Impacts of adolescents’ sexual relationships are more noticeable on girls than boys due to pregnancy and its consequences. This study examined adolescents’ perception on implications of sexual relationships on girls in higher learning institutions of Arusha City, Tanzania. Descriptive case study design was employed and data was collected through interview schedules and documents. Qualitative approach was used with some quantitative aspects. Purposive and snowball sampling techniques were used to select 80 adolescent students aged 18-24 years and 12 key informants. To ensure validity and reliability, the instruments were inspected and used in a pilot study for necessary modification prior to data collection. Findings: adolescents engage in premarital sex despite their awareness on its consequences like; expulsion of pregnant girls from schools; social, economic, psychological and medical challenges; adolescents perceive sexual relationships as: desire to show love, sexual leisure to choose future partner, modern life style, girls’ anxiety for financial support, proof of maturity and fertility. Recommendations: the government of Tanzania to ensure comprehensive and effective provision of sex education by training teachers and providing required facilities, to establish special education program for empowering adolescent mothers to become economically independent, to enhance Reproductive Health Services (RHS) for adolescents, and schools, parents and stakeholders to establish activities on guidance and awareness raising on sexual issues among adolescents.

Key words: Adolescents, perception, implication, sexual relationships higher learning institutions.

INTRODUCTION

Sexual relationships among adolescents as per World Health Organization (WHO), has become one of the major concern throughout the world due to its impact on development (WHO, 2010). For instance: globally, out of around 42 million children who do not attend schools almost 60% is associated with teenage pregnancies and every year 16 million women aged 15-19 years give births accounting to about 11% of all births in Africa (WHO, 2008). In comprehending its consequences, interventions have been initiated for the purpose of addressing premarital sex that results into adolescent pregnancies in the world. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2014), among the most notable international agreements in relation to address the problem of adolescent pregnancies are the UN Convention on the Rights of the Child, the Universal Human Rights, Convention on the Elimination of all Forms of Discrimination against Women (CEDAW),
United Nations Educational, Scientific and Cultural Organization (UNESCO) and the declaration on Education for All (EFA).

As pointed out by UNESCO (2013), education minimizes early marriages and births as well as empowers women to overcome discrimination. Educated girls have greater awareness of their rights, and greater confidence and freedom to make decisions that affect their lives, improve their own and their children’s health and chances of survival, and boost their work prospects. One in eight girls is married by the age of 15 in sub-Saharan Africa (UNESCO, 2013:2).

Globally, Tanzania is among countries with high rates of adolescent pregnancies (Batha, 2013 and Human Rights Watch, 2014). This is verified by several scientific reports which demonstrate the extent of adolescent pregnancies. For example the WHO (2010) reports that Tanzania has one of the highest adolescent pregnancy and birth rates in the world with 139 of every 1,000 live births are to adolescents and infants born to child mothers. The extent of adolescent pregnancies in Tanzania is shown in the following studies; early marriage and adolescent pregnancy are high in Tanzania (UNICEF, 2011), between 2004 and 2008, about 40% of girls aged below 20 years became pregnant and in 2007, pregnancies led to 5.6% and 21.9% dropouts at primary and secondary schools respectively (United Republic of Tanzania, 2010) These statistics verify that a good number of adolescents in the country engage in premarital sex resulting into adolescent pregnancies.

Action Aid International (2012) reveals that Arusha has comparatively high enrolment rates compared to the rest of northern Tanzania and a high number of education non-governmental organizations (NGOs) providing support to the provision of basic education. Nevertheless, based on the rule of expelling pregnant girls from schools in Tanzania, is the leading cause for school dropouts among girls at primary and secondary education in the country (Maluli and Bali, 2014). Hence, most girls in Tanzania engage in sexual practices resulting into early pregnancies which denies them ability to attain higher education. This proposes that there are other factors and meanings that adolescents attach for having sexual partners engaging in premarital sex. It is for this reason on such gap of knowledge that this study was carried out to assess adolescents’ perception about implication of premarital sexual relationships on girls in higher learning institutions of Arusha City, Tanzania. This study therefore seeks to answer one research question: What are adolescents’ perception on implication of having sexual partners in Arusha City?

Literature Review

Overview of Premarital Sex and Adolescent Pregnancies

Several studies have evidence that adolescents all around the world engage in premarital sex as well as reproduction. For instance; WHO (2009) reports that, globally every year 16 million women aged between 15 and 19 years give births accounting to about 11% of all births in Africa. Studies (UNESCO, 2014; Uromi 2014; Kagashe and Honest, 2013; Kate, 2012; Kaslima, 2010; Nkuba, 2007) on premarital sex and adolescent pregnancies carried out in Tanzania have their focus mainly on factors, challenges and impacts of adolescent pregnancies. These statistics raise a caution especially for adolescents to realize the impacts of engaging in sexual acts and thus make right decisions concerning their sexual behavior and life in general. According to Brown (2013), crucial challenges that teenage girls have to consider when they become pregnant before marriage include; welfare dependency and general child wellbeing, out of wedlock births and likelihood of continuation of the cycle from mother to child/children, irresponsible fatherhood and lack of preparation for work. These possible challenges may influence adolescent girls who unexpectedly become pregnant to opt for abortions even with its dangerous consequences. As Mamboleo (2012) points out, the restrictive and punitive laws associated with abortions have been linked to cause high rates of unsafe abortions in the region. Most abortions in Tanzania are conducted secretly because under the government law abortion is illegal.

Girls are essential for social change and development, representing a large and underserved population in the developing world. For instance, it is reported that people aged under 25 years constitute 43% of the world population (UNFPA, 2011), and 60% of the population in the least developed countries (UNFPA, 2012). According Chaaban and Cunningham (2011), adolescence in education, economic activity, and health would significantly increase national economic growth and well-being. Several leading development agencies had posited education and equity as key themes at the onset of the 21st century. The United Nation’s Millennium Development Goal (UN MDG) No. 2 “Achieve Universal Primary Education”and No. 3 “Promote Gender Equality and Empower Women” are devoted to educational attainment and equity on a global level (Holsinger and Jacob, 2008). Though working for adolescent girls is recognized as a human rights and development imperative. Adolescent girls fall through the cracks of many development programs and services. For example in Tanzania, girls face expulsion from schools due to pregnancies denying them their right for education (UNFPA, 2010).

