

Comparative analysis of adolescent pregnancy causes in Tanzania: A comprehensive review of literature

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Abstract

Teenage pregnancy remains a global challenge with profound implications, necessitating a thorough exploration of its causes and contributing factors. This study provides a comprehensive review of research studies conducted in Tanzania from 2019 to 2023, contributing to the ongoing discourse on the complex interplay of socio-cultural, economic, and educational factors shaping the experiences of Tanzanian adolescents. Twelve studies, comprising seven journals and five master theses, were purposefully selected to identify commonalities and disparities in their findings. The study systematically examines the identified studies, shedding light on the prevailing factors associated with teenage pregnancies in Tanzania. Several themes emerged from the reviewed literature, with all studies unequivocally pinpointing poor knowledge on sexual and reproductive health as a common factor contributing to teenage pregnancies. Moreover, a substantial majority, 75%, highlighted the significance of low economic status in this context, emphasizing the intersectionality of socio-economic factors. Furthermore, this comparative analysis delves into the nuanced findings of the selected studies, revealing that 50% of the reviewed research identified peer influence as a significant contributor to teenage pregnancies. These findings not only underscore the multifaceted nature of the issue but also highlight the need for targeted interventions addressing both individual knowledge gaps and broader socio-economic challenges.

Keywords: *adolescent, adolescent pregnancy, pregnancy, literature review*

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1. Introduction

Teenage pregnancy is a worldwide public health issue that has an impact on both developed and developing nations (Worku et al., 2021). Approximately 150 out of every 1,000 births worldwide occur to teenage girls between the ages of 15 and 18 (Bajracharya et al., 2019). According to estimates, half of teenage pregnancies in underdeveloped nations are unplanned; the majority of these teenage pregnancies result in abortions. It is estimated that 5 million teenage girls undergo abortions annually, of which 70 percent of them are insecure, which increases maternal mortality, morbidity, and long-term health issues (Moshi & Tilisho, 2023). Efforts have been made to reduce adolescent pregnancy globally, and this is evident in Sustainable Development Goal 3, target 3.7 which seeks to ensure universal access to sexual and reproductive health-care services, including family planning, information, and education, and the integration of reproductive health into national strategies and programmes by 2030 (Ahinkorah et al., 2021).

Although a decline in adolescent birth rates has been observed globally, Sub-Saharan Africa countries have twice the global average, with over 100 births per 1,000 women in 2021. The estimated actual number of births among 15–19-year-olds was 6,114,000 and 332,000 among younger adolescents aged 10–14 years in Sub-Saharan Africa countries in 2021 (Maharaj, 2022). Since recent times, several governmental and non-governmental organisations in some African countries have focused on reducing the adolescent pregnancy rate, although very slow progress has been made (Kassa et al., 2018). According to Sole for African Child (2023), an average of 7.3 million adolescent girls in Africa become pregnant each year. Subsequently, in a study conducted by Worku et al. (2021) in East African countries (Burundi, Ethiopia, Comoros, Uganda, Rwanda, Tanzania, Mozambique, Madagascar, Zimbabwe, Kenya, Zambia, and Malawi), the prevalence of adolescent pregnancies was 54.6 percent (95 percent CI: 53.85, 55.34 percent) across the region, with the highest rates in Zimbabwe (65.29 percent) and the lowest rates in Rwanda (36.15%).

East Africa has one of the highest rates of teenage pregnancy and births worldwide (Anadolu Agency, 2020). The prevalence of adolescent pregnancy in eastern Africa ranges from 18 to 29% and around half of these pregnancies are unintended (Worku et al., 2021). The observed prevalence of teenage pregnancy and childbearing is high in Tanzania compared to other East African countries such as Uganda (from 24% to 25% in 2011–2016),

Rwanda (from 6% to 7% in 2010–2014/15), and Kenya where it has remained constant at 18% in 2008/09–2014 (Ntegwa & Miho, 2021).

