

Navigating Social Support: Building Resilience and Agency among Unmarried Adolescents Mothers in Rural Community. A Case of Urambo District, Tanzania

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Abstract

Unmarried adolescent mothers (UAMs) often face significant social and economic challenges, exacerbated by cultural stigma and restrictive social norms. These young women are frequently marginalised, experiencing limited access to educational and economic opportunities due to societal social norms resulting in pre-conceived judgement and isolation. This study examines the role of key capitals in fostering resilience and agency among UAMs, focusing on rural communities sampled from Urambo district in Tanzania. A cross-sectional and mixed research approach was adopted. A total of 80 unmarried adolescent mothers participated in the study. Quantitative data were collected through household surveys, while qualitative data were collected through in-depth key informants' interviews (KIIs) and focus group discussions (FGDs). Descriptive statistical analysis was used to analyse quantitative data using Statistical Package for the Social Sciences (IBM SPSS), while content analysis was used to analyse qualitative data. The findings showed that most UAMs become pregnant aged between 13 and 16 due to poverty, lack of knowledge on sexual and reproductive health services (SRHS), peer pressure, and lack of parental guidance. It was revealed that social support from family, peers, and community health services plays a crucial role in building resilience, navigating social pressures, enhancing agency in decision-making. Other factors accounting for UAMs building resiliency agency include engaging in agricultural work, petty trades, and food vending. The study underscores the need for strengthening support systems and inclusive policies that address the unique challenges faced by unmarried adolescent mothers, promoting an environment where they can thrive despite the societal barriers. These insights have significant implications for designing community programs and interventions aimed at reducing stigma, building resilience, and enhancing unmarried adolescent mothers agency in similar socio-cultural contexts.

Keywords: Unmarried Adolescents Mothers, Building Resilience, Agency, Urambo District, Tabora, Tanzania

1. INTRODUCTION

Adolescent pregnancy and early motherhood are global phenomena, often associated with public concerns (WHO, 2020). A global estimate indicated that about 14 % of young women become mothers

annually at the age of 18 (WHO, 2022). Majority of these women live in low- and middle-income countries. In Africa, about 10% of adolescent mothers give birth by the age of 16 (Ahinkorah *et al.*, 2021). Estimates of adolescent birth rates are frequently reported in separate categories; for those aged 10-14 and those aged 15- 19. However, due to the relatively low birth rate and underreporting of pregnancy and motherhood among those aged 10-14, data are often routinely collected or measurable (United Nations (UN), 2019). Thus, most of estimates reporting on the prevalence of pregnancy and motherhood among adolescents focus on the prevalence in the late adolescence (15-19 years).

Researches revealed higher rates of adolescent pregnancy in African countries as compared to other developing countries (Ahinkorah *et al.*, 2021). Sub-Saharan Africa has the highest adolescent pregnancy estimated at the rate of 98 births per 1000 females (WHO, 2022). The top three sub-Saharan African countries with the highest rates of adolescent pregnancies in 2022 were Niger (117.5), Mali (162.3, and Chad (151.6). The high prevalence rates were also found in East Africa (22%) including Tanzania. Although the country has been making significant progress in improving adolescent health and well-being evidenced in declined adolescent pregnancy rates from 27 in 2015 to 22% in 2022; the current rate is still way above the global estimations of 14% (UNFPA, 2024). It is worth noting that the high incidence of adolescent motherhood is alarming, hence a matter of grave concern in Tanzania, particularly given the socioeconomic status of both adolescent mothers and infants. Adolescent motherhood is more common among girls who live in areas where poverty, lack of work prospects, and lack of education are prevalent (WHO, 2018). Generally, social and development dialogues show that girls and young women bearing children are portrayed to be at risk in multiple levels regarding their socioeconomic status (Tunner, 2013). Thus, it is definitely that adolescent mothers with their children in Tanzania are at significant risks of poverty and marginalization (CRH, 2013). Factors such as gender inequality, parental illiteracy, inaccessibility to user-friendly SRHS, early sexual practices, child marriage and lack of power to negotiate for safe sex have all been related to increased adolescent pregnancy in Tanzania (UNFPA, 2024).

While many adolescent pregnancies occur within marriage or formal unions, a significant number take place outside these structures (Mpimbi *et al.*, 2022). This trend varies across different regions and cultures. In most developing countries as well as in Latin America, the Caribbean and some parts of sub-Saharan Africa (SSA), the majority of these pregnancies occur outside marriage and often unplanned. There is an observed steady increase in adolescent pregnancy among some countries in sub-Saharan Africa (SSA), and it is projected that adolescent motherhood in the region is likely to nearly double by the year 2030 (UNFPA, 2013). The projected trend has serious implications to the well-being of unmarried adolescent mothers (UAMs). A substantial proportion of unmarried adolescents give birth in most countries from SSA and there has also been a progressive increase in pre-marital childbearing in some of the countries, Tanzania inclusive (WHO, 2007).

Adolescent childbearing, especially outside marriage, has major physical, psychological and social consequences. While dealing with early motherhood, UAMs often face the challenges of unemployment and livelihood insecurity in general (Le Roux *et al.*, 2019). Moganedi *et al.* (2024) indicated that UAMs encountered different challenges, including financial problems, difficulties in caring for the baby, inability to plan and decide, social stigma, and family conflicts. Unmarried adolescent mothers in Tanzania face similar challenges in everyday life, as they frequently face exclusion related to childbirth outside wedlock (Ringsted, 2004). They are often stigmatized as sexually immoral women. WHO (2020) emphasized that there are several social consequences for unmarried pregnant adolescents, including

stigma, rejection, or violence by partners, parents and peers. While the studies mentioned here have concentrated on adolescent pregnancy and its consequences on subsequent early motherhood, limited scholarly attention has been paid to exploring how UAMs cope with their changed livelihood situation. The livelihood options particularly in rural Tanzania, are not well documented while their well-being in terms of incomes, assets possessions, social support, food security and nutritional status remains unknown. The current study examined resilience and agency strategies used by UAMs while struggling to meet the needs of their children.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This section presents a review of the literature on resilience and agency of unmarried adolescent mothers as they navigate through social support which is critical for their well-being. It begins with an overview on adolescent childbearing in Tanzania, followed by a theoretical framework.

