



**LISTENING  
TO YOUNG  
MOTHERS IN  
TANZANIA**

# IN HER WORDS



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# Summary

Grounded in the perspectives of 88 young mothers in Tanzania, *In Her Words* offers a framework for funders and other power holders to take a two-generation approach to promoting nurturing care for children aged 0-3 and expanding opportunities and the realization of human rights for young mothers. Young mothers called for safe spaces to be girls, opportunities to be in community with other mothers; respectful health services for themselves and their children and youth-friendly, comprehensive sexual and reproductive health and rights information; educational opportunities for themselves and their children; and opportunities to become financially self-sufficient.

# Introduction

Children everywhere deserve an opportunity to lead fulfilling lives – to survive, develop and thrive throughout childhood and adolescence and to reach their full potential. Adolescent girls are worthy of opportunity and agency to lead their lives in the way they choose. This should remain true for those who become mothers. And yet, adolescent mothers and their young children (ages 0-3) are uniquely vulnerable, often invisible to policymakers and NGOs and shunned by their families and communities.

**In the first years of life, parents, intimate family members and caregivers are the closest to the young child and the best positioned to provide nurturing care (Nurturing Care, 2022). To equip caregivers with the resources to provide nurturing care, policies, services and community supports need to be in place. This is especially important for adolescent and young mothers who are particularly vulnerable and often the most marginalized from these supports.**

By listening to and amplifying young mothers' voices in Kenya, Mozambique and Tanzania, *In Her Words* takes a step towards ensuring opportunity for young mothers and nurturing care for their children.<sup>1</sup> From December

2021–January 2022, dialogues with 88 young mothers were held across Tabora and Mwanza regions in northern Tanzania. Conversation topics ranged from pregnancy to birth to parenting and addressed peers, families, communities, and systems. While the dialogues were guided by a set of questions, they were also an open forum for young mothers to discuss what felt most important to their lives and the lives of their children.

To put these voices in context, the report begins in **Section 1** by outlining what the data show about the challenges facing girls and young women, existing policies designed to improve outcomes for them and the gendered inequalities that help explain these challenges and policy limitations. In **Section 2**, the report shares insights and quotations from girls: weaving together an illuminating, and often painful, recount of young mothers' experiences and how they are treated as pregnant and parenting girls and young women. It shows the deep, almost inseparable, connection between the role of marriage and all other aspects of her life – including pregnancy. **Section 3** features profiles of three young mothers, demonstrating the intersecting power and vulnerability of their lives. The report

<sup>1</sup> *In Her Words* captures the voices and perspectives of young mothers' from across Kenya, Mozambique and Tanzania. This specific report is focused on young mothers in Tanzania.

concludes in **Section 4** with the brilliant, two-generation solutions young mothers recommend to the barriers they are facing.

It is clear young mothers are determined to give their children the best, but isolation, discrimination, violence, and a loss of opportunity are major barriers. As the people closest to the problems they face, and those with a deep commitment to their children, young mothers are best positioned to understand what solutions will work to address these challenges. Funders, policy makers, social service systems, communities, and families all have a role to play in ensuring young mothers and their children can reach their full potential. **Listen to their words and invest in their solutions.**

# Section 1

## THE DATA AND POLICY LANDSCAPE

**31%** 31% of girls were married by the age of 18

**22%** of young women aged 20–24 gave birth before 18

**Life for girls and young women in Tanzania is hard, especially if they become mothers at a young age.**

Adolescent pregnancy and child marriage are common and dangerous, leading to maternal mortality, gender-based violence, poor sexual and reproductive health, and limited educational opportunities. Policies designed to protect children, girls and women are failing due to poor implementation.

**High rates of adolescent pregnancy, child marriage and HIV:** Pregnancy, marriage and sexual and reproductive health are

**Figure 1: The Two-Generation Impact of Gender Inequality**

	Informal	Formal
<b>Individual</b>	Trauma as a result of gender-based violence harms young mothers' well-being. <b>Shame</b> keeps young mothers isolated and disconnected from services. Families seek to avoid shame by encouraging early marriage.	Gendered <b>poverty</b> puts girls at risk of early marriage, a key driver of early pregnancy. Absence of <b>affordable quality childcare</b> blocks young mothers from pursuing education and work. <b>Lack of viable livelihoods</b> puts young mothers at risk of violence.
<b>Systemic</b>	<b>Gender-based violence</b> is a pervasive rights violation. <b>Discrimination</b> pushes young mothers from educational and healthcare settings. <b>Stigma</b> against single motherhood pressures pregnant girls to marry. <b>Rigid gender roles</b> place the burden of contraception and parenting on young women.	<b>Policies</b> meant to protect girls and young women from violence and ensure educational and healthcare access are not enforced. Lack of <b>sexual and reproductive health education</b> puts girls at risk.