Tanzania is one of the countries with the highest rate of adolescent pregnancy. According to data compiled in Tanzania by the Guttmacher Institute, a sexual and reproductive rights organisation, 360,000 girls and young women ages 15 to 19 give birth each year (Human Rights Watch, 2021). Subsequently, according to Galal (2023), Tanzania is among the countries with the highest adolescent fertility rate in Africa as of 2021, being at number 8.

Adolescent pregnancy is known more for its cons. According to the World Health Organisation (2023), adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth, and severe neonatal conditions. Furthermore, according to UNFPA (2016), when a girl becomes pregnant, her life changes radically, including ending her education and job prospects. They added that the teen becomes more vulnerable to poverty and exclusion, and her health often suffers.

This paper holds paramount significance as it unveils critical insights into the multifaceted determinants of adolescent pregnancy that contribute to teenage pregnancies in the studied regions of Tanzania. This study illuminates the root causes of teenage pregnancies, which will facilitate more relevant interventions in addressing the issue and ultimately promote the well-being of adolescents. Furthermore, by synthesizing the findings from these diverse sources, this study seeks to not only delineate the current landscape but also contribute to the ongoing discourse surrounding the complex interplay of socio-cultural, economic, and educational factors in shaping the experiences of Tanzanians in the topic area.

2. Literature Review

2.1. Adolescent pregnancy

Adolescent pregnancy is a pregnancy occurring in girls aged 10 to 19 years (Ngoda, 2021). Childbirth is risky for adolescent girls, and research indicates that pregnancy-related conditions are the second major cause of death among adolescent girls in developing countries (Wado et al., 2019). Although a policy change in late 2021 in Tanzania allowed

teen mothers who dropped out of school to return, school dropout due to pregnancy is still a significant issue to solve (Hirose et al., 2023). Typically, there are two types of adolescent pregnancy: planned and unplanned.

Planned adolescent pregnancy happens when a teenage girl consciously chooses to become pregnant. In this case, people deliberately choose to become parents and take proactive measures to become pregnant. Adolescent planned pregnancies have received very little attention (Macutkiewicz & MacBeth, 2017). Women tended to use the term "planned" only in cases where four requirements were satisfied in their prior reports (Cater & Cater, 2006); they included planning to get pregnant, quitting contraception, coming to a relationship agreement, and choosing the appropriate lifestyle and life stage.

Unplanned adolescent pregnancy is an unanticipated pregnancy that results from the adolescent having unprotected intercourse and either not using birth control or using it improperly (Erasmus, 2017). Teenage pregnancies are frequently unintended and undesirable (Malek et al., 2019). Unplanned pregnancy is described as both frequent and widespread which occurs in all segments of society, not just among teens, unmarried women, poor women, and minorities (Baptiste & Ugiriwabo, 2023). Unsafe abortion is linked to unintended adolescent pregnancy and accounts for 13% of maternal deaths worldwide (Malek et al., 2019).

2.2. The challenge of adolescent pregnancy in Tanzania

Most teenagers with unplanned pregnancies are at a greater risk, especially those who live in low socioeconomic status, those with a family that has a history of teenage pregnancies, and those who experienced abuse (Kabbudula, 2019). According to Madume and Dibia (2021), teenagers with unplanned pregnancies have a lower likelihood of graduating from middle school and enrolling in a secondary school or college. Social consequences for unmarried pregnant adolescents may include stigma, rejection, or violence by partners, parents, and peers. Girls who become pregnant before the age of 18 are more likely to experience violence within a marriage or partnership (Health Think, 2021). Furthermore, teenagers who are pregnant face risks of pregnancy and childbirth-related complications such as pre-eclampsia, infections, and puerperal endometritis, as well as

increased danger of low birth weight, preterm delivery, and severe neonatal conditions (Moshi & Tilisho, 2023).