2.1 Overview on adolescent childbearing

In Tanzania, adolescent pregnancy is a significant issue. It is estimated that over half (56%) of all first birth in Tanzania happen before the woman reaches the age of 20 (UNFPA, 2018). Research (UNFPA, 2024) has revealed that, Tanzania is among the countries with the highest adolescent pregnancy (22%) in East Africa. Although the country has been made the progress in improving adolescent health and well-being such as the drop in adolescent pregnancy from 27 in 2015 to 22% in 2022; but the current rate is still way above the global estimations of 14% (UNFPA, 2024). In 2016, one on four adolescent girls aged 15-19 had began childbearing in Tanzania (TDHS, 2016). There are great differences among adolescent pregnancy rates within regions in the mainland part of Tanzania. Childbearing at 15 – 19 years of age is common in the Western Tanzanian regions such as Katavi (45%), Tabora (43%) and Mara (37%). The South West highlands also have high adolescent pregnancy rates such as Dodoma (39%) and Morogoro (39%). The lowest rates are found in Kilimanjaro (6%) and Dar es salaam (12 %) regions respectively (TDHS/MIS, 2022).

The differences are more related to poverty. Adolescent girls in rural areas are more likely to become pregnant younger compared to urban girls (UNFPA, 2018). In rural regions such as Urambo in Tabora, where this study was conducted, child marriages are much higher compared to urban regions, such as Dar es Salaam. In areas such as Urambo where child marriages are prevalent, adolescent pregnancy is also common (Girls Not Brides, 2019). It is estimated that around 30% of girls marry under the age of 18 in Tanzania (UNICEF, 2016). Until 2016, The Law of Marriage Act of Tanzania (1971) allowed the minimum age for a girl to marry is 15 years and for boys it is 18. With special permission from parents, girls can marry as young as 14 years (OECD, 2019). It is worth noting that the high incidence of adolescent motherhood is worrying and is matter of life and death concern in Tanzania, particularly given the socioeconomic status of both the adolescent mother and the infant.

Scientific literature denotes that childbearing at young age is often looked at from a risk perspective, where pregnancy is constructed to be a problem (Dillon and Cherry, 2014). This is because pregnancy at young age exposes girls to multilevel risks adversely impacting their health, education, and socioeconomic status. Moreover, adolescent pregnancy is embedded in various moral and political discourses which confirm that it is as a social threat and a problem (Tanner, 2013). Furthermore, in development perspectives, adolescent pregnancy is considered a risk for health and social and economic wellbeing of girls (UNFPA, 2018; WHO, 2018). This is because adolescent pregnancy is proven to have more health risk for both the mother and child, as compared to pregnancy in more mature age.

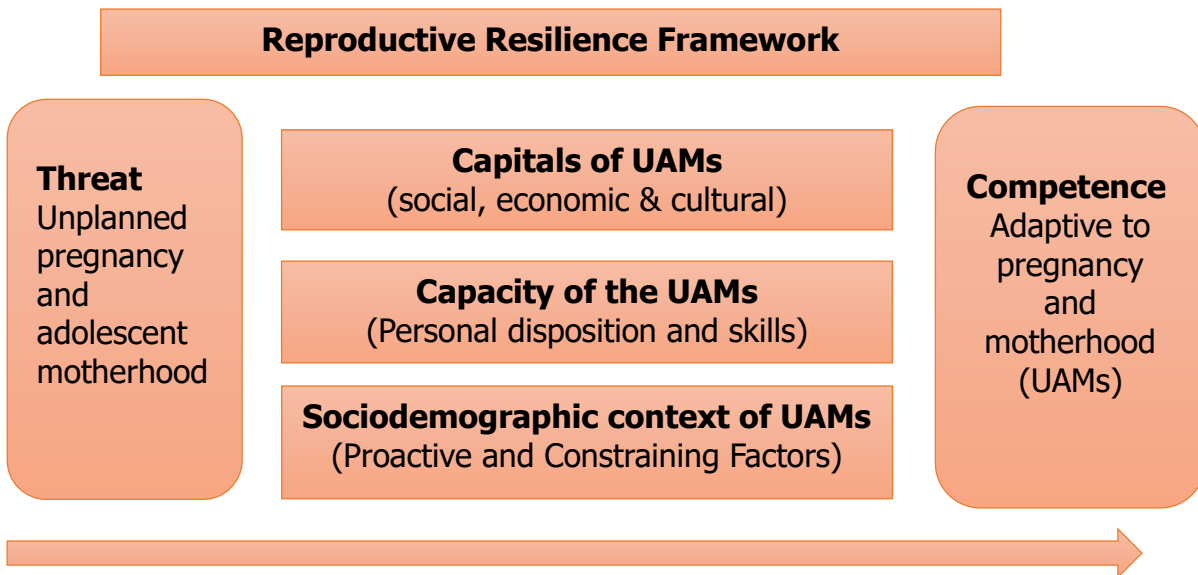
The effects of adolescent pregnancy on social and economic development of Tanzania are negatively perceived because young mothers often experience difficulties in getting education or employment (UNFPA, 2019). Ringsted (2004) claims that young mothers in Tanzania face many challenges in everyday life, as they frequently face exclusion related to child birth outside wedlock. Ringsted (2004), who carried out a study about pregnant girls' kinship in Tanga region, Tanzania, established that these girls are treated as "unwanted" family members. Since pregnancy is negatively perceived as a family shame, pregnant girls are often hidden indoors or sent to live with relatives in other villages. This is done because the families are scared of being ridiculed by their communities. Therefore, UAMs are often deprived of their right to continue living in their father's home. Furthermore, UAMs need a lot of social support in order to navigate through motherhood and to meet their child caring demands. Social support relations offer them social reinforcement, guidance and tangible assistance to help adapt and cope their new role as parent (Mangeli *et al.*, 2017). This study therefore examined the extent to which social support is used in building resilience and agency among UAMs in rural communities sampled from Urambo district in Tabora. Informed by the reproductive resilience framework (Ahorlu, Pfeffer & Obrist, 2015), the study aimed to explore how UAMs cope with their changed livelihood situations as well as how they manage their relationship with their families, friends and community during motherhood.

