified as a major obstacle to girls in Tanzania attending school (Mwakawanga et al., 2021). Any sexual misconduct by students in Tanzania is frequently met with expulsion from school, especially among females (Matasha et al; 2013; Mwambene, 2021). The promotion of condom use in sex education in schools makes the claim that it will boost pre-marital relationships among students, but it has been discovered that local restrictions and federal regulations prevent this. A schoolgirl's career chances and education are ruined by pregnancy (UNPFA, 2013; Harrington et al., 2021; Shamirah, 2022).

In Tanzania, teen pregnancy and adolescent sexuality have received a great deal of focus, but many primary schoolgirls are still getting pregnant. Therefore, the paper addresses two objectives: (i) to assess respondents' awareness on persistence of teenage pregnancies in primary school and (ii) to assess the factors contributing to teenage pregnancies in primary schools in Babati municipality.

1.1. Theoretical Framework

The Social Ecological Model, developed by Bronfenbrenner (1979), is a comprehensive framework that considers the multiple levels of influence on individual behavior. In the context of teenage pregnancies in Tanzania, this model was used to examine factors at the individual level (awareness and experience), interpersonal level (media, parents, teachers, and peer influences), community level (material gain), and societal level (media).

2.0. Methodology

Research Design

This study was conducted at Maisaka and Singe wards of Babati Municipality, Tanzania. The study aimed at assessing factors contributing to teenage pregnancies in primary schools in Babati Municipality, Tanzania. The cross-section study was conducted on location in its natural setting, and the data collection procedure was interactive because the researcher was connected to the study participants.

Population, Sampling and Sample Size

Population

Study population can be defined as a group of study units which the researcher is interested in gathering the information from, as well as drawing conclusions on (Kothari, 2019). The population was 410,956 citizens of Babati Municipal. However, the target population involved pupils, teachers, Local Government Officers and Community members of Maisaka and Singe wards. In addition, the researcher also had teachers as key informants because they are primary caretakers of primary school pupils. On another hand, Local Government Officers were also involved as key informants since they are responsible for taking legal actions against criminals.

Sample Size

In selecting the sample non-probability sampling was applied. There are many subcategories of techniques under this group. However, for the purpose of this study, purposive sampling technique was applied, to save both cost and time for collecting the data. Friedman, Wyatt and Ash (2022) defined an optimal sample size as one that satisfies efficiency, reliability, and flexibility criteria. The sample size was calculated using the following formula from the entire population where the research was conducted:-

$$n = \frac{N}{1+N(e)^2}$$

Whereas; 'n' is the sample size,
'N' is the population and 'e' is the error of detection.

Now, given that N = 410,956 and e = 10% since the level of confidence is 90% (A given constant); the sample size (n) is calculated as;

$$n = \frac{410,956}{1+410,956(0.1)^2}$$
$$n = \frac{410,956}{1+410,956(0.01)}$$
$$n = \frac{410,956}{4110}$$
$$n = 99.9892 \approx 100$$

So, 100 respondents

Table 1: Sampling and Sample Size

Sample Selection & Sampling Technique		
Respondents	Sample Size	Technique
Pupils	70	Purposive
Teachers	10	Purposive
Parents/community members	16	Purposive
Headmasters	2	Purposive
Local Government Officers	2	Purposive
Total Respondents	100	

Data Collection Methods

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypothesis, and evaluate outcomes (Mazhar, Anjum, Anwar, & Khan, 2021; Mwita, 2022). The data collection for this research used a mixed methods strategy. Both qualitative and quantitative data gathering techniques were used by the researcher. These techniques include surveys, in-depth interviews, and focus groups (FGD). Given the sensitive nature of the research subject and the need for triangulation, a mixed methods approach is appropriate for this study.

A questionnaire was used to get first-hand information from the participants. Both open-ended and closed-ended topics were included in the survey. While open-ended questions were used to gather information on the factors influencing primary school pregnancies and their effect in Babati Municipality, closed-ended questions were mainly used to gather information on the social and demographic characteristics. Following the specified sampling procedures, the researcher distributed questionnaires to respondents, and after they had completed them, the researcher collected them for further treatment procedures.