Adolescent pregnancy is the leading cause for school dropouts in the country (Maluli and Bali, 2014; Kagashe and Honest, 2013; and UNFPA, 2010). These studies point out that high rates of girls’ school dropouts in Tanzania through the government rule on expulsion of pregnant girls from schools is therefore attributable to high rates of adolescent pregnancies. Several studies suggest that engagement in premarital sex and reproduction among adolescents is a serious problem (Minja et al., 2016 and WHO, 2010). However, Wagner (2009) explains that investigation on adolescent’s perception on premarital sex,
pregnancy and sexual health is still insufficient. Hence, little is known about adolescents’ perceptions and opinions concerning premarital sex and adolescent pregnancies.

Factors for Adolescent Pregnancies

Though both developed and developing regions experience high rates of adolescent pregnancies, the causes differ from region to region. For instance, in the United States, the main reasons for teenage pregnancies according to Kirby (2007) are: lack of education on proper family planning methods, rebel against parents, lack of emotional fulfillment in the family, failure of contraceptives, means to control life of sexual partners, keeping boyfriends and finally influence of cultural values. Other scientists (Holgate, Evans and Yuen, 2006) mention additional factors for adolescent pregnancies as lack of right information on contraception, socio-cultural factors comprising cultural recognition, psychological perspectives and poverty which is considered a cause as well as a consequence of early childbearing. Conversely, interventions for addressing teenage pregnancies face a range of stumbling block as explained by Sorre and Akong’a (2009) that some people who are trusted to guide and protect the youths change their role and become interested parties.

Traditionally, circumcision in most African cultures is a sign of boy’s transition to manhood or maturity. For example in Uganda, the practice marks the gaining of adult privileges including: marriage, sexual relationships and respect (Aggleton, 2013). This is culturally perceived as a learning process which scholars explain in various ways to show its importance in teaching-learning process. Traditional interaction was used to prepare adolescents for adult life. The onset of puberty signals that girls are becoming ready for marriage (Aggleton, 2013) and rites of passage also mark the transition to adulthood (Perez and Namulondo, 2011). Hence it is a process in which interaction is among factors that determine the rate of learning as reported by Ngussa (2017). This may however face some challenges. For instance, culturally though sex is not allowed until marriage, the influence of modernity leads to moral deterioration.

The use of modern technology through internet and mobile phones makes easy and fast interaction which Ngussa (2017) identifies as a major factor to acquire knowledge. Nonetheless, interaction through modern technology has developed several challenges especially to adolescents. As a result, accessibility and the use of new technology among adolescents have led to changes in their life styles. For example; currently children below 15 years are getting pregnant, something which was previously not allowed until they mature and enter into marriages (Aggleton, 2013). At present adolescents feel mature earlier than before (Räsänen, 2009) because they are introduced to different new things like alcohol and sexual relationships earlier than were older generations before globalization.

Scientists report that lack of information is a problem which pushes adolescents into premarital sex. In their study, Minja et al. (2016) found out that majority (52.3%) of the study respondents (students) became aware of puberty and biological changes of their bodies after their first menarche. The study also indicates that about 10% aged 10-13 years were unaware of changes in their bodies. Such facts suggests that families were not the basic source of information on sexual and reproductive health to their children. Ways to adulthood involve leaving parental home, establishment of sexual relationships, cohabitation, marriage and having children (Simadi, 2006). Hence, adolescents who are misinformed on sexual and reproductive issues put their lives at risk of pregnancies, STDs, HIV infections and other health challenges.

Most scientists believe that globalization has disintegrated the earlier social structures that assisted adolescents to acquire knowledge concerning sex (UNFPA, 2006). As a result of globalization and urbanization, most of these rituals are outdated and have lost their significance. For instance, introduction of formal education in Tanzania brought in modern technology with new life styles which changes that eliminated the traditional knowledge on sex and reproduction (Meena, 1996). Hence, it undermined the initiation patterns of young people into adulthood. The changes brought about by modernization cause some adolescents and especially girls go through puberty with inadequate guidance on its management.

According to Aggleton (2013), modernity is possibly the main influence for adolescent to engage in premarital sex. The author adds that premarital sex results into early pregnancies which leads to immorality and lament that currently children as young as under 15 years become pregnant compared to pro-modernity time when premarital sex and even adults’ engagement in sex outside marriage was prohibited. The age of 15 years is also reported by Minja et al. (2016) as too tender for girls to involve in premarital sex and reproduction. In their study carried out in Tanzania, these scholars found out that majority of children attending schools in the country are engaged in early sexual activities before the age of 15 years due to lack of appropriate information on issues related to sex. Causes for adolescents involving into premarital sex are many including rape. According to UNFPA (2010), about 40% of girls in Tanzania who had their first sexual intercourse before the age of 15 were coerced. UNESCO (2014) also reports that early pregnancies are accompanied with economic, social and psychological challenges. The report adds that these young girls lack the power, confidence or means to refuse unwanted sex or to negotiate safer sex. Hence, they risk not only for unwanted/unplanned pregnancies but also for HIV infections.

Consequences of Premarital Sex

In general human beings acquire necessary knowledge and skills to enable them become useful and efficient member of their societies. Girls with higher levels of education are less likely to get married at an early age and as a result are less
likely to die in childbirth (UNESCO, 2013). The report adds that if all girls around the world had a primary education, there would be 14% fewer child marriages and with a secondary education, there would be two-thirds fewer child marriage. Despite these facts, globally, millions of girls are still being denied their education right (UNESCO, 2013). Acquisition of information through socialization is among the most influential learning process in human life. As Nkuba (2007), points out, development in Tanzania is influenced by society and culture including family, peers, school, and religious institutions. For information on sex particularly contraceptives, the main sources are schools and media (Kagashe and Honest 2013).

