



# Social Construction of Premarital Sex and Adolescent Pregnancies in Arusha City, Tanzania

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*Received January 26, 2020; Revised August 19, 2020; Accepted August 31, 2020*

**Abstract:** *Premarital sex and adolescent pregnancies is a universal challenge that affects development. Globally, Tanzania is among countries with high rates of adolescent pregnancies (WHO, 2008, and Batha, 2013). The problem is a critical concern with prevalence increase from 23% in 2010 to 27% in 2016 (TDHS, 2016). The country has 72% of women engage in sex at 14-19 years (TDHS, 2010) and 44% of women becoming pregnant by 19 years (TDHS, 2014). This paper examined adolescents' social construction of premarital sex and adolescent pregnancies in Arusha City, Tanzania. The main objective was to describe meanings that adolescents attach to the problem and determine how those meanings impact on their sexual behavior. This study engaged 90 respondents aged 13-24 years selected through purposive and snow ball sampling. Data collection methods included in-depth interviews, focus group discussions, key informant interviews and documentary review. The study revealed the importance of interaction among adolescents in creating meanings which inform their sexual behavior.*

**Keywords:** *Adolescent, social construction, sexual relationships, premarital sex, early pregnancy*

## How to reference this article (APA):

Lyimo, W. J. (2020). Social construction of premarital sex and adolescent pregnancies in Arusha City, Tanzania. *Journal of Research Innovation and Implications in Education* 4(3), 188-198.

## 1. Introduction

Several studies around the world have labeled premarital sex and adolescent pregnancies as an international challenge that affects development. For instance: one in five women has a child by 18 years worldwide and over one in three in the poorest regions of the world (Millennium Development Goals Report, 2011); premarital sex is a universal problem with increasing rate that threatens society social order (Duncan, 2007) and adolescent pregnancies rate of 6.5% and 10% in the world and in Sub-Sahara Africa respectively (WHO, 2008). Others point out; of all global annual births, 20% are to

women aged below 20 years (Kate 2012) and most individuals aged 15-24 years participate in sex at 18 years of age (UNFPA, 2013).

Globally, Tanzania has high rate of adolescent pregnancies and births with 139 of every 1,000 live births attributed to adolescents (WHO, 2010). Some studies declare teenage pregnancies an acute concern in Tanzania. For example, 72% of women engage in sexual acts at 14-19 years (TDHS, 2010); the country's premarital sex rate at age 18 years was 52% boys and 44% girls during 2011/2012 (UNFPA, 2013) while 44% of women are either mothers or at first pregnancy by age 19 years (TDHS, 2014). In an attempt to address the problem, the

government established interventions on Reproductive Health Services (RHS) and sex education (URT, 2017). Whereas RHS focusses on enhanced services, availability and accessibility of modern family planning services to all including adolescents, sex education is on building awareness on sexual issues in secondary schools. However, despite these efforts, adolescent pregnancies in Tanzania still persists at a high rate (Laiser et al., 2016).

Although premarital sex and adolescent pregnancy is a problem in Tanzania, data on adolescents' attitudes towards the problem is rare. This according to Wagner (2009) is because little is known about teenagers' perceptions on the problem. Therefore, this knowledge gap calls for clear description on its social construction. Hence, this paper describes the social meanings that adolescents attach to premarital sex and adolescent pregnancies and reflects on how those meanings inform their sexual behavior. It is anticipated that the findings of this study will add new knowledge to the problem and help in suggesting appropriate strategies to rectify the situation.

## **2. Literature Review**

This section discusses theories and assesses variety of literatures from other studies on facts regarding construction of premarital sex and adolescent pregnancies.

### **1.1 Theoretical Framework**

The study applied social construction and self-concept theories in describing adolescents' meaning of premarital sex and adolescent pregnancies.

#### **1.1.1 Social Construction Theory**

Social construction theory relies on interactions between people and language to produce meanings of life from their understanding, knowledge and culture (Andrews, 2012). Normally, people create meanings during interaction by sharing knowledge based on their interpretations and culture. Odek, et al., (2016) advocate the need for people to conform to society norms in sexual relationship and reproduction. The theory will helped in describing adolescents' social meanings of premarital sex and adolescent pregnancies and how those meanings inform their sexual behavior.

#### **2.1.2 Self-concept Theory**

Purkey (1988) describes self-concept theory as complex, organized and dynamic system on personal existence shaped through socialization process. Baumeister et al., (2011) claim that the theory reflects individual's

perceptions, beliefs, attitudes and opinions acquired through interactions. Franken (1994) explains that significance of self-concept is based on changes determined by self-reflection. From these facts, people vary in personalities, traits, abilities and preferences which may change their behavior. Self-concept theory was thus used in this study to complement social construction theory in exploring how adolescents acquire their sexual behavior.

