



Social and Cultural Drivers of Teenage Pregnancy Among Schoolgirls in Tanzania: A Systematic Review

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Abstract

The present study focused on identifying both the social and cultural factors that contribute to teenage pregnancy among secondary school girls in Tanzania. To achieve this, a systematic review of research studies conducted in Tanzania between 2020 and 2025 was undertaken, following the PRISMA 2020 guidelines. A total of 12 studies from peer-reviewed journal articles indexed in Google Scholar, PubMed, Scopus, DOAJ, and AJOL were extracted to identify patterns, commonalities, and disparities in their findings. The findings indicate that key social factors contributing to teenage pregnancy include poor knowledge of sexual and reproductive health, limited access to and utilization of contraceptives, peer and social media influence, lack of parental guidance and poverty. Cultural factors, including traditional beliefs and societal norms, also emerged as significant contributors to early pregnancies. These results underscore that teenage pregnancy is caused by multiple factors ranging from individual, social, economic, and cultural determinants. The study recommends targeted interventions to address knowledge gaps, improve access to sexual and reproductive health (SRH) services, strengthen educational and economic empowerment programs, and mitigate negative peer and social media influences, as these measures are essential for reducing teenage pregnancy and promoting the well-being and empowerment of adolescent schoolgirls in Tanzania.

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Introduction

Teenage pregnancy, along with its underlying drivers, remains a major public health, educational, and socioeconomic challenge globally. The World Health Organization (WHO) defines adolescent pregnancy as a pregnancy occurring among girls aged 10-19 years (WHO, 2024). Despite substantial progress in reproductive health services and educational opportunities worldwide, adolescent childbearing continues to affect millions of girls annually. According to WHO, approximately 21 million girls aged 15-19 years become pregnant each year, of whom nearly 12 million give birth globally (WHO, 2024). Tragically, approximately 95% of such births to teenage mothers occur in developing countries including SSA (World Health Organization, 2024). Furthermore, according to UNICEF and UNESCO (2024) more than six million of girls who are either pregnant or mothers are currently out of school in SSA alone, and approximately four million girls drop out of school annually due to pregnancy (MSI Reproductive Choices,

2021). Furthermore, about half of these pregnancies are unintended, often resulting in unsafe abortions, maternal health complications, and adverse social outcomes (WHO, 2024). Adolescent pregnancy is associated with increased risks of maternal mortality, obstetric complications, low birth weight, neonatal mortality and an interrupted education, which result in reduced employment opportunities, and lifelong socioeconomic disadvantages (WHO, 2024). Consequently, addressing teenage pregnancy is central to achieving Sustainable Development Goals (SDGs) 3, 4, and 5, which focus on health, quality education, and gender equality respectively (United Nations, 2015).

Recent evidence from a systematic review and meta-analysis conducted across East Africa found a pooled adolescent pregnancy prevalence of 23.6%, indicating that nearly one in every four adolescent girls in the region has experienced pregnancy (Tadesse et al., 2025). The review further revealed substantial variations between countries, with Rwanda reporting one of the lowest prevalence rates (5.2%), while Tanzania recorded among the highest prevalence levels, reaching approximately 34% (Tadesse et al., 2025). These findings suggest that adolescent pregnancy remains a critical developmental challenge throughout East Africa and requires context-specific interventions targeting social, economic, and cultural determinants (Tadesse et al., 2025). In that, teenage pregnancy in Tanzania, continues to be a significant concern despite ongoing policy reforms and investments in girls' education. Data from the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS, 2022) indicate that approximately 22% of girls aged 15-19 years in Tanzania have begun childbearing or have ever been pregnant (Nyamhanga & Luoga, 2025). The prevalence is substantially higher among girls residing in rural areas, those with lower levels of education, and adolescents from poorer households (Mboya et al., 2025). Tanzania's adolescent fertility rate remains among the highest in East Africa, posing serious implications for educational attainment and human capital development (World Bank, 2022). Thousands of Tanzanian girls discontinue schooling annually because of pregnancy and childbirth (World Bank, 2022). Although the Government of Tanzania introduced the school re-entry policy in 2021 to enable adolescent mothers to resume their education, evidence indicates that many girls continue to face barriers such as stigma, childcare responsibilities, economic hardship, and limited family support, which negatively affect school retention and completion (UNFPA, 2025; Mhando et al., 2025). Consequently, teenage pregnancy remains both a cause and consequence of educational and health disadvantage among Tanzanian girls (World Bank, 2022).