It is assumed that access to appropriate information about sexual health is associated with healthier outcomes among adolescents and as such is strongly advocated by health experts (UNESCO, 2009). On the contrary, inaccessibility. In various African cultures Tanzania inclusive, discussion of sex issues between adults and children is regarded as a taboo (Minja, Saria and Saria, 2012). As a result, in such cultures, parents do not hold open discussions about sex with their children. Parents ordinarily prefer to warn their children on the dangers of premarital sex, rather than providing them with knowledge (Mosha and Manda, 2012) such as forbidding girls from playing with boys because they have bad behaviors without explaining to them what are the bad behaviors.

UNESCO (2014) points out that school pregnant girls face stigmatization and discrimination from family members, fellow students, teachers, community, the media and the society at large. To make the matter worse, expulsion of pregnant girls from schools in Tanzania denies them their right for education (UNFPA, 2010). This results into a range of consequences such as stigmatization and discrimination from family members, schools, media and the society at large UNESCO (2014). To avoid the shame of adolescent pregnancies, girls abscond from schools once they realize that they have become pregnant. The major outcome of girls having sexual partners engaging in premarital sex is pregnancies which lead to a number of consequences. Ultimately the immediate impact of adolescent pregnancy on school girls is poor academic performance (Nyalusi and Ng’umbi, 2016). One of severe consequences on girls having sexual relationships is the risk of deaths; according to UNFPA (2010), within every hour in Tanzania, one woman’s death is due to complications of pregnancy and childbirth, and WHO, (2010) reports that one out of four of these deaths is a teenager. In view of this, the adolescent mothers are at a much greater risk of deaths. In addition, Kamau (2006) also describes the link between adolescent sex and venereal diseases with the risk of being infected by STD and HIV as one of the severe outcome of premarital sexual relationships.

Minja et al. (2016) commented that since puberty is considered a taboo from family level, it describes ‘culture of silence’ to maturity. In view of this, adolescents are not able to discuss with adults issues associated with their maturity and as such lack proper knowledge on sexual issues. Parents’ inability to discuss sexual matters with their children put their lives at risk as per narration: “Unfortunately this does not take away the fact that their children are still sexually active, and in choosing to remain silent about sexuality issues with their daughters, parents put them at great risk of early pregnancies and/or infection of HIV/AIDS” (Nyalusi and Ng’umbi 2016).

In addition, a study by HIV and Malaria Indicator Survey (HMIS) points out that a big percentage of young people in Tanzania engage in sex by the age of 18 years (UNFPA, 2013 and HMIS, 2011/12). Since this report does not give data concerning adolescent pregnancies and HIV/AIDS, it thus suggests that awareness and easy accessibility to RHS influence several girls to use contraceptives for prevention of pregnancies and HIV/AIDS. It is for this reason that UNESCO (2009) strongly advocates for availability and accessibility of RHS.

RESEARCH METHODOLOGY

This study employed a qualitative design to assess adolescent’s attitude on the implication of having sexual partners in Higher learning Institutions in Arusha City, North-East Tanzania. A research design according to Creswell (2009), provides the plan of action that links the philosophical assumptions, strategies of inquiry, and specific methods. Qualitative approach purpose sampling was used to select the study subjects (Yin, 2009). The researchers adhered to all ethical philosophies including voluntary participation, informed consent, confidentiality, capability for participant to quit the study at any stage, maintaining anonymity by the use of fictitious name (where necessary). The study was restricted to Arusha City located in Arusha region North-East Tanzania. Being a tourist center, Arusha City comprise a reasonable number of people with easily disposable income. Accordingly, people may take this advantage and put pressure on young girls in temptation for free money or services in exchange for sex.

The sample population involved in this study was chosen in line with advice by Patton (2009) on qualitative design. Its focus is not the size but rather to what extent the chosen sample will provide rich information to address the objectives of the study. In this study, respondents were chosen based on their potential as they have facts associated to the problem. Hence, respondents in this study included students from two Higher Learning Institutions (HLI) namely; Arusha Technical College (ATC) and the Open University of Tanzania (OUT). In addition, the study involved 12 key informants mostly teachers chosen in virtue of their positions and the information they have on the research problem (Whitehead, 2005).

Purposive and snow ball sampling techniques were employed to select the respondents for this study including students and the key informants. Sample size was reached after saturation during data collection. With the help of concerned staff in the two HLI, purposive sampling was
Table 1. Respondents by Education Level

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Tertiary</th>
<th>University</th>
<th>Total</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>10</td>
<td>18</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>14</td>
<td>52</td>
<td>65</td>
</tr>
<tr>
<td>TOTAL</td>
<td>48</td>
<td>32</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

employed in which the respondent(s) recruited the next one depending on sufficiency of responses versus required information for bridging existing gap (Mulengeki, 2016:12). As for the key informants, purposive and random samplings were used to select the key informants.

Though the study focuses on premarital sex and adolescent pregnancies, boys were also involved in this study based on two grounds. First, provision of sex education in secondary schools in Tanzania was to both boys and girls so, boys were expected to have information on the subject matter. Secondly, 18-24 years is a sexually active age so adolescents in this age group are expected to engage in sexual practices. The sample size of this study therefore comprised 80 adolescents (aged 18-24 years) of which 28 (35%) were males and 52 (65%) were females (Table 1).

Concerning the respondents' level of education, Table 1 portrays that the sample size of this study encompasses 48 (60%) and 32 (40%) respondents from ATC and OUT respectively. At ATC, there were 10 (21%) males and 38 (79%) females while OUT comprised 18 (56%) males and 14 (44%) females. Though the number of female adolescents in the sample size represents the majority, at university level it denotes the minority. The figures illustrates that out of the 48 adolescents involved in the study who were at tertiary level, 10 (21%) were males and 38 (38%) were females.