Note. This analytical framework was adapted from Gender at Work.

particularly rocky areas for adolescent girls in Tanzania. As of 2019, Tanzania had the 13th highest rate of adolescent fertility in the world, and in 2016 22% of young women had given birth before age 18 (UNICEF, 2016). 31% of girls were married by the age of 18. Although HIV incidence dropped by roughly 20% between 2018–2020, HIV infection rates and AIDS-related deaths in Tanzania remain some of the highest in the world (AIDSInfo, 2020). Women and girls are disproportionately affected by new infections; they accounted for 62% of all new HIV infections in 2020 and 75% of all infections amongst young people between the ages of 15 and 24.

**High maternal and infant mortality:** As of 2017, the maternal mortality rate in Tanzania was 524 deaths per 100,000 live births, placing it in the top 20 countries with the highest mortality rate in the world (UNICEF, 2021). The WHO lists “hemorrhages, infections, unsafe abortions, hypertensive disorders and obstructed labors” as the main causes of maternal death in Tanzania, and the Tanzanian Ministry of Health estimates that unsafe abortions make up approximately 30% of maternal deaths (WHO, n.d. and Centre for Reproductive Rights, 2012). Estimates for unsafe abortions are most likely underreported due to the stigma surrounding and criminalization of abortion in the country

(Centre for Reproductive Rights, 2012). What’s more, infant mortality is a significant issue in Tanzania; neonatal disorders were the number one cause of death nationwide in 2019 (IHME, 2019).

**Pregnant adolescents and young mothers face high levels of gender-based violence.** Four in 10 women between the ages of 15–49 have experienced physical or sexual violence, with nearly 30% reporting experiencing violence in the last year (World Bank, 2022). This represents a systemic violation of the human rights of girls and young women, and puts their children at risk of witnessing violence against their mothers or being hurt themselves.

**Policies designed to protect children, girls and women are helping improve some outcomes, but progress remains insufficient.**

Several policies and government programs, in place since at least 2007, have aimed at improving sexual and reproductive health (SRH), maternal, newborn, child and adolescent health. Three current national policies have specific goals and provisions around girls and women (see Appendix 2):

- The National Plan of Action to End Violence Against Women and Children from 2017/18–2021/22

- Vision 2025
- Big Results Now! (BRN) in Health (2015–2025)

However, SRH services remain limited, especially youth-friendly SRH services, safe abortion and inclusivity (Tull, 2020). Only one-third of health facilities are considered “youth friendly” (Nkata, Teixeira and Barros, 2019). This leaves young people without access to SRH information and services, leads to low contraceptive use amongst adolescents and creates significant stigma surrounding sexual and reproductive health (Nkata, Teixeira and Barros, 2019 and Mesiäislehto, Katsui. and Sambaiga, 2021). Abortion in Tanzania is permitted only for the health and wellbeing of the pregnant person and in the case of sexual violence, and “unlawful” abortion is criminalized in the Tanzanian Penal Code (Centre for Reproductive Rights, 2012). Despite the significant maternal mortality due to unsafe abortion, no policies or guidelines exist promoting safe abortion services (Centre for Reproductive Rights, 2012). Provision of abortion is at the discretion of the health care provider. Given the stigma surrounding abortion, many pregnant adolescents will not seek a safe abortion from a health care provider (Sambaiga, et al 2019). Therefore, many girls and women are not able to access

safe abortions. For marginalized populations such as disabled adolescents, utilizing safe SRH services is made even more difficult as SRH services are often inaccessible, unsafe and discriminatory, despite this group being as likely to be sexually active as non-disabled adolescents (Mesiäislehto, Katsui. and Sambaiga, 2021).

**Specific laws protecting children exist; however, implementation is poor and under-resourced.** Whilst the Tanzanian Constitution emphasizes the equality and human rights of all people, Tanzania has a separate act dedicated expressly to the protection of children: the Law of the Child Act 2009. Despite the policy, organizations such as Save the Children have noted a disparity between policy and practice and the limited resources going towards enabling children to participate actively in decision-making processes.<sup>2</sup> Marriage laws provide another example of the disconnect between policy and practice in relation to the realization of children’s rights. In 2016, Rebeca Gyumi, the Founder and Director of Msichana Initiative sued the Tanzanian government challenging the constitutionality of child marriage in Tanzania and demanding the government give girls equal protection under the law (Equality Now, 2019). The High Court of Tanzania ruled in 2016 and 2019 that it was illegal for

<sup>2</sup> See Appendix 3 for details on additional child programming to fill policy implementation gaps.

## Section 2

### YOUNG MOTHERS' EXPERIENCES OF PREGNANCY AND PARENTING ACROSS MWANZA AND TABORA

anyone under the age of 18 to marry (Equality Now, 2021). However, the law remains unimplemented, so the effective legal age of marriage in Tanzania remains at 15 for girls and 18 for boys (Makoye, 2021).