Further, the researcher held two focus group discussions. Finding out the factors contributing to teenage pregnancies in primary schools in Babati Municipality, Tanzania were the main goals of conducting FGDs. Five (5) instructors from each of the two chosen schools participated in each FGD. The researcher himself planned and oversaw the focus group meetings. According to Robinson (2020), a focus group can be thought of as a special kind of discussion for small, formal groups. Using this method, the study attempted to understand psychological and socio-cultural traits and processes that are conscious, semiconscious, and unconscious among different groups (Scheelbeek, Hamza, Schellenberg, & Hill, 2020). The facilitator used a non-directive style to facilitate discussion. Each focused group consisted of five participants (N=5).

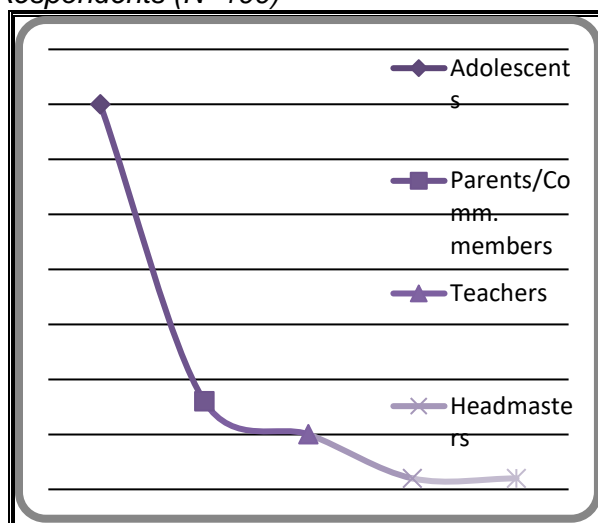
Moreover, Five (5) parents and five (5) students were interviewed face-to-face by the researcher for this investigation (both boys and girls). The study subjects' responses to interview guiding questions were used as a tool to gather data. The researcher also talked to instructors about what influences school pregnancy. Since respondents have the opportunity to give longer and more in-depth answers during the interview session, the goal of using in-depth interviews during data collection was to obtain comprehensive information about the subject. Additionally, the researcher used in-depth interviews to gather people's opinions, perspectives, and ideas about the causes of primary school pregnancy and its effects. The researcher additionally conducted both structured and unstructured conversations. The respondents were free to speak openly and freely about a topic that was brought up in an unstructured discussion. By using unstructured interviews, the researcher was able to lessen interviewer biases that were introduced during the study process by using structured questions (Osborne & Grant-Smith, 2021; Scanlan, 2020). The

interviewer and interviewee must stick to the particular topics covered in the interview guide when conducting a structured interview.

3.0. Results and Discussions

Social-Demographic Profile of Respondents

Figure 1: Categories of Respondents (N=100)



This section is crucial to the study's analysis of the interviewees' social-demographic characteristics. These socioeconomic traits of the respondents are crucial in determining their status and the answers they offer in response to study questions. The demographic profile of this study concentrates on the age, gender, and category of interviewees. Figure 1 depicts the group of respondents who participated in this research, with 70% (N=70) being teenage students from two (2) ward primary schools, 16% (N=16) being community members, and 10% (N=10) being teachers. Another 2% (N=2) of respondents were Local Government Officers, and 2% (N=2) of respondents were the Headmasters of the two primary schools included in the research. The category of respondents represented in this research is in Figure 1.

Sex Distribution of the Respondents

Both sexes were represented in this research, with N=24 (24%) men and N=76 (76%) women. The researcher thinks that women are more likely to provide information that could be used to draw the proper conclusions based on the issue under study, which is why there are far more female respondents than male respondents.

Age of Respondents (N=100)

The respondent's ages fell within the window of fertile years. Here, 30% (N=30) of interviewees were between the ages of 13 and 16 while 40% (N=40) were between the ages of 17 and 18; 7% (N=7) were between the ages of 19 and 24; and 23% (N=23) were 25 years of age or older. According to the aforementioned statistics, the majority of respondents had already attained sexually mature status. Both Bankole et al. (2007) and Okonta (2007) claim that it is most probable that this group engages in sexual activity.

Respondents' Living Style (N=70)

According to study findings 54% (N=38) of respondents lived with their parents or guardians, 19% (N=13) did so in school residences, and 27% (N=19) did so either with friends or in rental homes in the "Ghetto". As in most other parts of the country, the two surveyed schools under the study only one had a hostel for students, but even for that with hostel students do not use these hostels;

consequently students coming from distant places are compelled to organize themselves and rent rooms (Ghettos) from local people surrounding the school. These pupils are more likely to engage in sexual activities because parental and teacher control is more likely to be weak in ghettos.

