

## Original Research Article

### EFFECT OF GUIDANCE AND COUNSELING ON TEENAGER PREGNANCIES IN PUBLIC SECONDARY SCHOOLS

#### ABSTRACT

The purpose of the study was ~~to assess~~ to assess the effect of guidance and ~~counseling~~ ~~counselling~~ on ~~teenager~~ ~~teenage~~ pregnancies in public secondary schools in ~~the~~ Kyerwa district, Kagera, Tanzania. The study used a mixed-methods research approach supported ~~with~~ ~~by~~ a convergent parallel research design. The participants in this study were 110 (i.e., 10 Heads of schools, 10 Teacher Counselors and 90 Girl students). Data collection instruments were questionnaires, focus group discussions and semi-structured interview guides. Quantitative data were analyzed ~~by the use of~~ ~~using~~ the Statistical Package for Social Sciences (SPSS) computer program version 28.0 and interpreted in table forms ~~by the use of~~ ~~using~~ means and standard deviations while qualitative data were transcribed and thematically analyzed through quotes and narrations. The findings established that, school-related risky behaviours leading to teenage pregnancies are sexual relationships with villagers, failure to use condoms, ~~favours~~ ~~favours~~, and gifts. Students perceive that, guidance and counselling help them in reducing unwanted pregnancies among them, sexually transmitted ~~infections~~ ~~infections~~, and sexually transmitted diseases. It is also evident that, the number of drop-outs because of early pregnancies ~~dropped~~ ~~dropped from~~ ~~from~~ 12 girl students in 2019 to 8 in 2020. ~~Teacher counselors~~ ~~Teacher-counselors~~ are challenged with other obligations which make them not available when needed, not trusted by ~~girl~~ ~~female~~ students for fear of the same being exposed and ~~shyness~~ ~~shy~~ among ~~girl~~ ~~female~~ students. It is concluded that, guidance and ~~counseling~~ ~~counselling~~ ~~reduces~~ ~~reduce~~ teenage pregnancies in public secondary schools. Recommendations for action and further ~~researches~~ ~~research~~ are suggested.

**Key Words:** Guidance and ~~counseling~~ ~~counselling~~, teenager pregnancies, public secondary schools

#### 1. INTRODUCTION

Teenage pregnancy, in all countries across the world, is a challenge not only affecting schooling teenage girls but also those out of school. Teenage is a period of biological growth and development when adolescents transit from childhood to adulthood stage (Sawyer *et al.*, 2018; WHO, 2019). It is a period aged from 10 to 19 years experiencing a series of social,

**Comment [DM1]:** The problem statement and research gap is not clear.

**Comment [DM2]:** All abbreviations must be written in full at the first attempt.

~~physiological~~physiological, and psychological changes (WHO, 2020). These changes predispose them to unhealthy sexual behaviours such as unsafe sex, multiple sexual partners, transactional sex, intergenerational sex and an early sexual debut which further predispose them to social and life-threatening health problems that are associated with unwanted teenage pregnancies, early marriages, and sexually transmitted infections (STIs) as well as ~~drop-outs~~dropouts from schools (Kågesten *et al.*, 2021; Odo *et al.*, 2018; WHO, 2019). According to Nyangarika *et al.*, (2020), school teenage pregnancies are a result of early unprotected sexual practices because student girls are mentally immature and with little life skills (Kassa *et al.*, 2021). Other effects that ensue from getting teenage pregnancies while at schools include expulsion from schools, financial dependency ~~toon~~ their parents, ~~abortions~~abortions, and deaths (Stavropoulou & Gupta-Archer, 2017). Because they are unprepared young mothers, they often face post-delivery complications, ~~poverty~~poverty, and malnutrition of their children. In some cases, they are stigmatized, mocked and/or rejected by their families and friends (Laurenzi, 2020). ~~As a consequence~~Therefore, they experience emotional, ~~physical~~physical, and psychological torture, ~~depression~~depression, and live hopeless lives (CLADHO, 2016; Yakubu & Salisa, 2019). Potgieter & Zuma, (2019) noted that, such individuals are likely to have repeated ~~pregnancies~~pregnancies, and some engage in drug uses which further reduce their chance of being employed and even if employed performance is likely to be poor. ~~In reality, school~~School teenage pregnancies negatively affect girls' education, ~~health~~health, and future lives (WHO, 2018; Mang'atu & Kisimbii, 2019; Koklukaya, 2019). ~~As a whole, school~~School teenage pregnancies harm not only individual student girls but also their families, ~~communities~~communities, and countries (UNFPA, 2016).