Despite numerous studies being conducted across sub-Saharan Africa, evidence in Tanzania remains fragmented across regions and populations, with many studies focusing on isolated determinants or specific geographical settings (Mboya et al., 2025; Mhando et al., 2025). There is limited synthesis of evidence specifically examining the social and cultural factors influencing teenage pregnancy among schoolgirls in Tanzania. Therefore, a systematic review is necessary to consolidate available evidence, identify consistent factors associated with teenage pregnancy in order to generate comprehensive insights that can inform evidence-based policies and interventions aimed at reducing teenage pregnancy thereby improving educational outcomes among adolescents.

Study objectives

The study was guided by the following objectives:

1. To identify the social factors contributing to teenage pregnancy
2. To examine the cultural factors that contribute to teenage pregnancy

Literature Review

This section presents the review of literature on two study objectives identified in the subsection section above.

Adolescent Pregnancy and their Challenge in Tanzania

Adolescent pregnancy refers to pregnancy that occurs in females aged 10-19 years, which is the period of transition from childhood to adulthood characterized by significant physical, psychological, and social development (WHO, 2022). Adolescent pregnancy in Tanzania presents significant challenges to both education and life outcomes for young girls. One of the major challenges is school dropout, as pregnancy often interrupts girls' education and limits their chances of completing secondary schooling. Even with the school re-entry policy, many adolescent mothers face stigma from peers, teachers, and communities, which affects their confidence and school participation. In addition, early pregnancy often leads to reduced academic performance due to absenteeism, childcare responsibilities, and psychological stress (Nkwemu et al., 2019; Mmassy, 2023). Beyond education, adolescent pregnancy restricts life opportunities by limiting access to higher education, employment, and personal development, thereby perpetuating cycles of poverty and dependence (Wado et al., 2019).

Social and Cultural Factors Contributing to Teenage Pregnancy

Teenage pregnancy is influenced by a range of factors, including individual, family, community, and peer-related influences. The following is the review of literature focusing on social and cultural factors contributing to teenage pregnancy.

Stephano et al. (2025) conducted a national study in Tanzania using pooled data from the Tanzania Demographic and Health Surveys (2004-2022). The study employed a quantitative research approach with a multilevel analytical design. The sample included 10,404 female adolescents aged 15-19 years. Data were analysed using multilevel logistic regression analysis to identify both individual and community-level predictors of teenage pregnancy. The findings revealed that social factors such as low household socioeconomic status, low community literacy levels, rural residence, and limited educational opportunities significantly increased the risk of teenage pregnancy. Teenagers living in poor and low-literacy communities were more vulnerable than those from educated and economically stable environments. The researchers recommended improving educational opportunities for girls, enhancing community awareness programmes, and addressing socioeconomic inequalities through targeted interventions. The reviewed study covered the period from 2004 to 2022, whereas the current study conducts a systematic review of literature published between 2020 and 2026.

Several studies conducted in Kenya and other sub-Saharan African countries have highlighted the social and cultural factors contributing to teenage pregnancy. For example, Thirugnanasampanthar et al. (2023) conducted a quantitative cross-sectional

analytical study among adolescent girls in Kenya and analysed data using multivariable logistic regression. The study found that poor school attendance, socioeconomic disadvantage, limited parental support, and weak social protection systems increased adolescents' vulnerability to early sexual activity and pregnancy. Similarly, Mekonen et al. (2024) analysed secondary DHS data from several sub-Saharan African countries, including Kenya, using a weighted sample of 12,829 adolescent girls aged 15-19 years and multilevel mixed-effects logistic regression. The findings revealed that low educational attainment, poverty, rural residence, early marriage, and limited media exposure were significant predictors of teenage pregnancy. In addition, a mixed-methods study conducted by Harada et al. (2024) in Kenya, found that cultural acceptance of early marriage, gender inequality, poverty-driven transactional relationships, and limited parent-child communication about sexuality contributed substantially to adolescent pregnancy. Collectively, these studies recommend strengthening school retention programmes, improving girls' education, enhancing parental and community involvement, promoting comprehensive sexuality education, and addressing socioeconomic inequalities and harmful cultural practices to reduce teenage pregnancy. However, these studies were conducted outside Tanzania, creating a geographical gap that the current study sought to address.