**Pregnant adolescents had been effectively banned from schools.** Research suggests that for over 60 years, mandatory pregnancy testing has been taking place in schools, and pregnant students have been banned from continuing their education – a gross violation of girls' human and legal rights (Centre for Reproductive Rights, 2013). From 2000–2010 for example, more than 55,000 pregnant students had either been expelled from or forced to drop out of school (Centre for Reproductive Rights, 2013a). Although this practice was reaffirmed in 2017 by former president John Magufuli, in late 2021 the Tanzanian government announced that students would be able to return to complete their education within two years of giving birth (Centre for Reproductive Rights, 2021).

#### **Systemic gender inequality compounds the vulnerability of young mothers and their children.**

Gender inequality constrains young mothers' options at every turn. It is built into formal rules and informal norms they must navigate. Gender inequality reduces young mothers' access to resources and even shapes how

they are taught to think about themselves. While young mothers often know what they need to address the challenges they face in providing nurturing care for their children, gender inequality reduces their access to necessary resources, services and social capital.

An analytical tool developed by Gender at Work (Figure 1) unpacks the dynamics of inequality along two axes – formal to informal and individual to systemic – to explain how gender inequality operates at the level of individual mindsets and access to resources and at the level of the collective in the form of norms and formal policy.

#### **In her words: Her lived experiences from girlhood to parenthood**

The data are clear about the challenges facing adolescent girls and young women in Tanzania. Every aspect of their lives becomes more challenging for girls if they become pregnant early. Young moms experience isolation, invisibility, discrimination, violence, and a loss of opportunity.

At the center of it all: shame and isolation.

The fear and experience of shame from early pregnancy leaves girls isolated and alone. Shame and isolation damage young mothers' social and emotional wellbeing, curtail their education, harm their health, cut off access to the resources they need to provide nurturing care to their children and constrain their future.

#### **What shame and isolation look like for young mothers**

**Marriage is a priority to protect girls and families from shame; she is pushed into marriage as an adolescent either before or because of pregnancy.**

As soon as girls enter adolescence, marriage becomes a possibility. Particularly in rural areas, girls are considered ready to marry when they have their first period, often as

young as 11. Early marriages are accepted and promoted by communities and are often formal marriages in Tabora and more traditional parts of Mwanza. A formal marriage means that both families have accepted the union and the prospective husband's family has paid a bride price to the prospective bride's family. Many parents encourage girls to get pregnant, drop out of school and get married.

*"I was nervous at how my parents would receive my pregnancy. My mother accepted my pregnancy and supported me. She would ensure I had a healthy diet as well as taking me to the clinic."*

YOUNG MOTHER, MWANZA

The value of marriage is tied to the social and financial benefits it offers the family, in the form of avoiding the shame of pregnancy outside of marriage and receiving a bride price. Marriage earns girls and young women social protection, even as a second wife or if married to an older man. The longer a girl remains unmarried, her chances increase of losing bride price value by getting pregnant or becoming undesirable.

Many young mothers marry older men that are not the father of the children. For some



girls, this is because their pregnancies resulted from rape or because the younger father refuses to acknowledge, marry, or care for the children. Other young mothers spoke about a law that punishes boys or men who impregnate minors, and therefore young mothers do not name the father to protect the identity of someone they love. For girls who become pregnant outside of marriage, the family is likely to marry her off to anyone willing to marry her – sometimes as a form of punishment since the girl has cost the family the coveted bride price and brought shame to the family.

Once a girl marries, she is expected to give birth immediately. If she doesn't, she might be kicked out or subjected to harmful traditional practices, such as having sex with an older man to "cleansing from a curse of not having children."

**Girls may have limited support from families and often face stigma and violence.**

Early marriage is widely accepted, and pregnancy is generally tolerated, if there is someone she can marry. Without the prospect of marriage young mothers are shamed and face greater isolation, stigma and hardship. For many unmarried young

mothers, the biggest regret is not being married, and many expressed bitterness when the father of their child absconded from their duty of marriage. Young mothers also worry about shame and lack of acceptance from their parents. One young mother in Mwanza said:

*"I was still in school when I got pregnant, it was very hard to inform my parents as they would be disappointed in me. My parents were very upset but later they accepted. My father blamed my mother for the pregnancy."*

YOUNG MOTHER, MWANZA

Violence is also common against young mothers.<sup>3</sup> Families can emotionally abuse young mothers, calling them names like 'bad girl' or 'prostitute.' Many young mothers work in small businesses and it is common for them to face economic abuse from their parents or small business partners. Similarly, community members and peers stigmatize girls who become pregnant:

<sup>3</sup> Most young mothers did not speak directly about their experiences of violence because it is highly stigmatized. However, known high rates of violence mean it's more of an unspoken issue, rather than something girls do not face.