2.2 Conceptual Framework

The term "resilience" is frequently used to describe the person's ability to adapt, recover or remain strong in the face of adversity (Luther & Cicchetti, 2000). It refers to positive outcomes in the presence of adversity, rather than to positive adjustment in general. It surfaces in the presence of hardship as explained by Hawley (2000) and denotes the ability of individuals who are able to bounce back from adversity. Whereas, agency is defined as the capacity to make choice and the power to act on those choices, especially to claim the voice rights (Naila Kabeer, 1999). This can be expressed through direct actions or via experiences of choices, decision-making and reflection. Adolescents' agency is influenced by a range of aspects including: adolescents' self-efficacy (belief in their capabilities), self-esteem (their overall sense of self-worth), mattering (feeling of being important) their experiences of bodily autonomy (right to governance of one's bodies) in an environment free from all forms of gender-based violence and discrimination, as well as their experiences of connectedness (at home, communities, and other social networks) as cited in Chelsea & Ashmore (2020).

Adolescents' agency plays roles in shaping their experience of resilience, that is their capacity to adapt to changes or disruptions that may threatened their stability and well-being. Here, capacity can take different forms: anticipatory, absorptive, adaptive and transformative capacities. Anticipatory capacity is the ability to reduce or avoid the impact of shocks through prior preparation; while absorptive capacity is the ability to absorb, cope with and buffer the impact of shocks. Adaptive capacity is the ability to adapt to future risks. Transformative capacity is the capacity to make individual and structural changes to reduce or mitigate underlying causes of risks. The adapted reproductive resilience framework presented by Ahorlu, Pfeffer & Obrist (2015) portrays how different actors (family and friends, and institutions (schools, health services and community) influence adolescent mothers and build resilience to cope with pregnancy and motherhood. The framework (Fig. 1) is conceptualized around the assumption that unwanted adolescent pregnancy and motherhood might threaten education, socioeconomic wellbeing and health of adolescent mothers.

Figure 1: Conceptual Framework



Source: Reproductive Resilience Framework for UAMs. Adapted from Ahorlu, Pfeiffer & Obrist (2015).

The reproductive resilience framework focuses on three aspects to examine the resilience of young women. It reflects the types of capitals young women have at their disposal. The capitals assessed in the reproductive resilience framework include social capital (relations with others that can offer support), cultural capital (personal knowledge and educational qualifications) and economic capital (economic resources of cash or kind). The reproductive resilience framework analyses how these capitals work, together with the capacities influence the competence and adaptation of adolescents to pregnancy and motherhood (Ahorlu *et al.*, 2015). Furthermore, the framework is used to examine the socio-demographic context of UAMs focusing on the proactive and constraining factors of their environment that affect resilience (Pfeiffer *et al.*, 2017).

3. METHODOLOGY

3.1 Study Area

The study was conducted in Urambo District, in Tabora Region covering four wards namely Imlayamakoye, Urambo, Ukondamoyo and Kiyungi. The wards were randomly selected to represent other wards in Urambo Districts. The district is dominated by two tribes which are Sukuma and Nyamwezi. Patriarchy cultural values are dominant especially in rural areas. These two tribes are known for adhering strongly to their patriarchal culture (Mtoi, 2024); which has implications on girl child especially in decision making. The patriarchy nature of the study area has implication on UAMs especially when it comes to building resilience and agency.

3.2 Study Design

This study used descriptive design. The design enabled the researcher to provide more insight into resilience and agency of UAMs. Likewise, the study design enabled the researcher to obtain information and systematically describe the phenomena, situation, or population. Specifically, the design helped to answer what, when, and where questions about the studied problem. In order to grasp a wider perspective of the research problem, both qualitative and quantitative data were collected and analysed.

3.3 Sample Size and Sampling Techniques

Based on Yamane's (1967) formula, the minimum sample size for this study was obtained to meet the intended objectives of the study as indicated in equation 1.

$$n = \frac{N}{1+N(e)^2}$$

N = the Total population, in this case, 100, as per data from the Local Government Authority (LGA) office.

e = the degree of confidence interval (5% is the most recommended given the data accuracy requirement)

n = the sample size.

$$n = \frac{100}{1+100(0.05)^2}$$

$$n = \frac{100}{1+100(0.0025)}$$

$$\frac{100}{1 + 0.25}$$

$$= \frac{100}{1.25} = 80$$

Thus, a total of 80 UAMs were involved in this study.

A simple random sampling procedure was used to ensure that every element in the population had equal chance of inclusion in the sample. This method was used to select four wards (Ukondamoyo, Kiyungi, Imalakoye and Urambo) out of 16 wards found in the entire district. Due to the nature and objectives of the study, purposive sampling was used to select participants with no alternative or substitutions such as UAMs, parents/guardians, community development officers and social worker. Snowballing technique was also used to obtain participants who are difficult to access such as UAMs.