In-depth interviews with respondents showed that ghetto living by students may also be a factor in the high level of sexual activity among teenagers. Informants acknowledged that it is challenging to regulate the conduct of students who live in the Ghetto. The following statement was made by a discipline teacher from one of the study's participating institutions:

"It is very difficult to monitor a student during non-class hours if she/he is living in a Ghetto. Close follow-up of their behaviors while in Ghetto is difficult as these Ghettos are highly sparse and sometimes you may not be given maximum cooperation by landlords (owners of the houses.)"

This observation is in agreement with studies in several other African countries which revealed that lack of control by parents, teachers or adult members of the family to some adolescents contribute significantly to increased sexual activity and unsafe sexual behaviours, which lead to higher rate of STDs, unintended and unwanted pregnancy (Anyanwu, Akinsola, Tugli, & Obisie-Nmehielle, 2020; Vazquez-Ortiz et al., 2020).

Respondents' Awareness on Persistence of Teenage Pregnancies in Primary School.

Based on the study, 84% (n=59) of the respondents were conscious of the situation with school pregnancy, while the remaining 16% (n=11) were not. The respondents to the questionnaire received information about sexual problems from various sources. In order to provide the adolescents with the knowledge they need for their development, it was crucial to identify the sources of sexual information and how each adds.

In relation to source of information about sexual issues, 27% (N=19) of the respondents stated that they have received information about sexual issue from parents; 12% (N=8) mentioned receiving information from friends/peers; 54% (N=38) indicated their teachers as the source of sexual information; while 7% (N=5) indicated the media.

In general, parents and media are still minimally participating in educating children about sexual issues; it might be because of several factors such as low education, sometimes parents compare themselves with their children in terms of education level, so they regard themselves unfit to educate their children about sexual issues. As their children's primary sexuality instructors, parents should take an active part. Many parents are reluctant to talk to their kids because they think they will learn this knowledge in school (Widman et al., 2021). One of the strategies to lessen teen pregnancies, according to a report by Linda (2003), is an approach that includes parents, the media, social services, education, health, and—most importantly—the young people themselves.

Whether Respondents Ever Had Sexual Intercourse

Although the majority of adolescents were aware of sexual issues, this research found that the majority of respondents had engaged in sexual activity at some point. According to Figure 7's findings, the majority of respondents (88.6%) had previously engaged in sexual activity, while only 11.4% had never done so. This finding reveals a high degree of adolescent sexual activity in Babati Municipality.

Respondents' Age at First Sexual Intercourse

Approximately (N=26) 41.9% of respondents had their first sexual experience before the age of 15, (N=32) 51.6% did so between the ages of 16 and 18, and (N=4) 6.5% of respondents did so before the age of 19. The data show that there are more adolescents who had their first sexual

encounter before turning 15 than previously thought. This signifies the beginning of teenage students' sexual activity. The results show that the study group engaged in a high level of sexual activity. Similar findings were found by Zakayo and Lwelamira (2011) in their investigation in Tanzania's Bahi district. According to this research, 63% of teenagers had their first sexual experience when they were 15 years old or younger.

Additionally, the study's findings concur with those of Bankole et al. (2007). In their research, it was found that teenagers' median ages for their first sexual encounters ranged between 14 and 15 years, and by the time they graduated from high school, more than 70% of them had engaged in sexual activity. School-age adolescents have sexual experiences that can lead to early pregnancy as well as sexual violence, according to Madeni et al. (2011).

Factors Contributing to Teenage Pregnancies in Primary Schools in Babati Municipality

In addressing this objective, binary logistic regression model analysis was used to analyze data as presented in Table 1, 2 and 3. In addition, content analysis was used to analyze data from interview and FGDs.

Table 1: Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	707.637 ^a	.868	.913

Estimation terminated at iteration number 6 because parameter estimates changed by less than .001.

From Table 1, the -2 Log Likelihood value of 707.637 suggests that the logistic regression model provides a reasonable fit to the data. However, it is essential to compare this value to the -2 Log Likelihood of alternative models to assess the relative goodness of fit. The Cox & Snell R-squared of 0.868 indicates that the model explains about 86.8% of the variance in the binary outcome. This suggests that the independent variables included in the model have strong predictive power. The Nagelkerke R-squared of 0.913, which is higher than the Cox & Snell R-squared, suggests a better fit and indicates that the model's explanatory power is strong, explaining approximately 91.3% of the variance.