*"In my community, people were talking about me, pointing at me and saying that I got pregnant while in school. It made me stay indoors to avoid the talk and finger pointing."*

YOUNG MOTHER, MWANZA

Finally, many young mothers face sexual violence, especially in the urban, transient fishing communities in Mwanza which are hot spots for sexual exploitation. For example, many girls will have a "boyfriend" that sells her fish and gives her preferential access to fish if she has sex with him – most often an exploitative relationship. What's more, some girls are forced into the sex trade after they have a child. Families push young mothers into the sex trade to help provide for their families, as these girls are seen as "used" and no longer in need of protection. In addition to the violation of girls' human rights, the sexual violence exposes them to additional pregnancies, HIV and other STIs.

**With marriage as the focus for the future, it's hard for girls to imagine something different.**

Young mothers express both pride and resignation about their pregnancies, children, and marriages. Many young mothers talked about the 'joys' of creating life and how motherhood opened their minds to new ways

of seeing the world and caring for their children. One young mom said,

*"I feel good that I have a child, I now know how to look for money to take care of my child."*

What's more, for some, motherhood brings a sense of pride and prestige, especially if others in their family have struggled with infertility.

Despite the sense of joy and pride, many young mothers are also resigned to their fate of marriage and parenting; there is a general acceptance of this path due to the culture that continually tells them that girls' and women's main role is to procreate. For example, one mother shared:

*"I didn't want to become a mother so early, but I had to accept what had happened to me."*

Several the young mothers felt sad because motherhood has interfered with their dreams to continue with school and be a "respectable" person in society. For example:

*"I lost my peace as the boy who made me pregnant ran away, I used to stay at home. I wanted to become a nurse."*

There is also a strong narrative pushed by the government and the communities that ‘since your life is now ruined, take care of the child so that they do not end up the same’. Unmarried girls who get pregnant early are made to feel guilty and are ‘punished’ by having to take care of the child they have brought forth and judged for their parenting. For example:

*“I love my children, but I am not proud since I cannot give them a different life compared to the one I had. This makes me think of how history will be repeating itself.”*

*“I feel like being a mother of twins is a curse since I have no reliable source of income and cannot give the care they deserve. I wonder why God would punish me this way.”*

### **The experience of shame and isolation for young mothers**

#### **Harmful cultural practices put girls and young mothers at risk of pregnancy and poor health.**

Most young mothers in Tabora and Mwanza have limited information about sexual and reproductive health; myths abound. For

example, many girls, young women, husbands and families avoid using modern contraceptive methods and do not seek out accurate SRH information due to widespread myths about family planning. Those myths include ideas that contraceptives can cause allergic reactions, infertility, or death. Instead, many girls and young women turn to traditional birth control, which often fail and result in pregnancy. One young mother shares:

*“I took care of my child until I got someone to marry me. I didn’t go to the hospital again. My husband refused for me to take contraception, but we use a condom.”*

Further, cultural practices like polygamy and ‘cleansing’ put her at risk for negative outcomes. Polygamy is common, especially in Ngeza. Young mothers describe their living situations as complex and often polygamous:

*“My mother had two children, but my father has 5 other children, so we are 7 in total. My sister and I share a mother but different fathers. My father used to live with someone for a while, then they’d separate. He married my mother, who passed away and after which he has married two other times.”*

*“I live with my parents, but he lives with his wife. The wife doesn’t have children. My parents accepted my 2nd pregnancy by this man.”*

‘Cleansing’ can be even more dangerous for girls and young mothers. In this practice, if a girl has lost a baby or had a miscarriage, she is advised by elders to be ‘cleansed’ by having sex with a man so that she can regain her purity, often leading to pregnancy or HIV and other STIs. One young mother’s story is especially troubling:

**One participant married at 13, and when she did not get pregnant right away her family kicked her out. She was then “cleansed of the curse” by having sex with another man. This time, she became pregnant with twins. The twins died when she was delivering and she was then sent to another cleanse, where she got pregnant a second time. After the death of this child during birth, she faced another cleanse.** Again, she got pregnant; this time she had a live birth and settled with this man as her husband.

#### **Education is not prioritized for young mothers, yet they dream of becoming financially independent.**

Marriage thwarts young girls’ and especially young mothers’ education. One study found that 97% of married secondary-school-aged girls were out of school, compared with 50% of their unmarried peers (FHI 360 and Education Policy and Data Center, n.d., 11). Tanzania sees high rates of school dropout at ages 11, 12 and 13, just as girls are seen as ready for marriage and the cost of school fees increases. At that point when a girl gets her period, her family often feels she should be married and therefore school serves little purpose for her future. As discussed above, many families actively encourage girls to drop out of school and marry, seeing their daughter and her bride price as a path out of poverty.

For girls who are already married, husbands and in-laws often keep the girl from returning to school. Once the bride price has been paid, the girl belongs to the husband and his family, and they choose what she can and cannot do. Most girls spend time helping their mothers-in-law or taking care of the other children in cases where they’ve married an older man with children from previous relationships. The national government’s anti-education agenda has compounded these dynamics; in 2017 President Magufuli abolished the ‘return to

school' policy for young mothers, which led many CBOs and NGOs to stop education programming for young mothers. School dropouts have increased and forced, and unwanted marriages have risen, especially in poor families.