Due to the negative effects of teenage pregnancies especially to girl child in schools, various governments have taken various measures to reduce the incidences. These included establishing

**Comment [DM3]:** Do not put a comma when using narrative citations.

~~a~~-comprehensive sexual and health education on sexual matters and risky sexual behaviours, strict enactments of laws protecting girl ~~child~~children, and guidance and ~~counseling~~ counselling services to school teenagers among others (Bilinga, 2021). Due to the prevalence of teenage pregnancy cases in public secondary schools in Tanzania, empirical studies demonstrate that, the government ~~took~~made several efforts to combat the same. For example, in 2002 ~~introduceed~~ guidance and ~~counseling~~ counselling services in ~~the~~ secondary school system vide ~~the~~ Government Circular Number 11 which instructed the provision of such services aiming at shaping students' behaviours. The introduction of those measures in schools ~~were~~was to help students gain skills and awareness on how to properly deal with risky behaviours ~~on~~regard ~~to~~about their biological growth and development. Furthermore, to ~~stimulate~~stimulates an understanding of an individual's learning, ~~increase~~increases one's personal and intellectual ~~developments~~development, ~~improve~~improves career choices, ~~reduce~~reduces emotional and common mental health problems (Nkechi, 2016; Salgong *et al.*, 2016).

Despite various and strict legal measures taken by the global governments to combat teenage pregnancies in schools, the challenge has not yet been addressed among girl students (NISR, 2016; Femmes, 2018; WHO, 2020). For example, in Europe, statistics indicated that, 29 out of 1000 secondary school students in 2017 were teenage pregnancy cases (Dowden & Gray, 2017). In India, between 2019 and 2020, the prevalence of secondary school teenage pregnancy cases was 8,333 (Pautunthang, 2023). In Rwanda, in 2018, statistics indicated that, teenage pregnancy cases in secondary schools were 19,832 (Gatsinzi, 2022). In Kenya, during ~~the~~COVID-19 period in 2020, registered 6,197 secondary school teenage pregnancies (Imbosa *et al.*, 2022). Similar investigations were observed in Mali with (175.4438), Angola (166.6028), Mozambique

**Comment [DM4]:** This is an abbreviation.

(142.5334), Guinea (141.6722), Chad (137.173), Malawi (136.972), and Cote d'Ivoire (135.464) cases (WHO, 2022).

Tanzania is no exception to the challenge of teenage pregnancies in her public secondary schools. This argument is supported by the Human Rights Watch-HRW (2017) where it was found ~~that,that~~ the problem of early pregnancy was high and related to dropouts among girls. Likewise, the study conducted by the United Nations International Children's Emergency Fund-UNICEF (2018), established that, ~~in-of~~ 1,522,680 ~~students' students~~ drop-outs, at least 2 in every 5 aged 14 to 17 who were out of ~~the~~ school, teenage pregnancy was one of the reasons. It is informed that, only in the year 2020, about 5,340 ~~school girls~~ ~~schoolgirls~~ dropped ~~from-out of~~ public secondary schools ~~due~~ ~~due to~~ early pregnancies (URT, 2020). Makoye (2020) posited that, 21% of girls aged 15 to 19 years got ~~pregnancies~~ ~~pregnant~~ and they were forced to drop out of school. Despite the many efforts, the challenge of teenage pregnancies in Tanzanian public secondary schools is still rampant.

## 2. OBJECTIVE OF THE STUDY

*The main objective of this study was to assess the effect of guidance and counseling on teenager pregnancies in public secondary schools in Kyerwa district, Kagera.*

## 3.2. RESEARCH METHODOLOGY

### 3.2 Sample and Sampling Techniques

**Comment [DM5]:** The introduction and problem statement must be incorporated into the introduction.

**Formatted:** Indent: Left: 0.29", No bullets or numbering

**Comment [DM6]:** Put some sources in your research methodology.

A sample size of 110 respondents participated in the study. These included: 10 heads of schools (HoSs), 10 ~~teacher~~teachers ~~counselors~~ counsellors (TCs) and 90 girl students (GSs). Table 1 summarises/summarizes the total number of respondents who were involved in the study.

Comment [DM7]: How did you arrive at 110?

