

Fact Sheet: Teenage Pregnancy

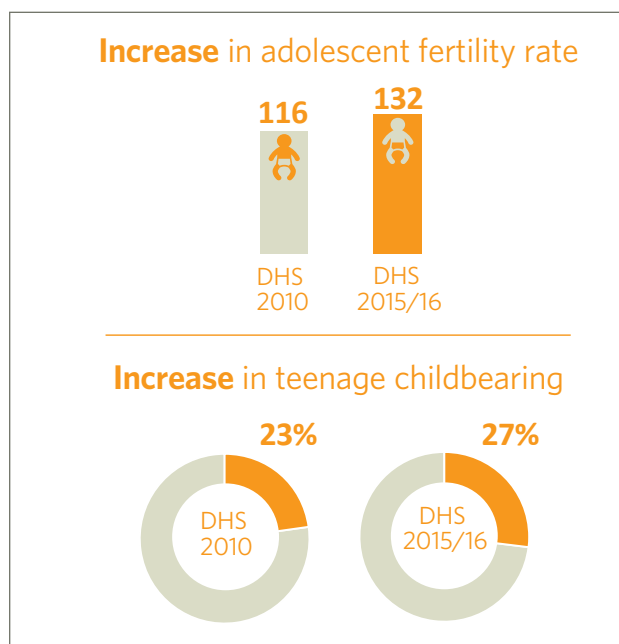
Too much too young: Teenage pregnancy

Teenage pregnancy, or teenage childbearing, is when a girl aged 15-19 is pregnant with her first child or gives birth. When a girl becomes pregnant, her life can change radically. Her education ends and her job prospects diminish. She becomes more vulnerable to poverty and exclusion and her health often suffers. Teenage pregnancy, therefore, results in a cohort of young girls with little education and limited economic opportunities who cannot contribute to the development of the country. It harms not only individual girls and women, but also their families, communities and countries.

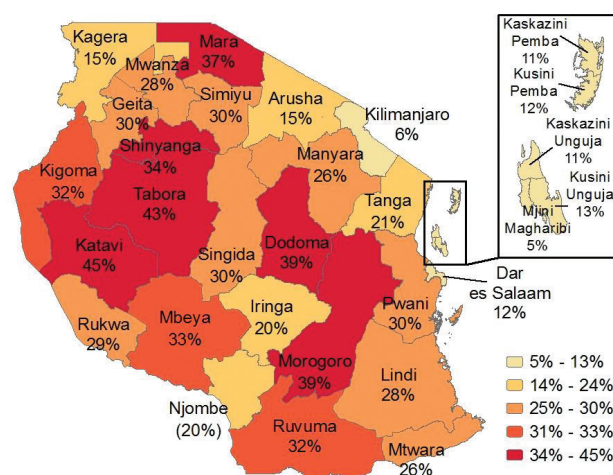
Prevalence of teenage pregnancies in Tanzania

The adolescent birth/fertility rate is the number of births per 1,000 girls aged 15-19. Tanzania has the 17th highest adolescent fertility rate in Africa.¹ The adolescent fertility rate has increased from 116 to 132 between the 2010 and 2015/16 Demographic Health Surveys (TDHS). Teenage pregnancy has also increased by 4 per cent in Tanzania since 2010; by 2016 one in four adolescents aged 15-19 had begun childbearing.

Differences in teenage childbearing rates exist across regions, ranging from a low of 5 per cent in Mjini Magharibi Region in Zanzibar and 6 per cent in Kilimanjaro Region to a high of 45 per cent in Katavi and 43 per cent in Tabora Regions.² Teenagers in rural areas are considerably more likely to have begun childbearing than their urban counterparts: 32 per cent of rural teenagers have had a live birth or are pregnant, compared with 19 per cent of urban teenagers.²



Teenage childbearing by region - percentage of women aged 15-19 who have given birth or are pregnant²



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

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Success story from the field

A new generation highlighting
the impacts of teenage pregnancy
in Tanzania

Rahabu Kennedy, 22-years-old, is a divorced mother with two daughters. She dropped out of school at the age of 17. Rahabu is from Shinyanga Region where the teenage pregnancy prevalence rate is high at 34 per cent and contraceptive use is low among women who marry young.

Rahabu was doing well at secondary school until she met the father of her daughters and all of her dreams of an education were shattered.

The school she was attending was a long way from her home and her mother had rented a room for her near to the school. She started seeing the man because of peer pressure, she says. Before long she was pregnant; too frightened to tell her mother. She dropped out of school and moved in with the man.

Rahabu's husband became more abusive towards her when she gave birth to her second daughter so she

decided to visit her mother. After a short break Rahabu returned to her husband only to discover that he had married another young girl. She returned to her mother's house with her two children.

Rahabu joined a centre at Mbulu – the Very Important Girls Group – that aims to empower out-of-school adolescent girls with adolescent sexual and reproductive health information and vocational training in batik making, sewing and bead making. The centre is run by Kiota Women's Health and Development (KIWOHEDE) with UNFPA's support.

Rahabu has now trained as a reporter and broadcasts radio programmes on teenage pregnancy, life skills and income generation. Through the radio programmes and a WhatsApp group she has talked to other girls in schools about teenage pregnancy. Her message is always the same, stay focused on your education.

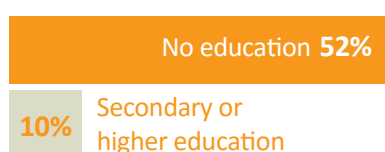
Rahabu is an inspiration to others and is part of a new generation that will change the plight of young girls in her village and in Tanzania as a whole. She says: "I believe that if I had received this information at an earlier age I would not have fallen pregnant and I would have continued with my education."