3.4 Data Collection Methods and Instruments

Both quantitative and qualitative methods and tools were used to collect intended data based on the study objectives. Survey was conducted using questionnaires which were administered to UAMs. The questionnaire is the most appropriate tool, allowing the study to collect information from a large sample with diverse backgrounds (Kothari 2006). Three focus group discussions consisting of 10 UAMs from Urambo, Kiyungi and Ukondamoyo wards were conducted. The discussion was conducted for the purpose of getting a wider perspective of the study problem from the key study participants. Twelve key informant respondents (6 parents/guardians of UAMs, 2 social welfare officers, 2 community development officers, and 2 community ward executive officers) were also involved in the interviews. Individual face-to-face interview with these officials were conducted using interview question guide. This method is advantageous because it provides the chance of clarifying unclear issues, creating the opportunity for the researcher to request for elaboration.

3.5 Data Analysis Procedures

The quantitative data were edited for accuracy, readability, consistency and completeness; then coded before entered into the Statistical Package for Social Sciences (SPSS) computer software for statistical analysis. The results were descriptively presented and compared with previous studies for reliability and validity and comparative purposes necessary to pinpoint the contribution of the current study to the existing body of research knowledge. The qualitative data obtained through in-depth interviews and FGDs were scrutinized to identify themes and patterns of meaning that repeatedly came up, then subject-

ed to thematic analysis.

3.6 Consent and Ethics

This study is part of a study on “Implementation of Education Re-Entry Policy for Adolescent Mothers in Urambo, District, Tanzania”. Thus; the researcher followed all the Mwalimu Nyerere Memorial Academy Research and Consultancy’s protocols. Permission was sought from the Mwalimu Nyerere Memorial Academy (MNMA) and the MNMA Research and Consultancy Committee (MRCC). The permission to conduct the study was also sought from the Office of the Regional Administrative Secretary in Urambo, from the Ward Executive Director where the study was conducted. In addition, the ethical rights of the respondents were upheld by notifying them of the purpose of the research before its commencement. An introductory letter was presented to the participants in order to offset their fear through assuring them that the study was authentic and had been officially endorsed by the responsible authorities. Informed consent to participate in the study was obtained from all the participants. The participants were informed that they were under no obligation whatsoever to answer the given questions and that they could withdraw from the interview session whenever they wished. Confidentiality was also ensured throughout the course of conducting the study.

4. FINDINGS AND DISCUSSIONS

4.1 Demographic Information of the Unmarried Adolescent Mothers

The intention of including demographic information in a study is to know the characteristics of the main respondents in the study area. Of the 80 UAMs participated in this study, more than three quarter (80%) were aged between 13-16. This indicates that, majority of the respondents were in reproductive age which is characterized by profound biological, psychological and social changes simultaneously associated with intense sexual drives. Younger adolescent especially at this age category, are more likely to face higher risks of pregnancy-related issues due to physical immaturity. They are more likely to experience unintended pregnancies due to increased exposure to sexual activity and limited access to reproductive health services.

Table 1: Demographics characteristics of the respondents (n=80)

Variable	Frequency	Percentage
Age Groups		
9-12	3	3.8
13-16	64	80
17-19	13	16.2
Total	80	100.0
Education level		
Non-formal education	14	17.5
Primary education	48	60
Secondary education	12	15
Vocation training	6	7.5
Total	80	100.0
Ethnicity of Respondents		
Nyamwezi	48	62.5

Sukuma	26	35
Other	6	7.5
Total	80	100.0

Source: Field Data (2023)

The finding in Table 1 shows that three-quarters of the respondents (60%) who participated in the study had primary education level, followed by (17.5%) who had no formal education and (15%) who had secondary education. Meanwhile, (7.5%) of the respondents had vocational training education. These quantitative figures imply that most of respondents had basic education which enabling them to read and write. Although majority of the UAMs had basic education, they lack relevant information about SRHS, which could potentially increase the incidences of early pregnancies in Urambo district.

4.2 Factors Contributing to the Increase of Unmarried Adolescent Mothers

Although a number of factors contributing to the increase of UAMs in the study area were reported (Fig: 2), lack of knowledge of sexual reproductive health is the most important factor. The study findings revealed that most UAMs were unaware of safe sex. They seemed to be unaware of how to avoid pregnancies due to a lack of education and relevant information about it. This finding concurs with what was reported by UNFPA (2021) that low education on reproductive health among adolescents led to unsafe sexual activities, hence resulting in pregnancies. Similarly, in FGD a participant at Urambo Ward was quoted saying:

“Most adolescents are not using contraceptives during sexual intercourse. This is caused by a lack of enough education or ability to influence their partner to use contraceptives. Possibly, this is affected by age differences among the sexual partners”. (FGD, Urambo Ward, 2023).

The quote confirms that a significant majority of adolescents do not use contraceptives, the behavior signaling vulnerability to alarming health outcomes. The quote is also reinforced by yet another KI respondent who said:

