**The Children's Agenda to Reduce Teenage Pregnancy**

Parliamentarians, councilors, civil servants at national and district level, civil society organizations, the private sector, mass media, families and children themselves all play important roles in reducing teenage pregnancy.

4.1 What Can Parliamentarians Do to Reduce Teenage Pregnancy?

a. Advocate for youth-friendly health services and support the introduction of life-skills education for girls and boys both in and out of school.

b. Ensure girls have the opportunity and are actively encouraged to continue their education if they become pregnant while still at school. Support implementation of the government guidelines on re-entry to school and provision of training opportunities. Be aware that while schoolgirl pregnancy gets the headlines, in fact girls who are not in school are much more likely to get pregnant early.

c. Support the National Adolescent Reproductive Health Strategy (2010-2015) which aims to strengthen the policy, legal and community environment for sexual and reproductive health information, services and skills. It seeks to improve health system responses to adolescent health needs and to provide a platform for linkages with other sectors dealing with adolescents and young people.

d. Back the National Life Skills Education Framework which aims to improve knowledge, and promote attitudes and skills, that will facilitate adolescent decision-making on sexual issues.

e. Ensure all schools are providing life-skills education and other sectors dealing with adolescents and young people.

**4.2 What Can Local Government Do to Reduce Teenage Pregnancy?**

a. Support community-based programmes that empower adolescent girls to protect themselves and enable them to continue their education if they become pregnant while still at school.

b. Advocate for national and local government investment in life-skills and youth-friendly health services.

c. Support the development of community-based early childhood development centres that can provide early education to children of young mothers while they continue their education.

d. Support the development of community-based early childhood development centres in local communities.

e. Support the development of vocational training opportunities for young people.

**4.3 What Can Civil Society Organizations Do to Reduce Teenage Pregnancy?**

a. Support the development of youth-friendly health services in local communities.

b. Provide assistance to early childhood development centres in local communities.

c. Support the development of community-based early childhood development centres in local communities.

d. Work with CSOs to provide life-skills education to children who are out of school.

e. Encourage development of early childhood centres in local communities.

**4.4 What Can the Private Sector Do to Reduce Teenage Pregnancy?**

a. Support the introduction of life-skills education for girls and boys both in and out of school.

b. Use the appeal of popular youth programmes on radio, television, social media and other sectors dealing with adolescents and young people.

c. Support increased availability of youth-friendly health services where these exist and encourage development of community-based early childhood development centres in local communities.

d. Ensure these strategies have adequate resources, trained personnel and are realistic features about the struggles of child mothers to encourage them to continue their education.

**4.5 What Can the Media Do to Reduce Teenage Pregnancy?**

a. Use the appeal of popular youth programmes on radio, television, social media and other sectors dealing with adolescents and young people.

b. Support community-based programmes that empower adolescent girls to protect themselves and enable them to continue their education if they become pregnant while still at school.

**4.6 What Can Children Do to Reduce Teenage Pregnancy?**

a. Support increased availability of youth-friendly health services for girls and boys both in and out of school.

b. Ensure girls have the opportunity and are actively encouraged to continue their education if they become pregnant while still at school.

c. Ensure all schools are providing life-skills education and other sectors dealing with adolescents and young people.

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The Children’s Agenda is a coalition of organizations, government and other partners who are committed advocates for child rights. The Children’s Agenda aims to achieve increased budget allocations to the Top Ten Investments for Children, at national and local government levels. The Top ten investments include:

1. Invest to Save the Lives of Children and Women
2. Invest in Impressing Nutrition
3. Invest in Improving Hygiene and Sanitation in Schools and Health Facilities
4. Invest in Early Childhood Development
5. Invest in Quality Education for all Children
6. Invest to Make Schools Safe
7. Invest to Protect Infants and Adolescent Girls from HIV
8. Invest to Reduce Teenage Pregnancy
9. Invest to Protect Children from Violence, Abuse, and Exploitation
10. Invest in Children with Disabilities

For more information about the Children’s Agenda please contact the Secretariat which is based at UNICEF Tanzania at daressalaam@unicef.org

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**The Children’s Agenda on Teenage Pregnancy**

**Goal:** Reduce the proportion of girls who begin child-bearing when they are less than 18 years old; protect the rights of girls who become pregnant.

1. Keep children in school: Girls who attend school are less likely to become pregnant early. Apply the key actions for improving school quality and safety and participation of pupils, families and communities to keep children in school.
2. Use the re-entry guidelines: All schools should apply government guidelines for re-entry to school for girls who become pregnant to continue their education. Denying education rights for child mothers increases their vulnerability to poverty, violence and HIV/AIDS.
3. Support life-skills education: Effective life-skills education for girls and boys is an out of school provides knowledge, negotiation skills that will empower girls to protect themselves from pregnancy.
4. Support youth-friendly health services: Non-judgmental health services tailored for young people will enable protection from pregnancy and sexually transmitted infections.
5. Participation: Encourage community based programmes to inform and empower girls to protect themselves from unwanted pregnancy, and to provide care for infants that will enable girls who are mothers to continue their education.

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Download all Children’s Advocacy briefs from [http://www.unicef.org/tanzania/11975.html](http://www.unicef.org/tanzania/11975.html)
1.3 Economic and Social Costs: On average, Tanzanian women spend 9 years in school, but the pregnancy rate has fallen from 21% in 1995 to 15% in 2010. This is mainly due to increased educational opportunities for girls. The Ministry of Health reports that adolescents who completed primary school and less than five girls who become pregnant at or below the age of 19 years, compared with about 25 per cent of those who completed lower secondary school.