**Table 1: Sample of the Study**

Respondents' Category	Sample Size
Heads of <del>schools</del> (schools) (HoSs)	10
Teacher-counsellors (TCs)	10
Girl Students (GSs)	90
<b>Total</b>	<b>110</b>

Source: Field Data (2023)

The study used convenience, purposive and stratified random sampling techniques. ~~Convenience~~ A convenience sampling technique was used to select 10 public secondary schools from the area of the study. The criterion which was used to select these schools was all nearby schools in the nearby wards and those which were easily accessible in terms of transport and accommodation. ~~Purposive~~ A purposive sampling technique was used to select 10 HoSs and 10 TCs. HoSs were purposively selected because they were the ones supervising all curriculum activities in their schools. TCs were selected to inform us to what extent the guidance and counselling prevented teenage pregnancies at their respective schools. ~~Simple~~ A simple random sampling technique was used to select 90 GSs. This technique was useful because it gave a chance for ~~each and~~ ~~every~~each student to participate in the study.

### 3.2 Instruments for Data Collection and Analysis

Structured questions were used to collect quantitative data from 90 GSs. The respondents were asked to select alternative responses ~~of-on~~ a 5-Likert Rating Scale which covered all objectives of the study. This instrument was employed because it reduced bias and helped to collect information in a very short time within a large group of people. Focus Group Discussion (FGD) was also used to gather qualitative data from all the selected GSs. The instrument helped to draw up attitudes, feelings, beliefs, ~~experiencesexperiences~~, and reactions of the participants on the effect of guidance and counselling in combating teenage pregnancies. Lastly, semi-structured interviews were also used to gather qualitative data from HoSs and TCs. This instrument was used to probe more information which would not have been collected from questionnaires.

### 3.3 Data Analysis Procedure

Quantitative data were coded and analyzed using descriptive statistics (frequencies and percentages) and presented in a tabular form. The Statistical Package for Social Sciences (SPSS) was also used to analyse data. Qualitative data from focus group discussions and semi-structured interviews were transcribed manually, ~~sortedsorted~~, and put together under specific themes, analyzed and presented in excerpts, direct quotes, and narrations.

**Comment [DM8]:** Please shorten your research methodology into 2 to 3 paragraphs. This is too long and unnecessary.

## 4.3. FINDINGS AND DISCUSSION

### School-Related Risky Behaviours Leading to Teenage Pregnancies

This section focuses on school-related risky behaviours leading to teenage pregnancies in public secondary schools in ~~the~~ Kyerwa district.

**Table 2: School-Related Risky Behaviours Leading to Teenage Pregnancies**

Descriptive Statistics		
Activity	Frequency (%)	Percentage (%)
Sexual relationships with and students or villagers (for example, bodaboda)	67	74.4
Failure to use condoms	60	66.7
Favours and gifts	27	30.0
Drug and substance abuses	20	22.2
Raping	19	21.1
Watching of sexy films	18	20.0
Sexual harassment from teachers	18	20.0

Source: Field Data (2023)

From the findings in Table 2, it is evident that, sexual relationships with villagers 74.4% (67) is one of the risky behaviours ~~practiced~~ practised by girl students at school. Also, the majority of TCs perceive that, ~~girl~~ female students get early pregnancies because of having sexual relationships with villagers as evidenced in the following quotation from the majority of GSs:

*“Most of our girl students have sexual affairs with boda boda and other villagers; sometimes with former students who completed several years back.....”* (TC-A, 01

August, 2023, 2:40 P.M).

Furthermore, quantitative data show failure to use condoms 66.7% (60) is also another risky behaviours. In support of this finding, ~~GSs~~ GS views during focus group discussions

commented:

*“I think some of us get early pregnancies because we don’t use condoms with our counterparts simply because we fear to buy them from shops...”* (GS-A, 07 August, 2023, 3:00 P.M).

Quantitative findings continue to indicate ~~that,that~~ other school-related risky behaviours are receiving favours and gifts 30.0% (27). Also, the majority of HoSs perceive that, ~~girl-female~~ students get early pregnancies because of having sexual relationships with villagers due to receiving gifts as evidenced in the following quotation from the majority of HoSs:

*“Most of our girl students come from poor families which cannot afford to pay some of the necessities to them. Scrupulous individuals use gift-gifts as a way to lure girls coming from poor families...”* (HoSs-A, 18 August, 2023, 2:30 P.M).

These findings are in line with ~~that-those~~ of Manzi *et al.*, (2018) who reported that, school-related risky behaviours associated with contracting teenage pregnancies in schools ~~was-were~~ due to failure to use condoms. The last school-related risky behaviour among ~~girl-female~~ students was favours and gifts. This finding concurs with that of Hernandez *et al.*, (2022), and Ramadhani (2018) who reported that, school-related risky behaviours among others associated with teenage pregnancies were favours to partners.