The Table also displays that out of the 32 adolescents involved in the study who were in university studies, 18 (56%) were males and 14 (44%) were females. Looking at each gender separately, the rate of students who were pursuing university education (during the time this study was conducted) was 18 (64%) of all the male respondents and only 14 (27%) of the female respondents. These statistics show one of the most severe consequence of adolescent pregnancies on girls' education. From these statistics, in comparing the rate of males and females in HLI, the number of females is higher at tertiary level and lower at university level than that of males. These statistics suggest that some of the female adolescents who were expelled from schools due to pregnancies failed to have direct access to university education. This may probably be attributable various challenges that are associated with adolescent pregnancies and early reproduction.

Methods of Data Collection was through ethnographic enquiry (Whitehead, 2005) using interviews schedules (in-depth interviews, FGD, key informant interview), observation, questionnaire and documents. Such varied research instruments enabled the researchers to collect needed data which would have been impossible by using one type of instrument. Primary data was collected by the use of in-depth interviews and FGD. Secondary data was collected through literature review from different sources like books, journals, other research reports, newspapers, and official reports.

As for validity and reliability of this research, a pilot study was carried out prior to data collection, so as to guarantee validity and reliability of this research. The main intention of the pilot study was to develop the research methods in order to make necessary adjustment. As described by Ngussa (2017), this is an expert judgment approach for determining validity and reliability of the research instruments. This helped the researchers in identifying uncertainties for improvement in order to collect quality data and establish the truthfulness and credibility of the findings.

Presentation of the Findings, Analysis and Interpretation of Data

For the purpose of ensuring that this study gives out accurate interpretations of the findings, collected data was presented being guided by one key research question:

**What are adolescents' perception on implication of sexual relationships on girls in higher learning institutions of Arusha City in Tanzania?**

This research question was analyzed by the help of the data gathered from the study subjects. As mentioned earlier, the research instruments included interview schedule and questionnaire through the use of descriptive statistics that was calculated and presented by the using simple frequencies. In order to answer the research question, the study investigated on the following sexual relationships among the respondents in this study with special attention to girls. The research question was therefore divided into subthemes namely: Sexual relationships among students at ATC and OUT, Perception of adolescents having sexual relationships, Adolescents' social construction of premarital sex.

**Sexual relationships among students at ATC and OUT**

All the female respondents in this study were adolescent mothers. Some of them were victims of expulsion from schools due to pregnancies while others became pregnant and latter adolescent mothers after accomplishing
secondary education. After expulsion and delivery, both those with primary education joined secondary education and those expelled before finishing secondary education successfully finished secondary education and thereafter joined tertiary studies. Subsequently, they were admitted to pursue different further studies in different programs as follows; certificate and diploma at ATC and bachelor degree at OUT.

To explore about adolescents’ involvement in premarital sex, the researchers examined adolescents’ opinions about their sexual debut and experience of transition from adolescence to adulthood. Hence, it was necessary for the study to gather detailed information on the respondents’ sexual behavior including their age at first experience in sexual acts (Table 2).

Table 2 demonstrates that all the 80 respondents had engaged in premarital sexual practices by the time this study was conducted. Specifically, composition of the respondents involved in premarital sex for the first time is presented in relation to their age as follows; 14 (17.5%) at 13–15 years, 42 (52.5%) at 16–18 years, 22 (27.5%) at 19–21 and 2 (2.5%) at 22–24 years. These findings indicate that despite adolescents’ awareness on sexual issues acquired through sex education, all have engaged in premarital sexual acts.

The findings further reveal that most of the girls, and most of the boys have their first intercourse at ages between 16 and 18 years. According to the education system in Tanzania, adolescents in this age group are expected to be students in secondary schools. From the figures in Table 2, majority (52.5%) of the respondents had sex at first time when they were in secondary schools.

Adolescents’ Social Construction of Premarital Sex and Early Pregnancies

In an attempt to further assess the respondents’ sexual behavior, it was necessary for the study to establish the average number of sexual partners that the respondents usually have sex with within a month (Table 3).

Table 3 shows that in average the number of sexual partners the adolescents have per month are as follows: 33 (41.5%) had one partner, 27 (33.75%) had two partners, 19 (23.75%) had three partners and 1 (1.25%) had four partners per month. The number of sexual partners per month is suggestive as to the rate of occurrences of sexual intercourse per month.

From the figures in Table 3, it can be concluded that majority (58.5%) of the respondents have more than one sexual partner per month. On the other hand, the least (1.25%) of the respondents have four sexual partners per month thus one sexual partner or intercourse per week. This is in relation to responses from group discussion that love means sex and that the male adolescents perceive having multiple sexual partners as a sign of maturity.

Perception on Implication of Premarital Sexual Relationships on Girls in HLI

In assessing adolescents’ perception on the implication of premarital sexual relationships on girls in HLI of Arusha City, respondents were requested to use four items in ranking the existence of students having sexual partners (Table 4).

Findings in Table 4 portrays the rates of existence of sexual relationships among students as; very rare 5 (6.25%), rare 8 (10%), common 25 (31.25%) and very common 42 (52.5%). From these figures, it is apparent that sexual relationships occur among adolescent students in HLI within Arusha City. Those who ranked it as common and very common make the majority (83.8%) while for rare and very rare make the minority (17.2%) of the sample size. These statistics prove existence of sexual relationships among adolescent students.
behavior, the researchers examined the meanings that the adolescents assign to premarital sex and adolescent pregnancies. The respondents categorized the meanings of premarital sex and early pregnancies in five different explanations. The meanings that the adolescents involved in this study identified are:

desire to show love to a sexual partner, sexual leisure to enjoy life and pick future partner, current modern life style and fashion, girls’ anxiety for financial support in exchange of sex, proof of maturity and fertility for future relationships (Table 5).