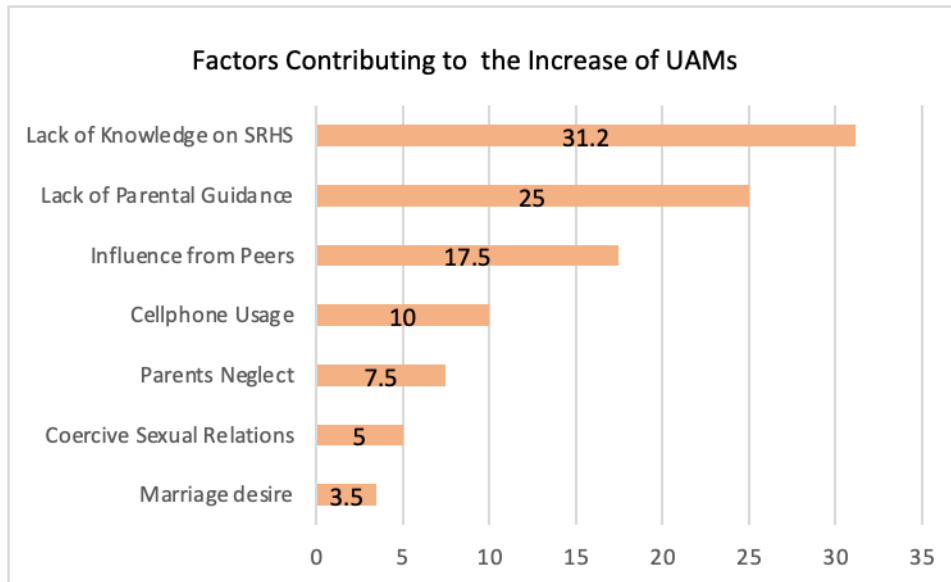
“Sexual and reproductive health (SRH) knowledge is crucial for preventing unwanted or unplanned pregnancies in this area. The majority of adolescent girls here lack SRH knowledge, which is also associated with a lack of education, poor knowledge of family planning methods, for example, how to use condoms, a general understanding of the menstrual cycle. These have influenced pregnancies among adolescent girls” (KI, Urambo Ward, 2023).

Although not reported by many respondents, coercive sexual relations (5%) exist in the study area which contribute to the increase of UAMs in Urambo. Some adolescent girls date older men for financial gains, while some experience sexual abuse by neighbours and relatives which increase the problem of UAMs. Wood (2017) reported that coercive sexual relations cause pregnancy amongst adolescent girls before they attain womanhood due to rapping sexual exploitation. It causes most girls to have sexual affairs while they lack sufficient knowledge of what will happen after the act, resulting in increased adolescent pregnancies. The study disclosed that such abuse in a patriarchy society like Urambo is a social stigma which goes unreported. Adolescent girls discovered to have committed adultery are tagged bad girls. This is captured by a participant at Ukondamoyo who remarked:

“Some adolescent girls become pregnant from being sexually abused by men in their neighborhood or male relatives, and they are unable to report to the police or talk to their parents because they would be tagged as bad girls and no one will believe them if they decide to speak out” (FGD, Ukondamoyo Ward, 2023).

The above narration confirms that some socio-demographic context may act as a constraining factor for UAMs environment for building resilience.

Figure 2: Factors Contributing to the Increase of Unmarried Adolescent Mothers in Urambo District.



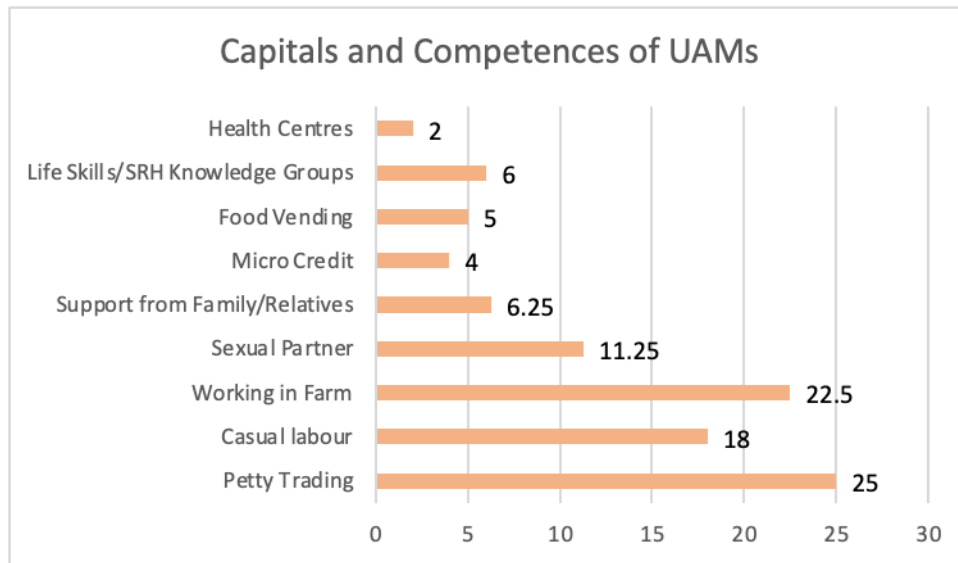
Source: Field Data, 2023

Marriage desire is another factor least mentioned by the respondents, but it is not just a personal choice rather than a social expectation in many traditional rural societies such as Urambo. The two dominant tribes; Sukuma and Nyamwezi are known for adhering strictly to their culture. The community considers the girls child as a form of wealth for the family because of the bride price, thus marrying their daughters means wealth to the family (Mtoi, 2023). The current study found that some adolescent (3.5%) reported that they were promised to be married if they would accept to have sex with their partners. However, the promises were never fulfilled after getting into relationship, which ended in pregnancy and they remained unmarried. These results concur with what was reported by Mpimbi *et al.* (2022), that guarantee for marriage is one of the factors influencing repeated pregnancies among unmarried adolescents. Conclusively, deducing from the study findings, marriage desire can be regarded as a social and cultural norm which plays a big role in shaping adolescent behavior, especially in the context of rural communities sharing characteristics similar to those of the current study in Tanzania.

4.3 Factors Influencing the Resilience of Unmarried Adolescent Mothers

Built on the conceptual framework adopted in the study, resilience is conceptualized as the capacity of an individual to overcome adversities in order to perceive and positively adapt to the life situations (Obrist *et al.*, 2010). In this paper, the key aspects in the framework were linked to capital and competences that individual have at their disposal; and the capacities to influence adaptation to the situations in which they are, as portrayed by Figure 3.