## **2.2 Overview of Premarital Sex and Adolescent Pregnancies**

Premarital sex and adolescent pregnancies affects families, nations and world with rate at 6.5% and attributed to 20% of women below 20 years (Kate, 2012). While the global rate is 6.5%, in Sub-Sahara Africa is 10% (WHO, 2008) and most youths aged 15-24 years participate in sexual acts at 18 years (UNFPA, 2013). Despite diverse efforts from different nations to address the problem, it still remains globally widespread.

Tanzania is among countries in the world with high rate of adolescent pregnancies (URT, 2014, Batha, 2013 and WHO, 2008). In addition, 72% of women engage in sex at 14-19 years (URT, 2010) and 44% are either mothers or at first pregnancy by 19 years (URT, 2014), Expulsion of pregnant students in Tanzania accounts for 40% of school dropouts (Maluli et al., 2014). To address this problem the government introduced sex education and enhanced maternal health services. Nevertheless, regardless of these efforts, premarital sex and adolescent pregnancies still persist at high rate (Laiser et al., 2016).

## **2.3 Factors for premarital sex and adolescent pregnancy**

Scientists including Brown (2013), Kate (2012), Kasilima (2010) and Walaba (2008) have recognized a range of factors for adolescent pregnancies. However, UNESCO (2014) puts all the factors into three categories as:

1. Economic - poverty may influence families and girls for wealthy.
2. Normative - social norms of unequal gender roles.
3. Safety - puberty raises parents' concerns on girls' sexual harassment and abuse.

## **2.4 Consequences of premarital sex and adolescent pregnancy**

UNESCO (2014) puts the consequences into four major sectors each with its consequences.

1. Education - school dropout, absenteeism, poor academic performance and lower educational attainment.
2. Economic - lower family income, increased poverty and increased dependency ratio.
3. Health - elevated risk of maternal death (especially for those younger than 15-16. years) elevated risk of obstetric complications and low birth weights.
4. Social - stigma, discrimination, less likely to get married and most likely to suffer sexual abuse.

### 3. Methodology

#### 3.1 Research Design

Since the study touches sensitive and personal issues on human sexual behaviour and relies on participants' meanings, a qualitative research design was employed.

#### 3.2 Study Area

This study was confined to Arusha City, in Arusha region, Tanzania.

#### 3.3 Sample size

The study involved 90 adolescents (26 males and 64 females) from six public education institutions and four health facilities in four wards. It composed 66 (73%) students and 24 (27%) non-students including adolescent mothers.

#### 3.4 Data Collection methods

The study used qualitative methods including in-depth interviews, focus group discussions and literature review.

### 3.5 Data Collection Instruments

The study used variety of data collection instruments comprising of interview schedules, focus group guides, check lists and documents to explore the following themes:

1. Age at first experience in sexual acts
2. Number of sexual partners
3. Meaning of premarital sex and adolescent pregnancies.
4. Impact of the meaning on adolescents' sexual behavior.

### 4. Results and Discussion

Prior to examination of the meanings, it was necessary to identify the respondents' characteristics including family background which covers parents' basic information.

#### 4.1 Respondents' characteristics and premarital sex

The study examined adolescents' age, gender, education, religion and family background in relation to their involvement in premarital sexual practices. Though adolescents in Tanzania aged 13-24 years are expected to be students, some of the adolescents in this study had sex below 13 years and others were already mothers.

Gender ratio of the sample population was 26 male and 64 female adolescents selected from secondary schools 32 (35%), Tertiary 28 (31%), university 6 (7%), Health facilities 8 (9%) and wards 16 (18%) (Table 1).

**Table 1: Sample Size**

<b>GENDER</b>	<b>Secondary School</b>	<b>Tertiary</b>	<b>University</b>	<b>Health Facility</b>	<b>Ward</b>	<b>TOTAL</b>
Male	16	2	4	0	4	26
Female	16	26	2	8	12	64
<b>TOTAL</b>	<b>32</b>	<b>28</b>	<b>6</b>	<b>8</b>	<b>16</b>	<b>90</b>
<b>Percentage</b>	<b>35%</b>	<b>31%</b>	<b>7%</b>	<b>9%</b>	<b>18%</b>	<b>100%</b>

As displayed in Table 1, all respondents were aware that religions are against infidelity in marriage and premarital sexual practices. Education level is associated with premarital sex because 24% of the respondents lack basic

facts on sexual matters taught in secondary schools. The study demonstrates that although majority (97%) of the respondents were affiliated to the three largest religions but 90% had engaged in premarital sex. Findings show