Drivers of teenage pregnancy

Low educational attainment

There is a clear correlation between levels of education and teenage pregnancy. As levels of education increase, teenage pregnancy decreases. Fifty-two per cent of adolescent girls with no education are pregnant or have given birth, compared to 10 per cent of adolescent girls with secondary or higher education.³ In addition, there is a strong negative relationship between a person's level of education and their age at first sex. The percentage of adolescent girls who have sexual intercourse by the age of 15 decreases substantially as levels of education increase.⁴

Teenage childbearing by level of education



Poverty

Poverty is a driver and a consequence of teenage pregnancy. Teenagers in the lowest wealth quintile are three times more likely to have started childbearing than those in the highest wealth quintile (42 per cent versus 12 per cent).⁵ Transactional sex with older men can be one of the few available sources of income that allows adolescent girls to meet their basic needs, making it a common choice for many girls, even though it increases the risk of unintended pregnancy.⁶

Gender inequality and social norms

Unequal power relations between boys and girls and men and women is one of the drivers of teenage pregnancy. In relation to teenage pregnancies it often manifests itself in the form of rape and coercive sex,⁷ although violence against women is entrenched in society. Statistics show that one in five women has experienced sexual violence in her lifetime since the age of 15.⁸

Unmarried pregnant adolescents also face stigma or rejection from their parents, the community and peers as well as threats of violence. Similarly, girls who become pregnant before the age of 18 are more likely to experience violence within marriage or a partnership.⁹

Child marriage

Child marriage is an indicator of the regular exposure of young women to the risk of pregnancy. Populations in which the age at first marriage is low tend to have higher teenage pregnancy rates. One in three women in Tanzania marry before their 18th birthday.¹⁰

Limited access to adolescent and youth-friendly sexual and reproductive health services

Teenagers who become pregnant in Tanzania have low levels of education and tend to live in areas where access to health services is relatively poor. In an environment where discussions about sex and sexuality remain taboo, it is little wonder that teenage girls are unable to make a healthy and safe transition to adulthood. In the most recent Demographic and Health Survey 2015/16, only one in ten adolescent girls aged 15 to 19 were using any modern method of contraception.

Consequences of teenage pregnancy

Negative health outcomes

In 2013, complications of pregnancy and childbirth were the second leading cause of death among 15 to 19-year-old girls globally, with nearly 70,000 deaths annually (UNFPA, 2013). Some 3.9 million unsafe abortions occur every year among girls aged 15 to 19, contributing to maternal mortality and resulting in lasting health problems.¹¹ Infants born to young mothers in Tanzania are at a much greater risk of death.¹²

An adverse effect on development

The prevalence of teenage pregnancy is likely to have negative implications for Tanzania's future social and economic development. The lifetime opportunity cost related to teenage pregnancy – a measure of the annual income a young mother misses out on over her lifetime – could be as high as 18 per cent of the gross domestic product.¹³ While the economic losses to Tanzania of adolescent girls dropping out of school due to pregnancy may be as high as \$US5.22 billion a year.¹⁴

Limited economic opportunities

When a girl becomes pregnant, she is forced to leave school, and it is unlikely that she will return to education at a later stage. Between 2003 and 2011, 55,000 girls dropped out of school in Tanzania because they were pregnant. The majority of these girls were of primary school age (13 to 15 years) and secondary school age (16 to 18 years).¹⁵ Preventing pregnant adolescents from continuing with their education has a significant impact on the personal lives of these adolescent girls and their families. Moreover, the early end to their education is a serious economic, social, and political loss for the country. Low educational attainment, coupled with the burden of care that accompanies childbirth, means that the contributions that adolescent mothers can make to their community's and the country's development as well as their economic opportunities are limited. It jeopardizes the realization of several Sustainable Development Goals (SDGs) including SDG 4, Quality Education, SDG 5, Gender Equality, and SDG 8, Decent Work and Economic Growth.

Multi-sectoral responses to combat teenage pregnancy

- Ensuring access to age-appropriate sexual and reproductive health information and services, including voluntary family planning, particularly in remote areas and for the most marginalized.
- Sensitizing parents, teacher and community members about the harmful impacts of giving birth at a young age as part of a campaign to decrease the number of girls becoming mothers.
- Advocating to end the exclusion from school of pregnant pupils and teenage mothers, and providing re-entry opportunities for young mothers of school-going age.



Endnotes

- ¹ World Health Statistics, 2018 reports that 132 of every 1,000 live births are to adolescents.
- ² Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS) 2015/16.
- ³ TDHS 2015/16.
- ⁴ National Survey on the Drivers and Consequences of Child Marriage in Tanzania. Ministry of Health, Community Development, Gender, Elderly and Children. February 2017.
- ⁵ TDHS 2015/16.
- ⁶ Jennifer McCleary-Sills, Zayid Douglas, Annagrace Rwehumbiza, Aziza Hamisi & Richard Mabala (2013). Gendered norms, sexual exploitation and adolescent pregnancy in rural Tanzania. *Reproductive Health Matters*, 21:41, 97-105, DOI: 10.1016/S0968-8080(13)41682-8.
- ⁷ Ibid.
- ⁸ TDHS 2015/16.
- ⁹ UNFPA. Adolescent pregnancy: A review of the evidence. New York: UNFPA, 2013.
- ¹⁰ TDHS 2015/16.
- ¹¹ Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016.
- ¹² TDHS 2015/16.
- ¹³ State of World Population 2013. UNFPA.
- ¹⁴ Ibid.
- ¹⁵ Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools. 2013. Centre for Reproductive Rights.