3. Methodology

The study used comparative analysis of existing data to analyse the existing data sets and information related to teenage pregnancy from various regions in Tanzania and to identify patterns, trends of factors associated with teenage pregnancy. Comparative analysis attempts to reach conclusions beyond single cases and explains differences and similarities between objects of analysis as well as identifying the relations between the objects against the backdrop of their contextual conditions (Esser & Vliegthart, 2017). By comparing multiple sources or groups, similarities and differences can be discerned, providing a more comprehensive understanding of the subject matter. If similar patterns emerge consistently, it adds credibility to the conclusions drawn, reinforcing the robustness of the research outcomes.

Table 1

Literatures from 2019 to 2023 on teenage pregnancies in Tanzania

s/n	Authors	Type of publication
1	Kwigizile et al. (2020)	
2	Metta et al. (2020)	
3	Nyanganika et al. (2020)	
4	Lyimo (2020)	Journal
5	Lindert et al. (2021)	
6	Chuwa (2023)	
7	Moshi and Tilisho (2023)	
8	Kapileh (2019)	
9	Saidi (2020)	
10	Mbeyu (2020)	Thesis
11	Mgomera (2021)	
12	Kinabo and Eduful (2021)	

The findings were obtained through vigorous literature reviews of relevant information on teenage pregnancy rates and associated factors. Numerous sources were

identified in the literature review, however, only 12 publications were relevant to the subject matter. These resources were gathered from diverse platforms, including Google Scholar, Open Access Repositories, and JSTOR, using keywords such as "factors that contribute to teenage pregnancy." To ensure the currency and relevance of the literature, materials published before 2019 and those that lacked relevant information on the factors contributing to teenage pregnancy were systematically excluded from the analysis. Ultimately, 7 journals and 5 master theses, making a total of 12 studies, conducted in Tanzania in the time span of 2019-2023, were assessed to identify commonalities and disparities in the findings.

4. Results and Discussion

A comprehensive exploration into the prevalence of teenage pregnancy in Tanzania necessitates a thorough review of existing literature to shed light on the multifaceted factors influencing this societal concern. In pursuit of this understanding, a thorough examination of scholarly works was undertaken, revealing a total of 12 research studies that align closely with the objectives of this investigation. These studies, conducted within the Tanzanian context, offer valuable insights into the intricate web of elements contributing to the prevalence of teenage pregnancy.

4.1. Educational and Policy Factors

School drop-out. 16.7% of the research reviewed in Lindi and Dodoma identified that the lower the level of education, the higher the chance of a female teen getting pregnant. In Tanzania, 329,918 students dropped out of school in 2022, whereas, 66,466 girls in secondary school and 81,239 girls in primary school. Geita, Tabora, and Kigoma are among the leading regions in primary school drop-out, while Mwanza, Geita, and Dodoma were leading regions in secondary school (The Chanzo Initiative, 2023). According to Ochen et al. (2019), the likelihood of teenage pregnancy among girls who were not attending school was significantly higher when compared with peers attending school ($p < 0.001$). According to research conducted by Lindert et al. (2021), one of their KI explained that:

“When children finish standard seven, it is time to get pregnant...now you have grown up. They finish at 13, 14, and 15 years.” (Healthcare worker) D24

Table 2*Findings on the causes of teenage pregnancies in the reviewed literatures in Tanzania*