Table 5 specifies the composition of the meanings that adolescents involved in this study attach to premarital sex and adolescent pregnancies. These are; desire to show or prove love to a sexual partner 11(13.75%), sexual leisure to enjoy life and pick future partner 20(25%), current modern life style and fashion 20(25%), girls’ anxiety for financial support in exchange of sex 17(21.25%), proof of maturity and fertility for future relationships 19 (23.75%). While majority (25%) of the respondents attach current modern life style and fashion, the minority (13.25%) mention desire to show love to a sexual partner.

The meanings attached to premarital sex and adolescent pregnancies are also perceived as factors for adolescents to have sexual partners. Even though the meanings given may be influenced by sex education, the study assumes that there are possibly other factors that encourage adolescents to engage in sexual practices. The meanings mentioned earlier are presented in conjunction with factors that push adolescents to engage in premarital sex. The reasons for the given meanings are as follows; desire to show or prove love to a sexual partner is to practice acquired knowledge while current modern life style and fashion is to move with time and be modern. As for girls’ anxiety for financial support in exchange of sex is attributable to poverty, proof of maturity and fertility for future relationships is caused by culture and current modern life style and fashion is due to modernity. For instance, adolescents who have no sexual partners are regarded by their fellow adolescents as abnormal or outdated.

The study revealed that adolescents regarded having sexual partners as dangerous with severe impacts on girls. Out of the 40 respondents involved in the five FGD sessions, 16 (40%) claimed that sexual relationship among adolescents is important as long as appropriate family planning methods are properly used. The others 24 (60%) were against as respondents narrated: “Having sexual partners among students may lead to a variety of challenges such as: poor concentration on their studies, adolescent pregnancies, psychological, social and economic problems including being financially dependent on others which may lead to prostitution. It may also result into maternal medical complications, miscarriages and HIV infections resulting into deaths” (Focus group discussion).

### Accessibility and use of contraceptives

To get more information on how they perceive sexual relationships, the researchers investigated on the access and use of contraceptives which all the study subjects admitted to access and use. The study found out that condom are the most used for prevention of pregnancies and HIV infection. However, few 6 (7.5%) mostly women opposed the use of contraceptives like pills and implants that are mainly for prevention of pregnancies and put the users at risk of HIV infection as one of the respondents argued:

“Almost all contraceptives are for women with the exception of male condoms. Together with being rarely available, female condoms are not user friendly. The use of contraceptives is described by medical specialists as having negative impacts. Some of the impacts resulting from the use of contraceptives are cervix cancer, infertility and other medical complications. Free and easy availability of these services encourage people to have multiple sexual partners leading to vulnerability to HIV/AIDS. Though other people support the use of contraceptives, I think its improper and repeated use of contraceptives at early age may impact on

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**Table 4: Perception of Adolescents on Having Sexual Relationships**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Very Rare</th>
<th>Rare</th>
<th>Common</th>
<th>Very Common</th>
<th>TOTAL</th>
<th>PERCENTAGE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>13</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>5</td>
<td>15</td>
<td>29</td>
<td>52</td>
<td>65</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>8</td>
<td>25</td>
<td>42</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 5. Adolescents’ Social Construction of Premarital Sex and Early Pregnancies**

<table>
<thead>
<tr>
<th>S/N</th>
<th>MEANINGS</th>
<th>M</th>
<th>F</th>
<th>T</th>
<th>PERCENTAGE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Desire to show or prove love to a sexual partner</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>13.75</td>
</tr>
<tr>
<td>2.</td>
<td>Sexual leisure to enjoy life and pick future partner</td>
<td>3</td>
<td>10</td>
<td>13</td>
<td>16.25</td>
</tr>
<tr>
<td>3.</td>
<td>Current modern life style and fashion</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td>25.00</td>
</tr>
<tr>
<td>4.</td>
<td>Girls’ anxiety for financial support in exchange of sex</td>
<td>6</td>
<td>11</td>
<td>17</td>
<td>21.25</td>
</tr>
<tr>
<td>5.</td>
<td>Proof of maturity and fertility for future relationships</td>
<td>7</td>
<td>12</td>
<td>19</td>
<td>23.75</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>28</td>
<td>52</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>
adolescents’ reproductive health causing infertility.” (Manyara).

The study respondents who supported the idea of adolescents using contraceptives, they commented that since majority of adolescents engage in premarital sex, contraceptives are for preventing them from the impacts.

They pointed out that the use of condoms is the best contraceptive in terms of safety and effectiveness because it prevents pregnancy and infections of STDs and HIV. When asked to mention types of contraceptives they use, one of the adolescent mothers clarified:

“After my first pregnancy at 16 years, I started using contraceptives as advised by a medical doctor. So, I have been using condoms and pills concurrently under specific reasons. First, is for my safety to prevent unwanted pregnancies and HIV/AIDS. Secondly, all contraceptives are easily accessible to everyone without any conditions even age or marital status making it easy for us adolescents to access and use them. Thirdly, all contraceptives are free of charge in public medical facilities and at affordable price in private facilities like hospitals, dispensaries, pharmacies or normal shops. Lastly, condoms and pills are both user friendly and maintain confidentiality of the customer. This is contrasting to other sophisticated contraceptives like implant which needs consultation with a medical professional.” (Ngorongoro).

In a response on the use of contraceptives for prevention of pregnancies, one of the adolescent mothers in this study strongly condemned the use of contraceptives as she claimed:

“I was expelled from school due to pregnancy at the age of 14 years and 2 years later I started using contraceptives. However, after a while I was terrifies to realize I was pregnant again. From this experience, I have lost my trust on the effectiveness of any type of contraceptives. This is very frightening and I am uncertain about my HIV status. Consequently, for my wellbeing I have decided to use natural family planning method that is through abstinence until I get a future partner.” (Olduvai).

Adolescents’ attitude on sexual relationships

The findings point out that all responses have indicated a number of negative impacts about adolescents’ attitude on implications of having sexual partners. One of the impact mentioned was that of poor performance in studies and psychological stress for adolescents especially girls. Since adolescents are aware that premarital sex is against society norms and religious beliefs, they hide their sexual relationships to avoid shame, stigma and discrimination.

