International Journal of Social Science and Economic Research

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

Effects of Adolescents' Pregnancy in Community Development in Tanzania

Daniel Samwel Sanyenge (PhD)

Community Development Specialist, Magu DC, Mwanza, Tanzania.

DOI: 10.46609/IJSSER.2024.v09i10.011 URL: https://doi.org/10.46609/IJSSER.2024.v09i10.011

Received: 7 August 2024 / Accepted: 30 September 2024 / Published: 10 October 2024

Introduction

Adolescent pregnancy is seen worldwide and leads to social, cultural, and economic issues as stated by the World Health Organization (WHO), defining adolescence as the period from age 10 to 19, between childhood and adulthood. It is a singular stage in the growth of humans. WHO published in 2004. Nonetheless, the World Health Organization (2001) stated that 75 million teenage girls experience early pregnancies annually around the globe. According to Arai (2007), the British data reveals that over 42,000 girls who are under 18 years old become pregnant annually. The issue of early pregnancies among children is a significant problem globally, leading to a decrease in the workforce and limiting the economic and social growth opportunities for young girls. The highest rate of teenage pregnancies (41.7/1000) was identified in Eastern Europe, mainly due to the moderate rates in Bulgaria and Romania; other countries in the area mostly experienced low rates. Except for the UK and Estonia, whose rates were moderate, most countries in Northern Europe had low rates of teenage pregnancies, ranking as the region with the second-highest rate (30.7/1000). The rates of adolescent pregnancies were lowest in Southern and Western Europe, with 17.6/1000 and 18.2/1000. Part. K, (2013).

In countries like Niger, Mali, and Chad in Africa, there is a high fertility rate for adolescents among girls aged 14 to 17 due to low levels of schooling attainment. According to WHO (2019), it is projected that 13% of adolescent girls and young women globally will become mothers before turning 18 in 2022. Giving birth at a young age, or having a baby during teenage years, can harm a girl's well-being, schooling, and ability to make a living while also disrupting her typical growth into adulthood. A lot of pregnant girls experience pressure or are forced to leave school, impacting their education and job opportunities negatively. Girls who become pregnant at a young age may experience adverse social consequences like decreased status within their family and community, stigma, rejection, abuse from peers, family, and partners, as well as being forced into early marriage.

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

Roughly 49 million sexually active women in East and Southern Africa do not have access to modern contraception or family planning services, and more than half of them are young women. Consequently, the region has a teenage pregnancy rate of 92 births per 1,000 girls, which is twice the global average (UNFPA, 2021).

The region's overall fertility rate decreased to 4.1 children in 2022 from 5.9 in 1994. Currently, modern family planning methods are being used by 35% of women, surpassing one-third, in contrast to a mere 10% in 1994. Furthermore, in contrast to the 37% figure recorded in 2017, 39% of women who are either married or in a relationship are currently utilising modern contraception. Throughout that time frame, the population in the area increased twofold from 312 million in 1994 to 633 million in 2021, leading to an increased need for modern contraception and other sexual reproductive health services. TDHS,2022

The report from the 2015/2016 Demographic Health Surveys (TDHS), 2022 indicates that the adolescent birth/fertility rate refers to the number of births per 1,000 girls aged 15-19. Tanzania ranks 17th in terms of teenage fertility rate in Africa. The adolescent fertility rate rose from 116 to 132 between the 2010 and 2015/16 Demographic Health Surveys (TDHS). Since 2010, there has been a 4 per cent rise in teenage pregnancy in Tanzania; as of 2016, one out of every four adolescents between the ages of 15 and 19 had started having children. There are multiple reasons behind early pregnancies. In numerous cultures, girls are under pressure to marry and begin families. Around the world, it is believed that there are approximately 650 million child brides as of 2021. Women who get married at a young age typically have limited control over choices regarding postponing pregnancy and utilizing birth control, leading to a higher likelihood of getting pregnant. Furthermore, the absence of educational and job prospects frequently results in girls choosing to become pregnant. Marriage and childbearing are seen as the best choices for young girls in numerous countries, and motherhood is held in high esteem, regardless of whether it happens within or outside of marriage.

