

**SOCIO-ECONOMIC FACTORS AFFECTING ADOLESCENT
MOTHERS' STRUGGLES TO REVIVE THEIR ASPIRATIONS IN
MAKETE DISTRICT, TANZANIA.**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN RURAL
DEVELOPMENT OF SOKOINE UNIVERSITY OF AGRICULTURE.
MOROGORO, TANZANIA.**

ABSTRACT

Few studies have been conducted on adolescent mothers in Tanzania and indeed about their aspirations revival struggle while taking into consideration that adolescent mothers are in a marginalized group. The general objective of this study was to determine the linkage between socio-economic factors and aspiration revival for adolescent mothers in Makete District, Tanzania. Specific objectives were determination of aspirations of adolescent mothers, examination of actions taken by adolescent mothers in reviving their aspirations, determination of socio-economic factors affecting aspiration revival of adolescent mothers and determination of adolescent mother's attitudes towards adolescent motherhood. The study adopted a cross-sectional design and data were collected from a sample of 125 respondents through questionnaire survey, 3 Focus Group Discussions and interviews with key informants. The Statistical Package for Social Sciences (SPSS) Version 16 was used for data analysis. The findings indicate that adolescent mothers aspired being primary school teachers (26.4%), nurses (26.4%) and 15.2% aspired to business/entrepreneurship. The socio-economic factors such as age of parents, marital status of adolescent mother, education level of parents and adolescent mothers, financial status of the parents and access to financial credits by adolescent mother found statistically significant ($P < 0.05$) contributing to adolescent mothers aspiration revival. Majority of the adolescent mothers had negative attitude towards early motherhood. The study concludes that majority of the adolescent mothers failed to revive their aspirations; they are dedicating most of their efforts on taking care of their children. The study recommends that the government, NGOs, community and families should dedicate efforts to address the problems and challenges facing adolescent mothers.

DECLARATION

I, JEREMIAH ADOLF, do hereby declare to the Senate of Sokoine University of Agriculture, that this dissertation is my original work and that it has neither been submitted nor being concurrently submitted in any other institution.

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ACKNOWLEDGEMENTS

There is a saying that ‘*No feast comes on the table on its own feet*, so it is with this work. This work could not have taken the way it is without efforts of a number of people. I whole heartedly express my sincere gratitude to all those who contributed in one way or another to make the work successful. First, my thanks and praise to Almighty God for the strength and health to complete this study.

Special thanks go to my supervisors, Dr. Emanuel E. Chingonikaya and Dr. B. Kazuzuru , for their fruitful comments, guidance and encouragement throughout the research from research concept note, proposal writing to writing the report of this dissertation. Furthermore, I extend my sincere thanks to Mr. Geoffrey Mvella for his assistance on data collection, and Mr. Egnatio Mtawa (SUMASESU- Executive Director) for his support to this study.

Thanks are also due to the District Executive Director (DED) of Makete District for giving me a permission to conduct this study in the District. Also, I thank all respondents in Makete District who provided information through questionnaire filling, Focus Group Discussion and key informant interviews.

My special thanks go to my parents, (Retired Major Jeremiah G. Mkemangwa and Anita Kinyaga Mkemangwa) my brothers (Abel, Wasiwasi, Innocent, Patson, Winfredy, Brighton and Laurent), sisters (Akwilina, Aneth and Angela) and friends (Kulwa Shimiya, Barnabas Mtelevu, Goodluck Sanga, Monatha Lucas, Jane Kipande and Yasinta Mlay) for their endless encouragement and moral support throughout my study at Sokoine University of Agriculture.

DEDICATION

This work is dedicated to the Almighty God and to my beloved parents Major (R) Jeremiah G. Mkemangwa and Mrs. Anita Kinyaga Mkemangwa whose love encouraged me to accomplish this academic achievement. Also this work is dedicated to Angela Jeremiah Mkemamngwa (my sister) who always wishes to follow my footsteps in academic sphere.

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LIST OF ABBREVIATIONS AND SYMBOLS

AIDS	Acquired Immune-deficiency Syndrome
DCDO	District Community Development Officer
DED	District Executive Director
DHS	Domestic Health Survey
ELCT	Evangelical Lutheran Church of Tanzania
FDG	Focus Group Discussion
HIV	Human Immune –deficiency Virus
NGO	Non Governmental Organization
SIA	Sokoine University of Agriculture
SPSS	Statistical Package for Social Sciences
STIs	Sexual Transmitted Infections
SUMASESU	Support Makete to Self Support
TDHS	Tanzania Demographic and Health Survey
TGTA	Tanzania Government Teachers Salary scale
TSD	Teachers Service Department
TSHS	Tanzania Shillings
TTC	Teachers Training College
UN	United Nations
UNFPA	United Nations Population and Development Fund
UNICEF	United Nations Children’s Fund
URT	United Republic of Tanzania
VETA	Vocational Education Training Agency
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background Information

Historically, adolescent childbearing was a common, non-problematic feature of social life with well-established, coherent cultural traditions for guiding new mothers in the skills and meanings of parenting. It was only with industrialization that adolescence emerged as a distinct life stage in which youth were prepared through formal education to select an identity from a range of opportunities. In the industrialized world, teenage childbearing is now believed to jeopardize the trajectory to adulthood by interrupting education, thereby curbing success in the labor market and ultimately leading to the persistent poverty associated with welfare assistance or low-skill jobs (Smith and Lee, 2000).

Globally, about 16 million of teenage girls become mothers every year; teenage mothers account for more than 30 births per minute (WHO, 2009). This is despite the significant drop in teenage pregnancies in most countries in the past 20 to 30 years. The regional average rate of births per 1 000 women aged 15–19 years, is 115 in Africa, 75 in Latin America and the Caribbean, and 39 in Asia, compared to the world average adolescent fertility rate of 54 births per 1 000 women aged 15–19 years (WHO, 2009).

Girls under the age of 15 years account for 2 million of the 7.3 million births to all girls under the age of 18 years every year in developing countries. According to DHS surveys, 3 per cent of young women in developing countries say they give birth before age 15 (UNFPA, 2013). Incidence of very early childbearing (i.e. giving birth by the age of 15), while not as common, is substantial in several countries. WHO (2007) reported that 8 to

15% of adolescent girls have had a child by the age of 15 in Bangladesh, Cameroon, Liberia, Malawi, Mali, Niger and Nigeria.

In many developed countries, the governments have attempted to support adolescent mothers back to their dreams/aspirations. For example, in Canada, an organization known as united way Calgary and area is specifically committed to helping children and youth including adolescent mothers be all that they can be. In some Sub Saharan countries like in Malawi there is a program for supporting teen mothers to get back to their goals (Mayzel, 2013).

In Tanzania, many women begin childbearing in their teenage years. Overall, 23% of women aged 15-19 years are pregnant or already have children. Young women living in Mainland Tanzania are more likely than young women living in Zanzibar to begin childbearing in their teenage years (24% and 6% of women age 15-19, respectively). Teenage pregnancy and motherhood are more common among young women living in rural areas and those from poorer families. Among Tanzanian young women aged 15-19 years, their age-specific fertility rate is 116 births per 1 000 women (TDHS, 2010).

Child bearing is a crucial period of human development. However, child bearing for adolescent mothers might have serious consequences on their livelihood. It can limit educational attainment, restrict the skills young women acquire for the workforce, limit their capacity to support themselves financially, negatively affect their healthy, and reduce their quality of life. Moreover, their families may disown adolescents who gave birth before marriage since virginity is still considered important to a first marriage. Therefore, many are left with the responsibility of raising the children themselves that lead to prostitution among these abandoned adolescents. Besides these problems, schoolgirls are

not allowed to continue attending school when they are pregnant. Therefore, many of them might perform illegal abortion, which can cost their life so as to remain in schools (Ngalinda, 2000).

Taking consideration the prevalence of adolescent mothers in Tanzania, still there are few specific programs dedicated to supporting adolescent mothers to get back to their goals. This becomes very difficult for adolescent mothers as Miranne (2002) reported that, pregnancy is more common among lower income teenagers, as they are somewhat more likely than higher income adolescents to be sexually active and somewhat less likely to use contraceptives or to use them successfully. Poor and low-income adolescents account for 73 percent of women aged 15-19 years who become pregnant.

1.2 Problem Statement

Teenage parents are often excluded from education, training and employment, particularly when they are already socially disadvantaged (Harden *at al.*, 2006). At the age when most of their peers are working towards further and higher education and a future career, teenage mothers can find themselves left behind. A lack of family support and poor education can leave them socially isolated, dependent on benefits and constrained by the responsibilities of caring for a child alone (Evance and Slowley, 2010). According to Hallam (2007), mothers under the age of twenty are young women who have faced multiple difficulties, childhood poverty and lack of academic success at school, temporary and low-paid work. Early motherhood compounds these disadvantages, making it more difficult for both of them and their children to escape long term poverty. Because adolescent mothers often lack work experience, educational skills, and job training, they are less competitive in the labour market. As a result, a large number of adolescent mothers are disproportionately poor,

depending on public assistance to support them economically (Maynard, 1996; Rothenberg and Weissman, 2002 as cited by Domenico and Jones, 2007).

Married or not married teen mothers quickly find themselves marginalized, they are expected to remain at home to take care of their children and have virtually no avenue for continued personal growth. Teen mothers felt alienated from the interests and concerns of their age mates who are not parents (Mayzer, 2013).

Despite the vulnerability of adolescent mothers, in Tanzania, few programs are dedicated to support adolescent mothers to come back to their goals, also few studies about adolescent motherhood and factors contributing to them have been conducted in Tanzania. For Example, a study by Ngalinda (2000) on Socio-economic factors associated with premarital childbearing and adolescent age at first motherhood in Tanzania. Ngalinda focused on the area of socio-economic status and the relationship with pre-marital childbearing among adolescent girls by use of secondary data.

Moreover, Gutman and Akerman (2008) reported that, many studies have been conducted on education and career aspiration although beyond educational and occupational goals. However, aspirations are multidimensional, encompassing a range of future desires from personal needs to collective duties. Yet, few studies have examined the life aspirations of young people more generally.

However, in Makete District, there is inadequate empirical information about adolescent mothers. Although studies show the socio-economic vulnerability of the district as reported by UNICEF (2006). Further, Chingonikaya (2005), revealed that, in Makete parents who are usually the breadwinners lose their regular income as they fall ill or die from AIDS;

many people have perished in the District and as result the traditional family structure is now at serious jeopardy. The traditional African family, once the safety net for orphans and other vulnerable children is breaking up very rapidly in Makete due to increasing poverty, high ratio of unemployment, inflation and AIDS pandemic. AIDS has manufactured many helpless orphaned children, but also the number of Child headed households. AIDS is also putting severe strains on the extended family, particularly grandparents and community caring for children who have lost their parents. Number of widowers is increasing daily, all this are happening at the time when family resources are diminishing at rapid rate.

Despite some studies being conducted on adolescent mothers, less has been done on how adolescent mothers are trying to get back to their goals. Therefore this study is aimed at generating empirical information about adolescent mothers and the struggle to revive their aspirations.

1.2 Justification for the Study

Several studies have been conducted on teenage pregnancy in Sub Saharan Africa with a focus to identify dominant practices which influence this social problem. Poverty has been often reported as the main reason for adolescent pregnancies in these developing countries. Many interventions have focused on building hostels and provision of food or bursary support for schoolgirls in order to rescue them from the problem (Kiluvia, 2011). However, less has been studied on what happen to adolescent who become mothers. This study aims at focusing on how adolescent mothers are struggling to revive their aspirations, and socio-economic factors that determine their success or failure in reviving aspiration and generating empirical relationship between socio-economic factors and aspiration achievement

This study focused examining the life aspiration of adolescent mother in a general way and provides empirical information about adolescent mothers and their aspiration revival struggle. This information can be valuable for policy makers and development partners to design appropriate program or intervention focusing on helping adolescent mothers to revive their aspirations. This study is in line with Millennium development goal no three on promoting gender equality and empowering women, the study is in line with the Tanzanian Youth Development policy of 1996. This study can lay the foundation for other studies on adolescent mothers to be carried by other scholars and development partners, the information generated can be used for reference.

1.3 Objectives

1.3.1 General objective

The general objective of this study was to determine the linkage between socio-economic factors and aspiration revival for adolescent mothers

1.3.2 Specific objectives

Specifically the study intended:

- i. to determine the aspirations of adolescent mothers
- ii. to examine the actions taken by adolescent mothers to revive their aspirations
- iii. to determine the socio-economic factors affecting adolescent mother's struggle to revive their aspirations and
- iv. to determine the attitude of adolescent mothers over adolescent motherhood

1.4 Research Questions

- i. What are the aspirations of adolescent mothers?
- ii. Are adolescent mothers taking any action to enhance reviving their aspiration?

- iii. What socio-economic factors affects adolescent mothers' struggle to revive their aspirations?
- iv. What are the attitudes of adolescent mothers towards adolescent motherhood?

1.5 Research Hypothesis

- i. Null hypothesis: There is no statistically significant relationship between socio-economic factors and adolescent mothers aspiration revival
- ii. Alternative hypothesis: There is statistically significant relationship between socio-economic factors and adolescent mothers aspiration revival

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Description of Key Concepts

2.1.1 Adolescent

According to UNICEF (2011), adolescence is a time of great change. Young people between the ages of 10 and 19 beginning their journey toward becoming adults, changes take place in a young person's body, in their feelings and in how other people treat them. Physical changes happen at different times for different young people, but by the age of 19 most have reached their adult size and shape. Adolescence is a time of exploration and discovery. Young people try out new personalities and behaviors to see what is best for them. During these 10 years most adolescents create the identity, the 'self,' they will have as adults.

Adolescent is any person aged between 10-19, in the group of adolescent there are three levels, a child, teenager and youth. A child is any person under age of 18 years, while a teenager is defined depending on the puberty age, mostly between 13-19 years. And youth is a person between 15 to 24 years (Maro, 2011).

2.1.2 Aspiration

A dictionary definition of the word aspiration is "a desire or ambition to achieve something" (*Oxford English Dictionary* 1989). The word thus signifies some aim or target and a desire or wish to attain that goal. The meaning also suggests, rather implicitly, that some effort would be exerted to realize the desired aim/target (Bernard and Taffese, 2012). According to Sherwood (1989), Aspirations have two distinctive aspects. First, they are future oriented; they can only be satisfied at some future time. This distinguishes them from

immediate gratifications. Secondly, Aspirations are motivators. They are goals individuals are willing to invest time, effort or money in order to attain. This distinguishes them from idle day dreams and wishes

2.1.3 Goals and career aspirations

Adolescence is a time when teenagers develop certain aspirations regarding their education and future careers. Aspirations represent a person's orientation toward particular goals and can be influenced by variables such as gender, socioeconomic status, family support, parental expectations, and cultural values. During adolescence, aspirations are especially important because they allow teenagers to evaluate the degree to which various choices help or hinder their chances of attaining desired goals (Domenico, 2007).

2.2 Adolescent Characteristics

2.2.1 Adolescent identity

During adolescent, the young person major risk is to achieve a sense of self- identity. This adolescent crisis is partly a result of the move from dependency to independency: It is mainly on sex roles and gender identification. Failure to achieve this develops identity diffusion to adolescent, which is a failure to develop a cohesive self – awareness. During this period adolescent are negative and develops disorder in the process of becoming independent. Adolescent's world is out side at school and in relation to the person of similar age and interest; they see themselves through the eyes of their peers. Parents and guardians needs to be watchful of any changes of behavior (Heaven, 2001).