Another implication was raised in a discussion on the use of contraceptives versus religious beliefs. These are findings as summarized from all the five FGD sessions:

“In general, religions have their own ways on how to train and also guide their followers to avoid engaging in all kinds of immoralities including premarital sex and infidelity in marriages. As for Christianity, confession of sins is regarded as repentance to God. However, each Christian denomination has its own code of conduct concerning distinct subjects. On the whole, in most denominations, women regardless of their age are the most affected by some of the Catholic Church, unmarried women who are noticed pregnant are prohibited from engaging some of the church activities or receiving significant services. Some of the services denied to people believed to have violated the church rules, are such as communion, weddings and even funeral in case of death. Men are involved in the punishment living as couple but without formal church wedding. Additionally, children born outside wedlock are disqualified for baptism, first communion and confirmation even becoming a priest or a nun. Banning people from religious services poses quite a number of queries. For example: how many people (not only adolescents) engage in ‘illegal sex’ without being noticed by the Church? What about men who impregnate women and pretend to be innocent? What about those women who engage in sex but do not get pregnant? Why are the children punished for their parents practice? What if the father is unknown as a result of rape? With all these unanswered uncertainties the church is still against the use of contraceptives while causing many problems.” (Focus group discussion).

Findings on adolescents’ attitude on sexual relationship portray a common response from in-depth interviews and FGD sessions. The study realizes that consequences of adolescents having sexual partners engaging in sexual practices impact more on girls than boys. This is due to the fact that girls experience pregnancy and reproduction which are associated with various medical complications from pregnancy to delivery period as exposed here:

“I became pregnant by my teacher who convinced and pushed me for an abortion so that I could continue with school. In the course of the abortion, I got some medical problems and was medically diagnosed to have executed abortion. With the medical proof the school informed my parents on my expulsion from school and that hindered my goal for education attainment. On top of this and to my disappointment the responsible teacher abandoned me which has also added frustrations to my life. I have been psychologically affected by feeling guilty to have killed my own baby through abortion. After one year I became pregnant again with another man but unfortunately got miscarriage. Presently, I am pregnant but worried due to my previous experience.” (Serengeti).

The study findings on the attitudes of adolescents on having sexual partners engaging in sexual relationships came out with distinct responses. These findings demonstrate a speedy growing trend of adolescents engaging in premarital sexual practices and reproduction. This is a challenge caused by the fact that adolescents’ sexual relationships result into several problems as stated earlier. One of the current rising phenomena is the increase of single parent families, most of them headed by adolescent women. For instance; during data collection of this study, pregnant women aged under 20 years were 110 and 991 in two health facilities found in Arusha City.

Presence of varied ways of handling issues between boys
and girls has contributed to having double standard treatment in the sexual morality that exists in Tanzania. For example, up to now school girls in the country who become pregnant face expulsion accompanied with all kinds of social embarrassment but male students who father the children are left free to continue with their studies if they are students. In contrast, despite the changes and fears of HIV infection, the desire among adolescents to engage in early sex and reproduction still exists.

Strong desires to experience parenthood are mediated by prevailing social and cultural norms that encourage childbearing in some societies. For instance, most cultures in Tanzania regard parenthood and specifically motherhood as a significant component of women's identity and social status in a society. Though HIV/AIDS is seen as a factor that discourages reproduction among women, expectation of a family and the perception of society on childbearing are strong and essential. This tradition influences on women's reproductive and choices to have children even at adolescence. The spread of HIV pandemic has frightened and discouraged reproduction among women and in particular adolescents. All these contribute towards adolescents’ attitudes having sexual partners engaging in sexual partner engaging in sexual practices.

**Expulsion of pregnant girls from schools**

Concerning expulsion from school, adolescents in the FGDs have varied perceptions. While only 10% view it as fair and proper punishment for the concerned girls, 90% perceived it as against human rights on education for all as one respondent revealed:

"Expulsion of pregnant girls from schools denies them their education right and discriminates them from boys who even if they are responsible for the pregnancies, are left to continue with studies. This punishment is biased and brings more problems to the girls because they become illiterates, poor, financially dependent on others which may lead to prostitution." (Momela).

In addition, the respondents had two divergent views: as a fair act, and as a discriminatory penalty. Responses from all participants opposed expulsion by maintaining that it denies the girls the right to education. In this study, 90% of the respondents perceive expulsion of pregnant girls from schools as discrimination against girls. The remaining 10% view expulsion of pregnant girls from schools as fair and proper punishment to the concerned girls. Those against expulsion believed that this move is against human rights on education for all as revealed:

"Expulsion of pregnant girls from schools denies them their right for access to education and discriminates them from boys who even if they are students are left to continue with their studies. This punishment which is only to the girls is very biased and it brings more problems to the girls because they become illiterates" (Focus group discussion).

For those who were for expulsion, explained that though expulsion of pregnant girls from schools is perceived by many people as a harsh punishment, it serves as a deterrent to similar behavior.

As for the key informants, majority (97%) observed that expulsion of pregnant girls from schools was unfair while only 3% looked at it as fair and suitable punishment for the concerned girls. Key informants emphasized that expulsion of pregnant girls from schools should be taken as a lesson for other students. For those who supported expulsion, they explained that though many people consider expulsion of pregnant girls from schools as a harsh punishment, it serves as a deterrent to others to avoid doing the same mistake. One of the key informants had this to lament:

"What if an adolescent girl becomes pregnant in a school having 300 girls and many others fall in the same track? If student girls become pregnant and are not punished severely the problem of adolescent pregnancies will persevere and its rate will continue to increase. So, expulsion is the right punishment for others to learn and keep away from sex acts which are meant for adults only." (Selous).