Young mothers themselves often do not want to go back to school or do not see it as a place for them:

***"I feel like I started a new page to fight for a new life, I have to work hard so I can help my child and I don't have time to go back to school. I want to become a businesswoman selling clothes."***

YOUNG MOTHER, MWANZA

***"I cannot go back to formal education as I have many new responsibilities. Maybe if I could do a vocational training so I can also have time to take care of my daughter."***

Young mothers are much more interested in developing financial independence, and motherhood makes girls determined to work harder so that they can provide a better future for their children. Yet, few have the opportunity to seek economic security and

any opportunities available are in low paying jobs or businesses that keep them in perpetual poverty. Further, girls who start businesses or have any source of income are expected to contribute to the family's financial income, especially because their mother is most likely the one taking care of the child while the young mother works. Most girls want to start their own businesses – for example, selling groundnuts, doing hair, or tailoring – although only 11% of young mothers who participated in the focus group discussions currently rely on their own business income. Instead, most rely on their parents (69%) or other relatives (17%). Only 3% of young mothers depend on the father of their baby to provide for them and their children.

***"I would love to be supported to start a business, so I don't keep depending on others, I want to be able to provide for my child."***

This economic dependence puts young mothers at risk of not being able to make their own decisions because the person financially supporting them has power over them.

### **The health care young mothers receive is limited and often poor or dangerous.**

Most girls and young mothers have none or limited sexual and reproductive health information, and therefore cannot protect themselves from early pregnancy and motherhood. For example, some girls are not aware that having sex will result in pregnancy until they find out they are already pregnant. Most young mothers wish they could avoid having a second pregnancy, but do not know how to prevent pregnancy or access contraception. For young girls who are married, their husbands do not want to use contraception because they fear it might make them infertile or be harmful to their health. Where there's access to contraception, many of the health service providers are unfriendly and discriminate against the young mothers; in most cases, the young mother must be accompanied by an adult to access contraception. Abortion is unsafe, and myths are also common:

***"Even when I got pregnant, I didn't procure an abortion because I knew of the dangers of getting an abortion. One girl I know aborted a very big baby, using traditional methods, now I worry whether she will get pregnant again. I know of another who had an abortion and is now married but now she's not been able to get pregnant."***

***"When your daughter gets pregnant, let them [parents] try to find out how the girl become pregnant because maybe the daughter was raped, and they are afraid to say. It causes psychological stress and also leads to unsafe abortion. Girls can ruin their chances of getting pregnant again due to unsafe abortion."***

Further, adequate and humane health care for young mothers often depends on their circumstances. Married girls have access to health care if their partners allow them to go, while unmarried girls have a more difficult time getting care because they are more likely to face judgment for requesting contraception at the clinic if they are young and single. Girls who come to the clinic with their own supportive mothers or a partner often have a more positive experience in the health care center. However, if pregnant girls come to the clinic without a parent or partner, they often face violence from nurses, poor care, bribery, inadequate supplies and sometimes are refused care entirely.



# Section 3

## PROFILES OF YOUNG MOTHERHOOD

The following profiles bring to life common experiences of young mothers. Though their stories are unique, elements of their experiences are familiar in young mothers' stories across the region.

### JOYCE

21 YEARS OLD - MWANZA

Joyce is a 21-year-old with a baby girl who is 4 years old. She is a girl living with albinism, which has always proved to be a challenge because of how people around her treat her. She has been known as "the albino girl" by her peers, community and even her family. At her home of 7 siblings, only her and her younger brother have albinism and they sometimes they feel like outcasts.

It came as a blessing when at the age of 16 she fell in love with a young man who had shown interest in marrying her. He was the first person apart from her family to treat her like a normal human being, and this made her love him even more, regardless of her being too young and him being 10 years older. She believed she had found the one and was ready to marry him the next day if he asked. Their relationship went on for about a year when she got pregnant at 17. She was very happy because she knew he wanted children and when she told him the news, he was also very happy.

A few months into the pregnancy the man started to change and avoid her, so she decided to confront him and ask why he was distant. The man's response made her feel so worthless: he told her "My family has said they cannot accept a girl LIKE YOU," which was very painful because it seemed the man had already made up his mind and since he got what he wanted from her he was done. This was painful, but unfortunately, not something new or unexpected.

She decided to go to the clinic, but they would not accept her without the

*"When it was my time to deliver, I went to hospital with my mother. Nurses were few and didn't care about me. The nurses were abusive saying that a small girl was getting a baby."*

father of the baby. So, she asked a friend to pretend to be the father just so she can get the needed prenatal care. Her friend agreed willingly and took her to

the hospital and that is when she got another shock. No one would attend to her as she waited for hours. When her friend asked for a nurse, the nurse responded, "she has to wait, I do not know how to attend to PEOPLE LIKE HER." Joyce felt the contempt in the nurse's voice, and it hurt so much that she felt maybe she should not go on with this pregnancy because she was suffering enough. But her friend persuaded her to be strong; she listened and delivered a baby girl. Joyce shared "I am just happy that my daughter was born without albinism and maybe she can live a normal life free of segregation and rejection."