2.2.2 Developmental stages of the adolescent

2.2.2.1 Piaget's stages of cognitive development

Cognitive development begins when the achievements of late childhood are integrated into person and ends when that person is eager to assume the adults roles and can do it capably. Cognitive development is influenced by society and culture, including family, schools, peers, church and adolescent heroes. Children progress from the concrete to the formal operational stages (11-15 years). They are able to solve problems that involve scientific and verbal reasoning. They are able to make use of assumptions while thinking, formulating hypotheses and constructing theories, and are future oriented (Heaven, 2001).

2.2.2.2 Erickson's psychosocial stages of development

Erickson identifies eight psychosocial stages of development, at each of which there is a developmental (potential) crisis or turning point. During adolescent the potential crisis is identity confusion. When the adolescent is successful, it facilitates positive emotional and social adjustment for the next stage (Heaven 2001).

2.2.2.3 Physiological and psychosocial development of the adolescent girl

Adolescence occurs when the secondary sex characteristics appear and ends when somatic growth is completed and the individual is psychologically and physiologically mature and capable of contributing to society. The pubescent period for girls begins when growth spurts occur. During this stage growth is rapid. Their skeletal system often grows faster than their support muscles, which tends to cause clumsiness and poor posture. At this stage, girls increase in height and weight. The increase in testosterone and androgen results in the production of secondary sex characteristics. Changes in girls appear in this order: an increase in transverse diameter of the pelvis, development of breasts, changes in the vaginal secretions, pubic hair growth. First menstruation (menarche) occurs between the

appearance of pubic hair and that of axillae. After pubescence, growth is gradual and girls are capable reproduction. Usually there are heightened sexual tensions: girls are ready for heterosexual genital expression which they are denied become confused and full of anxiety (Dramin and Van der Merwe, 2002 cited by Philemon, 2007).

2.3 Factors Contributing to Early Pregnancy and Child Bearing Among Adolescent Girls

Factors that contribute to high adolescent pregnancy rate include early menarche, adolescent sexual behavior, socio-cultural and economic factors, educational status, sexual violence, peer pressure and urbanization (Philemon, 2007).

2.3.1 Early menarche

The earlier the occurrence of menarche, the earlier the biological possibility of conceiving, In Dar es Salaam, Tanzania, Nasoro (2003) found that the age of menarche was between 13 and 15 years, and was associated with increased sexual activities, which puts teenagers at risks of unwanted pregnancies and STIs (Philemon, 2007).

2.3.2 Adolescent sexual behavior

There is a great surge of genital sexual development during adolescence. Due to the increased hormones, secondary sexual characteristics appear, masturbation and sexual fantasies are common. In general, adolescent face a confusing and difficult time and need parent guide (Heaven, 2001).

Early sexual activities are affected by development characteristics such as early puberty and high level of androgen hormones, which are associated with increased adolescent sexual behavior (Philemon, 2007).

2.3.3 Socio-cultural and economic factors

Early dating provides a context for many experiences. Unconventional psychosocial attitudes and some risk behavior, such as early use of alcohol, Tobacco and drugs, school problems, delinquency and physical aggression are associated with early onset of adolescent sexual intercourse. Other factors include lower family incomes, Less supervision, Parental modeling and more permissive attitudes in single parent family (Philemon, 2007).

Muchuruza (2000) as cited by Philemon (2007) found that adolescent were at high risk of pregnancy at the age of 14 and 16 years. Moreover the risk was fifteen times higher in respondents with no formal education and no employment. Also girls were affected by the mothers' education and the living patterns in the home, living with one parent only or with a guardian compared to living with both parents, and finally, girls from families of low socio-economic status had a higher risk of pregnancy. Also lack of necessary material to meet the needs of adolescents, because of parent's poor socio-economic status, put adolescent girls at great risk of pregnancy.

2.3.4 Sexual violence

Among rural adolescents aged 15-19 in Uganda, both unwanted and mistimed pregnancies were more common among those who had been coerced than who had not. Coerced sexual intercourse represents only one of the more extremes of sexual abuse (Philemon, 2007).

In Dar es Salaam, many victims of rape are between 12 and 17 at the time of the rape, and pregnancy is one of the outcomes. This has adverse consequences for young women's future sexual and reproductive health (Philemon, 2007).

2.4 Current Age Specific Fertility in Tanzania

Age-specific fertility rates provide the age pattern of fertility. Among Tanzanian young women age 15-19 years, the age-specific fertility rate is 116 births per 1 000 women; the age-specific fertility rate for young women age 20-24 years is substantially higher at 260 births per 1 000 women. Age-specific fertility rates also vary by residence. In the age group 15-19 years, the age-specific fertility rate is lowest among young women living in Zanzibar (46 births per 1 000 women) and highest among young women living in rural areas in Mainland Tanzania (139 births per 1 000 women). In the age-group 20-24 years, the age-specific rate is lowest among young women living in urban areas in Mainland Tanzania (188 births per 1 000 women) and highest among young women living in rural areas in Mainland Tanzania (297 births per 1 000 women) URT, (2011).

For southern highlands of Tanzania, women age 15-19 years who are mothers or now pregnant is 21 percent with fertility rate of 5.4 percent, slight different compared to national level of 23 percent and same on fertility rate of 5.4 percent (TDHS, 2010).

2.5 Socio- economic Factors Affecting Adolescent Mothers

According to Domenico and Jones (2007a), adolescence is a time when teenagers develop certain aspirations regarding their education and future careers. Aspirations represent a person's orientation toward particular goals and can be influenced by variables such as gender, socioeconomic status, family support, parental expectations, and cultural values. Many but not all studies report significant inverse effects of some dimension of area socioeconomic status on a young woman's risk of having a non-marital birth, net of the socioeconomic characteristics of her family of origin. The risk for a teenage woman to have a non marital birth varies by characteristics of the woman's family of origin, the woman's own demographic and socioeconomic attributes and features of her place of residence. Both

parental economic resources and family structure have been shown to be important determinants of non-marital childbearing. Parental economic resources reduce the risk of a non-marital birth perhaps because they allow young women to pursue roles that conflict with early sexual activity and childbearing. Growing up in a single parent family substantially raises the risk of a teenage non-marital birth partly because of the lower and unstable incomes of single parent families. The risk of a non-marital birth varies by young women's own demographic and economic characteristics (McCulloch, 2001).

According to Ngalinda (2000), family structure determines the extent of adolescent motherhood. Adolescents from households headed by females have a lower mean age at first birth than adolescents from male-headed households. This might reflect that adolescents from single parents engage in unprotected sexual activities very early compared to their counterparts from families of married couples. It seems single parents do not have time to guide and advise their daughters. Because of vulnerability, adolescent mothers often lack work experience, educational skills, and job training; they are less competitive in the workforce. As a result, a large number of adolescent mothers are disproportionately poor, depending on public assistance to support them economically (Domenico, 2007).

2.6 Aspiration

Aspiration matters in every aspect of life include education and career. According to Gutman and Akerman (2008), the notion of aspirations can be vague, from dreams and fantasies to concrete ambitions and goals. Aspirations, however, usually connote the achievement of something high or great. They also address both present and future perspectives. In this sense, aspirations can be defined as an individual's "ability to identify

and set goals for the future, while being inspired in the present to work toward those goals”.

2.6.1 Developing aspiration: barriers, choices and opportunities

We can see that who you are, socio-demographically speaking, affects your ambitions. However, who you are in terms of attitudes and beliefs also has important effects. Belief in one’s own capabilities is an important part of aspiration development for both parents and children (Morrison and Akerman, 2008). Parents who hold higher aspirations for their children tend to be those who believe they have the ability to help their children and also to be more involved in their children’s schooling. Similarly children who are more gifted academically and believe they can achieve success tend to have higher aspirations. Parental aspirations too are raised for those children who do well in school compared with those who are low-achievers. There are probably a number of mutual dependencies here, with children’s innate abilities, their parents’ and their own beliefs in those abilities, and their academic and occupational ambitions reinforcing one another throughout the school years. However, there is concern about the aspirations of underprivileged children, particularly those gifted and talented: socio-economic barriers may hinder aspiration formation for these children because of lack of mentors, opportunities, and resources (Morrison and Akerman, 2008).

It is not just a belief in one’s ability to succeed which informs aspirations, but beliefs about the causes of success: whether it is attributed to hard work and one’s own endeavours, or largely to chance. Young people who believe they have the ability to achieve and who attribute their success to hard work rather than luck or fate have higher aspirations than their peers. Such characteristics are also likely to encourage perseverance and persistence: if one succeeds because of effort, one can succeed again and, if one fails because of lack of

effort, one can try harder. Increased effort leads to increased likelihood of success and the process can become self-reinforcing. Thus attitudes and beliefs can act as a spur or as an obstacle to ambition. However, there are also practical issues which inform aspirations. Young people's opportunities are often limited by the pathways that they have already taken, such as leaving education and becoming a parent (The Prince's Trust, 2004 cited by Gutman and Akernman, 2008).

Teenage mothers, in particular, may struggle with multiple problems associated with early parenthood including social exclusion, socio-economic difficulties, poor physical and psychological health, and poor employment prospects (Hallam and Creech, 2007). These difficulties impede the aspirations they hold for both themselves and their children.

Over time, as young people become more aware of the obstacles they face, they may lower their aspirations to meet their expectations, particularly when facing multiple barriers to success. A UK study of disadvantaged young people, for example, noted that while 14 to 17 year-olds were optimistic about getting good, well-paid jobs, their aspirations dissipated as they faced the realities of low-paid, low-skilled jobs in their later teenage years. By the time these disadvantaged young people were 18 to 21 years old, their prospects of reaching their aspirations seemed remote because of lack of qualifications and other perceived barriers (The Prince's Trust, 2004 cited by Gutman and Akernman, 2008).

2.6.2 Measuring aspiration

According to Bernard and Taffeso (2012), aspirations can be measured through the following steps. First, aspiration can be measured through aspiration-window, that is, one's cognitive world, one's zone of similar, attainable individuals on whom one relies to assess what is feasible for oneself which is influenced by the size and composition of one's

network of contacts. Yet aspirations are also conditioned by the personal life experience of the individual.

Second, like all attitudinal traits, are not directly observable. It is not possible to observe aspirations in the same way that one can observe wealth. Two possible alternatives may be devised. The first is indirect, combining assumptions about the set of aspiration determinants or the pattern of choices made by individuals and their attendant outcomes (Low aspiration is equated to low investment), Second alternative is to ask individuals directly about their aspirations. This approach can generate good-quality data if implemented carefully.

Third like well-being itself, aspirations span multiple and potentially interrelated dimensions. Individuals may have wealth or income aspirations, educational aspirations, social status aspirations, or aspirations for others such as their children. Although in principle it is possible to use constituents, determinants, or both to assess the level of aspirations, this can be done for only a single dimension. Nevertheless, in some cases, the measurement of aspiration levels may be more effectively achieved via the construction of a summary measure such as an aspiration index (Bernard and Taffese, 2012).

2.6.2.1 Evaluating global levels of aspirations

Sherwood (1989) in his paper on the Conceptual framework for the study of aspiration reported that, People usually aspire to several goals simultaneously; a new car, a new home and a better job, for example, Hence, it would be desirable to have a quantitative measure of an individual's overall or global level of aspiration which reflects the totality of his or her goals. The three investment dimensions (time, effort and money) common to all goals do, in fact, permit just this. By separately summing the time, effort and money the

individual must invest to attain all his or her goals, the investigator can construct three separate measures of the individual's overall aspiration levels. Discriminate and factor analytic techniques, in turn, can be employed to combine the three separate measures into a single global construct where such is desired.

The following are a few of the questions which arise from the conceptual framework advanced in a conceptual framework for the study of aspirations (Sherwood, 1982).

- i. How much do individuals differ in their global aspirations levels (total planned investments in all goals)?
- ii. How much do individuals differ in the number of aspirations they hold (plan to invest in)? Do most individuals hold just a few aspirations or do they frequently aspire simultaneously to many different goals?
- iii. Do global aspirations levels and the number of aspirations change as individuals move through the life cycle?
- iv. How do individuals decide where to invest their resources when they hold competing aspirations? Do their strategies vary with maturity, experience or stage in the life cycle?
- v. What factors influence how individuals allocate their resources among broad categories of aspirations; for example, among educational, career, personal development and family goals?
- vi. How do perceived risks (the likelihood of success or failure) affect investments in aspirations? Do individuals hedge their investments to minimize risk?
- vii. Under what circumstances do individuals share investments with others to reduce costs and risks?
- viii. How do individuals obtain consent to invest resources to which others such as a spouse, child or friend also have a claim?

- ix. Under what circumstances do individuals substitute one type of investment for another, e.g., substituting time and effort for lack of money?

In this study, aspiration has been measured by adopting the approach by Bernard and Taffese, (2012). Asking direct statements from the combined assumptions about the set of aspiration determinants such as the level of education desired, professional career desired and entrepreneur level desired.

2.7 Theoretical Review

Lewin's field theory which treats aspirations as the choosing of goals within a field. This field (psychological environment) theory is comprised of an individual's personal values and his or her judgments concerning the comparative likelihood of achieving various, valued ends. The strength (motivational stimulus) of an aspiration is, according to field theory, directly proportional to the value the individual places upon the goal and to his or her assessment of the probability of attaining the goal. The greater the value assigned to the potential goal or the greater the perceived likelihood of achieving it, the stronger the aspiration will be. The lower the value or the less the perceived likelihood of achieving the goal, the weaker the aspiration will be. Field theory belongs to a class of theories which have been variously labeled rational-choice, utilitarian, voluntaristic or action theories. These presuppose that individuals make efficient choices to maximize their satisfactions and minimize their dissatisfactions. Perceiving a matrix of opportunities and constraints, the individual chooses the opportunities he or she thinks most likely to lead to desired outcomes and away from unwanted ones (Sherwood, 1989).

2.8 Conceptual Framework

This study was guided by the Resiliency Model to investigate the struggle of adolescent mothers on reviving aspiration. According to Gonzales (2003) as cited by McGaha (2012), there are three main elements that are essential to characterizing resilient youth: (a) risk factors, (b) protective factors, and (c) personal characteristics. In this study, socio economic factors such as role of taking care of the child, stigma, financial credits, family structure and financial status are independent variable while adolescent mother aspirations revival as dependent. These were measured by level of education desired, Professional Career desired and level of entrepreneurship desire.