Figure 3: Resilience of UAMs



Source. Field Data, 2023

4.3.1 Social Capital

The first analysis in the section focused on social capital, because in many societies’ adolescent mothers highly depend on social support to gain other capitals such as economic and cultural. Ahorlu *et al.*, 2015 describe social capital as one of the significant resources which affect how UAMs can adapt and cope with difficulties. Moreover, social capital affects the self-perception of adolescent mothers and work as critical element in the positive adjustment into motherhood. As argued by Obrist *et al.* (2010); people’s capacity to adapt is determined by what kind of resources the person has on her disposal. It was therefore important to analyse the ways social support can operate either as protective or constraining factors for resilience of UAMs in Urambo.

Results in figure 3, revealed that support from families and relative was reported as one of the social capitals for UAMs. Although family support was least mentioned (6.25%), it was central to the capacity of mothers for building resilience. Notably, the notion of family in Tanzania context goes beyond the members of the nuclear family. It also includes members of the extended families. This is mainly because the UAMs interviewed in the study area, were living with different categories of families. Some were living with both parents, aunties, grandparents and some were living with mothers after being driven away from their home as a result of pregnancy. Most of biological families reacted extremely badly after realizing the girls had become pregnant, equating it with shame.

The social norms attached to Sukuma and Nyamwezi, also caused majority of UAMs to experience different challenges within their families. Some were abandoned and forced to move from their family homes. A key informant said

“Among the Nyamwezi and Sukuma tribes, it is cultural unacceptable to use the same washroom with your father if a girl conceives outside the wedlock” (KII, Ukondamoyo, 2023).

One respondent narrated that her father was moved into uncontrollable anger after realizing that his daughter was pregnant. After she had given birth, her father forbade her to return home. Therefore, she had no other alternative except staying with her new born baby at her grandmother for some months. Fortunately, her father’s anger calmed down and he allowed her to return home again. In FGD, a participant explained that her grandmother had become her only strength in her life when she became

pregnant. She endured a predicament similar to one just reported before being accepted back to the family house. She recounted her story as follows:

“My grandmother has helped me with everything. She helps me with the baby and make sure I have everything I needed. Our relationship has not changed since I became pregnant” (FGD, Urambo ward, 2023).

These findings concur with those of a study conducted in Dar es Salaam, which acknowledge that depending on the status of their pregnancy, adolescents turned to different social actors, which contributed to making them manage their livelihoods (Pfeiffer *et al.*, 2017).

A number of the respondents were reluctant to provide information about their children’s fathers. Some declared that the relations with them excited dreadful feelings of anger and resentment due to the nature of the relationships emerged after pregnancies. Few respondents were afraid to tell anything about their past relationship with the father of the child, apparently to protect them. According to CRH (2013); it is illegal in Tanzania to make an adolescent girl pregnant. As such, girls usually hesitate to disclose any information about the men they had sex with, especially in case where the baby’s father is older than them or is a close relative or a family member.

Despite the negative relationship prevailing with the babies’ fathers, few respondents (11.25%) were still together in relationships and communication with their children’s fathers. These UAMs expressed a sense of pride that they had men who were taking at least some of the responsibilities for their children. One respondent narrated that although she was living with her parents, she felt that she was still in relationship with the baby’s father because he was helping with food, clothes, money and visit them regularly. Social support from a male partner is among the important resilience strategy for UAMs for provision of basic needs for themselves and for their children. A similar conclusion was also made in a study by Mort (2014), which affirmed that one of resilience factor for UAMs is support from their partners.

4.3.1 Economic Capital

The study findings revealed that majority of UAMs were engaged in some sort of economic activity as part of their resilience for themselves and their babies. In this category, majority (25%) were engaged in petty trading such as selling second hand clothes, while some owned small shops around their houses for selling different food items. The results imply that UAMs engaged in different petty trading activities enabling them to earn a living for themselves and for their families. Similar findings were also reported in a study of Asomani (2017), who acknowledged that petty trading and other income generating activities are the common popular activities carried out by UAMs to secure income to carter for their own needs and that of their children. Working on farm was also reported as among the important resilience strategies opted by UAMs. The study indicated that 22.5% of respondents were working on farm for crop production of their own food such as maize, cassava, yam, and vegetables. Some were engaged in tobacco farm as casual labour for earning wages and others for commercial purposes. Engaging in farm activities presents one among the popular resilience options also reported in a study by Amina *et al.* (2022). This finding concurs with findings from one of respondent of FGD who said :

“After the child birth, my life became worse. I had no support whatsoever neither from the father of my child nor from my parents. However, my grandmother gave me a space on her farm for crop production. What I get from this farm, I sell few for income and keep the rest for food. This is how I survive. (FGD, Ukondamoyo, 2023)”.

Notably, consistent with the study findings and the foregoing discussion, one can safely conclude that most of UAMs engage in agriculture activities because the sector is the only option remaining for them presenting a viable avenue for them to manage their living. By the way, they are less competitive when it comes to consideration of other careers, especially in the rural settings such as Urambo.

4.3.1 Cultural Capital

Cultural capital is among the significant aspect for individual to develop competence to adapt to certain situations. This study adapted a Bourdieu's cultural definition suggested by Ahorlu *et al.* (2015); whereas cultural capital is described as personal knowledge and education qualification possessed by individual, allowing to develop competencies and adaptation. Although the education of informants varied, majority of UAMs in Urambo had formal education, except only 17.5% (Table. 1) who had no basic education. Despite the fact that, majority of UAMs had formal education, the SRH was low among them (Fig. 3). The information about pregnancy among the respondents was limited or non-existent. In most patriarchy societies in Tanzania, it is taboo to talk about sexuality of girls. Parents are also reluctant to speak anything related to sex with their daughters. Thus, informants in the study area were mostly receiving such kind of information from their peers, which was not sufficient enough to make informed decisions. Lack of unreliable information about sexuality increases the chance of adolescent pregnancies. This finding concurs with a study reported by UNFPA (2021) that low education on reproductive health among adolescents leads to unsafe sexual activities, hence resulting in pregnancies. In one of the key informant interviews, a respondent asserted that:

"It could be proper to teach adolescent girls how they can protect themselves from pregnancy. In my community, we are thinking to introduce community girl's forum intended to help adolescent overcome early pregnancies" (KI, Urambo Ward, 2023).