Furthermore, Asmamaw et al. (2023) conducted a study across ten high-fertility countries in Sub-Saharan Africa, including countries such as Niger, Chad, Mali, and Angola. The researchers adopted a quantitative research approach and a multilevel cross-sectional design using Demographic and Health Survey data. The study included a weighted sample of 33,391 adolescent girls who had experienced sexual intercourse. Data were analysed using multilevel mixed-effect binary logistic regression analysis. Findings indicated that low educational levels, poverty, early sexual initiation, limited access to information, and rural residence were significant social predictors of teenage pregnancy. Community-level poverty and low literacy rates also increased the likelihood of adolescent pregnancy. The study recommended expanding educational opportunities for girls, strengthening community awareness programs, and increasing access to reproductive health information and services. The previous study was conducted in Sahel countries, including Angola in Southern Africa, whereas the present study is conducted in Tanzania, East Africa.

Menda et al. (2023) conducted a study in Zambia that examined the socio-cultural determinants and lived experiences of school-going adolescent mothers in a rural District of the Eastern Province. The study aimed to develop an in-depth understanding of the experiences of young mothers within an educational setting. The study was conducted in two schools located in a region characterized by high rates of teenage pregnancy. The study employed 26 school-going adolescents as participants and the data collected were analysed thematically using a deductive approach informed by an analytical framework derived from a recent systematic review of teenage pregnancy research in sub-Saharan Africa. The results indicated that most participants originated from low-income rural households and had limited access to comprehensive sexuality education and contraceptive services prior to pregnancy. In addition, socio-cultural beliefs and traditional norms were found to contribute to misconceptions regarding contraception and condom use, thereby increasing the likelihood of early sexual initiation and subsequent pregnancy. The previous study employed a qualitative research

design and focused specifically on school-going teenage mothers. In contrast, the current study adopts a systematic review approach, synthesizing evidence from studies conducted within the Tanzanian context.

In Ghana, several studies have examined the socio-cultural factors contributing to teenage pregnancy. For instance, Amoado et al. (2022) conducted a scoping review of 22 studies in Ghana and used thematic synthesis to analyse the data. The review identified child marriage, peer influence, limited parent-child communication, misconceptions about contraceptives, and weakening traditional values regarding sexual responsibility as key cultural determinants of adolescent pregnancy. The authors recommended culturally sensitive reproductive health education and community-based interventions to address harmful social norms. Furthermore, Bain et al (2020) carried out a qualitative study involving adolescents, parents, teachers, and health professionals and used thematic analysis, the study found that limited parental communication, the taboo on discussing sex related issues in households and weak financial autonomy were the main causes of early adolescent pregnancy. The researchers recommended strengthening family communication and promoting community dialogue to challenge cultural beliefs that contribute to adolescent pregnancy. These studies were conducted outside Tanzania, creating a geographical gap for the current study.

A study conducted in South Africa by Sekopa et al. (2024) examined factors contributing to rise in teenage pregnancy in Sekhukhune district. The study was conducted in the healthcare facilities of Sekhukhune area. A qualitative, exploratory design was followed. Participants were purposively selected, and data were gathered through face-to-face individual interviews. The findings show that negligence, peer pressure, uncertainty in decision-making, individual choice, low contraceptive use, and weak family attachment all contribute to teenage pregnancy. The study concludes that reducing teenage pregnancy requires strengthening access to contraception, improving collaboration between schools and government institutions, and actively involving families in sexual and reproductive health education. It recommended provision of child support grants, promoting school SRH services, and empowering teenagers to make informed decisions and resist negative peer influence. The study was a qualitative exploratory design, conducted outside Tanzania, whereas the current study adopts a systematic review of existing studies. This creates both a methodological and geographical gap for the present study. The next section presents the methodology used by this study.

Methodology

This study adopted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (2020) flow diagram to structure and guide the systematic review process. The approach was informed by the methodological frameworks proposed by Boers (2018). Compliance with PRISMA guidelines enhanced the transparency, consistency, and comprehensiveness of the process used to identify, screen, and synthesize literature related to factors contributing to teenage pregnancy among secondary schoolgirls in Tanzania. PRISMA helped the study stay organized while still allowing meaningful interpretation of findings from different studies, thereby strengthening the reliability and credibility of the findings. The study followed the four

PRISMA phases; identification, screening, eligibility, and inclusion, which guided the review process as described in the sections that follow.

Identification

A comprehensive literature search was conducted to identify studies on cultural factors contributing to teenage pregnancy. Electronic databases, including Google Scholar, PubMed, Scopus, DOAJ, and AJOL were searched for studies published between 2020 and 2025 using keywords such as “teenage pregnancy,” “adolescent pregnancy,” “cultural factors,” “social determinants,” “school-going adolescents,” and “Africa.” Reference lists of selected articles were also manually searched to identify additional studies. Only English-language studies were included. After removing duplicates, titles and abstracts were screened, followed by full-text reviews based on the inclusion criteria. Following the PRISMA framework, 44 records were identified, 25 articles underwent full-text review, and 9 were excluded for failing to meet eligibility criteria. Ultimately, 12 studies were included in the final review. The limited number of eligible studies suggests a relatively small evidence base on teenage motherhood within Tanzanian secondary education.