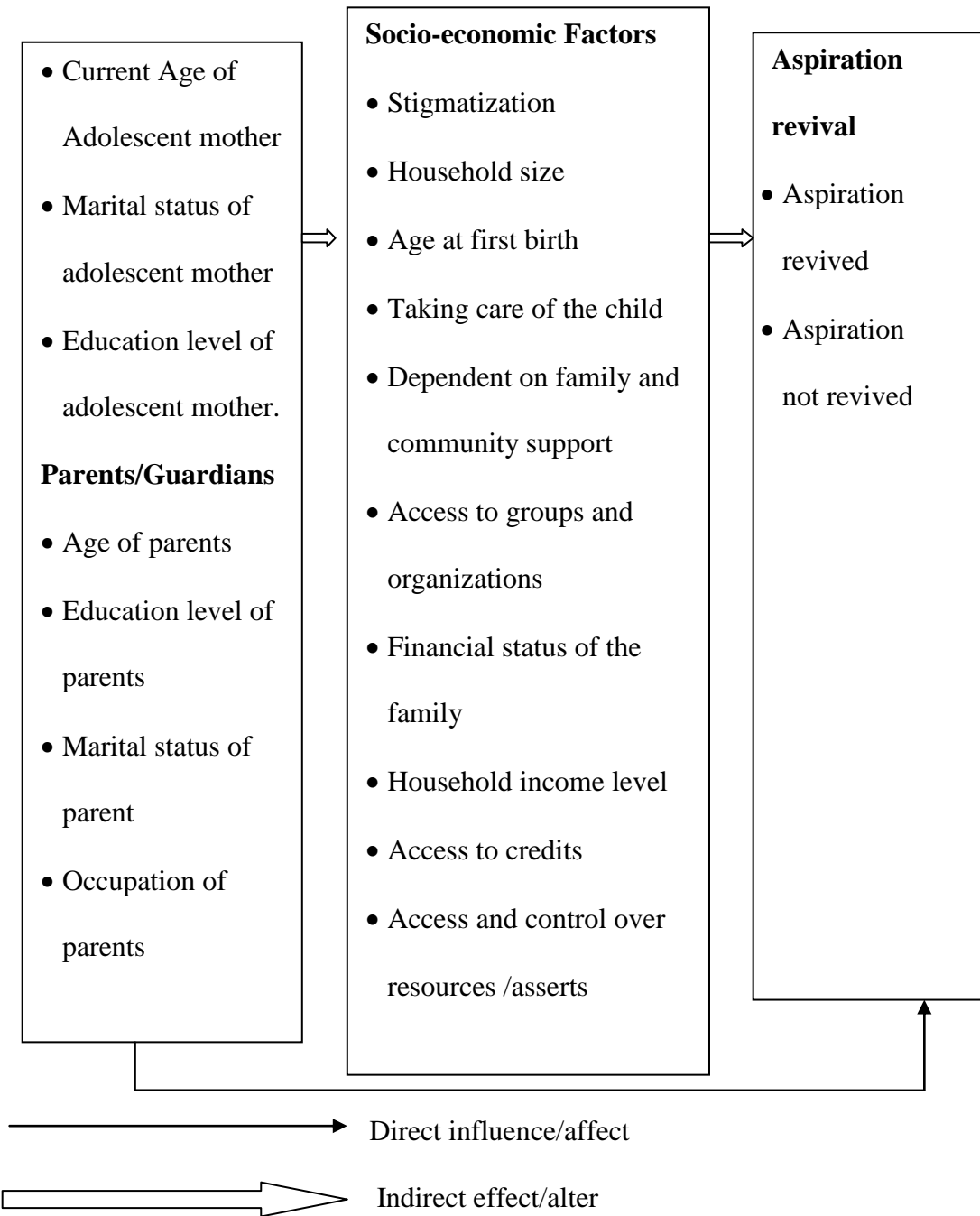


Figure 1: Conceptual framework showing the relationship of variables studied.

CHAPTER THREE

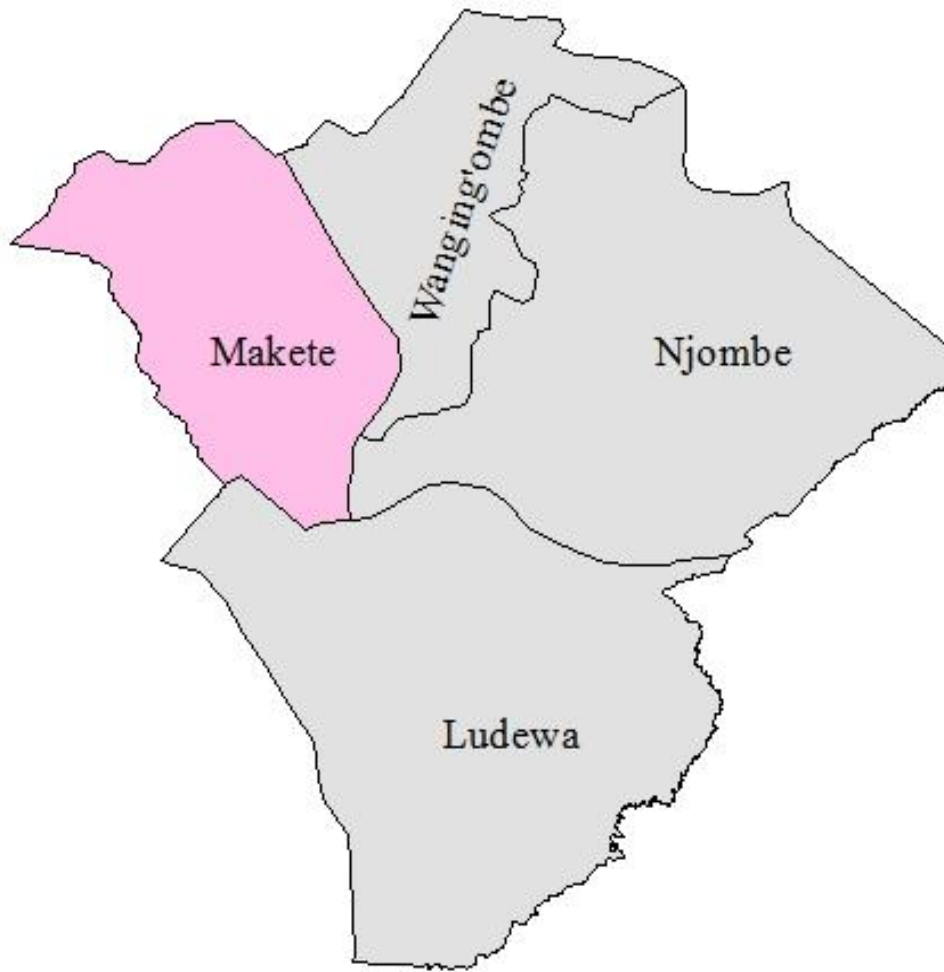
3.0 RESEARCH METHODOLOGY

3.1 Study Location

The study was conducted in Makete District. The District is one of the four districts of Njombe Region; the other districts include Ludewa, Njombe and Wanging'ombe. Makete District's headquarters is Iwawa town, 110 kilometer from Njombe town. Makete District lies between latitude 08⁰45 and 09⁰40 South of Equator and between longitude 33⁰85 and 34⁰30 East of Greenwich, covering a total surface area of 5 800 sq. km. Climatically, the District is mountainous with Numbi Mountains and Kipengere ranges except for Kitulo plateau and several steep slopes, lies at an altitude of between 1 500 meters to 3 000 meters above sea level, covered by alluvial soil condition. Temperature and rainfall vary with the altitude. High altitudes between 1 500 and 3 000 meters above sea level fall under cold zones with temperatures ranging from 2⁰ to 20⁰ centigrade and rainfall varies from 1 500 to 2 800 mm per annum. Areas of low altitude such as Usangu plains experience high temperatures of 20⁰ to 30⁰ centigrade with unreliable rainfall normally ranging from 300 to 800 mm. per annum (URT, 2008).

3.1.1 Administrative set up of Makete District

Administratively, Makete District is divided into 6 divisions and 17 wards with a total of 97 villages distributed unevenly. Ikuwo Division covers about 21 percent of total land area of the district, followed by Ukwama and Lupalilo Divisions accounting for 20 percent, respectively. Bulongwa Division has the smallest land area in the district covering only 9 percent, followed by Magoma Division (11 percent) and finally Matamba Division (18 percent) (Fig 2) (URT, 2008).



Legend

 Makete

Figure 2: Map of Njombe region showing administrative boundaries.

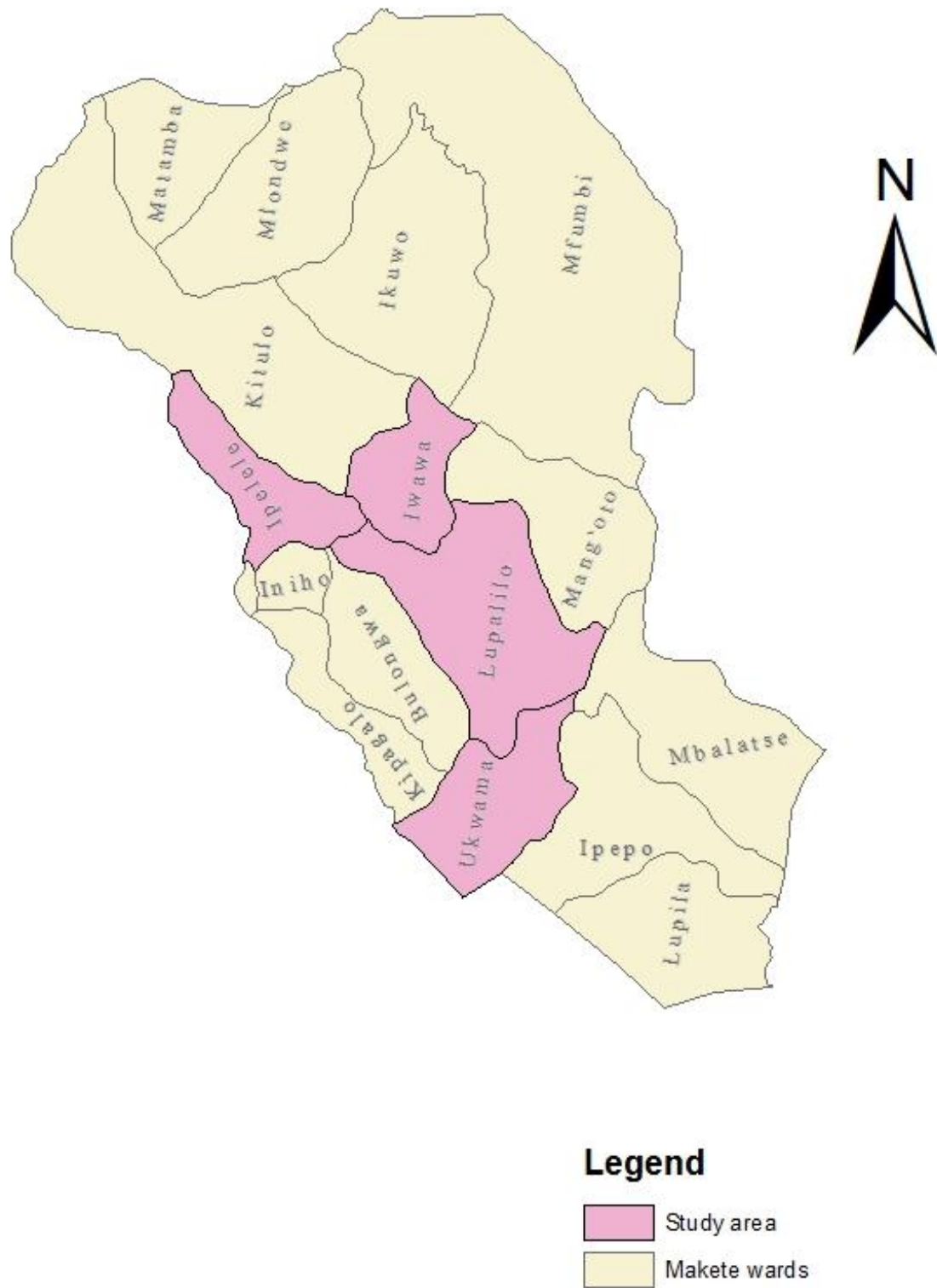


Figure 3: Map of Makete District, showing study area.

3.1.2 Population characteristics of Makete District

According to the Tanzania population census (2012), the total population of the District was 97 266 people, whereby 45 300 are males and 51 966 are females. If compared to 2002 census report, there is a decrease of people in the District as there were 105 775 people compared to the present 97 266. According to 2012 population census report, the District has household average of 3.7 (Fig. 3).

Table 1: Population of Makete District by Sex, Average Household Size and Sex Ratio

Serial No	Ward/shehia	Total	Male	Female	Average household Size	Sex ratio
	Total	97 266	45 300	51 966	3.7	87
1	Lupalilo	4 527	1 993	2 534	3.5	79
2	Iwawa	10 176	4 697	5 479	3.6	86
3	Mang`oto	3 781	1 706	2 075	3.6	82
4	Lupila	5 004	2 255	2 749	3.7	82
5	Ukwama	3 529	1 616	1 913	3.6	84
6	Bulongwa	3 824	1 708	2 116	3.7	81
7	Kipagilo	3 913	1 801	2 112	3.5	85
8	Iniho	3 720	1 781	1 939	3.8	92
9	Ipelele	4 890	2 348	2 542	3.7	92
10	Kigulu	918	432	486	4.6	89
11	Matamba	10 441	4 952	5 489	3.6	90
12	Mlondwe	3 937	1 893	2 044	3.6	93
13	Kitulo	3 469	1 679	1 790	3.9	94
14	Ikuwo	3 648	1 755	1 893	4.0	93
15	Mfumbi	4 718	2 242	2 476	3.8	91
16	Ipepo	5 020	2 328	2 692	3.8	86
17	Mbalatse	2 952	1 319	1 633	3.8	81
18	Tandala	5 933	2 794	3 139	4.6	89
19	Luwumbu	2 240	1 044	1 196	3.4	87
20	Isapulano	3 191	1 534	1 657	3.8	93
21	Kigala	3 022	1 391	1 631	4.2	85
22	Itundu	4 413	2 032	2 381	3.7	85

Source: URT, (2013).

3.1.3 Socio-economic Characteristics of the District

3.1.3.1 Land and Land use

Makete District has a total land area of 5 800 sq. kms, but mostly mountainous with steep hills, ridges, valleys and escarpments. The arable land available for agricultural production

is only 4 195 sq.kms. Out of the arable land (4 195 sq.kms) in the District, only 371 sq. km. is actually cultivated annually, leaving 3 824 sq kms. lying idle due to the fact that either the soil is infertile or is used for grazing; or is edges and river beds, or belongs to investors (e.g. Ibaga farm and Kitulo Game Reserve) (URT, 2008).

3.1.3.2 Main Source of Cash Income

Makete as a rural district has vast economic opportunities as indicated in the 2002/03 National Sample Census of Agriculture Report. Agriculture sector ranked number one, of which selling of both annual and permanent crops was the main cash income earning reported by 90.5 percent of households in the District, followed by salaries and wages (4.5 percent), 2.5 percent casual labour, business operations 2.4 percent of households and remnants receiving was accounted for 0.1 percent of households in the District (URT, 2008).

3.1.3.3 Cultural Aspect

The District has two main ethnic groups namely: Wakinga and Wawanji, of which about 98 percent are Christians. The Wawanji occupy the Northern part of the District, while the Wakinga occupy most part of the District. Moreover, within the Wakinga, there are sub-ethnic groups called Wamahanji and Wamagoma. In addition to that, the district is also occupied by small groups of Wanyakyusa and Wasangu in Mfumbi and Kigulu wards.

3.1.4 Justification for the study area

According to Chingonikaya (2005), Makete District in the southern highlands of Tanzania is one of the first and hardest hit by the HIV/AIDS pandemic in Tanzania. The vulnerability due to HIV and AIDS pandemic is favourable condition for emergence of

adolescent mothers. Also inadequate empirical data about adolescent mothers in the district call for generation of such information.