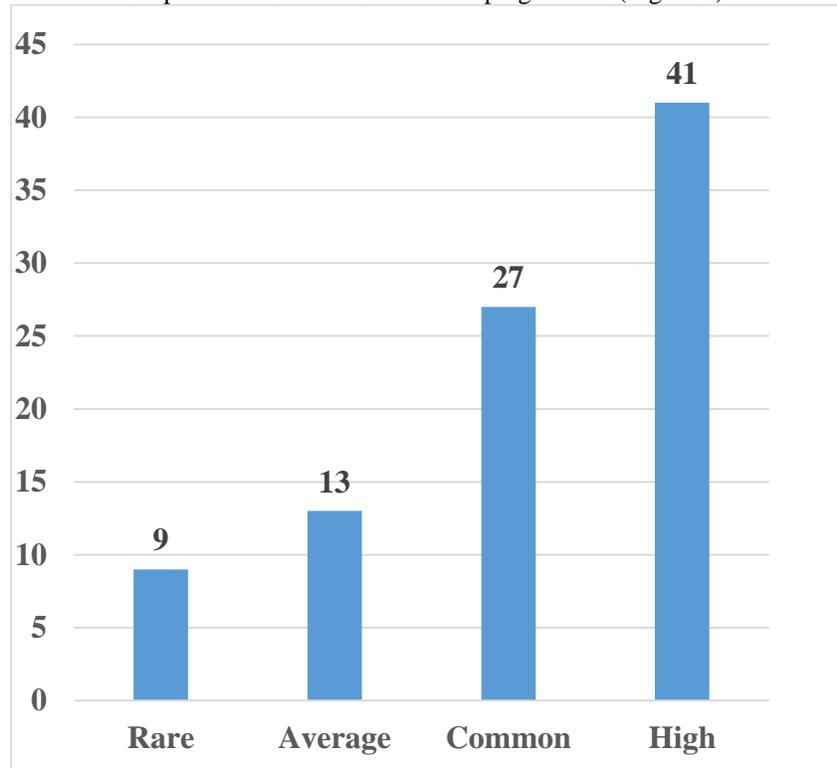
that parents' age, education, economy, marital status and family size affect adolescents' sexual behavior.

Prior to describing the meaning of premarital sex and adolescent pregnancies, the study explored several issues related to adolescents' engagement in premarital sex and reproduction. These are; incidences of premarital sex and adolescent pregnancies in the study area, respondents' age

at their first sexual acts, number of sexual partners/acts per month, meaning of premarital sex and adolescent pregnancies and how the meaning inform their sexual behavior.

## 4.2 Incidences of Premarital Sex and Adolescent Pregnancies

The study investigated incidences of premarital sex and adolescent pregnancies (Figure 1).



**Figure 1: Rates of Premarital Sex and Adolescent Pregnancies**

Figure 1 indicates that all adolescents are aware of the incidences of premarital sex and adolescent pregnancies as; rare 9 (10%), average 13 (14%), common 27 (30%) and high 41 (46%). This implies presence of high rate of premarital sex and adolescent pregnancies in Tanzania

which is among countries in the world with high rate of adolescent pregnancies. According to Maluli et al., (2014) this was identified as one of the key factors for the high rate of girls dropping out of schools.

### 4.3 Age at First Sexual Act

The study assessed the age at first sexual act among the 90 adolescents as shown in table 2.

**Table 2: Adolescents' age at first sexual practice**

<b>Gender</b>	<b>None</b>	<b>13-15</b>	<b>16-18</b>	<b>19-21</b>	<b>22-24</b>	<b>Total</b>
Male	2	4	9	6	5	26
Female	7	8	33	7	9	64
<b>TOTAL</b>	<b>9</b>	<b>12</b>	<b>42</b>	<b>13</b>	<b>14</b>	<b>90</b>
<b>Percentage</b>	<b>10%</b>	<b>13%</b>	<b>47%</b>	<b>14%</b>	<b>16%</b>	<b>100%</b>

Table 2 demonstrates that by the time the research was conducted, out of the 90 respondents, 81 (90%) had experienced sexual acts while only 9 (10%) had not. From the table, adolescents' age at first sex is; 12 (13%) at 13-15 years, 42 (47%) at 16-18 years, 13 (14%) at 19-21 years and 14 (16%) at 22-24 years. From these figures, it is evident that 90% of the adolescents engage in sexual acts while 47% had their first sexual act at age 16-18 years. Several studies in Tanzania verify prevalence of adolescents' participation in sexual acts; UNFPA (2013): reports that a big percentage of youths aged 15-24 years engage in sex by the age of 18 years, UNESCO (2014) states that students aged below 15 years engage in sexual practices. Also according to Kasilima (2010) and Kate (2012), adolescents aged 13-24 years are sexually active. Moreover, URT (2014), Kate (2012), URT (2014) and WHO (2008) have demonstrated that many adolescents in