## ANNA

### 21 YEARS OLD - IGOMBE

Anna has always lived in a single parent home, raised by her hardworking mother after her father had abandoned them when she was very young. At 17, she had her first child, which earned a title of the "abomination family" because her mother was a single mother, and she was also a single mother. Her journey was tough and filled with a lot of pain. Anna's mother tried her best to support her in her studies and meet her basic needs, but due to her financial position this was not always possible, and this made Anna want for something better.

When she was in form two, she started a relationship with a fisherman who promised to help her financially. He kept his promise, and he would give her money which she used to buy food and other things and to care for her mother. Anna knew that the fisherman was not someone to be trusted completely because many girls have been tricked by men like that in the village. She wanted to protect herself and therefore asked her mother on ways she can protect herself from pregnancy. Her mother told her of various traditional techniques to prevent pregnancy, which were subsequently provided by her grandfather.

She kept on seeing the fisherman and did not use any other protection, believing in the traditional birth control technique. A few months later, she started feeling sick and when she went to the hospital, she was told that she was pregnant. As she suspected, the man denied the pregnancy and stopped all communication with her. She thought of having an abortion but was too afraid to go through with it. She is now a mother at 17 with the father of the baby not to be seen.

## ROSE

### 20 YEARS OLD - NZEGA

Rose is a 20-year-old girl who was not able to attend school due to poverty and the far distance of the school from her home. She had farmed with her grandmother since a young age, which was both their source of food and income, when there was a surplus of food they could sell. Coming from a poor home, she saw it as a blessing when she was told there is a man who wanted to marry her.

At the age of 15, she was married and moved to her husband's home where he lived with his parents and siblings. She did not stop working on the farm as it was the main source of income for her and her husband as well. She would wake up in the morning and go to the farm until the evening when she would return and start preparing food for the family. A few months after marriage she got pregnant and was very happy. Rose wanted to go to the clinic, but her mother-in-law said they cannot afford the clinic because it is too far away, and she was needed at the farm and the house to perform her duties. Rose did not receive prenatal care for the duration of her pregnancy.

When the day for delivery came, she thought then they would go to the hospital but instead her mother-in-law and her husband's aunt came to her room to help them deliver the baby. She was in too much pain to say anything; she just prayed and followed their instructions. She pushed but the baby was too big, and she could hear the aunt calling someone to go buy a razor blade so they could increase passage for the baby. She prayed and pushed even harder because she did not want to be cut and luckily after a few minutes the baby came out safely before they could use the razor to increase the passage.

Her baby is now 4 years old, and has not received any healthcare, including vaccines or medication when sick. In addition to taking care of the baby, Rose works full time at the farm and takes care of the entire family.

# Section 4

## LISTENING TO HER FOR SOLUTIONS

Young mothers themselves know the solutions to the challenges they are facing. They have ideas to improve their own lives, their children's lives and the lives of other girls and young mothers.

### Young mothers know the solutions to the challenges they are facing, including:

- Safe Spaces and Social Support
- Community Support
- Sexual and Reproductive Health Information and Services
- Livelihoods Opportunities
- Psychosocial support

Isolation is common for young mothers, and few have any support in their lives to help them deal with the trauma of early pregnancy and marriage. They are isolated from their peers and from each other. There are no spaces for young mothers to be 'idle' with other girls due to their new responsibilities. Young mothers recognize that **safe spaces and social support** would make their lives better - including access to role models to help them imagine and plan for the future. As one young mother shares:

*"A role model and someone to inspire me to want to continue with my life. If for now I can get someone to train me to become a better hairstylist, I can become financially independent."*

Similarly, having **support from their communities** would help young mothers manage the joys and challenges of parenthood. This could come in many forms. For example, creating quality, affordable childcare options for children of young mothers, so moms could pursue her education, vocational training or go to work. It could also include efforts to shift social norms to support girls and young mothers and ensure that men and boys play a role in parenthood and child rearing:

*"The community should be taught about teenage pregnancy to avoid the stigma. Nurses treat us badly when we go to the clinic because we are young."*

Community support also means that girls and young mothers have someone to fight and advocate on their behalf. They feel that once they have gotten pregnant, they are judged and shunned by the community. The community could support them better by:

***“Campaigns targeting boys and men on their role in preventing pregnancy and their responsibility as parents.”***

The community places all responsibility of safe sex, staying in school and avoiding/delaying pregnancy on girls and young women, without necessarily providing resources and information to do so. As such, there is an expectation that boys and men can do what they want without any consequences on them, while girls and young women carry the burden. Girls would like there to be efforts to:

***“Address the patriarchal norms around men’s lack of acceptance of condoms.”***

Quality and respectful sexual and reproductive health information and services are top of mind for young mothers and central to what would make their lives better. First, young mothers talk about increasing awareness about how girls get pregnant and how to prevent pregnancy. Young mothers have general ideas about what they need to learn:

***“Girls should be taught about family planning early so as to avoid pregnancy. I didn’t get any family planning and I didn’t have much information about pregnancy when I was in school.”***

They also have very specific suggestions about how to increase awareness. The majority of the organizations that used to offer programs have closed or pivoted their programming due to the previous government’s punitive policy on programming for pregnant girls and young mothers. Girls would like there to be these kinds of opportunities once again:

***“There used to be a lot of radio programs about SRHR and girls would like these programs to come back as they learned a lot from these widely available platforms.”***

The girls and young women feel that even when they negotiate for safe sex through use of condoms or in seeking to use other contraceptives to prevent a second pregnancy, their partners will most likely refuse. They therefore would like efforts to address social norms and knowledge of contraception targeting boys and men:

***“Boys and men should be taught about SRHR because they play such a large role in pregnancy.”***

Young mothers also call for increased access to youth-friendly, respectful sexual and reproductive services, especially because so many young mothers face violence, discrimination, and corruption in health care settings. Young mothers say:

***“Nurses should be trained to be kinder to young mothers and treat them with dignity and respect, regardless of if they are accompanied by parents or partners.”***

***“Efforts should be taken to decrease bribery by medical staff.”***

Young mothers also hope for parenting information to help them raise their children, access to health insurance for young families and tools to break the cycle of early marriage and motherhood. One young mother suggests:

***“Nutritious food for the children and teaching about parenting and childcare. ”***

In addition, most young mothers say increased livelihoods opportunities would make their lives, and those of their children, better. Young mothers have a strong desire for financial independence and to support their children. Livelihood opportunities can look like continuing education; some mothers want to go back to school, especially those who completed Form 4 and got pregnant while waiting to go to college. One young mother calls for:

***“Support to return to school for those who would like to so girls can pursue their dreams.”***

Livelihood opportunities also look like equipping girls and young mothers with the skills they need to start and run their businesses. Many young mothers would like to learn a vocational skill, such as tailoring or hairdressing. They talk about opportunities to go back to school and continue their education:

***“We need business skills training - how to manage a shop, build clientele, etc.”***



*“The government should make it easier for young mothers to attend vocational training – either waiving the requirement to live in expensive government hostels or paying for their fees, as well as solutions for childcare during the course.”*

Beyond formal and livelihoods education, young mothers also need access to capital to improve their economic conditions. Additionally, young mothers require capital to apply what they learn in vocational training by starting a business. Young mothers recommend:

*“To give skills development for those who want to return to school and to get capital to start their businesses.”*

*“Access to capital to start businesses but also having the training so that one can be equipped to start a business.”*

*“The government should provide loans or capital for their businesses.”*

*“Any CSO/NGO or other actors provide capital for their businesses.”*

*“I want to do business, however given an opportunity, I would still pursue my dreams.”*

young mothers’ lives and the lives of their children.

- **Invest in building young mothers’ power and social capital**

E.g., Resource work led by young mothers that provides opportunities to challenge the systemic harms they face, build their social networks of support and to work collectively to meet their needs.

E.g., Fund girls’ and young mothers’ groups, NGOs, projects that integrate empowerment with livelihood, parenting (childcare) and SRHR training to ensure that the young mothers’ needs are being met.

- **Invest in access to affordable quality childcare**

E.g., Create places to leave children that are safe, affordable, and consistent so young mothers can focus on economic activities and be more financially independent, as well as have an opportunity to study without worrying about their child. Childcare services should also integrate nutrition and learning for the children.

### Opportunities for investment to meet young mothers’ needs

Funders have an opportunity to ground their investments in programs, advocacy and network-building to support young mothers’ experiences, voices, and ideas. In particular, there is an opportunity to resource holistic programs and organizations led by young mothers that work to reduce stigma and improve young mothers’ health. The most efficient mechanism to deliver funding to girl- and women-led organizations may be through local Tanzanian intermediaries, who are closely connected to organizations on the ground.

By listening to young mothers and investing in their solutions, funders and other power holders can have the greatest impact on

**Figure 2: Holistic Recommendations from young mothers**

Gender at Work’s analytical tool illustrates how young mothers’ recommendations for two-generation solutions to the challenges they face would also address gendered inequalities.

	Informal	Formal
<b>Individual</b>	Support <b>safe spaces</b> to build community with other young mothers and mentors and disrupt internalized shame.	<b>Resource young mothers</b> to access health care, education and quality affordable childcare. Expand access to livelihoods opportunities, including start-up capital.
<b>Systemic</b>	Invest in building young mothers’ <b>social capital and leadership</b> to shift culture and social norms around gender based violence, including early marriage, single motherhood and young motherhood and the role of boys and men.	Support <b>advocacy efforts</b> to ensure an enabling policy environment for pregnant and parenting girls to access respectful health care, education, childcare and livelihoods opportunities.