3.2 Research Design

A cross-sectional research design was used in this study. The design allows data to be collected at a single point in time. The design was considered favorable because it allows the use of various survey methods to gather a body of qualitative and quantitative data within a reasonable period of time (Agresti and Finlay, 2009).

3.3 Sampling Procedure

3.3.1 Target population

Target population for this study was all adolescent mothers, mothers who gave birth at adolescent age of 10-19 years in Makete District.

3.3.2 Sampling methods and sample size

In this study, a sample size of 125 respondents was obtained and managed for structured interviews using a structured questionnaire through purposive and snowball sampling techniques. Purposive because the sample frame was all adolescent mothers and snowball used to obtain individual respondents. The number of respondents is sufficient as Kish (1965) and Sudman (1976) cited by Israel (2012), suggest a minimum of 100 to 200 elements are sufficient to accommodate a comparative analysis when sample need to be adjusted. Multistage sampling was used from district to village level. A simple random sampling procedure was used to obtain 4 wards in the district, and six villages from the four ward (two villages were obtained from each of the two wards of Tandala and Iwawa and one village was obtained from each of Ipelele and Ukwama wards). Purposive and snowball sampling was used to obtain respondents, mothers who gave birth to a biological

baby at adolescent age of 10 to 19 years (Table 2). The criteria for participating in the study based on being adolescent mother (current and former) but not greater than 35 years of age. Purposive sampling was also used to obtain 10 key informants, key informants included two wards executive officers, two ward educational coordinators at wards level. District Community Development Officers (DCDO), two socio welfare officers and Culture and youth development officer, other two key informants were NGOs representatives.

Table 2: Distribution of respondents in wards and villages

Ward	Village	No. respondents
Tandala	Ikonda	29
	Usagatikwa	21
Ipelele	Ipelele	28
Iwawa	Ndulamo	14
	Ivalalila	20
Ukwama	Masisiwe	13

3.5 Data Collection Methods

5.5.1 Preliminary/Pilot Study

In order to test the validity and reliability of the tools for data collection as well as the statistical model, a preliminary survey was conducted involving 30 respondents. Observations from the pilot study gave opportunity for shaping of the research tools.

3.5.2 Primary Data

Primary data were collected through, questionnaire survey, Focus group discussion and interview with key informants. A structured questionnaire formulated of open and closed-ended questions were administered to the selected sample. An in-depth discussion approach was adopted during the administration of the questionnaire for clarifying and elaboration of questions in questionnaire. Qualitative data were obtained through in depth interview with key informants and focus group discussion with adolescent mothers. All Interviews were guided by the checklists. Secondary information was collected from district reports.

The key qualitative method was Focus group discussion (FGD), a check list was used to guide and explore the socio-economic factors affecting adolescent mothers aspiration revival. A total of three FGDs of 7-10 participants each were conducted. This was done in order to have the detailed information on adolescent mothers struggle to revive aspirations.

3.6 Data Processing and Analysis

The collected data were coded and summarized prior to be analyzed using Statistical package for social science (SPSS) computer software in conformity with the objectives of the study. Descriptive statistics employing frequencies, percentages, mean and standard deviation were used in analyzing data. Binary logistic regression was used to determine the relationship between social economic factors and aspiration revival; whether socio-economic factors are influencing revival of aspiration by adolescent mother s. Binary analytical model as presented by Mathews,(2009) was adopted.

$$\text{Log } P/(1-P) = \beta_0 + \beta_1x_1 + \beta_2x_2 + \beta_3x_3 + \beta_4x_4 + \beta_5x_5 + \dots + \beta_nx_n + \varepsilon_1$$

Where by P = Possibility that adolescent mother has revived aspiration

(1-P) = Possibility that adolescent mother has not revived aspiration

$B_0, \beta_1, \dots, \beta_n$ = Constant

ε_1 = error

x_1 = Current age of respondent (adolescent mother) (number of years)

x_2 = Age of parent/guardians of adolescent mothers (number of years)

x_3 = Age at first birth of adolescent mother (number of years)

x_4 = Marital status of adolescent (1 married, 0 not married)

x_5 = Education level (adolescent mother and her parent) (number of years in school)

x_6 = Household/family size (Number of members)

x_7 = Access to financial credits (1 access, 0 no access)

x_8 = family support (1 if receiving, 0 not receiving)

x_9 = financial status of the family (1 poor, 2 better)

x_{10} = Stigmatization (1 stigmatized, 0 not stigmatized)

In this study, in order to determine the aspiration of adolescent mothers, a comprehensive tool developed by Bernard and Taffesse (2012) for measuring aspiration was adopted and used. This tool has arranged questions on different aspects of education, career, social status, and income level. For each of the aspects, there are four questions to ask, (i) what is the maximum level of specific aspect in your community? (That people respect it much). (ii) What is the minimum level of specific aspect in your community? (That people see it normal). (iii) What is the level of specific aspect that you have at present? And (iv) what is the level of specific aspect that you would like to achieve? With the guide of the tool, respondents were asked the four questions on education aspect, professional career aspect and business/entrepreneur aspect and general question on what was their overall aspiration?

In order to measure whether an adolescent mother revived or failed to revive her aspiration, The two major criteria were used, The first was when an adolescent mother succeeded to go back to school, while the second was measuring the total monthly income of adolescent mother, the cut off point, based on the normal civil servant salary per month, like primary school teacher's salary for a teacher who is starting which is TGTS A. 1 TSHS 296 000 (According to TSD - Makete, personal communication). An adolescent mother who managed to collect a total income of more than 10 000 per day was considered successful revived her good life aspiration.

In order to determine the attitude of adolescent mothers toward their efforts for aspiration revival, respondents were asked to state whether they strongly disagreed (1), disagreed (2), were undecided (3), agreed (4), or strongly agreed (5) with each statement. Then their responses were re-grouped into three groups: strongly disagree and disagree into disagree, agree and strongly agree into agree, and undecided remained as it was. In this case an index ranging from 10 to 50 scores was constructed as the measure of attitude of adolescent mothers towards their aspirations revival efforts. Mean score was 20. Above 20 was regarded as positive and below 20 was regarded negative.

The maximum, minimum and average numbers of points scored were 5, 1 and 3.067 respectively. Five statements had positive connotation meaning (agree) and the other five statements had negative (disagree) connotation.

3.7 Limitations of the Study

(a) Excessive alcoholism of some respondents was one of the limitations of this study. Some of the respondents were found drunk to the extent that they were not able to participate during the interview. For example, at Ivalalila village more than 10 respondents did not finish the interview during the three days of the study at their village due to being drunk. This alcoholism is due to the fact that most of women in the village were responsible for producing bamboo juice (*Kugema ulanzi*) and during the process they were testing the quality first.

To encounter the problem and in order to collect precise information from adolescent mothers, the interviews had to be conducted during the morning before they go to harvest bamboo juice and to increase the number of days for data collection in each village

(b) Husbands of adolescent mothers in some cases were a constraint to the study. Some of the husbands prohibited their wives from participating in the study. When it happened they were consulted to permit their wives, a good number of them were not cooperating. For example one told the researcher and village leader that his wife was not at home and unfortunately his wife came out at the same time, but still he refused to allow her to participate.

In order to obtain information from such married adolescent mothers and whose husbands prohibited them to be interviewed by the researcher, the researcher used their peer friends to convince the adolescent mothers to participate and invited them at their places during interview with the researcher. While at friends places, the researcher interviewed them.

(c) Adolescent mothers were over expecting; most adolescent mothers who were willing to participate had high expectations to be supported by the researcher financially. For example one of the respondents asked the researcher *“when are you coming to pick me for school?”*.

The researcher had to explain the objective of the study to the respondents and explained to them that the impact of the study may not be seen to them but may help others in future. Also the researcher avoided to promise them anything to be the outcome of this study to them. The researcher asked them to feel free and voluntarily participate in the study.

3.8 Ethical Consideration

Ethical considerations in the conduct of research were followed to prevent ethical dilemmas. To ensure ethical conduct of the study, permission to conduct this study was obtained from Makete District Council, the respondents' consent were obtained from each respondent. To ensure confidentiality, the names of respondents were only requested on the

questionnaires and assured them not to be mentioned in the report. No physical or psychological risks were involved as the study was non experimental.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSION

4.1 Demographic Characteristics of the Respondents

A relevant starting point for presentation of findings in a study of this nature is an examination of socio - demographic characteristics of the respondents. This provides a background for other findings of the study. The sample size was 125 adolescent mothers.

The respondents in the study area were asked about their age, marital status and education level. Also respondents were asked about the age, marital status, education and occupation of their parents or guardians. Regarding age of the respondents (adolescent mothers), the maximum and minimum ages of the respondents were 35 and 14 years with the mean of 21.52 years and standard deviation of 4.13. The findings in Table 4 show that 42.4% and 40% of the respondents were in the age groups of 20 to 24 and 15 to 19 years respectively. This is due to the fact that the target respondents in this study were adolescent mothers, women who gave birth of their first child before reaching the age of 20 years. Another 9.6% and 6.4% of the respondents were in age groups of 25 to 29 and 30 to 34 years. Only 0.8 percent of respondents were in age of 35 years. Those respondents above 19 years were former adolescent mothers.

Table 3: Age and marital status of the respondents (n=125)

Characteristics	Frequency	Percent
Age		
14-19	51	40.8
20-24	53	42.4
25-29	12	9.6
30-34	8	6.4
35+	1	.8
Marital status		
Married	53	42.4
Single	66	52.8
Separated, divorced, widow	6	4.8

Marriage is a primary indication of the regular exposure of women to the risk of pregnancy; respondents were grouped into three categories of marital status namely single, married and divorced, separated or widow. Findings in Table 3 show that, over half of the respondents (52.8%) were single. This is probably due to the fact that most of respondents were adolescent mothers and most adolescents get unplanned or unwanted pregnancies. They get pregnant and babies before they are married. The extent of unmarried teen mothers is as same as that reported by Ngalinda (2000), a high proportion of adolescent women in Tanzania had unintended births (27 percent of all births to adolescents), either not wanted at the time the birth occurred or not wanted at all. Therefore one might assume that some of the adolescents faced with an unplanned pregnancy might turn to illegal abortion. Since young women often cannot pay the price of an abortion performed by a medically or paramedical trained person, they risk their lives using fatal methods. When abortion is performed by an untrained person, or under unsanitary conditions, the procedure can result in illness, infection, infertility, and even death.

According to McCulloch (2001), in Britain in 1994, only 39 per cent of teenage births were registered by mothers and fathers living at the same address, 33 per cent were registered by

mothers alone and the remaining 27 per cent were registered by both parents who were living at different addresses at the time of birth, meaning that 60 percent of teen mothers were not married. Moreover Ngalinda (2000) indicates that, the numbers of women who have to bear their children without getting married to the father are on the increase. Also unmarried child bearing is associated with degradation of culture and traditions and economic hardship. Furthermore (Op'cit) suggests that premarital child bearing is a result of degradation of sexual morals as adolescents now exercise less restraint than was the case in the past, especially educated ones. What has changed is not adolescent sexual behaviour and child bearing itself, but rather the social context in which this occurs.

Premarital child bearing is not only affecting Tanzania, but also other countries in Africa. As reported by Ngalinda (2000) that, premarital pregnancies seem to be a problem in sub-Saharan Africa countries. Almost more than half of all adolescents' first pregnancies occurring in sub-Saharan Africa countries are among unmarried adolescents. For example, 72 percent of all first adolescent pregnancies in Kenya were conceived outside marriage and premarital birth accounts for 56% of all adolescent births. However, most of these premarital births (44 percent) were among adolescents who were still single at the time of the survey. Countries with severe problems of adolescent premarital first births (more than 25 percent) in sub-Saharan Africa include Kenya (56 percent), Côte d'Ivoire (52 percent), Tanzania (35 percent), Zambia (34 percent), and Zimbabwe (26 percent). This means that more than one in four adolescent mothers are single.

Although findings show that over half of the respondents were single, a good number of respondents (42.4%) were married, the percent of married adolescent mother is clear indicator of early/child marriage in the study area, this is similar to a report by Mwageni (1996) cited by Mkama (2006) that rural youths are more likely to be married earlier than

those in urban areas. This is probably because in rural areas traditions and culture towards marriage are stronger than those in urban areas. Also UNFPA (2013) reported that, despite near-universal commitments to end child marriage, one in three girls in developing countries (not including China) are married before age 18 years. Most of these girls are poor, less-educated and live in rural areas.

Education provides people with knowledge and skills that can lead to a better quality of life. Education correlates with the health of mothers and their children, and with reproductive behavior (URT, 2011). Respondents' levels of education are shown in Table 4. The maximum and minimum years of schooling were 15 and 0, respectively. The average number of years which youths had attended school was 7.99 with standard deviation of 2.93.

Table 4: Education level of the respondents (n=125)

Education level	frequency	percent
Never went to school	5	4.0
Not completed primary school	9	7.2
Primary school	54	43.2
Not completed secondary	22	17.6
Two years vocation training	7	5.6
Completed Secondary Form iv	14	11.2
Completed college Certificate	13	10.4
Diploma	1	0.8

Findings in Table 4 show that 43.2% of the respondents had primary education, followed by those who did not complete secondary school at 17.6%, the number of those who did not complete secondary school (17.6%) is high due to the fact that, once girls get pregnant they are expelled from school. Domenico and Jones (2007b) found that 7 out of 10 females who became adolescent mothers did not graduate from high school. Less than one-third of

adolescent females giving birth before age 18 ever complete high school, and the younger the pregnant adolescents are, the less likely they are to complete high school.

Findings in Table 4 show that 11.2% of the respondents completed secondary school education at the level of Form Four. This may be possible due to introduction of ward secondary schools within or near the respondent's villages. Another 10.4% of the respondents were studying at colleges for certificate level, this is possible due to occurrence of two teachers colleges (Tandala and Bulongwa TTC), also occurrence of Bulongwa Health institute and the VETA college in the study areas.

These colleges increase opportunities for adolescent mothers to get enrolled in one of them. Findings in Table 4 indicate that 5.6% of the respondents went for two years vocational training and other 4% of respondents never went to school/they did not have informal education and another 7.2% did not finish primary school level. This situation is very dangerous for Tanzanian society development with regard of the increasing job competition due to formation of the East African Community. Lack of informal education or low level of formal education increases burden to the society and nation economy at large, it increases the group of dependants and it reduces the efforts to alleviate poverty. This is the same as what was reported by Philemon (2007) that, in Tanzania the level of education was associated with the risk of early pregnancy, the risk increased among those with no formal education compared to those with secondary education.

According to URT (2010), there is a strong inverse relationship between early childbearing and education. Teenagers with less education are more likely to start childbearing than better educated women. Fifty two percent of teenagers who had no education had begun childbearing compared with only 6 percent of women who attended secondary education.

Domenico and Jones (2007b) found that in United States of America, adolescent pregnancy and early childbearing is detrimental, for very often the young female is unable to attain sufficient education needed to compete in the economy. It is estimated that adolescent childbearing costs the nation roughly seven billion dollars annually as Adolescent mothers have relied heavily on public assistance and constituted nearly one-half of all welfare recipients. Further the author reported that, high levels of dependence on public assistance indicated widespread poverty in families of young adolescent mothers in America (Domenico and Jones, 2007b).