Despite the limited access to SRH information, some of the informants commented that health care providers from different health centres were important sources of advice for UAMs in the study area. Nonetheless, the suggestions received were mentioned by few respondents (6%). These described the health centre to be very helpful for them to learn new things. A respondent from Ukondamoyo recalled: *"I went to clinic many times when I was pregnant, I found it very helpful, because they told me a lot about pregnancy, especially what to eat, when and how to exercise in order to keep myself and the baby in good health"*. (FGD, Ukondamoyo, 2023).

Another respondent describes her experience at the health centre narrating :

"The nurse told me to attend mother and child health education programs in order to know how to take care of myself, the child health and how to avoid pregnancy and STIs" (FDG, Kiyungi, 2023).

The quotes consolidate the notion that gaining knowledge about pregnancy complications from health centres made the informants feel more confident despite the situation they were in. Thus, in the situation where reliable family members may not offer valid information about sex and pregnancy, additional source of information such as health workers becomes important for adolescent, thereby enhancing their competencies.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The study comprehensively examined key capitals of UAMs in building competence to adapt to early unplanned pregnancies and motherhood. Informed by the reproductive resilience framework developed by Ahorlu, Pfeiffer & Obrist (2015); this study has established that a number of resources that UAMs

have at their disposal have various influences on the capacities to adapt to the situations they are in. The informants depended on each other. The financial and cultural capital that the informants had were strongly tied to their social capital. The family, and peer support, and advice from health service providers were the most significant sources of support received by majority of the informants necessary for their adaptation. The mothers who received both emotional, informational, and financial support from their family demonstrated the best adaptation capacities to motherhood. A gendered perspective on the sources of social support was also evident. Most of UAMs received support from women family members such as their own biological mothers, aunts, sister, grandmothers, and their female friends. Nevertheless, financial gain was insufficient to meet all the needs, but the meaning of economic capital for resilience was evident. The informants were engaged in various economic activities which supported themselves and their families. Some informants were engaged in selling vegetables and fruits, while others relied on small-scale farming. These activities helped them to meet their financial needs. Despite the challenges faced, many of the mothers in this study had developed competence to adjust to their changed livelihood situation and they had positively adapted to the state of motherhood.

5.1 Recommendations

Building UAMs resilience requires adopting multisectoral approaches focusing on the knowledge, rights and choices of adolescents while considering the impact of social, economic, cultural and political factors influencing their lives. First and foremost, is to understand and tackle the underlying factors for adolescent pregnancies, while promoting the culture of no boundary education, healthcare and support for adolescent girls. Second, empowering adolescent girls to make informed decisions about their sexual and reproductive health and promoting gender equality is crucial for this approach. Third and last, evidence-based interventions and collaboration among public health professionals, policymakers, healthcare providers, and the community are essential for achieving lasting changes, leading to reducing the incidences of teenage pregnancies in Tanzania.

REFERENCES

1. Ahinkorah BO, Budu E, Aboagye RG, Agbaglo E, Arthur-Holmes F, Adu C, Archer AG, Aderoju YBG, Seidu AA. (2021) Factors associated with modern contraceptive use among women with no fertility intention in sub-Saharan Africa: evidence from cross-sectional surveys of 29 countries. *Contracept Reprod Med.* 2021 Aug 1;6(1):22. doi: 10.1186/s40834-021-00165-6. PMID: 34332644; PMCID: PMC8325798.
2. Ahinkorah, B. O., Kang, M., Perry, L., Brooks, F., & Hayen, A. (2021). Prevalence of first adolescent pregnancy and its associated factors in sub-Saharan Africa: A multi-country analysis. *PLoS One*, 16(2)
3. Ahorlu, C., Pfeirrer, C., & Obrist, B. (2015). "Socio-cultural and economic factors influencing adolescent's resilience against the threat of teenage pregnancy: a cross-sectional survey in Accra, Ghana." *Reproductive Health Journal*. Volume. 23:12: 117. [Online] <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-015-0113-9> [Accessed 13.4.2024]
4. Anima, P. A., Kumi-Kyereme, A., Mariwah, S., & Tampah-Naah, A. M. (2022). Reflections on lived experiences of teenage mothers in a Ghanaian setting: a phenomenological study. *International Journal of Adolescence and Youth*, 27(1), 264–280.
5. Asomani, F. (2017). School persistence and dropout among teenage mothers in Ghana. Dissertation for Award of Master of Philosophy in Comparative and International Education at the University of