	Area of study and number of respondents	Nature of study	Poor knowledge on sexual and reproductive health	Low economic status	Peer influence	Sexual abuse	Influence from social media	Family separation	School dropout	Poor parental monitoring	Moral decadence	Drug Abuse	Cultural factors
Kapileh (2019)	Arusha City, 107 respondents	Mixed approach		√	√		√	√					
Saidi (2020)	Dar es Salaam, 177 respondents	Mixed approach		√	√	√				√	√	√	
Mbeyu (2020)	Mbeya, 400 respondents	Mixed approach	√	√									√
Kwigizile et al. (2020)	Morogoro, 542 respondents	Mixed approach	√	√				√					√
Metta et al. (2020)	Mbeya, 165 secondary schoolgirls	Mixed approach	√	√							√		√
Nyangarika et al. (2020)	Ruvuma, 70 respondents	Mixed approach	√	√	√					√		√	
Lyimo (2020)	Arusha, 90 respondents	Qualitative approach		√		√	√				√		√
Mgomera (2021)	Mwanza, 100 respondents	Mixed approach	√	√				√					√
Lindert et al. (2021)	Lindi, (12 interviews)	Qualitative approach	√	√	√			√	√				
Kinabo and Eduful (2021)	Dar es salaam, (11 interviews)	Qualitative approach	√	√	√	√	√			√	√		
Moshi and Tilisho (2023)	Dodoma, 539 respondents	Quantitative approach	√	√	√	√			√				
Chuwa (2023)	Morogoro municipality, 250 respondents	Mixed approach	√	√									
TOTAL			9 (75%)	12 (100%)	6 (50%)	4 (33%)	3 (25%)	4 (33.3%)	2 (16.7%)	3 (25%)	4 (33.3%)	2 (16.7%)	5 (41.7%)

Poor information on sexual and reproductive health. From table 2, 75% of researchers have identified poor knowledge on sexual and reproductive health as among the causes of teenage pregnancies. Knowledge on sexual and reproductive health for adolescents has been debatable over the years, as some research ascertain that the knowledge will push girls and boys towards sexual behaviours and is against African culture (Bilinga & Mabula, 2014) while some believe that the equipment of the knowledge will avoid pregnancy (Kagashe & Honest, 2013). Nyangarika et al. (2020) add that sexual and reproductive health should be incorporated into the curricula of study.

According to Lyimo (2020), the lack of appropriate information leads to misunderstandings of emotions, which causes interchange of the description of 'love' with 'sex', therefore engaging in sex as a usual act. However, several studies (Lindert et al., 2021; Nkata et al., 2009) found parents frequently ignore their responsibility to carry out reproductive health education, as some assume their role to their children are limited to the provision of food, clothing, shelter, and education. According to research conducted by Kapinga and Hyera (2015), one of their Key Informant (KI) explained that,

“This education encourages pupils to engage in sexual matters, especially after being taught things they did not know. We have caught pupils attempting to practice sex in school” (Female Teacher, May 22, 2013).

4.2. Individual Factors

Peer Influence. Mgomera (2021) used the social learning theory to explain that people acquire new behaviours by observing from those around or nearby. From this perspective, they came up with decisions resulted from what they observed from those surroundings. 50% of the reviewed documents identified peer influence as a cause of teenage pregnancy. Some girls join peer groups that encourage promiscuity rather than academics.

Sexual behaviour is one of the many areas in which teens are influenced by their best friends and peers. Teens are more likely to have sex if they believe their friends have more positive attitudes toward childbearing, have permissive values about sex, or are having sex (Sik, 2015). Furthermore, Malisa (2015) adds that when teen does not feel that she can talk to her parents about sex either because they forbid sex talk or because they are not around, she

will more than likely turn to friends for direction on whether or not to have sex, resulting in misinformation and possible teen pregnancy. According to research conducted by Omari (2021), one of their KI explained that;

“I have now decided to meet my friends after school. My friends can help me with many things, including issues related to sex and relationships. So, I will meet them in the evening, and I might report back to my parents if they are available. My parents are very busy, so I cannot wait for them to come back and help me with the questions I have. My friends will help me solve my problems” (Teenage girl, 17 years, Mbagala kwa Azizi Ally Ward).

Influence from social media. 25% of the research found that globalisation is among the reasons for teenage pregnancies. Technology and social media (particularly via cell phones) have really connected people. Cell phone usage promotes easy communication among peers and their partners and also gives them easy access to the internet which they use without regulation, to surf explicit content motivating early sex (Yakubu & Salisu, 2018). Furthermore, social media play a significant role in shaping the behaviour and mindset of teenagers. It has the power to influence their attitudes towards relationships, sex, and pregnancy. Social media provide teenagers with easy access to explicit content, including sexual content. With just a few clicks, they can find information, images, and videos related to sex and pregnancy. It can also perpetuate harmful stereotypes and misconceptions about sex and pregnancy, further contributing to misinformation and risky behaviours (Socialstar, 2023).