### **Students’ Perceptions toward Guidance and Counselling**

This section focuses on students’ perceptions toward guidance and counselling in combating teenage pregnancies in public secondary schools in the Kyerwa district.

**Table 3: Students' Perceptions ~~toward~~ Toward Guidance and Counselling in Combating Teenage Pregnancies**

Descriptive Statistics		
Activity	Frequency (%)	Percentage (%)
Reduce <del>depressions</del> <u>depression</u> among girls	59	65.6
Reduce sexually transmitted infections and sexually transmitted diseases	57	63.3
Reduce unwanted pregnancies among girls	52	57.8
Reduce early marriages among girls	52	57.8

Source: Field Data (2023)

Findings in Table 3 show that, girl students perceive ~~that~~ that guidance and counselling help them not only to reduce ~~depressions~~ depression among girls 65.6% (59) but also sexually transmitted infections and sexually transmitted diseases 63.3% (57). This observation is also supported by the majority of GSs who also perceive that, ~~guidance~~ guidance, and counselling as beneficial in combating teenage pregnancies in public secondary schools because they provide students with opportunities ~~in reducing~~ to reduce teenage pregnancies as evidenced in the following quotation as ~~it~~ was reported by the majority of the GSs:

*“On my side, our teacher gives us various many ways in which we can escape bad intentions of bad peer pressures; these ways help us avoid contracting early*

*pregnancies...*” (GSs-B, 08 August, 2023, 3:00, P.M).

In support of the finding above, one HoSs added:

*“Guidance and counselling help these students to become aware and escape of sexually transmitted diseases...”* (HoSs-B, 18 August, 2023, 2:35, P.M).

Furthermore, quantitative findings continue to show that, guidance and counselling reduce unwanted pregnancies among girls 57.8% (52) and early marriages among girls 57.8% (52). In addition, findings from interviews with the TCs indicate that, guidance and counselling are beneficial because they help ~~girl~~-female students to reduce ~~depressions~~-depression and early marriages as evidenced in the following quotation that was reported by the majority of the TCs:

*“Experience ~~show~~-shows that, most of the girls and boys who have been guided and counselled by me, in most cases, have reduced ~~depressions~~-depression during their future in schools...”* (TCs-C, 01 August, 2023, 2:45 P.M).

These observations agree with those of Shreyal and Ishita (2022) who reported that, students had a positive attitude towards seeking guidance and ~~counseling~~-counselling services because they believed in their counsellors for the services provided to them.

### **Challenges Facing Teacher-Counselors in Controlling Teenage Pregnancies**

This section provides descriptive statistics on the challenges facing teacher-counselors in controlling teenage pregnancies in public secondary schools in the Kyerwa district.

**Table 4: Challenges Facing Teacher-Counselors in Controlling Teenage Pregnancies**

---

**Descriptive Statistics**

---

Activity	Frequency (%)	Percentage (%)
Teacher-counselor is vested with other obligations, hence not available when needed	67	74.4
Girl students do not trust teacher-counselors for fear of being exposed	61	67.8
Faced with shyness among girl students	56	62.2
Bad relationship with a teacher-counselor	21	23.3

Source: Field Data (2023)

Quantitative findings in Table 4 indicate that, teacher-counselors are vested with other obligations, hence not available when needed 74.4% (67). This finding is supported by interview responses from the TCs which indicate that:

*“In reality, as a teacher-counsellor in my school, I am vested with various obligations apart from guidance and counselling services. I believe that, students lack some pieces of advice because I regard myself unavailable when students need me...”* (TCs-D, 02 ~~August~~August 2023, 1:00 P.M).

In addition, ~~teache counsellors~~counsellors are not trusted by girl students for fear of being exposed 67.8% (61) and they are faced with shyness among girl students 62.2% (56). In ~~supporting~~support of the above findings, HoSs perceive that, TCs are faced with mistrust from students because students believe ~~that,~~that TCs act as discipline masters and can expose their risky behaviours to the staff as indicated in the following quotation:

*“Students in this school perceive me as a discipline master and do not trust me as a teacher-counsellor. I think, the head of school ~~has a duty to~~ must change my position and duties if need be...”* (HoS-E, 21 August, 2023, 02:40, P.M).

Majority of students from focus group discussions had this to comment:

*“I don’t believe in my teacher-counselor because she is not confidential.....I cannot expose all my problems to her....”* (GS-C, 07 ~~August,~~ August 2023, 03:10, PM).