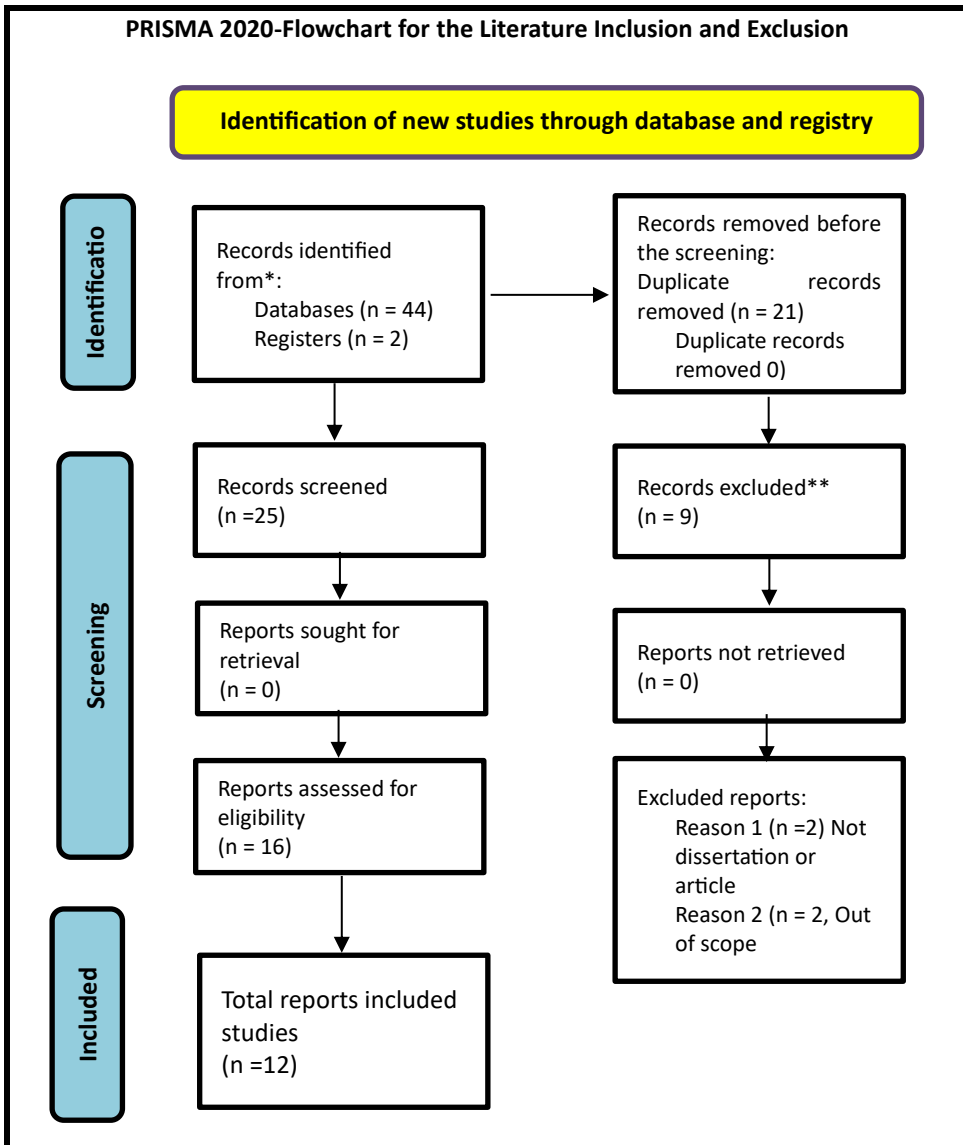
Screening

The identified articles were screened for relevance using predefined inclusion criteria, including publication date 2020-2025 contextual relevance to Tanzanian secondary schools, and a focus on teenage motherhood. This screening process enabled the exclusion of studies deemed irrelevant or duplicative, thereby ensuring that only literature directly aligned with the objectives of the research was retained for further analysis, as outlined in detail below.

Eligibility Criteria and Inclusion

This systematic review included studies that focused on teenage pregnancy among female adolescents, particularly those examining cultural, social, and related determinants. Eligible studies were those conducted between 2020 and 2025 and published in peer-reviewed journals, reports, or official documents. Both qualitative and quantitative studies were included to ensure a comprehensive understanding of the phenomenon. Studies were included if they involved adolescent girls aged 10-19 years and addressed factors influencing teenage pregnancy. Only studies written in English and conducted within Africa were considered.