4.3 Age, Sex and Marital Status of parents/Guardians of Respondents

The maximum and minimum ages of parents were 18 and 102 years respectively with a mean of 49.27 years and standard deviation of 13.66. The finding in Table 5 show that, 32.8% and 23.2% of parents of the respondents were in the age groups of 45 - 54 and 35 – 44 years respectively. In these two age categories, people are still powerful and engaging in various economic activities. Parents of adolescent mothers in age category of 35-44 years are still young and energetic; this implies that some parents of adolescent mothers gave birth to their first child during their adolescent age too.

Table 5: Age and marital status of parents/guardians of adolescent mothers (n=125)

Characteristics	Frequency	Percent
Age		
15-24	4	3.2
25-34	10	8
35-44	29	23.2
45-54	41	32.8
55-64	26	20.8
65-74	12	9.6
75+	3	2.4
Marital status		
Married	54	43.2
not married	42	33.6
widow/widower/ separated	29	23.2

Findings in Table 5 show that, 43.2% of parents/guardians of adolescent mothers were married, while 33.6% were not married and another 23.2% were either widow/widower or separated. This is similar to URT Report (2011) that, almost 20% of women at the age 15-19 years were married or living together, whereas 1% were either divorced or separated. The proportion of women who were married or living together increases with age, from 18% at age of 15-19 years to 80% at the age of 25-29, 30-34, and 35-39, before decreasing to 74% for women at age of 45-49 years. As it was expected, the proportion of women who were divorced separated, or widowed increases with age, by the age of 45-49 years, 24% of women were widowed, divorced, or separated.

The level of education of parents of adolescent mothers is shown in Figure 4. Maximum and minimum years of schooling for parents was 18.0 and 0.00 respectively, the average number of years which the parents of the adolescent mothers had spent in class was 5.89 and the standard deviation of 3.90 years. More than half of parents of adolescent mothers (57.6%) had primary school education level. A very good number of parents (23.2%) had never been in class (non formal education) meaning that they did not attend school. People

who lack formal education are mostly not qualifying for monthly waged jobs and hence lead to poverty among those people. The finding indicates that a good number of the parents of adolescent mothers (23.3%) were poor and vulnerable to poverty and all kind of economic hardship. Another 4.8% of the parents were also included to the group of very economically vulnerable group of the parents that did not finish primary school education. A total of 8% of the parents entered and/ or finished secondary school ordinary level while 6.4% were the only parents of the adolescent mothers who managed to acquire post secondary education level (certificate, diploma and degree).

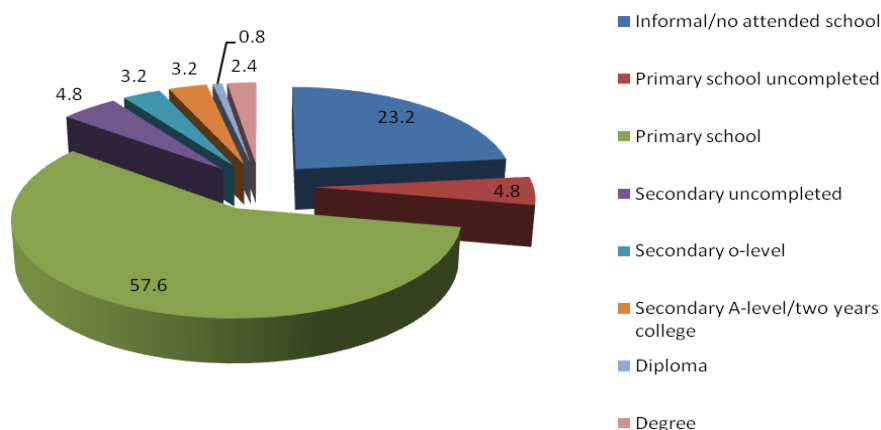


Figure 3: Education level of Parents of Adolescent Mothers.

4.4 Socio-Economic Characteristics of Respondents and their Parents

In order to determine whether there was any influence of economic activities on aspiration revival and achievement of the adolescent mothers, the respondents were asked to state their main economic activities as well as to mention the main economic activities of their parents. The findings are presented in Fig. 5.

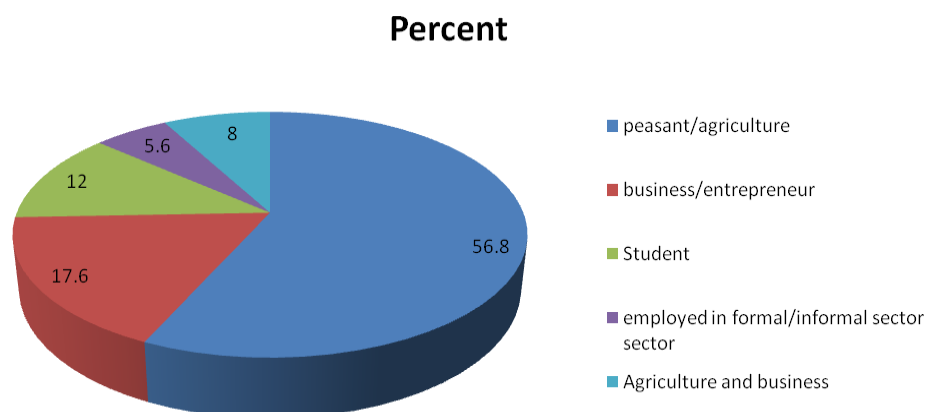


Figure 4: Occupation of adolescent mothers.

The findings in Figure 5, show that majority of the respondents at 56.8% were engaged in peasantry agriculture. This is because they lived in rural area and agriculture was the main economic activity. About 18% of the respondents engaged in petty business/entrepreneurship, this good number of the adolescent mothers engaging in petty business is possibly influenced by their tribe and culture, that is, most of Kinga people engage in business in different places of Tanzania. An impressive number of respondents (12.0%) were students in secondary, vocational and other colleges. Other respondents (5.6% and 8%) were employed in formal or informal sector and doing both agriculture and business at the same time.

Occupation of parent is another important factor to consider of which may have an impact on adolescent mother struggle to revive aspirations, In order to determine whether there had been any influence of parents' occupation on their aspiration revival, respondents were asked to state the main economic activity of their parents. The findings are presented in Fig. 6.

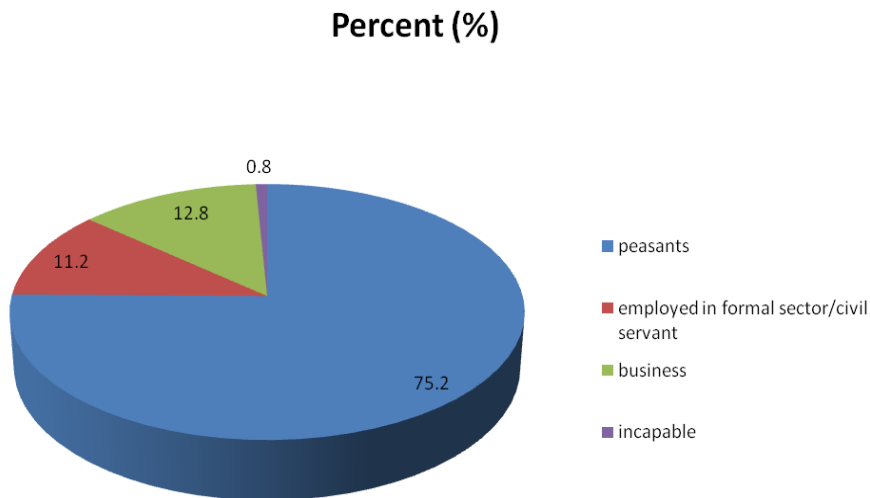


Figure 5: Occupation of parents/guardians of adolescent mothers.

Fig. 6 shows that, 75.2% of the parents/guardians of the adolescent mothers were engaged in agricultural activities as their main source of income, they were conducting peasantry/subsistence farming agriculture which is mostly for food. 12.8% and 11.2% were engaged in business and employed in formal/informal sector entitled for monthly salary/allowances respectively. Only 0.8% of parents of the respondents had physical disabilities to the extent of being incapable to engage in any form of economic activity. The findings are in line with URT Report (2011) report that, Tanzania like many developing countries is an agrarian economy. The agricultural sector remains the main employer, with 69% of women and 62% of men engaged in agricultural occupations. These figures are lower than those in the 2004-05 TDHS, when 78 percent of women and 71 percent of men were employed in agricultural occupations. Unskilled manual labor is an emerging sector, with 17 percent of women and 13 percent of men employed in this sector. Professional, technical, and managerial occupations account for only 3 percent of women and 5 percent of men.

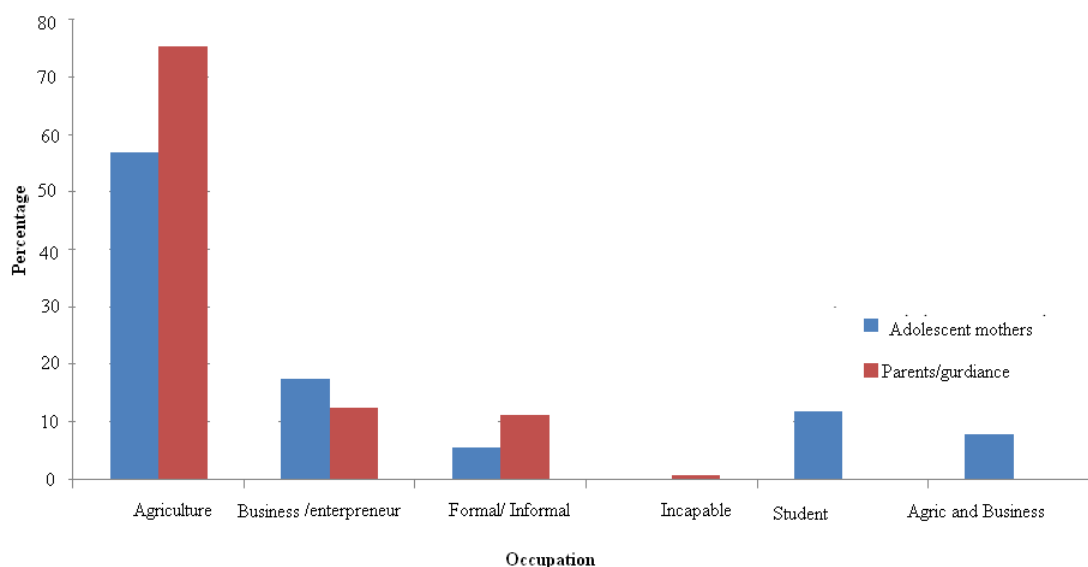


Figure 6: Occupations of adolescent mothers and their parents.

Furthermore, Cross tabulation and sorting was conducted to detect the extent to which the occupation of the parents or guardian of the adolescent mothers were matching with the current occupation of the adolescent mothers themselves. The findings are presented in Table 6.

Table 6: Occupation of adolescent mothers in relation to occupation of their parents (n=125)

		Occupation of parents of adolescent mothers			
		peasants	employed in formal sector	Business	Physically disable
Occupation of adolescent mother	peasant/agriculture	64	1	5	1
	Business/entrepreneur	11	6	5	0
	Student	7	5	3	0
	Employed in formal sector	4	1	2	0
	Agriculture and business	8	1	1	0

Findings in Table 6 show that 64 (51.2%) of the adolescent mothers were engaged in peasantry agriculture just as their parents. A good number of the adolescent mothers (5 out of 15) who were back to schools were coming from parents who were working in formal sector/civil servants while there was an increase of adolescent mothers who were engaging in business as compared to their parents (11 adolescent mothers while among them only five were doing the same as their parents).

In general 69.6% of the adolescent mothers were engaged in the same activity as their parents while 30.4% were engaged in different activities from their parents. Deviation of adolescent mother's occupation from their parents may be altered by exposure through education as some of the adolescent mothers had achieved secondary education as well as advancement in technology which exposes youths in other various opportunities like business.

4.4.1 Head of the household for adolescent mothers families.

Information about household head is important for this study because it is directly related to the welfare of the entire household. Respondents were asked about who was the head of their parents' households; the findings are presented in Table 7.

Table 7: Household Head of parents of adolescent mothers (n=125)

	Frequency	Percent
Father	49	39.2
Mother	47	37.6
grandmother/farther relative/uncle/aunts	7	5.6
child headed	4	3.2
Mission center/NGO	17	13.6
Total	1	.8
	125	100.0

The findings in Table 7 show that 39.2% of the respondent households/families were headed by a male (father). 37.6% of the respondents' households were headed by their mothers; and from the experience, most of female heads are also single parents. 13.6% of the adolescent mothers were coming from child headed households and in most those are orphaned households, while the rest 5.6%, 3.2% and 0.8% were coming from grandparents headed households, relative headed and or under mission centers. In general about 61% of the adolescent mothers were coming from households which were not male headed. The households which are not male headed are more prone to emerging of unmarried and early/adolescent mothers. Female-headed households are usually single-parent households. Adolescents from households headed by females have a lower mean age at first birth than adolescents from male-headed households (Ngalinda, 2000). This might be that adolescents from single parents engage in unprotected sexual activities very early compared to their counterparts from families of married couples. It seems single parents do not have time to guide and advise their daughters.

4.4.2 Age at First Birth of Adolescent Mothers

The age at which childbearing commences is an important determinant of the overall level of fertility as well as the health and welfare of the mother and the child (TDHS, 2010). The respondents were asked about their age when they get their first child, their responses are shown in Table 8.

Table 8: The Age of Adolescent Mother at First Child Birth (n = 125)

Age (years)	Frequency	Percent
14	5	4.0
15	8	6.4
16	15	12.0
17	28	22.4
18	33	26.4
19	36	28.8
Total	125	100.0

Findings in Table 8 show that the maximum and minimum age of adolescent mothers at their first child birth was 19 and 14 years respectively with mean of 17.47 years and standard deviation of 1.39 respectively. The mean age at first child birth is almost similar as reported by Ngalinda (2000) in 1996 where Tanzanian mean age at first birth was 17.2 years. Findings in Table 9 show that 28.8% of the adolescent mothers got their first child at age of 19 years. This is similar to reported by TDHS (2010) that the median age at first child birth ranges from 20.3 years in the Northern zone to 19 years in the Lake and Southern Highlands zones. The findings in Table 9, further show that by age 14 years 4% of the respondents were already mothers, another small number of the respondents (6.4%) became mothers by age 15. This is slightly higher than those reported in TDHS (2010) that 5% of women at the age of 15 had started childbearing. The rest of the respondents (12%, 22.4% and 26.4%) became mothers at the age of 16, 17 and 18 years respectively. On average a Tanzanian adolescent first experience sexual intercourse when she is 15 years, first marry at 16 years and become a mother when she reaches 17 years. However, the timing of first sexual intercourse, marriage and birth is concentrated between the ages of 15 and 17 years. In general, women in sub-Saharan Africa experience sexual intercourse and become mothers during adolescence (TDHS, 2010).

4.4.3 Family size

Information about household size is important for adolescent mothers aspiration revival because in general the household size affects the welfare of the household. Respondents were asked about the number of members in their parents' family. Findings are presented in Table 9. The maximum and minimum number of children in respondents' parents' households were 13 and 1 respectively with mean of 5.51 and standard deviation of 2.56. these findings are similar to those reported in URT, (2011) that, in Tanzania the average household size is 5.0 persons.