In mainland Tanzania, 27% of adolescents have experienced pregnancy or parenthood, a rate over three times higher than the 8% rate in Zanzibar. In Tanzania, there is variation in the rates of teenage pregnancies, with the Dodoma region having some of the highest rates ranging from 34 to 45%. Based on data from the 2017 Tanzania Demographic and Health Survey, the Katavi region has the highest rate of teenage pregnancy, with 45% of girls aged 15-19 becoming pregnant. In contrast, Kilimanjaro has the lowest rate at 6%, and Lindi Region is just above the mainland average of 27% at 28%.

According to the Tanzania Demographic Health Survey from 2015-16, teenage pregnancies are closely linked to girls leaving school early, getting married at a young age, and contracting HIV/AIDS, all of which prevent young people from making a positive economic impact on their

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

country. Young people who have completed their education have a significant opportunity to enhance their families' and communities' quality of life by utilizing their enhanced skills and economic resources in community development efforts (Mangiaterra et al., 2008; WHO, 2014).

Research Methodology

This section covers the research methodology, covering research design, population and sampling processes, data collection methods, validity, reliability, analysis, results, and ethical considerations.

Research Approach and Design

This research used a cross-sectional explanatory design according to Brayman, (2001). The suggestion for the design is based on the opportunity it provides to gather both quantitative and qualitative data. Cross-sectional analysis was chosen as the data focused on the impact of early pregnancy in shaping the study's focus. According to Mathers et al. (2007), cross-sectional designs examine variables in multiple groups while everything else remains constant. A cross-sectional design involves utilizing different groups of people with unique interests in the variable being studied but sharing similarities in factors such as education, background, ethnicity, and socioeconomic status. Individuals are selected through random and purposive sampling methods in cross-sectional studies, which may include surveys or qualitative interviews.

Population and sampling

This pertains to the quantity of elements chosen from the population to form a sample (Kothari, 2004). In this research, a sample of 76 participants was involved, including social welfare officers, Community development officers, parents, and girls from selected schools in the Magu district. The researcher finds the size to be practical as it saves time, money, and energy. However, one can explore the information that is accessible if the coverage area is large.

Statistical Treatment of Data

The data collected for this study were analyzed, evaluated, and presented. Frequencies and percentages were used to create tables and graphs for easy understanding and analysis. Quantitative data were collected using questionnaires and analyzed by using SPSS version 20 statistical software for social science. Therefore, when dealing with quotes in this study it was appropriate to present numerical information using tables, graphs, and individual cases. In addition to the information gathered from surveys and interviews, the information obtained through observation was confirmed by versatile images obtained from the course material Jurs and Wiersman studied in 2005.

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

Validity and Reliability

The study collection tool was tested by conducting a pilot study to justify its effectiveness in the validation process, which includes collecting and analyzing data to confirm the instrument's accuracy before gathering data in the field. To conduct the pilot study, individuals from a single village were selected at random and interviewed. The researcher emphasizes the importance of utilizing the study methodology accurately in the natural environment to prevent external social factors from impacting participants' responses. (Baker and Foy, 2008)

Ethical Consideration

The research ethics were adhered to and observed throughout the study. Before collecting data in the field, the researcher requested approval from Government Authorities. The Magu District Executive Director provided a letter granting permission for the researcher to collect data within a specific timeframe. Participants were assured of the confidentiality of data to be collected and signed a consent form before data collection.

Findings

The study shows that the minimum age of the respondents was 12 years and the maximum was 40 years, it was found that respondents with ages ranging between 12-18 years dominated in the study area a total of 35 (46.1%) of the groups found in the study area. According to the UNFPA, one in four girls aged 15 -19 is pregnant or has given birth in Tanzania. If you are in school and become pregnant, it allows girls to proceed with their education.

The study shows that 38.2 % of respondents were single, 28% were married,3.0% were divorced, and 16% were separated. These indicate that most of the respondents interviewed in the study were single. These results show that this age experienced early pregnancy. According to WHO (1998). Age at marriage plays a crucial role in dictating the timing of the first pregnancy in multiple countries. Weddings tend to happen sooner in less-developed areas than more developed ones. The median age at marriage for girls varies from around 16 in South Asia to over 20 in Latin America, with sub-Saharan Africa at 17, Western Asia at 18, and North Africa at 19 (Fathalla,1994). According to Singh & Samara (1996), Bangladesh, Niger, Yemen, India, and Senegal have the lowest median age at marriage. Nevertheless, a shift towards marrying at older ages is being observed in sub-Saharan Africa and certain South-Asian nations (Westoff et al., 1994).