Tanzania are involved in premarital sex and reproduction. However, these studies contradict Odek, et al., (2016) report that child bearing in African perspective is culturally advocated and valued through adherence to societal norms. Incidences of premarital sexual acts among students in this study confirms that the tendency of facts on sexual issues being confined to adults only is no longer valid. This is also seen in 2014 Arusha medical report showing 116 children aged 10-14 years accessed medical services in health facilities. Out of these, 38 children received modern family planning services including condoms. This is a proof that adolescents in Arusha City engage in sexual acts from age of 10 years.

### 4.4 Number of Sexual Partners/Acts per Month

The study also prompted for specification of number of sexual partners/acts per month as seen in table 3.

**Table 3: Adolescents' number of sexual partners/acts per month**

<b>GENDER</b>	<b>NONE</b>	<b>1 - 2</b>	<b>3 - 4</b>	<b>4+</b>	<b>TOTAL</b>
Male	2	14	7	3	26
Female	7	38	11	8	64
<b>TOTAL</b>	<b>9</b>	<b>52</b>	<b>18</b>	<b>11</b>	<b>90</b>
<b>Percentage</b>	<b>10%</b>	<b>58%</b>	<b>20%</b>	<b>12%</b>	<b>100%</b>

Table 3 displays the average number of sexual partners that the adolescents have per month. The findings clarify that out of the 90 respondents in this study, the study cases of adolescents' engagement in sexual acts per month are: 9 (10%) no sexual partners, more than half 52 (58%) one

to two partners, 18 (20%) three to four sexual partners and 11 (12%) more than four sexual partners. Having multiple sexual partner is a risk behaviour that may cause transmission of STDs and HIV/AIDS which Fehringer et. al., (2013) describe concurrent sexual partnership as an

important factor for HIV in sub-Saharan Africa. In contrary, most adolescents in this study perceive multiple sexual partnership as proof of maturity, pride, pleasure, status and a way to select future partners.

#### **4.4.1 Factors for Premarital Sex and adolescent pregnancies**

According to WHO (2009), early marriage is among factors for early pregnancy and poor reproductive health effects resulting into under-education and poverty. Together with this, the study revealed a number of factors for premarital sex and adolescent pregnancies. These comprise poverty, gender inequality, peer pressure, rape, modern technology and improper parental care. It also reports that in 2015, out of 136 pregnant adolescents under 20 years, 112 (82%) were an outcome of rape. As for parental care, parents can influence their children to engage in sexual practices (Fehringer, 2013).

Clarification of the respondents' views concerning factors for premarital sex and adolescent pregnancies were gathered from interviews and focus group discussions in different aspects. The respondents' narrations on rape from FGDs and interviews:

*My cousin raped me during school holidays when my aunt left us for a relative funeral in a distant village. I reported to my family but he denied responsibility. Three months later, I tested positive for pregnancy was expelled from school. My father reported to 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).*

Another narration:

*Sometimes we are caught up in a situation where we cannot resist to engage in premarital sex. This happens when people like relatives, leaders and teachers who are expected to protect and guide us become the 'predators'. In such a situation, how can we prevent ourselves? We feel unsafe as we lack power to resist and unable to report (FGD).*

Similar to this narration, another respondent exposed:

*There are cases of male teachers who chase their female students for sexual relationships. If the students deny the move, they face harassment, threats and unnecessary punishment from the teachers. To avoid shame, torture, embarrassment and intimidation, most of the affected girls including all who become pregnant drop out of school (FGD).*

From these stories, adolescents are aware of factors for premarital sex and adolescent pregnancies. Majority declared poverty, lack of parental care and peer pressure caused by modern technology as the main factors that influence adolescents to engage in premarital sex. As per WHO (2009), adolescent pregnancies are more likely to occur among poor, less educated and rural populations. From this, it means that poverty, lack of education and uncondusive environments are among factors for adolescents to get involved in premarital sex as well as reproduction.

While UNESCO (2014) mentions economic, social and cultural issues as the basic factors, Kirby (2007) sees peer pressure especially from the opposite sex as the strongest influence for teenage pregnancies. This study realizes economic challenges force parents to have limited time to care for their children who are left idle or too busy with other activities including sexual practices.

#### **4.4.2 Consequences of Premarital Sex and Adolescent Pregnancies**

The study findings indicate that adolescents who fall into the trap of getting involved in premarital sexual acts are most likely to encounter numerous challenges. The respondents mentioned some of the challenges as; psychological effects, trauma, discrimination, stigma, lack of financial support, maternal health problems as well as abortions, STDs and HIV/AIDS leading to deaths.