Table 2: Classification

	Observed	Predicted		
		Teenage pregnancies in primary schools		Percentage Correct
		.00	1.00	
Step 1	Teenage pregnancies in primary schools	27	18	78.3
	1.00	16	9	84.0
	Overall Percentage			75.7

a. The cut value is .500

Findings in Table 2 is divided into two rows representing the observed categories of a binary dependent variable ("Teenage pregnancies in primary schools") and two columns representing the predicted categories (0.00 and 1.00). Table 2 provides counts of observations in each combination of observed and predicted categories. Additionally, there's a cut value of 0.500, which is the default threshold used to classify observations into one of the two categories. If the predicted probability of an observation being in Category 1.00 is greater than or equal to 0.500, it is classified as 1.00; otherwise, it is classified as 0.00.

For observations where the actual "Teenage pregnancies in primary schools" is 0.00, the model predicted 27 of them as 0.00 (True Negatives) and 18 of them as 1.00 (False Positives). For observations where the actual "Teenage pregnancies in primary schools" is 1.00, the model predicted 16 of them as 0.00 (False Negatives) and 9 of them as 1.00 (True Positives).

The "Percentage Correct" values represent the accuracy of the model's predictions for each category. For observations where the actual "Teenage pregnancies in primary schools" is 0.00, the model was correct for 78.3% of cases. For observations where the actual "Teenage pregnancies in primary schools" is 1.00, the model was correct for 84.0% of cases.

The "Overall Percentage" represents the overall accuracy of the model across both categories. In this case, the overall accuracy of the model is 75.7%. Generally, the classification Table 2 provides insights into how well the logistic regression model is performing in predicting the binary outcome variable. An overall accuracy of 75.7% suggests that the model is reasonably accurate in classifying observations.

Table 3: Variables in the Equation (N=70)

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	β1	.926	.258	12.916	1	.000	2.524
	β2	.814	.286	12.658	1	.000	2.112
	β3	.798	.286	11.662	1	.000	2.645
	β4	.884	.202	13.617	1	.000	2.681
	β5	.802	.221	13.310	1	.000	2.669
	Constant	4.573	1.204	14.439	1	.000	.910

a. Variable(s) entered on step 1: Lack of awareness on contraceptive measures to avoid pregnancy; little information from media, parents, teachers, and friends on pregnancy prevention; sexual intercourse experience at a tender age; level of sexual desire; peer pressure.

In logistic regression, the goal is typically to predict a binary outcome (e.g., presence or absence of an event) based on one or more independent variables. The output includes coefficients (β), standard errors (S.E.), Wald statistics, degrees of freedom (df), significance levels (Sig.), and exponentiated coefficients (Exp(B)).

Findings in Table 3 show that lack of awareness on contraceptive measures to avoid pregnancy ($\beta = 0.926$), little information from media, parents, teachers, and friends on pregnancy prevention ($\beta = 0.814$), sexual intercourse experience at a tender age ($\beta = 0.798$), level of sexual desire ($\beta = 0.884$), peer pressure ($\beta = 0.802$), and Constant: 4.573. The results indicate that all five independent variables (lack of awareness on contraceptive measures, little information from media, parents, teachers, and friends, sexual intercourse experience at a tender age, level of sexual desire, and peer pressure) are statistically significant predictors of the outcome (teenage pregnancies). Furthermore, the Wald statistics are relatively high, indicating the importance of each variable in predicting the outcome.

The Exp(B) values provide insights into the strength and direction of the relationships. In this case, all Exp(B) values are greater than 1, suggesting that an increase in each independent variable is associated with an increase in the odds of teenage pregnancies.

Based on this analysis, it appears that the lack of awareness on contraceptive measures, limited information from various sources, early sexual experiences, higher sexual desire, and peer

pressure are all associated with an increased likelihood of teenage pregnancies in the studied population.

The results of the logistic regression analysis indicate that multiple factors are significantly associated with an increased likelihood of teenage pregnancies in Babati Municipality, Tanzania. These findings are consistent with a body of research that highlights the complex interplay of socio-cultural, educational, and behavioral factors in influencing adolescent sexual and reproductive health.