Table 9: The Number of Children in Households of Parents of Adolescent Mothers
(n=125)

No of members	Frequency	Percent
1	7	5.6
2	6	4.8
3	14	11.2
4	17	13.6
5	22	17.6
6	20	16.0
7	16	12.8
8	10	8.0
9	4	3.2
10	2	1.6
11	3	2.4
12	3	2.4
13	1	.8
Total	125	100.0

Findings in Table 9 show that majority (67.2%) of the respondents were coming from households with between 4 and 8 members as 13.6% of respondents came from households with 4 members, 17.6% came from households with 5 members, 16.0% came from households with 6 members, 12.8% came from households with 7 members and 8.0% came from households with 8 members. Only 5.6% came from households with 1 child, 4.8% came from households with 2 children and 11.2% came from households with three children. In general, the households with 6 members and more only dominates as they counted for 47.2%. This finding is higher than the observation of TDHS 2010 while in URT Report (2011) that, urban households are smaller than those in rural areas. In Mainland Tanzania urban 26% households have 6 or more members compared with 39% in the rural areas.

4.5 The Aspirations of Adolescent Mothers

In Tanzania, recent government policy has focused more sharply on the aspirations of young people in order to raise educational standards and performance. The government through different policies and development strategies has been striving to boost young people's aspirations. For example promoting girls enrolment in higher learning institutions, promotion of equal participation in political representations through special seats member of parliaments as well as different campaigns to promote girls in science subjects has been aiming on boosting young people's aspirations (Philemon, 2007). Respondents were asked about their general aspiration. Findings are presented in Table 10

Table 10: Aspirations of adolescent Mothers (n=125)

	Frequency	Percent
A nurse	33	26.4
Primary school teacher	33	26.4
Medical doctor	16	12.8
Police/army officer	5	4.0
Business/entrepreneur	19	15.2
Secondary and tertiary education teacher	5	4.0
Artist	2	1.6
Lawyer and bank officer	4	3.2
Banker	1	.8
Tailoring	3	2.4
Farmer	3	2.4
social welfare and community dev	1	.8

Findings in Table 10 show that 26.4% and 26.4% of the adolescent mothers aspired to be nurses and primary school teachers respectively. This is also revealed during Focus Group Discussion held at Ikonda village, as majority of the discussion members (6 out of 9) mentioned that, they are so much aspired by nurses and they wished to be like them. From another Focus Group Discussion held at Ipelele village, 4 out of 10 participants mentioned to be inspired by nurses and other 3 mentioned to be inspired by teachers (both primary and secondary schools. From another Focus Group Discussion held at Ndulamo village, 6 out

of 7 participants mentioned to be aspired by teachers and nurses. This may be very much influenced by their living environment, as in most of the villages; the most available social services are education and health services. Due to lack of parental role model for aspiration molding, and as a result of contact with teachers at schools and meeting nurses at dispensary /health center, it triggered youth to be aspired by these careers.

“I wish to become a primary school teacher because teachers are the most respected people in our village and also teachers are very knowledgeable and they live a better life” said one of the participants during FDG at Ikonda village. About 26% of the respondents aspired to become nurses because of presence of hospitals in and around their villages, IKonda Consolatha hospital, Makete District hospital and Bulongwa ELCT hospital were around or in the study area. Also presence of health centers and dispensaries like Ipelele and Ivalalila dispensaries within the study area had an influence to attract adolescent mothers to like become Nurses.

This finding is similar to report by Domenico and Jones (2007b) that, one noteworthy observation from their study was that despite parenthood status, majority of the adolescent mothers aspired to become registered nurses. Their desire to become nurses could be attributed to their exposure to the nursing community throughout the duration of their pregnancy and birth process.

15.2% of the respondents aspired to become business/entrepreneurs. This is common among Kinga tribe so it is not surprising for a good number of the respondents aspiring to be like their parents, relatives or neighbors who are engaged in business. About 13% of the adolescent mothers aspired to become medical doctors. This is similar to observation by Maro (2008) that, the young adolescent girls aged at 11 years in Makanga village noted that

“I want to become a doctor at a big hospital....If I become pregnant or infected with HIV; I would not be able to do this”.

Other respondents (4.0%, 4.0%, 3.2% and 2.4%) aspired to be police/army officers, secondary schools/tertiary education teachers, lawyers/bankers and tailors. 1.6% and 0.8% wanted to be artists and social welfare/community development officers respectively. Surprisingly, only 2.4% of the respondents aspired to become farmers.

4.6 Activities carried out by Adolescent Mothers in Relation to their Future Life

In order to determine what adolescent mothers are doing for living and for their future, respondents were asked to mention activities that they were engaged in, hoping that it may take them a step further. The findings are presented in Table 11

Table 11: Activities Carried by Adolescent Mothers for Their Future (n=125)

	Frequency	Percent
Agriculture	66	52.8
Food vending	10	8.0
Petty business/entrepreneurship	16	12.8
Student	14	11.2
Employed in formal/informal sector	6	4.8
Agriculture and petty business	13	10.4

Findings in Table 11 show that more than half (52.8%) of the respondents were engaged in agriculture as their activity for creating their future. Most of the adolescent mothers engaged in agriculture probably are because of the sector being the only option for them to take for their living as they are less competitive for other careers. Domenico and Jorners (2007) reported that the adolescent mothers represent the portion of at-risk youths that commonly fall into occupations for which there is an oversupply of workers.

Findings in Table 11 further show that 12.8% of the respondents were engaged in petty business/entrepreneurship and another 10.4% were engaged in both agriculture and petty business. The findings also show that 11.2% of the respondents were lucky to be given a chance to be back to schools. This is possible because of the District Council efforts' supported by other development partners like UNICEF and NGO like IDYDC to have programs to support Orphans and Vulnerable children of whom some are the adolescent mothers. Also the presence of VETA and Teachers training colleges in the area absorbed some adolescent mothers. About 8% of the respondents were engaged in food vending as their economic activity while only 4.8% of the respondents were employed in formal or informal sector being entitled to monthly income. In general, the findings show that, more than 95% of the adolescent mothers are engaged in self employed sector to support their living as well as to create their future.

4.6.1 The Aims of Adolescent Mother's Current Economic Activity.

Respondents were asked to mention the objectives of carrying their current economic activities. Their responses were grouped into I: Just to earn living II: To take care of the child/children III: to accumulate for reviving aspiration and IV: other specific objective, Findings are presented in Fig. 8.

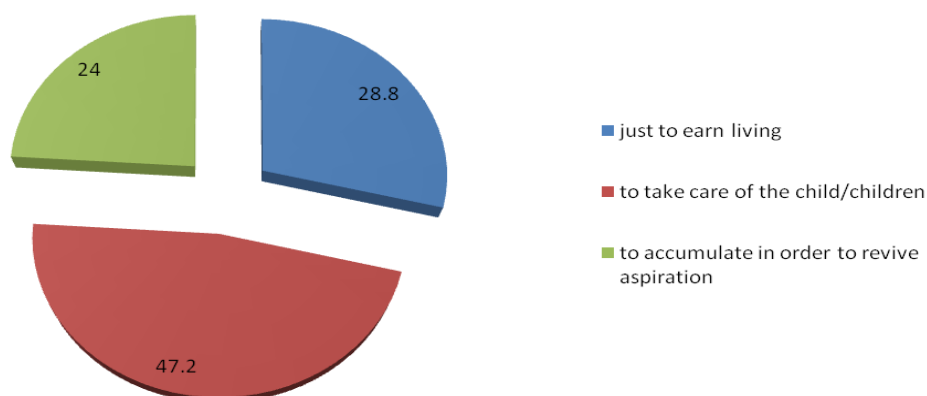


Figure 7: The aims of adolescent mother's current activities.

Findings in Fig. 8 show that, about half (47.2%) of the respondents indicated that they were doing their current activities for taking care of their child/children. This implies that most of the adolescent mothers are fully responsible for taking care of their children and probably because majority of them are not married. This is similar to report by Butler *et al* (2010) that by asserting their strengths and competencies as mothers and the advantages they hold over older mothers, younger mothers create a positive identity for themselves. Central to this 'good' mother identity is "a belief in one's moral worth as a mother". This identity borrows heavily from widespread cultural values relating to the primary responsibility of caring mothers of 'putting their children first'.

Findings also show that 28.8% of the adolescent mothers indicated that, they were doing their current activities just to earn living in general, expecting to do that activity to cover their life expenses. Only 24% of the respondents indicated that, they were doing their current activities to save for their future. In FDG, one participant said

"I real wish to save money so that I can go back to school but it's very difficult. Sometimes you make some savings but Your baby gets sick and no one can support you and what do you do?. You take your little balance and take the baby to hospital. This is my real life nowadays".

4.6.2 Actions Taken by Adolescent Mothers to Revive their Aspirations

Table 12: Cross-tabulation of Adolescent Mothers' Activities and Aspiration Revival

		Measuring aspiration revival		Total
		Revived	not revived	
Current activities of adolescent mother	peasant/agriculture	2	69	71
	business/entrepreneur	10	12	22
	Student	14	1	15
	employed in formal/informal sector	3	4	7
	Agriculture and business	3	7	10
Total		32	93	125

4.6.3 Actions Taken by Adolescent Mothers to Revive Aspirations

Going back to school was one of the actions taken by adolescent mothers to revive their aspirations. Findings in Table 12 show that 43.75% of adolescent mothers revived their aspirations because they managed to go back to school. Out of the 14 adolescent mothers who went to school, 3 went to secondary schools (ordinary level), 6 went to teachers training college, 4 went to vocational training college and 1 managed to go for diploma course.

Petty business was another action taken by adolescent mothers for reviving their aspiration, among adolescent mothers who revived their aspirations, 31.25% revived through engaging on petty business. Petty business included, food vending, “kiosks” small shop and selling of perishable agriculture goods (*Mali mbichi*).

Other adolescent mothers who revived aspiration managed to revive after being employed in the formal sector. About 9% of the adolescent mothers were employed as cleaners at Ikonda Consolatha Hospital. Although they are employed in the formal sector, most of the

adolescent mothers who are employed in formal sector are employed in low skilled positions and subject to low payments as well. This is similar as Butler *et al* (2010) observed that, the adolescent mothers who did work were less competitive in the workforce, and many struggled to survive with low-wage or dead-end jobs. Many men responsible for children born to the adolescent mothers provide little or no child support; thus a large number of adolescent mothers have remained disproportionately poor, depending on government assistance to support them economically.

Also, other adolescent mothers engaged in both agriculture and business as their strategy to revive their aspirations. About 9% of the adolescent mothers who revived aspirations engaged in both agriculture and business at the same time. This is a strategy most used by adolescent mothers as the little profit obtained from petty business is invested again in agriculture. But the big challenge to adolescent mothers was a capital to start business. From FGDs, most of adolescent mothers mentioned this strategy as their best option although they mentioned lack of capital as their main challenge

“I want to start a small business but I don’t have capital” (FDG, Ikonda village).

“This year, I have cultivated half an acre of wheat, once i harvest, I will sell the wheat and get capital to start up a small business, then I will use the profit from this business to cultivate a bigger portion next year by hiring people to cultivate for me” (FGD, Ipelele village).

4.6.4 Aspiration Revival

Table 13: Aspirations Revival

Measure	Frequency	Percent
Revived	32	25.6
not revived	93	74.4
Total	125	100.0

Findings in Table 13 show that, about 26% of the adolescent mothers managed to revive their aspirations while majority of the adolescent mothers about 74% failed to revive their aspirations.

4.7 Socio-Economic Factors for Adolescent Mothers Aspiration Achievement/Revival

Bernard and Taffesse (2012) define word aspiration as a desire or ambition to achieve something. The word thus signifies some aim or target and a desire or wish to attain that goal. The meaning also suggests, rather implicitly, that some efforts would be exerted to realize the desired aim/target. Moreover, an aspiration may or may not reflect the feasibility of the corresponding target. In short, aspirations combine or summarize the preferences maintained, the beliefs held, and possibly the constraints acknowledged by an individual about aspects of the future. The key implication is that aspirations can influence an individual's future-regarding behavior. Socio-economic factors were analyzed against aspiration revival in binary logistical model. The results are presented in Table 14.

Table 14: Socio-economic Factors Affecting Adolescent Mothers' Aspiration revival (n=125)

	B	S.E.	Wald	df	Sig.	Exp(B)
Age of parents	0.106	0.036	8.807	1	0.003	1.111
Marital status	2.463	0.933	6.967	1	0.008	11.739
Education of adolescent mothers	0.654	0.210	9.736	1	0.002	1.924
Education of parents	0.298	0.124	5.781	1	0.016	1.347
Family size	-0.332	0.187	3.160	1	0.075	0.718
Dependence on support	-0.939	0.882	1.133	1	0.287	0.391
Organization support	1.591	1.491	1.138	1	0.286	4.909
Having credit	2.750	1.306	4.431	1	0.035	15.638
Financial status of the family	3.396	0.950	12.782	1	0.000	29.858
Stigma	1.240	0.893	1.929	1	0.165	3.455
Constant	-18.190	3.803	22.873	1	0.000	.000

Results in Table 14 show that age of parents/guardians was significant ($p=0.003$) to adolescent mother aspiration revival. This implies that if the age of parent/guardian of adolescent mother is at productive age/ still strong for working, there is high likelihood for the parent to support her/his daughter to her aspiration. While if the age of parent is within the dependent group (very old or child headed), the likelihood of adolescent mothers to revive her aspiration depending on parents assistant is very low. In the study area, age of parent was highly significant because 23.2% and 32.8% of the parents of the adolescent mothers were in the age categories of 35-44 and 45-54 years, the age at which people are very much productive.

Results in Table 14 show that marital status of the adolescent mother was significant ($p=0.008$) to the adolescent mothers aspiration revival. This means that, those adolescent mothers who were married, their likelihood of reviving their aspiration were higher than un-married adolescent. In one way or another, this may be very true by using income as the revival measurement; the married adolescent mothers were supported by their spouses to establish petty business and other income generating activities. They were supported to take care of the family/children while the un-married ones were struggling on their own to take care of the child/children. Un-married adolescent mothers were struggling to save for capital to establish income generating activities while they are at the same time constrained by the responsibility of taking care of the child/children and other social aspects to the extent of failing to achieve their goals. But unfortunately when adolescent mothers were asked a question that *“If you find any opportunity that can facilitate you to revive your dreams that do you think could support you?”* The findings are as presented in Fig. 9

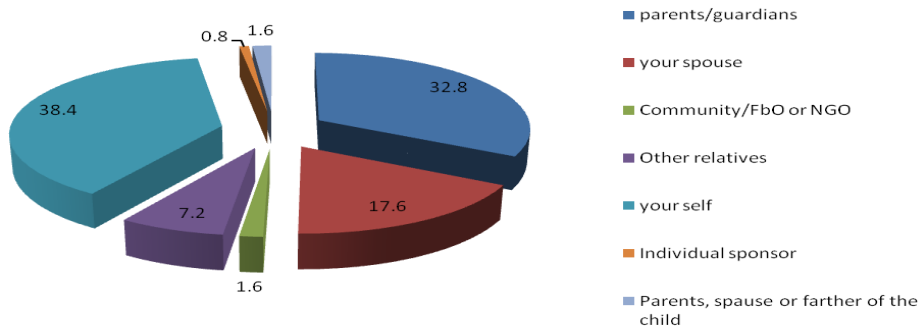


Figure 8: Source of Support for Adolescent Mother.