Different researchers have described a number of impacts of premarital sex and adolescent pregnancies: As for abortions unmarried men may deny responsibility of a baby and push girls for abortion. Adolescents face sexuality problems such as unwanted pregnancies, STIs, defilement, rape, abuse and sexual advances by older men (Atuyambe et al., 2015). Moreover, adolescent pregnancy is associated with failure in terms of education, employment and life opportunities (Agunbiade, 2012). Sub-Sahara Africa is among regions in the world with high rates of school dropouts due to adolescent pregnancies (Chang'ach, 2012). In Tanzania, girl students' dropouts from schools due to pregnancy in 2007 amounted to 5.6%

and 21.9% at primary and secondary schools respectively (URT, 2010). The rate has been rising causing high rate of school dropouts due to high rate of adolescent pregnancy (Maluli et. al., (2014) and lack of re-admission policy. General explanations from respondents in focus group discussions is described here:

*Usually premarital sexual acts cause students' low academic performance, social, economic and psychological problems. Others are STD/HIV infections and medical complications associated with pregnancies (FGD).*

This explanation is a proof that premarital sex negatively impacts on the adolescents, their families and the nation in general. Other related consequences as seen in various studies include; stigmatization, discrimination and abortions (UNESCO, 2014), school dropouts (Maluli et. al., 2014, URT, 2009) and determinant of HIV/AIDS (Murima, 2013). Likewise education goals are shut down (UNFPA, 2010) and reproductive medical problems as physical, anemia, malnutrition, HIV/AIDS premature births and low birth weights (Kamara, 2005).

In Tanzania more than 8,000 girls dropout from schools every year (Barozi, 2013). Such findings indicate that adolescent premarital sex and pregnancies is a medical, psychological, moral, social and economic problem. This denies the girls' opportunities to fight poverty and therefore negatively affect development of the nation.

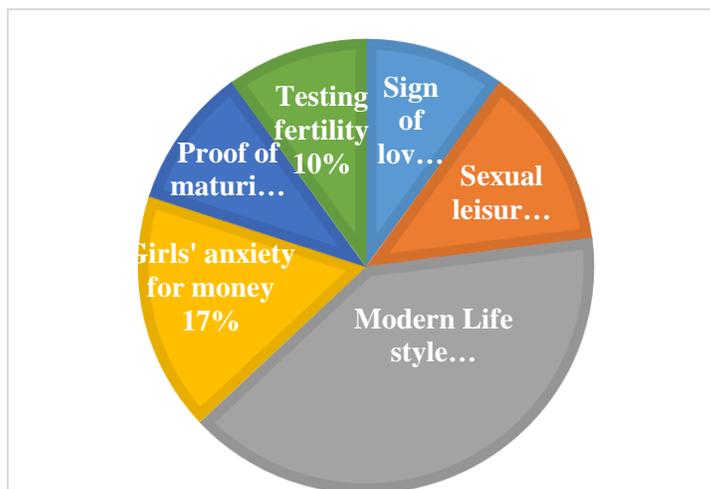
African nations like South Africa, Zimbabwe, Malawi, Namibia, Cameroon and Kenya have introduced re-admission policy to allow girls continue with studies after delivery (Maluli et. al., 2014) but Tanzania is yet to establish the policy.

## 4.5 Social Construction of Premarital Sex and Adolescent Pregnancies

The study describes adolescents' social meaning of premarital sex and adolescent pregnancies and also examines how those meanings explain adolescents' sexual behavior.

### 4.5.1 Adolescents Meaning of Premarital Sex and Adolescent Pregnancies

According to Masese (2011) social, economic and cultural factors affect how people define, perceive, feel and behave based on particular circumstances. Thus, meanings attached to things and events through interactions may become a routine with normative value in society. In this study, adolescents constructed meanings of premarital sex and adolescent pregnancies through the principle of social construction on sharing of information (Andrews, 2012). This produces different meanings of events and behaviors as grounded on knowledge sharing. The study identified a range of meanings related to premarital sex and adolescent pregnancies. (Figure 2).



**Figure 2: Meaning of premarital sex and adolescent pregnancies**

Figure 2 displays variety of meanings of premarital sex and adolescent pregnancies namely: sign of love to sexual partner 9 (10%), sexual leisure 12 (13%), modern life style

36 (40%), girls' anxiety for financial support in exchange of sex, 15 (17%), proof of maturity 9 (10%) and testing fertility 9 (10%). Each of the given meaning is

accompanied with its purpose: have luxurious life, demonstrate adulthood and prove their fertility. Others are to prove or show love, enjoy sexual life and to move with time and appear modernized. Consequently, adolescents can engage in sex just to cope with peers otherwise is labelled as abnormal, old fashioned or outdated. This is as REPOA (2016) revealed that social construction of premarital sex and adolescent pregnancies impacts negatively on adolescents' sexual behavior.