Furthermore, Saidi (2020) narrated that female students with phones said that their parents did not know they own mobile phones. The researcher inquired where they hid the phones, and the students replied that they hide them in the shops around the school as they knew that they were not allowed to be with phones in the school premises. Without the support of parents to run the operational costs of the phones, most teens resort to finding help from their partners (boyfriends or sugar daddies).

According to research conducted by Olenja et al. (2020), one of the KI explained that,

“Mostly these days it is at home, because, like we said earlier, nowadays we have phones, so even when parents are there, you are communicating through text, and when the parents leave home, you call him to come” (FGD Girls 1-R8).

“Even in the bushes when collecting firewood because some girls are forbidden to meet up with boys” (FGD Girls 2 R4).

“We just organise over the phone, and we meet on the market day ... The boy pays the lodging, and we get in there without anyone complaining” (IDI Ever Pregnant girl).

Moral decadence. 33.3% of the studies determined that moral decadence is among the causes of teenage pregnancy. According to Wado et al. (2019), early sexual debut is measured by the proportion of adolescents who have ever been sexually active. Omari (2021), on the role of traditional methods and a case management approach in preventing teenage pregnancy in Tanzania, determined that what girls and boys had learned during traditional ceremonies was undone with new technologies and modernization, which changed their behaviour and made them think differently about relationships and the accountability of their lives.

Low self-esteem is among the factors that lead to teenage pregnancies. For example, pregnant teenage girls have been found to have a lower self-concept in relation to moral, family, and social dimensions. Subsequently, teens experiencing moral decay may engage in risky behaviours, including unprotected sexual activities, without fully considering the potential consequences. This risk-taking behaviour increases the likelihood of unintended pregnancies. According to Christopher and Sanga (2023), in Tanzania, there is a need to make moral education compulsory and part of the curriculum, and apply different methods of moral formation and transformation that would help the corrupted students. According to research conducted by Mkumbugo et al. (2020), one of the KI explained that,

“There are some school adolescents who engage in risky behaviours that originated from home; they are not serious in their study. We don’t care if they get pregnant” (T1, male, 58 aged years).

Drug abuse. Individual factors that influence adolescent pregnancies include excessive use of alcohol and substance abuse. 16.7% of the studies determined that drug abuse is among the causes of teenage pregnancy. In Tanzania, the lifetime prevalence of substance use among school-going adolescents (11–17 years) was 7%, with alcohol at 4.5% and drugs (3.1%), specifically marijuana, amphetamines, or methamphetamines, being the most used. In the Kilimanjaro region, cigarettes (15.5%), alcohol (9.2%), and marijuana (3%) were the most commonly used substances among school-going adolescents (Mavura et al., 2022). This behaviour makes adolescent girls vulnerable and an easy target for sexual exploits.

According to Nyangarika et al. (2020), the use of drugs affects teens' brain systems in such a way that it becomes difficult to make the right decisions. It leaves them vulnerable to being raped or engaging in unsafe sex. Young people are twice as likely to have unprotected sex while under the influence of alcohol or drugs compared to when they are sober, which ultimately leads to pregnancy and the risk of HIV infection. This is consistent with previous findings, which reported an association between high-risk sexual behaviour, adolescent pregnancy, and substance abuse (Yakubu & Salisu, 2018).

According to research conducted by Saidi (2020), one of the KI explained that,

“The effects of alcohol and drugs increase sexual arousal and desire, decrease inhibition and tenseness, diminish decision-making capacity, judgement and sense of responsibility, and generally disempower women to resist sex.”