Figure 1
PRISMA 2020 Flowchart



Reports Included in the Study

Through a detailed analysis of the identified scholarly literature, a total of 12 studies were found to be closely aligned with the objectives of this study.

Table 1*Selected Studies Included in the Systematic Review*

Study title	Author	Sample	Study type	Factors influencing teenage pregnancy
Perceptions of Factors Leading to Teenage Pregnancy in Lindi Region, Tanzania	Lindert et al. (2021)	14 teenagers	Qualitative	Low economic status, lack of individual agency, lack of community support (basic needs), limited access to contraceptive services
Comparative analysis of adolescent pregnancy causes in Tanzania: A comprehensive review of literature	Machange & Temba (2024)	12 publications	Systematic review	Poor information on sexual and reproductive health, peer influence., low economic status, social media, family separation and cultural factors
A systematic review of risk factors, obstetric and perinatal outcomes in teenage pregnancy	Trichal (2023)	9 publications	Systematic review	Lack of formal education, lack of contraception knowledge, lack of awareness of sex and pregnancy risks, early marriage
Associated factors for multidimensional attitudes and behaviors of reproductive health toward pregnancy among early and late adolescents in Tanzania:	Hirose et al. (2023)	4,161 teenagers	Mixed methods	Cultural beliefs surrounding marriage, gender expectations, and limited parental discussions on sexuality influenced adolescents' pregnancy.
Influence of Smartphones on Teenage Pregnancy in	Myavidogo (2024)	50 teenagers	Qualitative	Smartphone use increases exposure to sexual content

Study title	Author	Sample	Study type	Factors influencing teenage pregnancy
Iringa Municipal, Tanzania				and risky sexual behaviour
Perception of Adolescent Pregnancy among Secondary School Educators and Students in Dar es Salaam, Tanzania	Makuu (2024)	30 teenagers	Qualitative	Cultural practices
Comparative analysis of adolescent pregnancy causes in Tanzania (review 2019–2023)	Machange & Temba (2024)	12 studies	Literature review	Traditional norms, parents' education levels, religion, gender differences limiting sexual reproduction healthy education (SRH) communication
Teen pregnancies among day government secondary school students in Ruvuma Region, Tanzania	Nyengarika et al. (2020)	70 teachers/teenagers	Mixed methods	Poverty, peer pressure, lack of parental guidance, lack of SRH education
The magnitude of teenage pregnancy and its associated factors in Dodoma, Tanzania	Moshi & Tilisho (2023)	539 teenagers	Quantitative	Low economic status, low maternal education, early marriage culture, peer influence, sexual abuse
Parents–children communication on sexual reproductive health in Kinondoni Municipality	Jesse & Akida (2022)	160 students	Mixed methods	Gender differences, traditions, religious beliefs, insufficient SRH knowledge

Study title	Author	Sample	Study type	Factors influencing teenage pregnancy
Factors influencing repeated pregnancy among unmarried adolescent mothers in Katavi Region	Mpimbi et al. (2022)	16 teenagers	Qualitative	Inability to negotiate sex, peer pressure, insufficient sexual education
Curriculum-based sexual and reproductive health education: revealing its relevance for risky sexual behaviors among secondary school students in Mwanza, Tanzania	Ngissa et al. (2024)	30 Students and 10 teachers	Qualitative cross-sectional study	Curriculum lacked comprehensive SRH information and practical skills

Findings and Discussion

Analysis of the selected literature revealed a range of social, economic, cultural, and individual determinants associated with adolescent pregnancy. The findings are presented and discussed according to the study objectives to highlight key themes and patterns identified across the reviewed studies.

To Identify Social Factors Contributing to Teenage Pregnancy

The following findings about social factors emerged from the analysis of the reviewed journal articles:

Theme 1: Limited Access and Use of Contraceptives

The findings revealed that teenagers who became pregnant often did not have access to contraceptives or reproductive health education. Additionally, the lack of privacy and difficulty in obtaining free contraceptives discouraged girls from using them. Some individuals discourage girls from using contraceptives, viewing it in a negative light and linking it to infertility in future. In the study conducted by Lindert et al. (2021) in Lindi region, Tanzania, participants had the following to share:

When a child which is quite young goes to the clinic to get an injection, they are afraid that they can get questions like: You already want an injection? Are you not a little bit young for this? And then the people start talking that she went to

the clinic to get an injection, it's like a boundary for them to go there."
(Healthcare worker) D24.