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

Impact of adolescent pregnancy on community development

The study shows that 47.4 % of respondents argue that the effect of teenage pregnancy on community development is education disruption,36.8% health care burden and 15% social stigma.

Nevertheless, **teenage pregnancy disrupts education.** Teenage learners who are pregnant frequently skip classes because they need to go to the clinic, which results in them being absent and their academic performance becoming inconsistent. Many times, adolescent mothers end up leaving school, causing a disruption in their education and the development of their human capital. The impact of teenage pregnancy on academic success goes beyond the student and impacts the school, family, community, and society. Adolescent pregnancy significantly hinders girls' academic achievements, further perpetuating educational disparities in society. The way parents respond to teenage pregnancy can greatly impact the goals and dreams of pregnant teens, resulting in emotional issues and a greater probability of dropping out of school, thus negatively impacting their education. Teenage pregnant students frequently skip school because of clinic appointments, resulting in high rates of absenteeism and inconsistent academic achievement. Many times, teenage mothers leave school, which interrupts their education and the development of human capital. Teenage pregnancy impacts not only the individual student but also the school, family, community, and society, hindering girls' educational progress and perpetuating educational disparities. Parents' responses to teenage pregnancy may negatively impact pregnant teens' goals, increasing mental health issues and the chance of dropping out of school according to WHO, (2004)

Health care burden. The nation in East Africa has one of the highest rates of teenage pregnancies and births worldwide. According to a 2016 Tanzania Bureau of Statistics (TBS) survey, up to 21% of young girls between the ages of 15 and 19 give birth. The number of births per 1,000 girls aged 15 to 19 is known as the adolescent birth/fertility rate.

In Africa, Tanzania has the 17th-highest rate of teenage pregnancies. The adolescent fertility rate rose from 116 to 132 in the Demographic Health Surveys conducted in 2010 and 2015–16 (TDHS). In Tanzania, the rate of teenage pregnancies has also risen by 4% since 2010; by 2016, one in four teenagers between the ages of 15 and 19 had started a family.

Strategies to support adolescent pregnant

The study shows that 63.2% have access to education, and mental health services 11.8% and Community Outreach 25.9%. Youth programs for social development focus on essential social and psychological skills to prevent risky behaviours like early sexual activity. These programs are based on the idea that teenagers who wait to have sex have lofty educational goals, friends

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

who share similar values, and parents who are involved, supportive, and communicate openly with them.is a program intended to enhance students' social abilities and connection with their school and family. Eighteen elementary schools were designated to either receive specialized training or the standard educational curriculum.

However, In the rigorous training program, teachers and parents were provided with yearly instruction in proactive classroom management, problem-solving abilities, child behaviours management, and teen drug prevention. Teenage boys usually have their first sexual intercourse and engage in more sexual relationships than teenage girls, but they are less likely to seek medical attention for reproductive matters. Many health clinics and educational programs for adolescents focus on the health of girls, while fewer efforts are directed towards boys.

Oakley (1994) explains that teens' use of contraception is influenced by a variety of factors, such as knowledge, access, motivation, and the support of peers, partners, parents, and the wider community. The researchers noted that teenagers in the rural community being studied lacked access to contraceptive methods. As previously mentioned, certain parents do not endorse this program, resulting in a potential lack of motivation for teens and a negative influence on the rural community. Forest and Amara (1996) noted that educational interventions addressing the dangers of unprotected sex, prevention methods, decision-making skills, and communication with partners have been shown to positively impact adolescents' contraception practices in certain instances. This indicates that teenagers require education on protection methods, such as using condoms. They must be trained in how to discuss sexual topics with partners, particularly when it comes to negotiations.

Conclusion and recommendation

This section covers the conclusion and recommendation of the study based on research questions that supported the study.