4.3. Family Dynamics and Community Factors

Poor parenting. 25% of the studies highlighted the issue of poor parental monitoring as one of the causes of teenage pregnancies in Tanzania. This is mainly due to parents' focus on revenue creation activities to sustain family needs thus forgetting the emotional needs of the children. According to Nyangarika et al. (2020), schoolgirls who do not get parental care seem to find another person to give care. Some parents are so harsh to their children that they beat them hard, shout at them, forced them to work, and show no love at all. According to research conducted by Lindert et al. (2021), one of their KI explained that;

“Her mother and father separated. The father doesn't know how to take good care of her, so she left school. After leaving school, she got pregnant.”

(Pregnant teenager) D13

According to research conducted by Kompania (2019), one of their KI explained that;

“You find the parent wakes up at dawn and comes back at night. When a parent leaves the house, they don't even know whether their children slept at home or not. In short, these types of working conditions subject a parent to no time to know the whereabouts of children.”

Nonetheless, not enough literature has assessed the relationship between poor parental monitoring and teenage pregnancies in the Tanzanian context.

Family separation. 33.3% of the research collected from the literature review confirmed that family separation is a cause of teenage pregnancy. A study conducted by Mauna (2015) showed that 50 (45%) of the respondents who live with relatives/alone practised sexual intercourse, while 31 (28%) who live with single parents practised sexual intercourse, compared to 30 (27%) of respondents who live with both parents. Furthermore, another study by Uwizeye et al. (2020) indicated a positive association between teen girls being raised by single mothers and widows with adolescent pregnancy. Furthermore, it was observed that teen girls with both parents are less likely to get pregnant compared to those whose parents are divorced or separated. According to research conducted by Dunor (2015), one of the KI explained,

“My father used to leave us with our mother and be away for a long time without leaving any money at home. As for me, I had a boyfriend who was selling goods at the market; he used to give me money. I used to share the money with my mother and my younger sister. I got pregnant last year and dropped out of school. I really wanted to study and become a doctor. I am not sure of that dream anymore” (School dropout aged 17, Mtwara Municipality, October 27, 2014).

Cultural factors. Some cultures limit women’s decision-making power, making men assume control over sexual decisions. Cultural factors are among the causes of teenage pregnancy identified in 41.7% of the research works. According to Thobejane (2015), in some cultures, it is important for young girls to fall pregnant at an early age to prove their fertility prior to marriage. In African cultures, it is believed that a boy must go to initiation school to be given lessons about manhood. These lessons may have an unintended purpose of leading them into early sexual activities. According to research conducted by Lindert et al. (2021), one of their KI explained that;

“I love you; I need you here; I need something... Saying no is not an option. Men are always like this in Africa.” (Pregnant teenager) D95

“Conservative traditions such as Unyago contributes to early pregnancy due to the teachings... marriage and pleasing men; they are taught how to do that. So at the end of the day, they practise it, and they get pregnant at an early age.” (girl without a pregnancy before the age of 20) D104

Sexual violence. 33.3% of the research in Tanzania found that sexual abuse is a major cause of teenage pregnancy. Approximately 15 million adolescent girls (aged 15–19) worldwide have experienced forced sexual intercourse or other sexual acts at some point in their lives (World Vision, 2019). According to Paul (2018), many girls fall pregnant while in school from rape or abuse, and many face sexual harassment on a daily basis and resort to silence as there is no proper mechanism to help victims. Furthermore, in a study conducted by the Centre of Diseases Control and Prevention (2018) in Tanzania, the most common perpetrators of sexual violence on girls were neighbours, followed by strangers, and then dating partners. According to research conducted by Oluseye (2021), one of their KI explained that;

“When I was going to school, I had a boyfriend. He always wanted sex, but I used to deny him. One day he told me to come and visit him at home, so I went to greet him, and suddenly he locked the door of his room and raised the volume of the speakers, and he forcefully raped me. This led to my pregnancy.” Tutu (pregnant at 15 years, interviewed at 27 years).