Findings in Fig. 9 show that 38.4% of the adolescent mothers did not have a reliable person to depend for supporting them once they get a chance or opportunity which may support their aspiration revival. That is why they answered they depend on their own. 32.8% of the respondent indicated that they depend on their parents to support them when they get an opportunity to revive their aspiration and only 17.6% of respondents indicated that they depend on their spouse to support them. Also from FGD held at Ndulamo village, one married participant said that

“If I get another chance to go to school..... I am sure my husband will never approve it”.

Also another respondent in the same FDG said

“My husband is the one providing capital for our business and he is ready to give me more capital to expand the business but one day I asked him to support me for a vocational course, he totally refused”.

Results in Table 14 show that education of the adolescent mother was highly significant ($p=0.002$) for their aspiration revival. This implies that, the number of years an adolescent mother spent in school has an influence on her chances to revive her aspirations. Being in school increases the chances of adolescent mother to acquire the qualification the needed for professional careers of her choice. The more the number of years spent in school the more the likelihood of an adolescent mother to achieve her aspiration and the less number

of years spent in school the less the likelihood of an adolescent mother to revive/achieve her aspirations.

Results in Table 14, show that education of parent/guardian of adolescent mother was significant ($p= 0.016$) to adolescent mother's aspiration revival. This implies that, if the parent of adolescent mother spends many years in school, there is a high likelihood that the parent or guardian will support adolescent mother to revive her aspiration. Many years spent by parent/guardian in schooling indicate that the parent/guardian may have salaried work or sustainable source of income unlike those who spend fewer years in school, their likelihood of supporting their adolescent mothers is very low as most are employed in low paid jobs or being trapped by unemployment.

The results are similar to Dalton (2013) who argues that, families that assume that their children can make it, or families that do not want to accept that their children will remain uneducated, which tend to be, for historical reasons, more elite families, end up long-established in their "high hopes".

Results in Table 14 show that financial credit was significant ($p = 0.035$) for adolescent mothers to revive their aspirations. This may be true due to the fact that a financial credit enables adolescent mothers to establish income generating activities as well as fuels up their small/petty business. Although during FGD, most of participants disagreed saying that

"I don't think if financial credits can help an adolescent mother because of the conditions of those loans. If you fail to pay back you are in another trouble"

However, during the same focus group discussion, participants indicated that those who dare to take loans were successful in their economic activities.

Financial status of the family was strongly significant ($p < 0.001$) for the adolescent mothers aspiration revival. Financial status represents the poor and the economically better off people in the society. If an adolescent mother comes from the economically better off family, there is strong likelihood of being supported by her family to realize her dreams while if she comes from a poor family, the likelihood of being supported by her family to realize her dream is very low.

During FGD, most of the participants contributed that it is very possible for an adolescent mother from a well-off families to revive her aspiration than an adolescent mother from a poor families. They said

“It is very difficult for an adolescent mother from a poor family to go back to school, and this is because the family is not being able to support her”.

“For an adolescent mother from better off families like daughters of teachers, have a better chance to revive her aspirations because the family will support to take care of her child while she is at school as well as support her morally and material.

On the contrary, another participant pointed out:

“I think even an adolescent mother from the poor family can achieve her aspirations, taking an example of myself, I come from a poor family, but I really wanted to achieve my dreams of better life, so I struggled and now I am here at the teachers college. An adolescent mother just needs to be focused”.

When she was asked by her fellow participant, she admitted that the person who was the father of her child supported her start-up capital. In general, the adolescent mothers from

poor families were seen to be in difficult position to revive their aspirations as compared to their counterparts from well-off families.

Similar findings were reported by Dalton (2013) that, while both the poor and the rich are equally affected by projection bias, the more stringent external constraints that the poor face make them more susceptible to an aspiration failure. A poor person may not want to aspire to be a lawyer because he/she would not have the funds to pay for his/her studies (that he/she does not have the opportunity). Objectively, being a lawyer is not an achievable status for this person and it is entirely rational not to aspire for it.

Results in Table 14 show that stigma was not significant ($p > 0.165$) for adolescent mother to revive her aspiration. This may be true due to the influence of the respondents marital status, since for most of the married adolescent mothers, stigma was not seen to be a problem to them as marriage is culturally and socially respected. For those who were married, the society viewed their early motherhood as heroic thing. While for most of the unmarried adolescent mothers, stigma was a problem for them to revive their aspiration as the society judged them negatively.

Yardley (2008) reported that effects of stigma amongst teenage mothers vary according to pre existing values about motherhood. Young women, who aspire to engage in education and work and be financially independent, experience more adverse effects. This group is also more likely to misidentify and distance themselves from other teenage mothers and adopt judgmental attitudes about them. This is in contrast to the group who view motherhood as a normative youth transition in their family circles; this group reported fewer negative effects. Although, Butler *et al.* (2010) agree that stigma affects adolescent mothers. Demonstrated the extent to which younger mothers systematically endure stigma

in a variety of forms; from the community, the media and service providers, particularly health professionals.

In focus group discussion, unmarried adolescent mothers complained to be affected very much by stigmatization. During an FGD at Ikonda village, one respondent said:

“To be honest, I lost a lot of those who used to be my friends when I got pregnant. Most of them stopped coming to our home and when we met incidentally then they pretended to advice and feel sorry for me”

Finding is similar to that reported by Butler et al. (2010), that stigma not only affects help-seeking behaviors, it can also weaken friendship and support networks.

Findings also show that, family size was not significant ($p = 0.075$) for adolescent mothers' aspiration achievement.

4.8 Attitude of Adolescent Mothers towards Adolescent Motherhood

According to Butler *et al.* (2010), adolescent mothers face a judgmental attitude from the community members. They suffer from social exclusion and being employed in lowly paid and casual jobs. With the marginalization of adolescent mothers, what is their attitude towards early motherhood?

Table 15: Attitude of Adolescent Mothers Towards Adolescent Motherhood (n=125)

Attitudinal aspects	Connot ations	Disagree (%)	Undecide d (%)	Agree (%)
Being adolescent mother is equal to life time jail sentence	–	64.0	0.8	35.2
As adolescent mother you will never achieve anything at your own efforts without assistance from family or community.	–	42.4	4.8	52.8
Adolescent motherhood is equated to prostitution by the community, as result the community do not support adolescent mothers for anything	–	39.2	3.2	57.6
When adolescent mother is trying to come back to her goals, she is facing a lot of barriers from community and family members.	–	18.4	3.2	78.4
Stigma demoralize adolescent mothers efforts to revive aspirations	–	27.2	3.2	69.6
Having a baby at adolescent/young age is considered to be heroic by the community	+	68.0	0.00	32.0
If adolescent mother can access social groups, groups can facilitate her revive aspirations	+	22.4	3.2	74.4
Access to financial credits can help adolescent mother revive her aspirations	+	28.0	7.2	64.8
Adolescent mother can do anything on her own efforts including reviving her aspirations	+	48.8	4.0	47.2
Only adolescent mothers from well-off families are able to revive their aspirations.	+	56.8	4.8	38.4

Findings in Table 15 show that there was a positive attitude among adolescent mothers on the fact that being adolescent mother is equal to life time jail. 64.0 % of the respondents disagreed with the statement. Others (35.2%) agreed with the statement while 0.8 remained undecided.

This was revealed during FGD, where most of the married respondents agreed with the statement that *being an adolescent mother is as same as life time jail*, this probably due to

the fact that they are in marriage and due to the nature of most of the marriages, males dominate to the extent that women's freedom is limited. They said:

“It is very true that being a mother at adolescent age is like putting yourself in prison, because I do not have freedom to go anywhere as my age mates are doing, am just supposed to be here and take care of my children. If it is not for your babies how many of you could be here today?” (Ikonda Villager-FGD).

“If is not for my children, I would have already left here, my husband is treating me very unfairly. He has other sexual affairs out of our wedlock. He just married me because I got pregnant when I was still at secondary school and for him to be safe from prosecution, he decided to marry me, but I regret that decision of marrying him”(Ndulamo villager FDG)

In other FGD at Ipelele and Ndulamo villages, Participants said:

“We are mothers and this is respected by everyone, we do not differ with other women of older age as of our, if it is life, it depends on how you struggle yourself, sometimes we have a better life as compared to those who are older than us” (FGD at Ipelele village)

“As woman, I don't feel like being in jail simply because of having a baby, this gives me opportunity to be mother” (FGD at Ndulamo village).

Findings in Table 15 show that a good number (52.8) of the respondents agreed with the statement that as adolescent mother they will never achieve anything at their own efforts without assistance from their families or community. While 42.4% of the respondents disagreed with the statement and 4.8% of the respondents remained undecided. This implies that more than half of adolescent mothers have the dependence feeling, that they

cannot succeed on their own efforts, while only 42.4 percent of respondents were confident that on their own efforts they can succeed and achieve anything.

Findings in Table 15 also show that 57.6 % of the respondents agreed with the statement that, *adolescent motherhood is equated to prostitution by the community, as result the community does not support adolescent mothers for anything*, while only 39.2 percent disagreed and 3.2% remained undecided. This implies that most of adolescent mothers know that the community has negative perception towards them. In addition to this Majority (78.4%) of the respondents agreed with statement *that when adolescent mother tries to come back to her goals, she faces a lot of barriers from community and family members*.

Furthermore, findings in Table 15 show that 69.6% of the adolescent mothers agreed with the statement that *Stigma demoralizes adolescent mother's efforts to revive her aspiration*. This stigma can be from outside world (parents and community) and or may come from adolescent mother herself as heard during FGDs.

During FGD at Ikonda, Ipelele and Ndulamo villages, respondents shared a lot on the issue of stigma as one said:

“My father was very furious with me when I got pregnancy, I decided to run to my sister in Dodoma. Still when I was there he was calling and threatening me, telling my sister that when he comes there he would kill me. I knew my farther very well, I did not go home until when he was very sick and he asked for me and my baby to see him before he died” (Ikonda villager, FGD).

“I don’t want to remember that experience, everyone was pointing a finger at me, my uncle, my mother, my father, my aunt and even my neighbors. Then I decided to remain just inside until when I gave birth, at least now I am used to this situation and I take it easily” (Ipele villager, FGD).

“When I got pregnant, my father never even wanted to see my face, I knew it was because he was a pastor, I had just to remain inside, it was very rare for him to call my name and when it happened he wanted me to do something, a thing no one else knew how to do it. This situation it went on even when I gave birth. Whenever I heard his voice, I carried my baby and ran into my room” (Ikonda village, FDG).

“My father was furious but never shouted at me, He brought fruits for me when came back from work and asked my mother if I had eaten and was doing well. I was the one who was not comfortable, I was locking in my room always” (Ikonda village, FGD)

On the other hand, findings in Table 15 show that majority (68.0%) of the respondents disagreed with the statement that *“having a baby at adolescent/young age is considered to be heroic by the community”*. A good number (32.0%) of the respondents agreed with the statement. This is to say that majority of the adolescent mothers were not decided to become young mothers, but due to different circumstances most of them found in the situation they are now as they said during the FGDs,

“Most of us did not plan to be mothers at this age, for example, I got married only when I knew that I was pregnant, and he was my first man”(Ndulamo village, FGD).

“Becoming a mother at this age was not something I planned, only some tragedy (majanga). I know it was very risky” (Ikonda village FGD).

Findings in Table 15 show that almost equal number of respondents responded by agree and disagree (47.2% and 48.8%) respectively on the statement that “ an *adolescent mother can do anything on her own efforts including reviving her aspirations*”. This still implies that majority (48.8) of adolescent mothers still have dependency attitude. Although another good number (47.2%) of respondents disagreed with the statement, meaning that they recognized that they had some capacities which they could use to achieve anything they wanted for their lives. This is similar to findings *reported by Batler et al. (2010)* that, majority of younger mothers in their study had few employment opportunities, and where they existed, were lowly paid and part-time jobs. Therefore younger mothers draw on “the only two resources to which they have access: their families and their own personal capacities”.

Findings in Table 15 further show that 56.8% of the respondents disagreed with the statement that “*only adolescent mothers from well-off families are able to revive their aspirations*”, while only 38.4% agreed with the statement. About 74% of the respondents agreed that if adolescent mother can have access to social groups, the groups can help her to achieve her dreams. This was also discussed during FDG, as one of the participant said:

“The groups are very good; you get ideas and also financial support through saving and crediting” (Ikonda village FDG).

In addition to that, majority (64,8%) of the respondents agreed with the statement that “*access to financial credits can help an adolescent mother revive her aspirations*” while only 28.0% of the respondents disagreed and 7.2% of the respondents remained undecided. The general observation is that majority of adolescent mothers have unfavorable attitude towards their efforts to aspiration achievement as reported in Table 16.

Table 16: Summated Percentage Likert Score by Adolescent Mothers in Makete District (n=125)

	Frequency	Valid Percent
Agree	(scored above 20) 26	20.8
Undecided	(scored 20) 15	12.0
Disagree	(scored below 20) 84	67.2
Total	125	100.0

The overall attitude of adolescent mothers over adolescent motherhood were unfavorable as 67.2% of the respondents scored below the mean, 20.8% of the respondents scored above the mean and this means they had positive attitude towards early motherhood while 12.0% of the adolescent mothers remained neutral in general. This general attitude of adolescent mothers is similar to the observation made by Maro (2008) that, 55.2% of the adolescent mothers had negative attitude towards adolescent pregnancy and early motherhood. The attitude of adolescent mothers towards early motherhood in this study is contrary to the observations of Batler *et al.* (2010) who reported that, young women are generally more positive about their lives, becoming a mother is a transforming event and can act as a catalyst to reinvent oneself and cease using drugs and alcohol and/or find secure accommodation if homeless.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The study concludes that most of the adolescent mothers had aspirations. Some of the aspirations were to become nurses and primary school teachers, entrepreneurship/business, medical doctors, secondary school teachers, lawyers, bank officer, artists and farmers. Many of adolescent mothers did not achieve their aspirations and only few of the adolescent mothers managed to achieve or are on the track to achieve their aspirations. Some young mothers had ambitions to be employed. Most of them did not achieve their aspirations because of interceding social and economic condition like being stigmatized.

The study further concludes that household head appeared to influence adolescent motherhood, as many of households were female and child headed. Adolescents from households headed by females have a lower mean age at first birth than adolescents from male-headed households. In connection to head of household, the study concludes that family size of adolescent mother parents households had an impact on adolescent mother's aspiration revival, as the number of family members increase it reduces the likelihood of adolescent mother to achieve her aspirations.

The study also concludes that, majority of the adolescent mothers were engaged in various economic activities in taking care of their child/children, earning living and reviving their aspirations.

In addition, the study concludes that, adolescent mothers devote various actions in order to revive their aspiration like getting back to school, engaging in petty business, involving in

agriculture and petty business at the same time and seeking for employment in the formal sectors.

The study further concludes that socio-economic factors such as age and education of parents/guardians of the adolescent mothers, marital status, education and adolescent mother's access to financial credits and family financial status were significantly ($p < 0.05$) affecting adolescent mothers aspiration achievement. Other socio-economic factors like stigmatization, family size and organization support were not significantly influencing the adolescent mother's aspiration achievement.