The other participants revealed how using contraceptives were criticised:
Contraception causes infertility...especially injections. They will make you infertile because they are going to cause troubles to the follicles, the eggs. And especially those children, when they use injectables, noooo..., they are not allowed. (Kungwi) D97.

The healthcare worker explained that young girls often feel intimidated when visiting clinics for injections, as they may be questioned about whether they are too young for such services. This can lead to embarrassment and fear of stigma, as others may start discussing their visit. As the results, teenagers lacked exposure to healthy information and contraceptives use (Lindert, 2021). Also, Menda et al. (2023) and Ngissa et al. (2024) in the study conducted in Zambia and Tanzania respectively indicated that most teenagers had limited access to comprehensive sexuality education and contraceptive services prior to pregnancy.

Theme 2: Influence from Peer Pressure

Peer influence plays a significant role in contributing to teenage pregnancy among adolescents, as highlighted in the reviewed studies. Mgomera (2021) applied the Social Learning Theory to explain how individuals acquire new behaviours through observing those around them. In relation to sexual behaviour, adolescents are often influenced by their peers and close friends. According to Mpimbi (2021), peer pressure exposed adolescents to temptation and gossips regarding their sexual experiences. The study further revealed that some adolescents secretly left their homes to watch movies, where they interacted with boys and engaged in sexual activities. One participant in this study n commented that:

"...We are always told to remain at home. But at night we sneak from the houses and go to the cinemas. This environment makes it very easy to get pregnant. This is because of the types of houses that we have, adolescents have their houses built separately from their parents' houses..." (KII 16)

The influence of peers on adolescent pregnancy is further reported by several studies. In a study conducted in the Lindi Region of Tanzania, Lindert et al. (2021) reported that peer groups often encourage adolescents to engage in sexual activities. One pregnant teenager in this study explained, *"Because she is my friend, she can convince me to do that activity."* Similarly, Nyangarika et al. (2020) reported that peer pressure was a cause for early pregnancy, noting that many girls feel compelled to have boyfriends to conform to a group social norm. Those without boyfriends are often perceived as outdated or socially excluded, which maximise vulnerability to engage in sexual behaviours. Moreover, Machange and Temba (2024) found that a teenager preferred seeking guidance from friends on sexuality matters because they do not allow sex talk or they are not around a situation resulted into misinformation and possible teenage pregnancy. Such findings about peer influence as a factor influencing teenage pregnancy were also reflected in studies conducted by Moshi and Tilisho (2023) in Tanzania, Sekopa et al. (2024) in South Africa, Amoadu et al. (2022) and Bain et al. (2020) in Ghana.

Theme 3: Social Media Influence

Social media have positive impact on children's education, learning, and entertainment. (Alturki et al., 2024). However, these platforms have also been implicated in the promotion of sexual relationships within the community. In the research conducted by Olenja et al. (2020), cited in Machange and Temba (2024) one of the participant shared their viewpoint on social and mass media in the following manner: "...Mostly these days it is at home, because, like we said earlier, nowadays we have phones, so even when parents are there, you are communicating through text, and when the parents leave home, you call him to come..." (FGD Girls 1-R8). Also, another girl added: "We just organise over the phone, and we meet on the market day ... The boy pays the lodging, and we get in there without anyone complaining" (Pregnant girl). In a study conducted by Myavidogo (2024) in Iringa Municipal, Tanzania, one of the participants (girl) responded as follows:

I owned my first smartphone when I joined form one. In the beginning, I used it for voice calls, sending text messages and WhatsApp only. Later I discovered Instagram and Facebook and got attracted to contents posted and released by celebrities and female stars and their lifestyles. I thought I could imitate them. I started to wearing half naked and tempting clothes like those celebrities. Finally, I found myself engaging in sexual relations and got pregnant (Page, 272).

This is supported by Worku et al. (2021), and Machange and Temba (2024) who found that cell phone usage allows easy communication between peers and their partners and also provides easy access to the internet which they use without regulation to surf explicit content leading to early sex (Yakubu & Salisu, 2018 cited in Machange & Temba, 2024). Moreover, the behaviour and mindset of teenagers are influenced by social media, it can influence their attitudes towards relationships, sex and pregnancy. Social media gives teenagers the opportunity to access explicit content, including sexual content, at the click of a few buttons. They can find information, images and videos related to sex and pregnancy. This enhances negative stereotypes and misconceptions about sex and pregnancy, further contributing to misinformation and risky behaviours (Socialstar, 2023, as cited in Machsng & Temba, 2024).