Additional findings explain that apart from the direct impacts of expulsion to the pregnant girls, parents are similarly affected as explained:

"After realizing their daughters are pregnant, some parents enter into conflicts by blaming each other for the incident. In most cases the fathers blame the mothers for poor planning of family schedules that lead to improper upbringing of children. Another cause is lack of time for parental guidance and close follow up of girls’ behavior. Conflicts between the parents lead to more problems in the family because the children are the sufferers." (Mikumi).

Based on their personal experiences of being expelled from schools due to pregnancies, some of the adolescent mothers in this study gave their voices:

"Becoming pregnant is itself a harsh punishment to adolescent girls, so expulsion from schools is an additional and the worst penalty to such young girls and their respective families. My opinion is that pregnant school girls be allowed to go back to school three months after delivery to continue and accomplish their studies. With their parents' support, there are some young girls who after expulsion from schools due to pregnancies have managed to go up to university level. This indicate that if parents are able and willing to support their pregnant daughters, they can meet their education attainment, sustain life goals and become role models in the society." (Kimeto).

Other respondents opposed the idea of re-admission maintaining that it will encourage other adolescents to engage in sexual practices knowing that they will go back to school. In addition, they claim that it will burden their families on caring for the babies while the adolescent mothers continue with studies as narrated:

"School girls who become pregnant should not be expelled because in some incidences it might be rape. In my community, forced sex or rape are perceived to be caused by girls’ misconduct like inappropriate dressing. Because of these perceptions, girls who are victims of rape are very hesitant to disclose their cases for the purpose of escaping embarrassment and shame from the entire society. Victims
of forced sex and rape should be given support for education attainment. Those who are expelled from school due to pregnancies can go back to school after delivery and be re-admitted to continue with their studies under some conditions.” (Duluti).

Adolescents’ experiences from pregnancy on motherhood

The study findings reveal some obstacles in execution of the law on people who engage in premarital sex with adolescents. These range from shame of reporting to police, ignorance and negligence of either parents or victims themselves, lack of evidence and in some cases poverty that influences corruption. Cultural beliefs and practices are other factors that prevent execution of legal actions to the suspects or victims of rape as described:

“I was raped by my teacher who requested me to hide his identity. He threatened me that by disclosing his identity he would lose his job, put shame on his family and I would face financial difficulties. In addition my parents were concerned that the court consists of bureaucratic procedures, lack confidentiality and the interrogation with police would put me in another mental rape. Based on these qualities, my parents persuaded me to retain the issue for the sake of avoiding bringing shame to the family.” (Kilimanjaro).

The study found out that sometimes the concerned families end up resolving rape cases through traditional and ritualistic approaches at family levels. It was learnt that sometimes the concerned families resolve rape cases outside the court. In some instances, this is done through traditional and ritualistic approaches at family levels as one respondent contended:

“At the age of 14 years, I was raped by a relative who denied being responsible. My family performed a traditional ritual whereas if he was the rapist, I and the baby would be safe otherwise the baby would and he would continue to rape other women. I had safe delivery and since then it has been reported that he had raped thrice which proves that he was responsible for my case. I am annoyed with him because I trusted him as a mature relative but he intentionally ruined my life. I am also upset with his family for protecting him. My experience has caused me so much pain that I have no interest for further sexual relationships. With all the bitterness, I have decided to struggle with life and care for my daughter as a single parent.” (Seronera).

From this narrative, due to ignorance the family did not take any legal step to report the incident to police but rather focused on rituals. Together with the challenges, the rape has caused negative effects to her family with lifelong impacts to the girl and her child. Since an individual aged below 18 years is by law regarded as a child then having sex with a child is a rape and thus is illegal. As reported earlier by UNFPA (2010), 40% of girls who had their first sexual intercourse before the age of 15 years were forced/raped due to lack of authority, confidence or means for their protection.

On early pregnancy and motherhood experiences, adolescent mothers expressed several challenges that they encountered from pregnancy to motherhood as elaborated:

“When I became pregnant, my parents were so upset that they did not give me any assistance. Though they did not chase me away from home but the psychological torture with stigma and discrimination at home made my life very tough. The situation became worse when my sexual partner left me without any support for another girl. As a result of the stigma at home I went to live with my uncle who has been very supportive even after delivery. For two years while my uncle and his wife went to work and their children went to school, I helped with all the housework. I thank God my uncle decided to support me to pursue a certificate course in engineering here at ATC and has promised to pay for a diploma if I accomplish this successfully.” (Oldonyo).

From this finding, the main reason for parents to chase their young pregnant daughters away from home may be on economic hardships but most important is to shun away from shame, discrimination from society or even in all the necessary church services as described earlier in the focus group discussions.

Another adolescent mother claimed that due to poverty of her parents, she was caught up in a difficult situation and made a dangerous decision about her life. The family was facing tough financial challenges and after finishing primary education, she was to choose either to continue living in total poverty or get financial support from men in exchange of having sexual relationship. Consequently, she ended up involving in sexual relationship with the man and later on became pregnant as she lamented:

“My family was fairly poor but the situation worsened when my mother died and my father abandoned us for a new wife. I knew that it was immoral to engage in premarital sex and that I was too young to engage in sexual acts or get married. This was risky for pregnancy and also HIV infections. However, weighing out between hunger and the pandemic, I opted to have a partner who refused to use condoms and as such became pregnant at a tender age of 15 years. My decision was grounded on two facts; first, hunger kills within some days but AIDS takes longer time for a victim to die. Secondly, even if I would be infected with the virus and die, my siblings would survive, so I risked my life to get food and other essential needs for my survival and my three siblings.” (Lengai).

In this response, this girl’s sexual partner turned out to be responsible for all economic support to the girl and her siblings. In view of this her father and other relatives willingly allowed her to move out of the home so that he could go and live with the man as husband and wife at 15 years which is illegal. For the sake of this study, economic status was therefore considered to be one of the factors for adolescent to engage in premarital. Out of all the 52 adolescent mothers involved in this study, this is the only one who got support from the sexual partner.