According to research conducted by McCleary-Sills et al. (2013), one of their KI explained that;

“If a boy wants you for sex, he will get you no matter how many times you say ‘no’ to him and try to avoid him every time you see him coming near. It doesn’t matter if you don’t want him; it matters that he wants you.” (PLA participant, 15–17-year-old group)

According to research conducted by Lyimo (2020), one of their KI explained that;

My cousin raped me during school holidays when my aunt left us for a relative funeral in a distant village. I reported it to my family, but he denied responsibility. Three months later, I tested positive for pregnancy and was expelled from school. My father reported it to the police, but unfortunately, it was too late to have medical evidence. Therefore, he was set free, and I became a burden to my family. (In-depth interview).

According to research conducted by Human Rights Watch (2023), one of their KI explained that;

“There are teachers who engage in sexual affairs with students; I know many [girls] it has happened to... If a student refuses, she is punished. I feel bad ... Even if you report the matter, it won’t be taken seriously. It makes us feel unsafe. Three girls dropped out because of teachers and sex in 2015.” Joyce, 17, Shinyanga, northern Tanzania

4.4. Economic Factors

Low economic status. All the reviewed secondary data confirmed that among the major causes of teenage pregnancies is poverty, which forces girls to engage in sexual relations mostly with older men to meet basic needs such as food and clothing. Young girls who indulge in sexual relations due to poverty believe that the only asset they have to generate income is their bodies. Furthermore, in many societies, poverty pressures parents to give their young girls into early marriage (Mbeyu, 2020). According to research conducted by Karumuna (2019), one of their Key Informant (KI) explained that;

“Poverty is also a factor which contributes greatly to adolescent pregnancy...Girls can fall into adolescent pregnancy while finding what she wants since her family failed to provide some of her needs, especially luxury things like chips, smartphones, and clothes...” (Interview with respondent, August 11, 2019)

According to research conducted by Mgomera (2021), one of their Key Informant (KI) explained that;

“It is very common for many students, especially girls, to walk more than ten to fifteen kilometres to and from school.... a girl can resist for some time, it comes a time where cannot hold on, due to hunger or other reasons” (A social welfare officer, 2020).

According to Ntegwya and Miho (2021) findings on the determinants of teenage pregnancy and childbearing, teenagers from richer households are less likely to have pregnancies and bear children.

5. Conclusion

Based on the comprehensive review conducted, three primary factors contributing to the prevalence of teenage pregnancy in the researched regions have been identified. These factors include inadequate knowledge about sexual and reproductive health, socioeconomic challenges, and the influential role of peer groups. In poor knowledge on sexual and reproductive health, it has been consistently observed in multiple studies, particularly those conducted since the year 2020, that a significant factor contributing to teenage pregnancies is the insufficient awareness and knowledge regarding sexual and reproductive health. Despite advancements in technology and increased accessibility to information, a notable gap persists in the understanding of crucial aspects related to sexual health among teenagers. This knowledge deficit poses a considerable risk and underscores the need for targeted educational interventions. Furthermore, in low economic status, the research findings consistently highlight the correlation between low economic status and teenage pregnancies. Female teenagers hailing from economically disadvantaged backgrounds encounter limited opportunities for personal and economic advancement. This vulnerability is exacerbated by

ingrained gender norms, wherein male dominance prevails, hindering the ability of young women to uplift their socioeconomic conditions. Consequently, the economic challenges faced by these teenagers contribute significantly to the incidence of teenage pregnancies. Lastly, peer influence is third most common cause determined. Notably, the impact of peer influence, both within immediate social circles and through online platforms, has emerged as a prominent instigator of teenage pregnancies. The power dynamics within teenage friend circles play a pivotal role, extending beyond traditional associations with schoolmates and neighbourhood friends to encompass online interactions with social media influencers and potential online predators. This influence from various sources underscores the need for a comprehensive approach to address the multifaceted nature of peer pressure in the context of teenage pregnancies.

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