Conclusion

The researchers also determined that programs for youth development can help prevent teenage marriages in rural areas. These programs for young people consist of counselling, group activities, recreational activities, employment, and other components. The researchers also observed that it is important to keep teenagers busy to prevent them from considering participating in sexual behaviours. It was determined that sex education is highly effective, while there is limited documentation on the effectiveness of abstinence-only education. Therefore, providing education solely on abstinence is not as successful. In conclusion, the researcher determined that both strategies must be employed together to successfully prevent teenage pregnancy in rural communities.

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

Recommendation

The researchers suggest raising awareness among communities and young people about the underlying factors of teenage pregnancy in rural areas. To reach this goal, young people and community leaders need to participate in strategic planning, as stated by Brindis in 2004. Brennan and colleagues (2008) suggested a greater focus on adolescent pregnancy within society and finding practical methods to tackle the social factors that contribute to teen pregnancy.

However, the government in collaboration with other stakeholders such as education units and the community should establish health units that are linked to schools, which help health clinics be easily accessible to the school community. Social workers and community development workers should be available at the clinics and schools to support pregnant school girls. However, girls who are not pregnant in school should avoid discrimination against those who are pregnant.

Reference

Bryman, A. (2004). Encyclopedia of social science research methods. *Encycl. Soc. Sci. Res. Methods*, *1143*, 1144.

Mathers, N. J., Fox, N. J., & Hunn, A. (1998). *Surveys and questionnaires* (Vol. 1998). NHS Executive, Trent.

Part, K., Moreau, C., Donati, S., Gissler, M., Fronteira, I., & Karro, H. (2013). Teenage pregnancies in the European Union in the context of legislation and youth sexual and reproductive health services. *Acta Obstetricia et Gynecologica Scandinavica*, *92*(12), 1395-1406. https://doi.org/10.1111/aogs.12253

WHO Global Health Estimates 2019: Causes of DALYs and mortality by cause, age, sex, by country and by region, 2000–2019 Geneva; 2019.

UNESCO (2016) Teenage pregnancy and motherhood situation in Kenya: the county burden and driving factors; policy brief.

National Survey on the Drivers and Consequences of Child Marriage in Tanzania. Ministry of Health, Community Development, Gender, Elderly and Children. February 2017

UNFPA. Adolescent pregnancy: A review of the evidence. New York: UNFPA, 2021.

National Survey on the Drivers and Consequences of Child Marriage in Tanzania. Ministry of Health, Community Development, Gender, Elderly and Children. February 2017.

ISSN: 2455-8834

Volume:09, Issue:10 "October 2024"

World Bank. The social and educational consequences of adolescent childbearing. Available from: https://genderdata.worldbank.org/data-stories/

adolescent-fertility (Updated February 25, 2022; Accessed September 30, 2022).

World Health Organization. Adolescent pregnancies. Available from:https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy (Updated September 15, 2022; Accessed October 18, 2022).

TDHS 2015/16. Demographic Health Surveys 2015/2016

Ministry of Health, Community Development, Gender, Elderly and Children (Tanzania) National survey on the drivers and consequences of child marriage in Tanzania.Girls Not Brides. 2017.

Mangiaterra, V., Pendose, R., Mcclure, K. & Rosen, J. (2008). Adolescent Pregnancy. In: HEINE, M. (ed.) Making Pregnancy Safer Notes. Geneva: World Health Organisation.

World Health Organization. (2004). Adolescent Pregnancy, Issues in Adolescent Health, and Development.

World Health Organization. Nutritional status of adolescent girls and women of reproductive age. New Delhi, WHO 1998a (SEA/NUT/141).

WHO, 2004. Adolescent Pregnancy. World Health Organization 2004. ISBN 9241591455. [Retrieved 2021 Aug 28

National Bureau of Statistics. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–16. 2016.

UNFPA. Adolescent pregnancy: A review of the evidence. New York: UNFPA, 2013.

Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS) 2015/16.

Bryman, A. (2008). Social Research Methods 3rd Ed. Oxford. Oxford University Press. Brindis, C.D. (2004). Improving the Health of Adolescents and Young Adults. Centres for Disease Control and Prevention.

Advocates for Youth (2005). The Facts: Adolescent Sexual and Reproductive Health in Sub-Saharan Africa. Hrttp://advocateforyouth.org/publications/factsheet/fssxrepr.httml. Accessed 04/04/2015.