Furthermore, the study concludes that majority of the adolescent mothers scored below the average score, which means they had unfavorable/negative attitude towards their early motherhood while very few of them scored above the mean showing that they had positive/favorable attitude towards their early motherhood.

Majority of the adolescent mothers still had some aspirations to achieve, they have ambitions to engage in education and employment, although their aspirations were generally dampened by mediating social and economic conditions and an added layer of difficulty is their stigmatization as it is their mistake to become young mothers.

Most of the adolescent mothers commit low efforts on their aspirations while dedicating most of their efforts on taking care of their child. In turn most of them fail to achieve their aspirations as they are not investing enough efforts, an aspirations failure occurs when the individual does not anticipate the feedback of her current efforts on her aspirations across periods.

5.3 Recommendations

5.3.1 Government level

Since adolescent pregnancy is more prevalent in rural areas and in regions with poor economic bases, there is a clear emphasis on rural development strategies which are relevant to them. The government should activate the policy that allows girls to continue with schooling after delivering. As for now the policy is just said in political platforms, in real practice, the heads of schools do not have the provision which allows them to re-admit a girl who was pregnant and gave birth.

In addition, the government should introduce schools which are friendly to adolescent mothers, meaning that, the schools which will have the baby care service for the babies of adolescent mothers when the mothers are in classes. These special schools will reduce stigmatization as most of the students will be adolescent mothers.

The government in collaboration with development partners (National and international non-governmental organizations) should design and implement projects for supporting adolescent mothers dreams. In their design they should use appropriate approach for adolescent mothers, the kind of approach that would be most successful would be the one which proposes to younger mothers an opportunity to plan for their children's future.

The government should support income generation activities especially for adolescent mothers, due to economic hardship to some adolescent mothers; otherwise such mothers may engage in sex for money, a situation which will put them in danger of HIV infection as well as getting second or more child.

5.3.2 District level

Every District should conduct a simple survey to identify all adolescent mothers in their district, instead of using only the list of school drop outs. Each district through its social welfare office should conduct need assessment for adolescent mothers so that they are in a position to address their real issues.

The districts should promote adolescent mothers to formulate their own groups so that the groups can amplify their voices in different ways; the groups can help adolescent mothers to be reached by different interventions like financial loans. Districts should ensure availability of counseling or psychotherapist personnel in their districts, villages, wards and divisions. These personnel can help to address the psychological adjustment issues of adolescent mothers in their working areas.

5.3.3 Recommendation to Communities

In order to address the issue of stigmatizing adolescent mothers, the community should develop and reinforce by-laws that prohibit stigma to adolescent mothers. The by-laws should force families and relatives of adolescent mothers to support them get back to school or to their other aspirations. Community should motivate adolescent mothers to formulate their groups through which they can be supported to develop income generating activities to reduce their poverty and vulnerability to sex business. Through the groups resources like piece of land from the community can be given to adolescent mothers.

5.3.4 Recommendation to Family

First the efforts to stop adolescent pregnancy should be dealt at family level. When it happens that an adolescent become pregnant no one should be pointing fingers at her. It should be taken as an accident so that each of the family members should be responsible

for supporting that adolescent mother to meet her and her child's needs and dreams. If the family does not be cooperative, adolescent mother and her child will never be able to escape from the circle of poverty as will always be lacking education qualifications and work experiences.

Parents should provide counseling to adolescent mothers on different aspects like on their status as young mothers and HIV and AIDS.

5.3.5 Recommendation to Adolescent Mothers

Adolescent mothers should not be demoralized by the community and other socio-economic factors; they have their capacities through which they can create their future. Adolescent mothers should organize and initiate their groups for supporting each other as well as for income generating activities. Adolescent mothers should adhere to counseling provided by parents, organizations and institutions on different aspects of their life.

5.3.6 Recommendation for further research

The study recommends the following for future research:

- (a) The findings presented in this study are a result of a cross sectional survey conducted in Makete District. The major limitation of micro studies is that they cannot be representative of the entire population. In this case there is a need for more studies on the subject in other parts of the country like areas that are more vulnerable to adolescent motherhood (Lindi and Mtwara) to enable generalization of the observations.
- (b) This study focused only on adolescent mother's aspiration revival, there can be another study to concentrate on how young women/adolescent mothers have faced the challenges of meeting their children's needs and fulfilling their own aspirations.

- (c) Also there is a need to conduct a study on the experiences, aspirations and social inclusion outcomes for young fathers.
- (d) A study on systematic evaluations of impact of programs for younger mothers, that aims to improve their social, health, educational and employment. Like Mama course program by Karibu Tanzania Association implemented in all folk development colleges in Tanzania.
- (e) There is a need to conduct a study on the aspirations of the children of adolescent mothers.

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APPENDICES

Appendix 1: A questionnaire for Adolescent Mothers

Introduction

My name is Adolf Jeremiah a Masters student from Sokoine University of Agriculture. I am conducting a study on Analysis of adolescent mothers struggle to revive their aspirations in Makete district, in Njombe region. This study is partial fulfillment of the requirement for the degree of Masters of Rural Development of Sokoine University of Agriculture. As you have been randomly selected, I highly appreciate for your willingness to participate in this study. There is no correct or wrong answer in this study and participation is voluntary. All the information will be treated as confidential as possible and will only be used for the purpose of this study. Your names will not be used in report of this study. Please feel free to answer the questions.

A: General information

A1; Location

Date of interview	District	Division	Ward	Village

Name of respondent....., Contact of respondent.....

Name of the enumerator.....

A2: Individual information

1. Age of respondent in years
2. Marital status. (Tick where appropriate in table below)

Single	Married	Divorced	Widow	Cohabited	Separated

3. Education level (circle in appropriate category and number)
 - i. Informal education
 - ii. Primary school (1, 2, 3, 4, 5, 6, 7)
 - iii. Secondary school (1, 2, 3, 4, 5, 6)
 - iv. College
 - v. Others (specific).....
4. Occupation
 - i. Peasant/ agriculture activities ()
 - ii. Business ()
 - iii. Student ()
 - iv. Civil servant (specify).....
 - v. Others (specify).....
5. When did you get your first child (specific year).....

6. How many children you had at adolescent age (10-19 years).....

B: Adolescent mothers aspirations and actions to revive

1. What is your aspiration/goals that you wish to achieve in future?
 - i. Professional career
(specify).....
 - ii. Entrepreneurship
(specify).....
 - iii. Others (specify).....
2. What are you currently doing in relation to your future life
 - i. Food vending ()
 - ii. Agriculture ()
 - iii. Petty business ()
 - iv. Employed in formal and informal sector ()
 - v. Others (specify).....
3. What is the objective of your current economic activity
 - i. To earn living ()
 - ii. To take care of the child/children ()
 - iii. To accumulate in order to revive aspiration ()
 - iv. Others (specify).....

C: Socio-economic factors contributing to adolescent mother success or failure in reviving their aspiration.

1. How stigma lead into success or failure on reviving aspiration by adolescent mother (Binary scale)

Statement to assess how stigma can hinder or promote reviving aspirations.	yes	No
Have you ever been accused of prostitution because you have a baby at young age?		
Have you ever being insulted that you will never succeed in your life by your peer girls/age mate girls or community members only because you have a baby at young age.		
Have you ever being isolated by other youth when discussing about development issues only because you have a baby at young age		
Have you ever being forced to pay different contributions by the community or local government only because you have a baby at young age?		
Have you ever being not appointed despite of your competence by the community to attend a training or seminar only because you have a baby at young age		

2. How many are you from your parent.....
3. Who is the heard of your parent family
 - i. Father ()
 - ii. Mother ()

- iii. Grandmother/farther ()
 - iv. Brother/sister ()
 - v. Yourself ()
4. At which birth position are you in your family (Mother and father)
- i. First born ()
 - ii. Middle ()
 - iii. Last born ()
 - iv. Other position (specify).....
5. How many children of your own do you have
6. (A). Apart from yourself, who else is responsible of taking care of your child/children
- i. Your parents ()
 - ii. Your spouse ()
 - iii. Your parents and spouse parents ()
- (B). How many hours do you spend in taking care of the child/children per day
- i. 1 to 5 hours a day ()
 - ii. 5 to 10 hours a day ()
 - iii. More than 10 hour a day ()
7. Dependence on family and community support.
- (A). if you find a certain opportunity which may benefit to revive your aspiration like, Training on entrepreneurship or another chance to go back to school, who do you depend for support
- i. Your parents/guardians ()
 - ii. your spouse ()
 - iii. Community/ FBOs and NGO ()
 - iv. Yourself ()
- (B). for other normal issues like sickness, Food and shelter, who do your depend for support.
- i. Your parents/guardians ()
 - ii. your spouse ()
 - iii. Community/ FBOs and NGO ()
 - iv. Yourself ()
8. What type of assets do your parents possessing
- i. Land
1-2 acre (), 3-4 acre (), 4-5 acre (), above 5 acre ()
 - ii. Livestock

Cattle (), How many.....
Pigs (), How many.....
Poultry (), How many.....
Others (specify).....
 - iii. House
9. Assessing financial status of the family basing of asset values
- A. House quality
- What type of material used to built up and roofing?,

- i. Mud brick (fired or not) and grass roofed () Lower class
- ii. Mud fired bricks and roofed with corrugated iron sheet () Middle class
- iii. Mud fired bricks, corrugated iron sheet roofed and cemented as well as if painted ().....Upper class

B. Agriculture production and products

- i. How many kilograms produced annually
 - Maize.....
 - Wheat.....
 - Others (specify).....

C. Actual daily expenditure.....

10. Do you have access and control over your family/ parents resources? (Yes) or (No)
 If the answer above is yes, which resources do you have access to

If the answer above is No, why don't you have access.....

11. In your area, is there any available organization dealing with supporting adolescent mothers? (Yes) or (No).

If the answer above is yes, what type of organization is available?

- i. Faith based (FBO) ()
- ii. Non government ()
- iii. Governmental ()
- iv. Others (specify) ()

12. In your area, is there available group for adolescent mothers? (Yes) or (No)

If the answer above is yes, are you a member ? (yes) or (No)

13. Do you access the services provided by the group or organization? (yes) or (No)

If the answer above is yes, What services do you access.....

14. How many times do you access services per week?

- i. Once per week ()
- ii. Two times per week ()
- iii. More than two times (specify).....

15. (A). Is there available any kind of credit provision institution?(yes) or (No)

If the answer above is yes, What kind of the credit institution is available

- i. SACCOS ()
- ii. VICOBA ()
- iii. BANK ()
- iv. Others (specify).....

(B) Do you have access to credits from the crediting institution? (yes) or (No)
 If the answer above is yes, What criterions made you to access the loans.....

16. Index to determine the attitude of adolescent mothers towards early motherhood.

Statements	SA	A	U	D	SD
Being adolescent mother is equal to a life time jail sentence.					
As adolescent mother you will never achieve anything at your own efforts without assistance from family or community.					
Adolescent motherhood is equated to prostitution by the community, as result the community do not support adolescent mothers for anything					
When adolescent mother is trying to come back to her goals, she is facing a lot of barriers from community and family members.					
Stigma demoralize adolescent mothers efforts to revive aspirations					
Having a baby at adolescent/young age is considered to be heroic by the community					
If adolescent mother can access social groups, groups can facilitate her revive aspirations					
Access to financial credits can help adolescent mother revive her aspirations					
Adolescent mother can do anything on her own efforts including reviving her aspirations					
Only adolescent mothers from well-off families are able to revive their aspirations					

Note. SA= Strongly Agree, A= agree, U= Undecided, D= disagree and SD= strongly disagree.

Appendix 2: A guide for focus group discussion

1. Do adolescent mothers still have some dreams /aspirations?
2. Is it possible for adolescent mother to revive the dreams she had before becoming a mother?
3. What are adolescent mothers doing to revive their aspirations
4. What challenges adolescent mothers on their move to revive their aspirations?
5. What should be done so that adolescent mothers can revive and achieve their aspirations?
6. What is your general suggestion on adolescent mother's lives?

A guide for interviewing Key informants

Date	Interviewee Name	Position	Education level	Professional field

1. What can you say about adolescent motherhood?.
2. How is he situation of adolescent mothers in your area?
3. Do adolescent mothers have the dreams to revive?
4. Can adolescent mother be able to revive her aspirations?
5. What is the perception of community over adolescent motherhood?
6. In your office do you have program to support adolescent mother?
7. What are you doing to support adolescent mothers?
8. Is there any organization supporting adolescent mothers?

Appendix 3: Consent Form by Adolescent Mothers

Consent to participate in sharing your experience on how the socio-economic factors affects adolescent mothers aspiration revival efforts, through filling in the questionnaire and participate in focus group discussion

My name is Adolf Jeremiah, I am pursuing Masters of rural development at Sokoine University of Agriculture. Conducting this study as part of the academic requirement for award of Masters degree.

What participation involves

If you agree to join in the study, you will be required to fill the questions in the questionnaire and share your knowledge and experience on the issue trough focus group discussion

Confidentiality

All the information you are providing, will be entered into computers with only the study identification numbers, no names will be used in the report.

Risks

I do not expect that any harm will happen to you because of joining in this study. It's only the information your giving and you will not be directly associated with that information after you have given it.

Rights to withdraw

Taking part in this study is completely voluntarily and your choice. If you choose not to participate in this study nothing will happen to you. Refusal to participate or withdraw from the study will not involve any penalty or lose of any benefits to which you are entitled.

Benefits

If you agree to take part in this study, the study gives you a chance to participate in reflecting on adolescent mothers problems. You can be the ambassador for other adolescent mothers and in future if the result of this study is out and considered, adolescent mothers will be considered in development plans and programs.

Do you agree to participate? Yes (), No ().

I, _____ have read the contents in this form and I agree to participate.

Signature _____

Signature of the witness (if adolescent mother cannot read) _____

Signature of researcher/assistant researcher _____

Date of signed consent _____

Appendix 4: Operational definition and measurement of variable used

Variable	Definition	Indicators	Level of Measurement
1.Age	Number of years of respondents	Number of years	Scale
2.Marital status	Situation of being married or not married	1=Single 2=Married 3=Divorced/widow/widower	Nominal
3.Education level	Number of years in schooling	Number of years	Scale and ratio
3.Occupation	The activity of respondents	1=Agriculture 2=business 3=Informal/formal sector 4=Doctors/ nurse 5=Agriculture and Businessman 6= Student	Nominal
4. Stigma	State of being mistreated/social exclusion	Negative and positive statement to be measured by Yes and No.	Nominal
5.Access to credits	Respondents ability to get money/ loans	1=SACCOS 2=VICOBA 3=BANK 4=Social groups	Ratio
6. Financial status of the family	A social place of the family according to the values of asserts owned	1= poor 2= better	Scale
7. Income	Amount of money earned	Tanzanian shillings	Scale
8. Aspiration	Orientation towards obtaining a goal/ a desire or ambition to achieve something	1= level of education desired 2= Professional career desired 3= entrepreneur level	Nominal
9. Revival	Process of recovering, getting back on truck	1 = If get back to school 2 = if manage to operate in desired career 3=if manage to generate monthly income of level of starting up civil servant	Nominal
10. Attitude of adolescent mothers	Feelings towards action taken	1= strongly agree 2= Agree 3= Undecided 5= Disagree 6= Strongly disagree	Ordinal