Similarly, another adolescent mother had this to comment:
“Becoming pregnant at early age for me was a big challenge and especially when my sexual partner denied responsibility. As a result of this, the problem was widened not only by being financially dependent on my parents but also because of the stigma and discrimination that I went through from some of the family members, friends and the community.” (Focus group discussion).

With such an experience, it implies that adolescent mothers are highly discriminated, persecuted and abandoned by some of the families and community at large. This suggests a need to educate the society on the importance of looking for appropriate means to address the problem. Nonetheless, the study found out that despite frequent mistreatment of adolescent mothers from their families, there were few exceptions where parents and family members gave financial and moral support to their pregnant adolescents.

Common challenges were brought up by adolescent mothers on psychological torture, discrimination and economic hardship:

“Life was extremely tough because I experienced psychological torture caused by stigma and discrimination from my own parents, some family members, friends and society members in general. Economic hardship was another big challenge because on top of the financial constraints that my family was facing, my sexual partner denied responsibility and dumped me, thus, up to now I am still dependent on my brother. This is also a challenge to my brother and his family which depend on him financially. So, sometimes, I feel ashamed to request money from him for my personal expenses.” (Molyi).

Usually, young girls become pregnant without any preparation to face the life challenges associated with pregnancies and latter motherhood. Some of the adolescent mothers and also students at HLI face a challenge to simultaneously cope with their studies and the motherhood responsibilities. For this reason, the adolescent mothers are caught up in a dilemma to make right decisions concerning their lives. This is to make a choice between taking care of their children at the expense of quitting studies or leaving their children at a tender age in order to resume studies or upgrade their level of education. Either of these decisions brings about psychological torture to the adolescent mothers and their children affecting their future lives as it was further expressed:

“After delivery, I stayed with my son until he was only one year old. Then I left him with my mother and came to Arusha to work as a housemaid for one year. Latter I sat for secondary school examination and joined ATC for a certificate course. Being away from my child for a long time has affected me and him psychologically because there is no close mother and child bond. For instance he identifies me as his aunt and his grandmother as his mother. My fearful concerns are that my son has been given our family name and does not know him because he has never seen/meet him.” (Mkyeku).

Respondents added that pointing fingers to adolescents with sexual partners, adolescent pregnant girls or adolescent mothers stigmatizes them in the society. Abandonment and psychological demoralization are other consequences that adolescent mothers as one adolescent mother expressed her experiences:

“During my pregnancy, I was psychologically demoralized because my family neglected me with minimal economic support. As if all these tortures were not enough my sexual partner added other pain by denying responsibility and any support. Disappearance of my sexual partner has psychologically affected me to the extent that I had totally lost interest in having any love affair. Likewise I have no intention of entering into marriage or having another child. I hate all men and perceive them as unfaithful and irresponsible.” (Mmbele).

Mixed feelings on how to treat the unwanted pregnancies is another serious challenge faced by all girls who engage in premarital sex and become pregnant at early age. In order to hide their daughters’ pregnancies, some parents, relatives and friends advice or even assist girls to perform abortions. Yet, there are others who encourage them to keep the pregnancy, accept the reality and henceforth face the subsequent consequences. As a result, this kind of contradiction brings conflicts not only within the mind of the affected girls but also among members of the respective families and relatives as reported:

“I became pregnant from a forced sexual intercourse with my church choir mate whom I had been in friendship as my boyfriend for only a month. It was my first and worst experience in life. From that day my boyfriend did not show up for the choir as he had disappeared and to date we have not been in touch. A month after the incidence I was proved to be pregnant. My sister advised me to do abortion but my mother despite being very disappointed and annoyed with me becoming pregnant, was against abortion.” (Mpora).

These findings indicate that adolescent girls who become pregnant experience psychological torture through stigma and discrimination from family to society level. Similar to this situation is the expression given by another interviewee whose parents had a serious disagreement over the incidence:

“My parents were very upset when they realized that I was pregnant. My father wanted to take me to a neighboring Iringa region for an abortion. To rescue me from the abortion my mother secretly sent me to live with her sister. My father reported to police that I was missing but after five months my mother revealed the truth to my father who became very furious. He therefore left home to work in town and stopped providing financial support to the family. Thus life was tough because despite my mother having no regular income, she took all the burden to care for me and my child.” (Mkomii).

The respondents consider expulsion of pregnant girls from schools as the most severe implications on girls because it denies them the right to education as one of the basic human rights. The respondents spell out other repercussions of adolescents’ sexual relationships are; increase of illiterate women negatively affecting their welfare, the children lack of proper parental care or
upbringing. Psychological problems like discrimination, stigma, persecution, economic hardship and abandonment among adolescents from some family members, friends and community were also regarded as critical implications on adolescent mothers. Such humiliation is more severe to those from poor families which cannot afford to pay fees for their education.

Conclusions and Recommendations

Based on the presented findings, analysis and discussion of the collected data, this study therefore spells out the following conclusions and recommendations:

Conclusions:

1. Adolescents engage in premarital sex with multiple partners despite their awareness on its consequences. 2. Expulsion of girls from schools due to pregnancy denies them their right to education. 3. Some of the consequences of adolescent pregnancies include expulsion of pregnant girls from schools. Adolescent pregnancies are accompanied with social, economic and psychological challenges as well as various medical complications such as STDs/HIV infections and deaths. 4. Adolescents perceive sexual relationships as: desire to show love, sexual leisure to choose future partner, modern life style, girls’ anxiety for financial support, proof of maturity and fertility.

Recommendations:

1. The government of Tanzania to ensure comprehensive and effective provision of sex education by training teachers and providing required materials. 2. The government of Tanzania to establish special education program for empowering adolescent mothers to become economically independent. 3. Ministry of health to enhance RHS for adolescents 4. Schools, parents and stake holders to establish activities on guidance and awareness raising on sexual issues among adolescents.

Conflict of interests

The authors declare that they have no conflicting interests.

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