Theme 4: Lack of Information on Sexual and Reproductive Health

Research has shown that many teenagers become pregnant due to a lack of understanding of different preventive methods and sexuality education. In the study conducted by Makuu (2024), educators emphasize that reproductive health education is essential in reducing teenage pregnancies. However, some parents hesitate to discuss sexuality with their children due to cultural and social barriers. Participant 2 highlighted this issue:

Many teenagers in Tanzania receive inadequate or inaccurate information about sexual and reproductive health, including contraception and safe sex practices. In addition, parents and community members at large, due to strong cultural hold, have continued to deny the right to reproductive health education among girls. As I grew up, I never had any conversation about sexual life with my parents, and I never asked parents questions related to sex because of fear of being perceived as sexually active.

The study above reported that many parents find it difficult to discuss reproductive health issues with their children due to fears that such discussions may encourage engagement in sexual activities. Also, parents feel that they are ill equipped to discuss the topic and therefore choose to avoid talking about sex deliberately. Some do not just have time to talk with their children. Additionally, the study conducted by Harada, et al. (2024) in Kenya and Jesse and Akida (2022) in Dar es Salaam, Tanzania, revealed that limited parent-child communication about sexuality contributed substantially to adolescent pregnancy. For example, in Jesse and Akida (2022) s' study it was found that most children prefer to discuss sexual and reproductive health (SRH) issues with their peers rather than with their parents, which increase the risk of accessing incorrect information among them. One student reported that:

It is difficult for me to take the initiative to talk about SRH with my parents based on how I was brought up. I don't think I will ever get the guts to initiate such talks. I'm afraid that my parents will think that I am practicing sexual activities. I think it would be good if parents initiate the talk (17-years male student from Tegeta Secondary School, 2018).

The findings above were also reported by the study conducted by Menda et al. (2023) who underscores that lack of sexual and reproductive health information contributed to teenage pregnancy among school-going girls (Menda et al., 2023). Even when some level of awareness exists, limited or insufficient sex education in many countries restricts adolescents' ability to apply this knowledge effectively (WHO, 2023). These combined challenges along with restricted access to contraception as a result of cultural norms and stereotypes (Harada et al (2024), continue to hinder effective family planning among teenagers making them vulnerable to adolescence pregnancies.

Theme 5: Limited Parental Guidance

Parents are a key source of information, guidance, and life direction for their children, particularly in helping them distinguish between desirable and undesirable behaviours. The study Menda et al. (2023), revealed that adolescents often relied on peers for sexual information due to the absence of open communication with parents largely due to restricting cultural norms, thereby increasing their exposure to risky sexual behaviours. In the study conducted by Harada et al. (2024), parents reported feeling uncomfortable discussing family planning (FP) and related topics, as they viewed premarital sex as a cultural taboo. Consequently, they saw little need to engage in conversations about sexuality or to provide adolescents with sexual and reproductive health (SRH) information, including issues such as pregnancy and contraception. In addition, lack of parental supervision and guidance has been identified as a key contributor to teenage pregnancy in studies by Sekopa et al. (2024), and Amoadu et al. (2022).

Theme 6: Low Economic Status

Research indicates that family financial hardship contributes to teenage pregnancy, as some girls seek financial support from partners or engage in transactional sex to meet personal and family needs when parents cannot provide basic necessities. In the study conducted by Lindert et al. (2021) in Lindi region, Tanzania, one participant summarized the situation with the following quotes: "...When you see your fellows

having nice clothes, nice materials, you have this desire to have the same as your fellow. As a result, you enter into sexual activities and then you get pregnant” (Healthcare worker). Another participant narrated how poverty could make teenagers vulnerable to adolescence pregnancy:

Girls can come to you and say: ‘We have a problem in our home, we do not have food, we do not have soap, I do not have school uniform, I do not even have exercise book, even today I do not know what we are going to eat... please can you help me? I can give you anything... I just need food (Teacher).

In a study conducted by Makuu (2024), educators highlighted poverty and limited economic opportunities as factors that increase the vulnerability of teenage girls to risky behaviours, including engaging in prostitution. Participant 12 further emphasized during the interview: “...*Poor living conditions due to poverty, where some families live in overcrowded environments, insufficient spaces where some parents are sharing a room or a shack with their children...expose children to early sexual activities.*” Also, another participant expressed:

“...It is easy to observe and understand those who come from families with good economies and those coming from poor families. Some teenage girls get involved in sexual practices to earn money for their daily basic needs and also want to be seen as others. In addition, some families encourage early marriages for worth gain (FGD2).