Moreover, majority (40%) of the respondents in this study consider premarital sex as a trending lifestyle and that poverty leads girls to sex financial favors. Similarly Aggleton et. al., (2013) claim that modernization causes changes which influence youths to live modern life. Adolescents in this study recognize modernization as the major obstacle for parents to effectively mentor their children on sexual issues. Generally, human behavior is formed through interactions during socialization process (Crusec et. al., (2014). This implies that adolescents share information and learn from other people especially their peers with whom they interact. Congruently, respondents in this study consider peer pressure to cause adolescents' decision to take part in premarital sex for testing their fertility in future relationships.

#### **4.5.2 Impact of the Meanings of Premarital Sex on Adolescents' Behavior**

The findings indicate that adolescents perceive premarital sex and adolescent pregnancies as social leisure to enjoy life and pick future partner. They ascertain that it is through sexual relationships that adolescents are able to get into marriage later. As per WHO (2009), over 30% of girls in developing countries marry before 18 years of age and around 14% before 15 years of age. Girls' anxiety for financial support in exchange of sex may be associated with current modern life style and fashion. Much as premarital sex and adolescent pregnancies is described as enjoyment and proof for maturity. At present, the trend of adolescent's involvement in sexual practices is a universal phenomenon (Kate, 2012). It is perceived as a common act and those who control their sexual desires by conforming to morals are considered uninformed and outdated.

The study discloses that adolescents describe 'love' with 'sex' and due to this interchange of meaning, they engage in sex as a usual act. Such misinterpretation push adolescents into premarital sex and adolescent pregnancies. Parents are the most responsible for their children upbringing and wellbeing in all sectors including sexual behavior.

The study also discloses that adolescents influence each other's understanding on sexual issues. For instance, some

of the adolescents in this study claim that sexual intercourse was created and blessed by God for all as stipulated in the book of Genesis of the Holy Bible which reads:

*God blessed them and said unto them, be fruitful and multiply, fill the earth and master it. (Genesis 1:28).*

However, the study findings indicate rare incidences of pregnancies, abortions, STD and HIV/AIDS in the studied schools. This may be due to cultural orientation that sexual issues are for adults only, hence no records. As Kamara (2005) reports that premarital sex exposes youths to high risk for HIV/AIDS infection, similarly, according to an interview, one of the medical personnel revealed:

*Records from the medical facilities in Arusha region have discovered that HIV/AIDS in Arusha City is increasing among most sexually active population group of 15-49 years (Interview).*

From this information, it is assumed that since adolescents in this study are aged 13-24 years, and the fact that 90% of them engage in premarital sex, the probability of HIV/AIDS infection is high. Likewise, one health facility in this study reports 991 girls under 20 years became mothers in 2015. Additionally, medical reports in one of the health facilities, accessibility and provision of RHS are compiled in specific age limits: 10-14, 15-19 and 20-24 years. This implies that children as young as 10 years who are probably class four students have access to RHS. Records in the same health facility shows that the number of pregnant girls for 2014 was; none for 10-14 years, 13 for 15-19 years and 57 for 20-24 years. Having no pregnant girls aged 10-14 years does not prove that they did not engage in sex, rather they most likely had safe sex by using family planning contraceptives.

The study reveals that socialization influences human behavior by pushing some adolescents into premarital sex resulting to pregnancies for some as reported:

*Information and ideas through social media especially in internet which erode local cultures, values, morals and sometimes lures young people who easily get tempted and imitate most things that they access especially in the social media. At their early age and without proper guidance on sexual issues, adolescents thus end up interacting with their friends or peers who may*

*have been negatively influenced by modernization (In-depth Interviews).*

This response shows that young people are able to interact with people across borders about their sexual orientations. Hence, fast and intensive communication networks instantly spread different kinds of information together with multicultural ideas to all corners around the world.

Similar to this is a response from a focus group discussion:

*As youths we are left out to modern technology with least guidance and support with confusion on what 'to do' and 'not to do' in relation to our sexual behavior. In this way we are able to see and interact with people across borders about their sexual orientations and in most cases we are negatively influenced (FGD).*

Similarly, Akinyemi et al., (2016) declare modern technology a factor that influences adolescents to engage in sexual practices. Several studies declare interactions as the basis means through which meanings of events including premarital sex and adolescent meanings are created. For instance; human behavior which incorporates sexual conduct is learnt through interactions (Andrews, 2012), knowledge, attitudes and perceptions are influenced and affected by various factors such as peer pressure, lack of adequate information and gender dynamics (Murima, 2013). Such facts and the study findings demonstrate that human behavior is learnt through interactions and there is a close relationship between adolescents' attitudes and their sexual behaviors.