Note. This analytical framework was adapted from Gender at Work.

# Appendix 1

## PROGRAMS PRIORITIZING THE HEALTH AND WELLBEING OF PREGNANT AND PARENTING WOMEN AND GIRLS

- **Invest to reduce community stigma against young mothers**

E.g., Support campaigns targeting patriarchal norms around early marriage, pregnancy and men's and boys' responsibility as parents.

E.g., Support work to prosecute perpetrators of sexual violence in order to promote a culture of accountability and to seek justice for girls and young women who are pregnant as a result of sexual violations.

- **Invest in access to education, livelihoods opportunities and capital**

E.g., Help young mothers attend vocational training, learn business skills like sewing or how to manage a shop, and provide access to capital for young mothers' businesses.

E.g., Provide loans and capital for young mothers to start business as well as a savings scheme for them to plan for their future.

- **Invest to improve young mothers' sexual & reproductive health and parenting**

E.g., Train doctors and nurses to treat young mothers with humanity and respect and offer parenting education so young mothers can break the cycle of early

marriage and motherhood for their own children.

E.g., Fund programs that involve men and boys in SRHR so that girls and young women stop carrying the burden of pregnancy prevention.

**The Health Policy 2007**; relevant targets include reducing maternal and child mortality and making more SRH services available, especially for young people and men (DHS, 2015-16:4).

**National Key Result Area in Healthcare**, one of the results areas was Reproductive, Maternal, Neonatal, Adolescent and Child Health (RMNACA). Goals included utilizing community health workers, SMS and internet communications, expanding emergency neonatal and obstetric care, providing blood banks at regional levels and utilizing mass media campaigns. (DHS, 2015-16:11-12).

**National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016-2020)**, the main goal of which was to reduce maternal, child and adolescent morbidity. The plan focuses on: "Maternal Health; Newborn and Child Health; Adolescent Health; Family Planning; Prevention of Mother to Child Transmission; Immunization and Vaccine Development; Reproductive Health (RH) Cancer, Reproductive Health Gender and

cross-cutting programmes" (MoHCDGEC, 2016:x<sup>4</sup>). Strategies included: "Advocacy and resource mobilization; Health system strengthening and capacity development; Community mobilization; Promotion of reproductive and child health behavioral change; Fostering of partnership and coordination" (DHS, 2015-16: 7).

**One Plan II (2016-2020)**; improve reproductive, maternal, newborn, child and adolescent health through strengthening health services, improving visibility of reproductive health services for adolescents, increasing and expanding SRH services, increasing immunization and vaccination programs and health care for children, increasing access to newborn and child feeding services (DHS 2015-6:10-11).

**National Plan of Action to End Violence Against Women and Children from 2017/18-2021/22**: Single comprehensive plan aiming to eradicate violence against women and children. Focus on prevention of and response to violence against women and children.

<sup>4</sup>United Republic of Tanzania. Ministry of Health, Community Development, Gender, Elderly and Children. 2016. The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020). One Plan II. [online] Available at [https://www.globalfinancingfacility.org/sites/gff\\_new/files/Tanzania\\_One\\_Plan\\_II.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/Tanzania_One_Plan_II.pdf)

# Appendix 2

## LAWS PROTECTING CHILDREN

**Vision 2025;** “Tanzania wants to achieve by 2025 a high quality of livelihood for its citizens; peace, stability, and unity; good governance; a well-educated society; and a competitive economy capable of producing sustainable growth and shared benefits. The document identifies health as one of the priority sectors contributing to a higher quality of livelihood for all Tanzanians.” Noteworthy goals are: “Access to quality reproductive health service for all individuals of appropriate ages” and “Reduction in infant and maternal mortality rates to three-quarters of 1998 levels” (DHS, 2016-17: 3).

**Big Results Now! (BRN) in Health (2015-2025),** includes health priorities, one of which pertains to reproductive, maternal, neonatal and child health. Their particular goals are to increase health care workers in underserved regions (Tull, 2020).

### Law of the Child Act 2009”

An Act to provide for reform and consolidation of laws relating to children, to stipulate rights of the child and to promote, protect and maintain the welfare of a child with a view to giving effect to international and regional conventions on the rights of the child; to provide for affiliation, foster care, adoption and custody of the child; to further regulate employment and apprenticeship; to make provisions with respect to a child in

conflict with law and to provide for related matters” (page 9).

### The Constitution of the United Republic of Tanzania

11.

(2) Every person has the right to access education, and every citizen shall be free to pursue education in a field or his choice up to pursue education of his choice to his merit and ability, the highest level according to his merits and ability.

(3) Every person has the right to access of education and every citizen shall be free to pursue education and technique. (page 14)

12.

(1) All human beings are born free and are all equal.

(2) Every person is entitled to recognition and respect for his dignity. (Page 14)

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