1.4 STIGMA and DISCRIMINATION: Adolescents are an important group as they are the people who become pregnant while they are still teenagers. Teenage pregnancy contributes significantly to Tanzania’s high population growth rate – which in turn has a strong negative impact on national development. Government efforts to improve health and education have to increase just to keep pace with the rapidly growing population. Various factors can contribute to this phenomenon, including poverty, lack of knowledge, peer pressure, and peer support. It may also suggest a sense of superiority and dominance to some males that leads them to exploit females. Girls who become pregnant before reaching the age of 19 years are likely to be discriminated against by their peers, and are at risk of considerable poverty for themselves and their children. The discrimination and shame associated with unmarried teenage motherhood forces some girls to seek illegal and dangerous abortions.

2.1 LEGAL AND CULTURAL FACTORS: The Tanzania Constitution recognizes women’s rights and enforces them in the legal code. Tanzania has not been a party to the International Covenant on Economic, Social and Cultural Rights (ICESCR) or the International Covenant on Civil and Political Rights (ICCPR) which respectively contain articles on the right to freedom and against slavery and the abolition of all forms of racial discrimination. There is also conflict in the legislation.

3.1 LEARNING FROM EVIDENCE: The Tanzanian Demographic and Health Survey (TDHS) in 2010 revealed some important trends. The fertility rate among girls aged 15-19 years fell by 25 per cent between 2004 and 2010. Girls with a secondary school education have a significantly lower pregnancy rate. Although girls may be exposed to physical and sexual violence before they reach age 18, the prevalence of sexual violence at age 15-19 years is very low. Most attacks occurred during the day. Almost half of all attacks took place when they were between 14 and 15 years old. Children who have experienced sexual violence may not report incidents to help their family or friends retain important social partners, increasing the risk of unwanted pregnancies and sexual violence perpetuation.

3.2 INCREASING CONDOM USE: The proportion of girls who are sexually active has not changed, and the decline in adolescent pregnancy has been accompanied by an increase in condom use. The proportion of sexually active girls aged 15-19 years increased from about 50 per cent in 2006 to over 30 per cent in 2010. This is mainly due to increased educational opportunities for girls. The provision of education at primary and secondary levels to attract and keep girls in school could influence further reductions in teenage pregnancy. The expansion of secondary schools and improving the quality of education at primary and secondary levels to attract and keep girls in school could influence further reductions in teenage pregnancy. The expansion of secondary schools and improving the quality of education at primary and secondary levels could also help reduce child marriage and early pregnancy.

3.3 KEEPING GIRLS IN SCHOOL: The proportion of girls who are sexually active has not changed, and the decline in adolescent pregnancy has been accompanied by an increase in condom use. About 92 per cent of girls who have had sexual intercourse for the first time before they reach age 19 years are likely to be discriminated against by their peers, and are at risk of considerable poverty for themselves and their children. The discrimination and shame associated with unmarried teenage motherhood forces some girls to seek illegal and dangerous abortions.

3.4 ENSURING EDUCATION FOR ADOLESCENT MOTHERS: All girls who have dropped out of school, including those who have become pregnant, should be encouraged to continue their education. Schools should apply the guidelines issued by the Ministry of Health to encourage girls to continue their education and reduce the risk of teenage pregnancy.

3.5 EXPANDING LIFE-SKILLS EDUCATION FOR CHILDREN IN AND OUT OF SCHOOLS: The Government has introduced an in-service teacher training scheme, which aims to improve teaching and learning in primary schools. Effective life-skills education provides opportunities for the prevention of gender-based violence and fosters adolescent girls’ leadership and life-skills teaching/learning materials and support teachers of life-skills education at primary and secondary schools. The Government and non-governmental organizations, especially those working in the field of teenage pregnancy, can support schools in their efforts to help young people make informed choices about sexual and reproductive health and to protect themselves from unwanted pregnancy.

3.6 ADOPTING AN INCLUSIVE APPROACH: The provision of education at primary and secondary levels to attract and keep girls in school could influence further reductions in teenage pregnancy. All girls who have dropped out of school, including those who have become pregnant, should be encouraged to continue their education. Schools should apply the guidelines issued by the Ministry of Health to encourage girls to continue their education and reduce the risk of teenage pregnancy.

3.7 TREND ANALYSIS: The national survey on violence in 2010 revealed some important trends. The fertility rate among girls aged 15-19 years fell by 25 per cent between 2004 and 2010. Girls with a secondary school education have a significantly lower pregnancy rate. Although girls may be exposed to physical and sexual violence before they reach age 18, the prevalence of sexual violence at age 15-19 years is very low. Most attacks occurred during the day. Almost half of all attacks took place when they were between 14 and 15 years old. Children who have experienced sexual violence may not report incidents to help their family or friends retain important social partners, increasing the risk of unwanted pregnancies and sexual violence perpetuation.

3.8 PROGRESS STATUS OF MARRIAGE LAWS: The Marriage Law of Tanzania is harmonized with the traditional marriage practices. The law provides for the recognition of customary marriages. There is also conflict in the legislation.

3.9 PREVENTING CHILD MARRIAGE: All girls who have dropped out of school, including those who have become pregnant, should be encouraged to continue their education. Schools should apply the guidelines issued by the Ministry of Health to encourage girls to continue their education and reduce the risk of teenage pregnancy.