Lack of awareness regarding contraceptive methods and family planning has been identified as a significant contributor to teenage pregnancies in primary school setting. Findings agree with those of Mushy, Tarimo, Massae, and Horiuchi (2020) in Tanzania and Chirwa, Mazalale, Likupe, Nkhoma, Chiwaula, and Chintsanya (2019) in Malawi who have shown that adolescents who lack knowledge about contraceptives are more likely to engage in unprotected sexual activity, leading to higher pregnancy rates.

Limited access to accurate and comprehensive information on sexual and reproductive health, including little information from media, parents, teachers, and friends, can leave adolescents ill-equipped to make informed decisions. The findings agree with Adetimehin (2021) in Nigeria who research established the importance of multi-faceted sexual education programs and open communication channels to counteract this issue of limited access to sexual information.

Early initiation of sexual activity is a well-documented risk factor for teenage pregnancies. The findings align with those of Kassahun, Gelagay, Muche, Dessie, and Kassie (2019) in Ethiopia who found the correlation between early sexual experiences and an increased likelihood of unplanned pregnancies among adolescents. These findings underscore the need for age-appropriate sexual education and support services.

Elevated sexual desire can drive adolescents to engage in sexual activities without fully understanding the potential consequences, including the risk of pregnancy. The findings agree with those of Austrian, Soler-Hampejsek, DUBY, and Hewett (2019) in Zambia who explored the role of sexual desire in influencing teenagers' sexual behaviors and emphasizes the need for comprehensive sexual education programs to address this factor.

Peer pressure can be a powerful influence on adolescent behavior, including decisions related to sexual activity. Findings correspond with those of Nabugoomu, Seruwagi, and Hanning (2020) who have indicated that adolescents who submit to peer pressure are more likely to engage in risky sexual behaviors, including unprotected intercourse at a tender age.

Respondents' Perception on the Sexual Desire as Factor for School Pregnancies

The respondents from the research region were asked to state how much sexual desire influences school pregnancies in primary schools. Findings discovered in both focus group discussions and in-depth interviews that controlling sexual emotions in teenagers could be challenging. One student from Hombolo Primary School, for instance, claimed;

"We do sex for fun and to fulfill our body desire of doing sex, sometimes you fail to control your body and you feel to have sex. Therefore, it is good to have a partner who can please you when you feel to have a sex."

In-depth interview sessions revealed that one of the most common motives for teenagers to participate in sexual activity is lust, or the desire for sex. Respondents claimed that teenage sexual relationships are caused by lust or a wish for sex.

“It is lust, which makes youths to engage in sexual activities, both girls and boys. When boys provoke girls, they are likely to accept the request since they are forced by sexual desire, hence they may find themselves ending to pregnancies that result to school dropout and some are abandoned by their families”. (A respondent from Maweni Street in Nzuguni ward). Nnko and Pool (2004) discovered that adolescents' primary driving force for engaging in sexual activity was their urge for sex. In their research, it was discovered that 64% of the adolescents who participated in the survey said that their desire for a sexual relationship is what draws them in.

The results also support a research by Okereke (2010) that found a noticeable number of adolescents between the ages of 14 and 19 were sexually active as a result of the body's transition from childhood to adulthood.

According to a research on adolescents, 63% of girls and 80% of boys had their first sexual experience for fun and experimentation, which is evidence that these factors may be the primary drivers of sex (Skakoon-Sparling & Cramer, 2021).

Respondents' Perception on Peer/Friends Pressure Contribute to School Pregnancies

During the focus group discussion with teachers, peer pressure was also mentioned as a factor for sexual activity that leads to teen pregnancy. The participant's statement from below serves as an example;

“Most of students engage in sex because of influence of their friends, if one doesn't have a girlfriend/ boyfriend is regarded as uncivilized. Others thought that you might not be normal, meaning that your reproductive systems may not be functioning well. In other words I can say practicing sex among adolescents is regarded as a sign of civilization and prove that one is grown up”.

Additionally, one of the boys who was questioned pointed out peer pressure as one of the causes of school pregnancy, he claimed;

“Girls are pressurized by their friends, telling them if they stay virgin they will get sick. So they end up having sex and sometimes unprotected”.