The findings above are supported by Stephano et al. (2025), whose analysis of data from the Tanzania Demographic and Health Surveys (2004–2022) identified low household socioeconomic status as a key factor contributing to teenage pregnancy. Similarly, Asmamaw et al. (2023), in a study conducted across ten high-fertility countries in Sub-Saharan Africa, including Niger, Chad, Mali, and Angola, found that community-level poverty and low literacy rates significantly increased the likelihood of adolescent pregnancy. Likewise, Thirugnanasampanthar et al. (2023), in a quantitative cross-sectional analytical study among adolescent girls in Kenya, reported that girls from socioeconomically disadvantaged families were more vulnerable to adolescent pregnancy. This happen because teenagers from poor backgrounds are more vulnerable can be easily taken advantage of by men who can afford to provide for some of their basic needs (Harada et al., 2024).

To examine the Cultural Factors Propagating Teenage Pregnancy

The following findings about cultural factors emerged from the analysis of the reviewed journal articles:

Theme 7: Cultural Practices and Taboos on Sexuality

In certain cultural contexts, women have restricted autonomy in decision-making, with men often exerting control over sexual and reproductive choices (Machange & Temba, 2024). This imbalance can contribute to teenage pregnancy, as adolescent girls may experience pressure to demonstrate fertility prior to marriage. Furthermore, in some African settings, boys undergo initiation rites that are intended to prepare them for adulthood; however, these practices may unintentionally expose them to early sexual experiences. In the study conducted by Lindert et al. (2021), one of the key informants gives evidence on this:

“Conservative traditions such as Unyago contributes to early pregnancy due to the teachings... marriage and pleasing men; they are taught how to do that. So, at the end of the day, they practise it, and they get pregnant at an early age.”

(Girl without a pregnancy before the age of 20)

The study conducted by Makuu (2024) focused on the perceptions of school educators and students. It found that discussing sex was not given priority or common issue of conversation in families, in many African nations where cultural norms, values, and taboos restrict such discussions. Participant 13 shared the following:

I think that cultural values and beliefs make it difficult for parents to talk to their children about sexual issues as they seem to be sensitive. In Tanzania, and I believe in other African countries, parents do not provide themselves time to talk to their children, especially when they start to grow up and become teenagers (Participant 13).

African societies, talking about sex, sexuality, and reproductive health is seen as taboo. Traditional cultural norms and values often discourage open dialogue on these topics, resulting in a communication gap between parents and teenagers. Evidence of this is provided by Harada et al. (2024), who found that cultural norms and stereotypes limit adolescents' access to and use of family planning (FP) or contraceptive methods, thereby increasing their risk of unintended pregnancy. The study further noted that FP use is often restricted within families. This was illustrated by a key informant, a 16-year-old girl, who stated: *“My mother refused [FP]. She said it affects you in the future; you will not have children.”* Another participant said: *“When we talk about teenage pregnancy and family planning, we must first consider how our culture brought us up. The culture prohibited family planning among teenagers, and even sex was prohibited. Sex was meant only for married couples.” (FGD, a 36-years-old male)*. In connection to these findings, Machange and Temba (2024) as well reported that cultural factors were identified as contributors to teenage pregnancy in 41.7% of the studies they reviewed in Tanzania. Likewise, Menda et al. (2023), in a study conducted in Zambia, revealed that cultural norms discouraging open discussions about sexuality and reproductive health contributed to the persistently high rates of adolescent childbearing.

Conclusion and Recommendations

The following are conclusion and recommendations made from the study findings.

Conclusions

The findings have revealed teenage pregnancy is influenced multiple factors such as lack of sexual health knowledge, socioeconomic difficulties, and peer pressure, lack parental guidance and monitoring, influence from social media, cultural taboo and lack of access to information and contraceptive services. To reduce teenage pregnancies, it is important to introduce and implement rehabilitative educational programmes, economic empowerment initiatives, and comprehensive strategies to combat influence from peers and social media. Furthermore, additional research and practical interventions are needed to address these complex issues and support adolescents in making informed decisions about sexual and reproductive health. Such efforts are vital

for decreasing teenage pregnancy, promoting the well-being and the empowerment of adolescent schoolgirls in Tanzania.

Recommendations

The study recommends strengthening comprehensive sexuality education, improving access to adolescent-friendly reproductive health services, promoting parental involvement, and implementing educational and economic empowerment programmes. Addressing peer pressure, social media influence, and cultural barriers is also essential to reduce teenage pregnancy and support the well-being of adolescent schoolgirls in Tanzania.

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