## 5. Conclusion and Recommendations

The study used the findings to generate conclusions and recommendations:

## References

Aggleton, P., & Bell, S. (2013). *Social influence on young people's sexual health in Uganda*. Health education 113(2):102. DOI: 1108/09654281311298795.

## 5.1 Conclusions

1. Adolescents engage in sexual acts at below 13 years affecting them and nation negatively.
2. There is a need to review the policy on premarital sex and adolescent pregnancies in Tanzania so as to address the challenges in its implementation.
3. The use of modern family planning contraceptives may prevent or promote premarital sex.
4. Age difference between boys and girls to marry shows gender inequality in sexual issues.
5. Modernization with new life styles through the use of modern technology results into both positive and negative impact on human social behavior including sexual manners.
6. Adolescents create meanings of premarital sex and adolescent pregnancies by sharing knowledge through interactions among themselves and the social environment.
7. Meanings that adolescents assign to premarital sex and adolescent pregnancies have an important role in shaping and informing their sexual behavior.

## 5.2 Recommendations

1. Education, health and religions institutions, societies and families to integrate norms and values among adolescents.
2. Policy makers to enhance the policy on premarital sex and adolescent pregnancies in order to address challenges in its implementation.
3. The government should ensure effective provision of sex education under a comprehensive curriculum from primary to university level.
4. Appropriate (RHS) should be available, accessible and affordable to people of specific age limits.
5. It is important for researchers to carry out studies on children of adolescent parents.

Agunbiade, O. M. (2012). Adolescent Mothers' Subjective Well-being and Mothering Challenges in a Yoruba Community, Southwest Nigeria. *Journal of Social Work in Health Care, Social Work in Health Care* 51(6):552-567. DOI: 10.1080/00981.389.2012.679020

Akinyemi, J. O., Wet N. D., & Odimegwu, C. O. (2016). *African Journal of Reproductive Health* March 2016; 20 (1): 21.

- Andrews, T. (2012). *Grounded Theory Review, What is Social Constructionism?* University College Cork. International Journal, 11(I) June, 2012.
- Atuyambe, L. N., Kibira, S. P., Bukenya, J., Muhumuza, C., Apolot, R., & Mulogo E. (2015). *Understanding sexual and reproductive health needs of adolescents: Evidence from a formative evaluation in Wakiso district, Uganda.* Adolescent Health VL-12, DOI: 10.1186/s12978-015-0026-7
- Batha, F. (2013). *Pregnant at 13: Tanzania's Child Mothers.* Thomson Reuters Foundation.
- Baumeister, R. F., & Bushman, B. J. (2011). *Social Psychology and Human Nature.* Cengage Learning Wadsworth 20 Davis Drive Belmont: CA 94002-3098.
- Brown, M. (2013). *The Effectiveness of a Teen Pregnancy Prevention Program that Offers Special Benefits for Pregnant and Parenting Teens: A Qualitative Study.* Unpublished D.Phil. Thesis. Lynchburg VA: Liberty University.
- Chang'ach, J. K. (2012). *Impact of Teenage Pregnancy on the Education of the Girl-Child: A Case Study of Keiyo South District, Keiyo-Marakwet County, Kenya.* International Journal of Social Science Tomorrow. 1(1):1-8
- Crusec, J. E., and Hastings, P. D. (2014). *Handbook of Socialization: Theory and research.* New York; Guilford Publications
- Fehringer, J. A., Babalola, S., Kennedy. C. E., Kajula, J. L., Mbwambo, J. K., & Kerrigan, D., (2013). *Community Perspectives on Parental Influence on Engagement in Multiple Concurrent Sexual Partnerships among Youth in Tanzania: Implications for HIV Prevention Programming.* AIDS Care. 2013; 25(2):207-214
- Franken, R. (1994). *Human Motivation* (3<sup>rd</sup> ed.). Pacific Grove, CA: Brooks/Cole.
- Kamara, E. (2005). *Gender, Youth, Sexuality and HIV/AIDS: A Kenyan Experience.* Kenya: AMECEA GABA Publishers.
- Kasilima, Y. S. (2010). *Knowledge, Attitude and Sexual Behaviors with Regard to HIV/AIDS among Upper Primary School Pupils in Meru District, Arusha, Tanzania.* Unpublished Mini-Thesis Submitted in Partial Fulfillment of the Requirement for the Degree of Masters in Public Health, Faculty of Community and Health Sciences. South Africa: University of the Western Cape.
- Kate, M. M. (2012). *The Effects of Teenage Pregnancy on the Behavior of Trainers at Secondary Schools in the Mankweng area, Limpopo.* Unpublished Thesis of Master of Education in Inclusive Education. South Africa: University of South Africa.
- Kirby, D. (2007). *Emerging Answer: Research Finding on Programs to Reduce Teen Pregnancy.* Washington DC.
- Laiser, M. L., & Muyinga, E. (2016). *Perceptions and Experiences of Educational Stakeholders' Regarding Teenage-Mothers' Re-admission in Secondary Schools of Tanzania Mainland.* International Journal of Science Arts and Commerce 1(12) February, 2017.
- Maluli, F., & Bali, T. (2014). *Exploring Experiences of Pregnant and Mothering Secondary School Students in Tanzania.* Research on Humanities and Social Sciences, University of Dodoma ISSN 2222-1719, 4(1).
- Masese, R. E. (2011). *The Social Construction of HIV/AIDS Prevention Strategies among Abagusii Youth-Kenya.* A PhD Thesis at Universite De Pau et des Pays de L'adour Ufr de Droit, d' Economie et de Gestion École Doctorale Sciences Sociales et Humanites (ED 481) Centre de Recherche et d'Etude des Pays d'Afrique Orientale-CREPAO (EA, 1927).
- MDG (2011). *The Millennium Development Goals Report 2011.* New York, United Nations.
- Murima, P. (2013). *Assessing Teenagers' Knowledge, Attitudes and Perceptions towards Teenage Pregnancy: The Case of a Durban High School.* Durban, University of KwaZulu-Natal.
- Odek, A., Masinde, M. J., Egesah, O., Irungu C., & Mulinge, M. M., (2016). *Socio-Cultural Beliefs and Practices Associated with Infertility in Kenya: A Case of Kisumu County.* Retrieved October, 19<sup>th</sup>, 2017 from <https://www.researchgate.net/publication/315111922>.