According to Robinson (2020) peers and acquaintances have a significant chance of influencing adolescent sexual behavior. Adolescents are more likely to participate in sexual activity if their close friends do so as well. According to Ikamba and Quedraogo's (2003) research on high-risk sexual behavior in Tanzania, peer pressure forces young people to engage in sexual activity. The beginning of sexual behavior, which frequently results in adolescent pregnancies, is influenced by peer pressure. The results of this research are consistent with those of Mwaba (2000), who found that pressure from boys and men to engage in sexual activity was the primary factor (66.0%) in sexual debut. Cuesta (2001) discovered that even though the pregnancy was unintended, it happened among 21 pregnant adolescents in the context of a real love relationship.

Respondents' Perception on Material Gain Results to Primary School Adolescents to Engage in Sexual Activities

During the interview and Focus Group Discussion, respondents responded to that question, where it is revealed that most of school adolescents especially in primary schools are ensnared to engage in sexual intercourse simply for material gain especially money. One of the teenage mothers who was questioned is quoted as saying that;

“When I went to school, my parents only supported me with 500 to 1000 shillings. This was not enough for me to have breakfast and lunch. My friend had a boyfriend and had

money so he could buy chips, tea and sometimes her mobile phone was recharged daily. So I decided to find someone to support me. And that's how I got pregnant. My boyfriend was 26 years old and I was 16 years. I didn't find a way how I could stop him from sexual intercourse since he was providing services to me".

She claims that another adolescent mother from Nzuguni-Maweni in the Nzuguni ward revealed the same pertinent information;

"Due to the economic crisis and staying at the hostel, I had a boyfriend who was helping me to pay for breakfast and other daily needs. Because of that lifestyle I ended up pregnant. I didn't know what to do and I decided to run away from home fearing punishment from my father; that incident marked the end of my school journey and my dreams were all perished".

The high prevalence of poverty in most communities may be the cause of the significant percentage of respondents who engaged in sexual activity for financial and material gain as observed in this study. According to other studies, teenagers from low-income families are more likely to participate in sexual activity in order to obtain financial support or other gifts and materials to maintain their way of life (Morhason-Bello et al., 2008; Ali, Muhammad, Jamil, Ahmad, & Abd Aziz, 2021; Scheer, McConocha, Behari, & Pachankis, 2021). Additionally, it has been observed that teenage females who dated or got involved with older men viewed their relationship with them as a source of income and support. Sometimes the income from this relationship would help the entire family, but the teenager would be the only one to gain. One of the teenage moms who was questioned contended that;

"Sometimes you will find that at home, you are poor and the person you are dating is rich. Once the person you are dating is rich, so people at your house will tell you that there is nothing to eat at home, so you will be responsible to bring something to eat from your partner".

The study's findings concur with those of Marcen and Bellido (2013), and Crooks, Bedwell, and Lavender (2022). In their research, they made the case that low-income women are more likely than other women to become pregnant while still in their teen years and to have an unintended pregnancy.

4.0. Conclusions and Recommendations

4.1. Specific Conclusion and Recommendations

Teenage childbearing at school is still a serious health issue in Tanzania, Africa, and elsewhere. Premature pregnancy restricts and stunts the socioeconomic advancement, educational, and employment possibilities of teenage mothers. According to the research, lack of awareness on contraceptive measures to avoid pregnancy; little information from media, parents, teachers, and friends on pregnancy prevention; sexual intercourse experience at a tender age; level of sexual desire; peer pressure, material gain, and sexual desire were the major causes of high school adolescent pregnancies in Babati Municipality, Tanzania.

Consequently, there is a requirement for involvement to augment consciousness of obtainable maintain for school adolescents, to provide holistic and individualized care, to improve parenting behavior and parental support, and to reduce discriminating attitude of our adolescents to rehabilitate towards a better and promising life. Babati Municipality's school teen pregnancy problem is fascinating and crucial for social, economic, and health issues. It is hoped that this study will contribute to a deeper knowledge of the causes of primary school pregnancy in Tanzania's Babati Municipality and elsewhere. Further research is still required to fully understand

the norms and behaviors of teenagers with regard to pregnancy, even though this study has improved understanding of the factors causing primary school pregnancy and its effects.

Teenage pregnancies must be eradicated, but doing so depends on political will and national objectives. It calls for efficient legal frameworks that uphold human rights standards and safeguard the rights of the teenagers concerned. It asks for the involvement and support of families and communities, who will start to change ingrained but harmful societal norms and traditions when they stand up for their daughters and granddaughters. Most importantly, it relies on girls' empowerment so that they can practice free and informed consent, protect their own futures, change their own lives, and be able to live with the dignity to which they are entitled as human beings.

