Schoolgirl pregnancies as a most critical and rapidly growing challenge in Tanzania

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ABSTRACT: Girls have high aspirations for their education, despite concerns with poverty, gender-based violence, the consequences of early pregnancy and marriage, and lack of school facilities. Every year more than 8000 girls drop out from the school due to pregnancy. Though many countries agreed to increase opportunities for all children to have access to education in Millennium Development Goals, girls Student’s pregnancy is among the rapidly growing social challenges that hinder the realization girl child to education (MoEVT 2008 and BEST 2010). Tanzania is one of the nations which highly experienced adolescents’ pregnancy rate in the world affecting their full potential in life. More vulnerable to meet challenges of poverty, Community who are against children pregnancy are the ones who involved in love affairs with students and impregnated them, recent research done by TAMWA groups that leading to involved in love affair with students and impregnated them are government staffs, bus conductors’, businessman, tax drivers, and well off people (TAMWA 2010). Recently research done in Iringa municipal shows those 30 students of nine secondary schools and 4 students of three primary schools are impregnated during 2012. Thirteen million children are born to women under the age of 20 years worldwide and more than 90% in developing countries (Wikimedia Foundation, 2010).

The Sub-Saharan Africa (SSA) region is characterized by high school dropout rates in the world. Teenage pregnancy prevalence is 143 per 1000 girls and resultantly, women are losing battle of equal access to secondary education (James et al, 2000). Therefore there is need to help girls to get their basic needs particularly education so they can participate full to the development of the community that surrounds the (Community Development Gender and Children 2000).

KEYWORDS: early pregnancy, mothering students, re-admission policy, gender unbalance in education.

INTRODUCTION

Pregnancy is a physiological process, presenting with history of missed period, fatigue, breast enlargement and tenderness, abdominal distension, nausea and vomiting together with light-headedness. Abdominal ultrasound, urinary or serum levels of HCG are confirmatory tests for pregnancy. When these happen at age of 19 years or below they are called adolescent or teenage pregnancies (UNDP report, 2003).

For instance recent research done in Tanzania revels some causes of Girls student pregnancy as follows: Low socioeconomic status was found to be an important cause for adolescent pregnancies as 57.1% of respondents suggested. Other factors responsible were luxury and deprivation of education to girls (43.5% and 16.5% respectively). Source of reproductive health education was contrary to most previous studies as 82.6% reported to get it from parents and health centre’s, while schools and peer groups contributed only 29.1% and 7.2% respectively (MUHAS-2008/2009). Although the Constitution of Tanzania grants every child the right to education, yet a girl’s access to education is denied when she becomes pregnant or gives birth. This study explored the experiences of pregnant and mothering students in secondary schools and the community awareness, attitudes and perceptions toward pregnancy policy in Tanzania. Farida Maluli (2014).
CAUSES OF EARLY PREGNANCIES FOR GIRLS STUDENTS IN TANZANIA

All the same, readmission of pregnant students and teenage mothers is still a major problem in many schools (Nyambura, 2000). Despite the government authorization, it is not always a straight forward issue as some school heads do not want to give teenage mothers space in their schools (Tjombonde 2003). They continue to believe that, giving a chance of education to teenage mothers will encourage more girls to become pregnant. As a result, pregnant and mothering students are still expelled from schools and some are struggling to continue with studies under difficult situations. Worse still, there is limited information on students’ experiences of mothering in this situation of the lack of explicit policy. Thus this study sought to gain insights into the pregnant and mothering secondary students’ experiences in Tanzania to fill the apparent gap.

According to WHO report (1998) which showed that about two-thirds of sub-Saharan African women gave birth before 20 years of age due to cultural norms which encourage early marriage and proving fertility at young age. Also a study by Robert Berkow et.al. in 1999 showed that adolescent pregnancy is a multifaceted problem as it involves social, political, cultural, educational and economical factors as follows:

Socio-cultural beliefs and practices: Early marriage and pregnancy prevent girls from finishing school. Girls who get pregnant are expelled and the pregnancy is considered to be the girl’s fault.

Gender biased socialization in school. While assertive behavior is promoted among boys, passive behavior is encouraged among girls. Girls are called on to perform domestic duties for teachers at school, such as fetching water, reinforcing gender stereotypes and taking time away from learning. WHO (1998).

Above all, Girls identify poverty, lack of school facilities, and distance to school as major obstacles to schooling in places where they can easily see other girls who do not experience such obstacles. Also too much leisure, illiteracy and low level of education is another cause of unwanted pregnancy for school girls. Nyambura, M. (2000).

Economic factors: Despite the abolition of school fees, parents are often unable to meet other school costs. This poses a big challenge on the retention of those enrolled. Some parents migrate to distant farms or other districts during the rainy seasons and their children are prone to expulsion from school if they are absent for three consecutive months. Girls normally work to supplement household income while lack of formal employment opportunities discourages children from completing the primary cycle. Elimu Yetu Coalition (2003).