Oslo, Oslo, Norway. 126p

6. Law of the Child Act (2009) [Online] http://www.mcdgc.go.tz/data/Law_of_the_Child_Act_2009.pdf [Accessed 13.2.2023]
7. Chelsea L. Ricker & Rebekah Ashmore (2020) The importance of power and agency in a universal health coverage agenda for adolescent girls, *Sexual and Reproductive Health Matters*, 28:2, 1787312, DOI: 10.1080/26410397.2020.1787312
8. Cherry, A. and Dillon, M. (2014). “An international perspective on adolescent pregnancy”. In Cherry, A. and Dillon, M. (Eds.) *International Handbook of Adolescent Pregnancy*. Medical, Psychosocial and Public Health Responses. Springer.
9. CRH Centre for Reproductive rights (2013). *Forced out. Mandatory pregnancy testing and the expulsion of pregnant students in Tanzanian schools* [Online] <https://www.reproductiverights.org/document/tanzania-report-forced-out-mandatory-pregnancy-testing-expulsion>[Accessed 14.2.2023] from <http://whqlibdoc.who.int/publications/2007/9789241595650>
10. Girls not Brides (2019) *Tanzania Child marriages* [Online] <https://www.girlsnotbrides.org/child-marriage/tanzania/> [Accessed 1.4.2023]
11. Hawley, D.R. (2000). Clinical implication of family resilience. *American Journal of Family Therapy*, 28(2), 101-116.
12. Kothari, C. (2006). *Research Methodology: Methods and Techniques*. New Delhi: New Age International (P) Ltd
13. Le Roux, K., Christodoulou, J., Stansert-Katzen, L., Dippenaar, E., Laurenzi, C., Le Roux, I. M., Tomlinson, M., & Rotheram-Borus, M. J. (2019). A longitudinal cohort study of rural adolescent vs adult South African mothers and their children from birth to 24 months. *BMC Pregnancy and Childbirth*, 19(1), 24.
14. Luthar S.S, Cicchetti D. The construct of resilience: Implications for interventions and social policies’, *Development and Psychopathology*. 2000;12:857–885
15. Mangeli, M., Rayyani, M., Cheraghi, M. and Tirgani, B. (2017). “Exploring the Challenges of Adolescent Mothers from Their Life Experiences in the Transition to Motherhood: a qualitative Study”. *Journal of Family and Reproductive Health*. Volume, 11(3): 165–173
16. Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). (2016). 2015-16 Tanzania Demographic Health Survey - MIS Key Findings. Rockville, Maryland, USA.
17. Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). (2022). Tanzania Demographic Health Survey - MIS Key Findings. Rockville, Maryland, USA
18. Moganedi, S.E.; Mudau, T.S. Stigma and Mental Well-Being among Teenage Mothers in the Rural Areas of Makhado, Limpopo Province. *Soc. Sci.* 2024, 13, 18. <https://doi.org/10.3390/socsci13010018>
19. Mort SK. Risk, Support and Resilience (2014). A Study of Northern Ghanaian Migrant Teenage Mothers Resident in Accra, Ghana. Thesis Submitted to the University Of Ghana, Legon
20. Mpimbi, S.J.; Mmbaga, M.; El-Khatib, Z.; Boltana, M.T.; Tukay, S.M. Individual and Social Level Factors Influencing Repeated Pregnancy among Unmarried Adolescent Mothers in Katavi Region—Tanzania: A Qualitative Study. *Children* 2022, 9, 1523. <https://doi.org/10.3390/children9101523>
21. Mtoi, E.H. (2024). Implementation of Education Re-Entry Policy for Adolescent Mothers in Urambo District, Tanzania. *International Journal of Multidisciplinary and Research Analysis*, 7(10), 4898-490

- 7.
22. Naila Kabeer (1999), Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. <https://www.uts.utoronto.ca/~kmacd/IDSC10/Readings/research%20design/empowerment.pdf>
23. Obrist, B., Pfeiffer, C. and Henley, R. (2010). "Multi-layered social resilience: a new approach in mitigation research". *Progress in Development Studies*. Volume. 10, No. 4, pp 283-293.
24. OECD (2019) *Gender Index Tanzania* [Online] <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/TZ>. Pd
25. Pfeiffer, C., Ahorlu, C., Alba, S. and Obrist, B. (2017). "Understanding resilience of female adolescents towards teenage pregnancy: a cross-sectional survey in Dar es Salaam, Tanzania" *Reproductive Health Journal*. Volume. 14:77. pregnancy, State of World Population.
26. Ringsted, M. (2004). "Growing up pregnant: Events of Kinship in Everyday life". *African Sociological Review*. Volume. 8, No. 1, pp. 100-117.
27. Tanner, L. (2013). *My whole world: Teen Moms Navigating Identity and Social Discourse*. Dissertation, Women Studies. Oregon State University.\
28. UNFPA (2018) *Fact sheet: Teenage Pregnancy, Tanzania*. [Online] https://tanzania.unfpa.org/sites/default/files/pubpdf/factsheet_teenage%20pregnancy_UNFPA_14oct.pdf [Accessed 12.3.2024]
29. UNFPA (2024). Global Affairs Canada, UNICEF and UNFPA. Join Hands to Support Adolescent Girls in Tanzania
30. UNFPA, (2013). *Motherhood in Childhood: Facing the challenge of adolescent*
31. UNICEF. (2019). Sustainable goals and children in Tanzania: Sustainable changes start with children: Dar es Salaam: United Nations Children's Fund
32. UNICEF. (2024). Early Child Bearing and Teenage Pregnancy Rate by Country. UNICEF
33. United Nations International Children's Emergency Fund (UNICEF). (2016). Early childbearing. Retrieved Dec 18, 2024, from https://data.unicef.org/topic/child_health/adolescent-health/
34. United Nations Population Fund. (2022) *Motherhood in childhood—the untold story*. UNFPA. <https://www.unfpa.org/publications/motherhood-childhood-untold-story#:~:text=This%20report%20examines%20trends%20in,occur%20in%20dangerously%20quick%20succession>
35. United Nations, (UN). (2019). Fertility among very young adolescent. New York. Retrieved January 14, 2024, from https://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2019-1.pdf
36. WHO, (2007). *Adolescent Pregnancy: Unmet Needs and Undone Deeds*. Retrieved
37. Wood L, Hendricks F (2017). A participatory action research approach to developing youth-friendly strategies for the prevention of teenage pregnancy. *Educ Action Res*. 25(1):103–18.
38. World Health Organization (WHO) (2022). *Adolescent Pregnancy: Key facts*. WHO
39. World Health Organization (WHO). (2020). *Adolescent Pregnancy*. Geneva. Retrieved September 20, 2024 from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy/>
40. World Health Organization, (2018). *Adolescent pregnancy*. Retrieved from <http://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy-on-20/09/2019>
41. Yamane, T. (1967). *Statistics; An Introductory Analysis*, 2nd, Ed, New York; Harpera.