Additionally, this research suggests that all members of the community, particularly parents and guardians, be encouraged to spread information about sexual and reproductive health. Since children and unmarried young people mainly depend on their parents for decision-making, and parents are said to be very authoritative to their children, when these parents and guardians become informed it will be easy for teachers and other sources to reach out to these young people with sexual and reproductive health information.

Additionally, men, women, boys, and girls should all be the emphasis of these reproductive health campaigns. The issue of teenage pregnancies also affects males and boys. It was discovered in the field that seminars or campaigns on reproductive health are always directed toward girls and women, whether they are held in classrooms or communities. These two genders continue to be divided by this practice because they believe that some knowledge is only relevant to one of them. Men are the decision-makers in families and communities, but they are the least knowledgeable when it comes to reproductive health problems, according to a male officer from an NGO that works to empower men's participation in reproductive health. Nobody seems to take into account how they develop the knowledge and skills that guide their decisions, despite the fact that so much is required of them. The researcher makes the following suggestions for practice and additional research based on the results of this study.

Ministry of Education and Vocational Training

Deliberate effort should be made to ensure that as many girls as possible continue with primary education, especially because of being at risk and teachers should be equipped to counsel students in both primary and primary schools, using counseling skills they learnt at teachers' colleges or universities. Likewise, girls should learn about menstruation, sexual activity, conception, and contraception before the age of 13, when many of them have already experienced menarche and some have even had their first sexual experience.

Community Support System

In order to properly communicate with their children, parents and caretakers must also be knowledgeable about issues related to reproductive health. As the first teachers of their children, parents should use faith to instill moral and ethical values that encourage sexual abstinence or postponement. Therefore, it is crucial for the neighborhood and individual families to raise the standard of living and financial standing of their households. Youth reproductive health education should be offered at community facilities through plays, lectures, and workshops.

Health Services Management

As of now, teen clients should be able to obtain, use, and afford reproductive health services. Create programs for reproductive health that are sustainable and execute them in all clinics. The programs ought to undergo frequent audits. Additionally, health care professionals should be

sensitive to the needs of teenagers by developing programs and environments that are supportive and that address the causes of teen pregnancy.

4.2. General Conclusion and Recommendations

The interventions and policies aimed at reducing teenage pregnancies in Babati Municipality should be multifaceted and tailored to the specific needs of the community. These may include comprehensive sexual education programs, youth-friendly health services, increased access to contraceptives, and efforts to create a supportive environment that fosters responsible sexual behavior among adolescents.

It is crucial to adapt strategies to the local context and involve various stakeholders, including schools, parents, healthcare providers, and community organizations, to address these significant risk factors and ultimately reduce the incidence of teenage pregnancies in Babati Municipality.

4.3. Theoretical Implication

Individual Level:

Lack of awareness on contraceptive measures: At the individual level, the lack of awareness can be seen as a knowledge gap or inadequate education regarding sexual and reproductive health. The SEM suggests that interventions at this level should focus on increasing adolescents' knowledge and skills related to contraception, family planning, and responsible sexual behavior. Comprehensive sex education programs in schools can be an effective strategy.

Early sexual experience and high sexual desire: The individual's early sexual experiences and high sexual desire highlight the importance of addressing personal motivations and desires. SEM suggests that adolescents need support in developing the ability to make informed, responsible choices regarding their sexual behaviors. Peer education and counseling can be valuable tools to address these aspects.

Interpersonal Level:

Little information from media, parents, teachers, and friends: The findings reveal that limited information from various sources is a significant factor. At the interpersonal level, the SEM underscores the role of family, friends, and teachers in shaping adolescents' attitudes and behaviors. Programs should aim to enhance communication and support networks. Encouraging open conversations between parents and children, mentorship, and peer support can be crucial in addressing this gap.

Peer pressure: Peer pressure, an interpersonal influence, is one of the major causes. The SEM suggests that interventions should target the interpersonal relationships of adolescents, emphasizing peer education programs, positive role modeling, and building peer norms that support responsible sexual behaviors.