In addition, Low socioeconomic status is the most contributing factor for adolescent pregnancies as well as Financial problems especially Unemployment and poverty among girls, lack of information about sexual matters, exposure. They tend to be silent on these obstacles in places where poverty levels are higher and there are greater distances to walk to school. In addition, there is considerable silence on gender-based violence (TEGINT report 2008 and 2010).

Furthermore, Government funding for schooling is insufficient. Many schools where gender parity in attendance, progression and attainment is not a problem are supplementing government funding with very high levies from parents and communities. Cohen, L., & Manion, L. (1994).

Health and HIV/AIDS: The high number of school pregnancies is an indicator of unprotected sexual activity and the high vulnerability of girls to HIV infection (rates of infection are six times higher for girls than boys). Moreover, girls who are normally caregivers become especially burdened when HIV/AIDS strikes the family, preventing them from regular school attendance UNESCO (1995).

For instance Dr Kheri Tungaraza, of Sinza hospital in Dar es Salaam, says teenage pregnancies could be fatal because the girls’ bodies are not well-developed and susceptible to complications at delivery. What is worrying is that most of these pregnant girls give birth at home under the care of traditional birth attendants who cannot provide specialized healthcare. As a result, they are at risk of suffering fistula, ruptured uterus and unsafe abortion. “I have encountered several cases where the baby was too big to be delivered normally. Sometimes, the uterus ruptures and the baby go up to the ‘abdomen’ and this call for an emergency operation, only to find that the baby is already dead,” he says. Robin Hood Foundation. (1996).

STRATEGIES TO ELIMINATE GIRLS STUDENTS’ PREGNANCY

The main strategies of eliminating Girls students’ pregnancy are based on:

i) Conducting seminars, workshop, trainings and outreaches. These activities will be organized and conducted for students, community, parents and teachers so as to see how we can deal with the
ii) Formation of Students Ant Pregnancies clubs. There must be organization of clubs for students which will be responsible for discussing and organizing debates for campaigns of ant pregnancies. These clubs can mobilize students to participate in various social and economic activities. Cohen, L., & Manion, L. (1994).

iii) Conducting debates, dialogue and conferences. The government and Nongovernmental organizations must be responsible for organizing and preparing theses activities for the purpose of creating awareness against student pregnancies, enhancing popular participation of society at all toward the problem. These will create platform for society to meet with policy makers and share various concerns. James W. et al (2000)

iv) Undertaking HIV/AIDS and sexual diseases prevention and family planning programmes for the communities so as to enhance responsible families that are reasonable and affordable with great emphasis on reducing the vulnerable children’s and creating awareness on STD’S in learning environments and communities at all.

v) The adolescents who become sexually active need access to reliable contraceptive methods. Adolescent who are at risk and those with pregnancy and parenting need psychological support and proper information and motivation not to conceive again during adolescence

vi) Capacity building for primary school management committees and community structures including traditional leaders groups, delivering training on education rights, gender, HIV/AIDS, budget tracking, and school governance to enhance parents, managers and community members’ commitment to girls’ education;

vii) Promoting legal and policy frameworks for girls’ education, engaging with local government officials on teacher qualifications, deployment and support, especially for female teachers in rural areas, and working with the national education organizations on policy issues;

viii) Partner institutional capacity building, working with in kiswahili language Maarifa ni Ufunguo, meaning; knowledge is the key to become a leading authority on education and gender. Mette R. (2003).

ROLES OF THE GOVERNMENT AND COMMUNITY AT LARGE

The Government and Community must be accountable to secure young girl from unwanted pregnancy because the government is the authority who control and regulate all the development activities of the nation as a whole and Community are the people who are very close with the students as their parents and guard of the children. Since they are the owner of the children and stay close with the children they have to participate in the fight of unwanted pregnancy as the community can have the well educated society. Hence government and community must do the following:

i) Reduce poverty and accelerate socio-economic development.
ii) Promoting gender and equality in access of education.
iii) Enhance girls to have their own development, wellbeing and happiness.
iv) Empower women/ girls in making decision about their lives.
v) Reducing vulnerable children’s.
vi) Reducing the spread of Sexual Transmitted Diseases in learning environments and surrounding environments.

CONCLUSION

From this study it has been clear that parents/ guardians and health posts are important sources of reproductive health education to adolescents and hence useful for preventing adolescent pregnancies, therefore it is high time for education stakeholders, including the government, to work on measures to revive and sustain societies’ high moral standing.

RECOMMENDATIONS

I therefore recommend the following actions to be taken by Government and all members of the society in Tanzania:

i) Parents and guardians should be encouraged to educate their children about reproductive health because they can do it better as this study has shown.
ii) Increased chances for girls to acquire formal education will lower the problem adolescent pregnancies.
iii) Knowledge on reproductive biology if taught in schools from elementary level will help greatly in combating the problem of early pregnancies.
iv) Policy and strategy development for prevention of HIV infection among girls for mitigating the impact of HIV/AIDS on the education system.

v) The government must ensure girls retention and improved performance in school through implementing Child Friendly School initiatives to create a safe and supportive learning environment for both girls.
REFERENCES