- Purkey, W. (1988). *An overview of Self-Concept Theory for Counselors*. ERIC Clearinghouse on Counseling and Personnel Services, Ann Arbor, Mich. (An ERIC/CAPS
- REPOA (2016). *National Survey on the Drivers and Consequences of Child Marriage in Tanzania*. Dar es Salaam. Research on Poverty Alleviation (REPOA),
- TDHS (2010). *Tanzania Demographic and Health Survey and Malaria Indicator Survey. Key Indicators*. Dar es Salaam, Government Press.
- TDHS (2014). *Tanzania Demographic and Health Survey and Malaria Indicator Survey. Key Indicators*. Dar es Salaam, Government Press.
- TDHS (2016). *Tanzania Demographic and Health Survey and Malaria Indicator Survey. Key Indicators, 2015-2016*. Dar es Salaam, Government Press.
- UNFPA (2013). *Youths and Adolescents in Mainland Tanzania*. New York: UNFPA.
- UNESCO (2014). *Tanzania National Education Profile 2014 Update*. Paris: UNESCO.
- URT (2014). *President's Office, Regional Administration and Local Government*. Arusha: URT
- \_\_\_\_\_ (2014). *Tanzania Demographic and Health Survey*. Dar es Salaam, Government Press.
- URT (2017). *Child Marriage in Tanzania at a Glance*. Dar es Salaam, Government Press.
- Wagner, B. (2009). *Teen Pregnancy Prevention Program: Teens' Attitudes toward Sexuality*. A Research Paper Submitted to the Graduate School in Partial Fulfillment of the Requirements for the Degree Masters of Science. Muncie, Indiana: Ball State University
- Walaba, A. (2008). *Sex Education: Ethical Understanding of Sex Education, Human Sexuality, Marriage, Family and Feminism in the Transitional Era*. Eldoret: Bookshelf Publishers.
- WHO (2008). *The World Health Report 2008 - Primary Health Care: Now More Than Ever*. Geneva: WHO.
- \_\_\_\_\_ (2009). *Women and Health: Today's evidence, tomorrow's agenda*. Geneva, World Health Organization, 2009. Geneva: WHO.
- \_\_\_\_\_ (2010). *The World Health Report 2010*. Geneva: WHO.
- World Bank (2015). *Tanzania Mainland Poverty Assessment: A New Picture of Growth for Tanzania Emerges*. IDA & Tanzania. World Bank Group. IBRD & IDA. Retrieved March, 8<sup>th</sup>, 2017 from <http://www.worldbank.org>.