Community Level:

Material gain: The reference to material gain implies that economic factors may be influencing adolescent pregnancy rates. At the community level, the SEM calls for addressing broader socio-economic determinants. Strategies may include programs aimed at reducing poverty, improving access to education, and providing economic opportunities for adolescents and their families.

Societal Level:

Media: Media's role in disseminating information and shaping cultural norms is a societal-level factor. The SEM encourages efforts to engage media in promoting responsible sexual behavior and disseminating accurate information about contraception and pregnancy prevention.

In summary, the theoretical implications of these findings through the Social-Ecological Model suggest a multi-level, comprehensive approach. The model highlights the importance of addressing the root causes of adolescent pregnancies by targeting not only individual behaviours but also the surrounding social and environmental factors. Interventions should involve education, communication, support networks, and broader societal changes to create an environment that empowers adolescents to make informed and responsible decisions about their sexual and reproductive health.

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Policy Brief

Teenage pregnancies in primary schools pose a significant challenge to the well-being and future prospects of young girls in Babati Municipality, Tanzania. A recent study, employing the Social Ecological Model, comprehensively assessed the multifaceted factors contributing to this issue. The research involved 100 participants, including students, teachers, headmasters, community members, and local government officials from the Nzuguni and Hombolo wards. The study utilized a combination of data collection methods, including in-depth interviews, questionnaires, and focus group discussions, to provide a nuanced understanding of the factors influencing teenage pregnancies in primary schools.

Key Lessons Learned:

1. **Multi-faceted Factors:** the research, utilizing the Social Ecological Model, revealed that teenage pregnancies in Babati Municipality primary schools result from a complex interplay of factors. These include inadequate awareness of contraceptive measures, insufficient information from various sources, early initiation of sexual activities, high levels of sexual desire, peer pressure, material gain, and societal norms.
2. **Need for Comprehensive Sex Education:** The study emphasized the importance of comprehensive sex education in addressing teenage pregnancies. Lack of awareness and limited information emerged as significant contributors, highlighting the urgency of equipping students with accurate and age-appropriate information on reproductive health.
3. **Role of Parents and Teachers:** Collaborative efforts between parents and teachers were identified as crucial in educating pupils and adolescents. Open and comprehensive discussions between these stakeholders were recommended to create a supportive environment where students feel comfortable seeking guidance on sexual and reproductive health matters.
4. **Structural Interventions:** the suggestion of constructing hostels for female pupils reflects the need for structural interventions to address the vulnerabilities faced by girls. Creating safe spaces within school premises can contribute to reducing the risks associated with teenage pregnancies.
5. **Behavioural Interventions:** Encouraging teenagers to delay the initiation of sexual activities and promoting the adoption of protective measures emerged as essential. Recognizing the role of peer pressure and material gain, interventions should target changing behaviours and attitudes through awareness campaigns and educational programs.

Policy and Practice Recommendations:

1. **Implementing Comprehensive Sex Education Programs:** Advocate for the integrations of comprehensive sex education into the primary school curriculum; Develop age-appropriate educational materials and resources to facilitate effective learning; and train teachers to deliver sex education in a sensitive and inclusive manner.
2. **Strengthening Parent-Teacher Partnerships:** Establish forums for open discussions between parents, teachers, and students on sexual and reproductive health; Provide training for parents on how to approach these conversations with their children; and Encourage the creation of school-based support groups involving parents and teachers.
3. **Infrastructure Development:** Collaborate with local governments to allocate resources for the construction of hostels for female pupils; ensure these hostels meet safety and hygiene standards; and Monitor and evaluate the impact of hostels on reducing teenage pregnancies.

4. Community Engagement and Awareness: Conduct community-based awareness campaigns on the risks of teenage pregnancies; involve local leaders, community members, and religious institutions in spreading awareness and advocating for preventive measures; and Utilize various media channels to disseminate information on contraceptive measures and reproductive health.

5. Research and Monitoring: Support further research to continuously assess the effectiveness of interventions and adapt strategies accordingly; and Establish a monitoring and evaluation framework to track the prevalence of teenage pregnancies and the success of implemented policies and programs.

Conclusion: This policy brief aims to guide policymakers, practitioners, and community development professionals in formulating evidence-based strategies to address teenage pregnancies in primary schools within Babati Municipality, Tanzania. The multifaceted approach outlined herein emphasizes the importance of collaboration, education, infrastructure development, and continuous evaluation to create a comprehensive and sustainable solution to this pressing issue.