Furthermore, TCs have indicated that, despite their being occupied by other obligations and for their being unavailable all the time ~~of~~ for guidance and ~~counseling~~ counselling sessions, their services have reduced early pregnancies in public secondary schools in ~~the~~ Kyerwa district. Findings further indicate that, the number of girl students in public secondary schools in ~~the~~ Kyerwa district who contracted early pregnancies in 2018 was 12 and in 2019 the number was 8.

The observations above resemble those of ~~Bella-Awusah~~ Bella-Awusah *et al.*, (2022), and Kazimoto (2022) who reported that, ~~teacher counselor~~ teacher-counsellors were not trusted by girl students because they were not able to maintain confidentiality and were seen as judgmental. ~~Teacher counsilors~~ Teacher-counsellors also are faced with shyness among girl students. This finding is in support with that of Namoonde (2017) who reported that, teacher-counsellors were faced with shyness among learners.

#### 5.4. CONCLUSION

This section provides ~~the~~ conclusions of the study. Based on the findings and discussion, this study concludes that:

Sexual relationships with villagers, failure to use condoms and receiving favours and gifts are the school-related risky behaviours leading to teenage pregnancies in public secondary schools. It is also noted that, guidance and ~~counseling~~ counselling ~~reduces~~ reduces ~~depressions~~ depression among girls, sexually transmitted infections and sexually transmitted diseases; furthermore, guidance and ~~counseling~~ counselling reduce unwanted pregnancies and early marriages among girls. In pursuing their obligations, teacher-counselors face some challenges. These include being congested with other obligations, not being trusted and shyness among ~~girl~~ female students.

#### 6.5. **RECOMMENDATIONS**

Findings have shown that, guidance and counselling help girl students in combating teenage pregnancies. It is recommended that, local government authorities should make sure that, guidance and counselling are provided from time to time to all students in public secondary schools because findings have shown that, they reduce unwanted pregnancies among them, sexually transmitted ~~infections~~ infections, and diseases. Furthermore, guidance and counselling also reduce ~~depressions~~ depression among girls and early marriages among girls.

Teacher-counselors are found to have been vested with other obligations and, hence, not available when needed by girl students. It is recommended that, heads of schools ~~should~~ reduce some obligations on teacher-counselors so that they get enough time to help teenage students ~~in~~ reducing reduce risky behaviours which would to early pregnancies ~~which~~ and ultimately spoil their future.

It is also recommended that, all students be ~~it~~ they boys or girls should from time to time face their ~~teacher-counselor~~ teacher-counsellors for guidance or ~~counseling~~ counselling whenever they encounter contradicting situations. This is because findings have shown ~~that~~ that guidance

and counselling ~~is-are~~ beneficial to them ~~-because~~. After all, it reduces ~~depressions~~ depression among students, sexually transmitted ~~infections~~ infections, and sexually transmitted diseases. In so doing, all students will be in-a-positionable to attain their future goals.

#### 7.6. REFERENCES

- Bella–Awusah, T., Oyewole, G., Falaye, A., & Omigbodun, O. (2022). Adolescents’ perceptions of private and public secondary schools’ counselling in Ibadan, Nigeria. *Journal of School-Based Counseling Policy & Evaluation*, 4(1), 26-34. <https://doi.org/10.25774/qge2-1z94>
- Bilinga, M., & Mabula, N. (2014). Teaching sexuality education in primary schools in Tanzania: Challenges and implications. *Journal of Education and Practice*, 5(27), 21–30. <https://www.iiste.org>
- Chilewa, E. A., & Osaki, K. (2022). The effectiveness of guidance and counseling practices on students’ career development in secondary schools in Temeke municipality, Tanzania. *Journal of Humanities and Education Development (JHED)*, 4(1), 160-181. <https://dx.doi.org/10.22161/jhed.4.1.17>
- CLADHO. (2016). *Report of the rapid assessment on teenage pregnancy*. Kigali. *Societies*, 6(21), 3-9. <https://doi.org/10.5897/ERR2021.4186>
- Dowden, A. & Gray, K. (2017). *A phenomenological analysis of the impact of teen pregnancy on educational attainment: Implications for school counselors*. North Carolina: North Carolina State University.

- Femmes, R. (2018). *Rapid assessment baseline on the status and needs of teen mothers in Rwamagana and Burera districts*. Final report. Kigali.
- Gatsinzi, P. (2022). Case study of the out of school teenage mothers' lived experiences and perceptions on education in Rusororo sector, Rwanda: A back to school framework. *Educational Research and Reviews*, 17(3), 120-130. <https://dx.doi.org/10.5897/ERR2021.4186>
- Hernandez, O. R., Akolbire, B. N., & Charadan, A. M. S. (2022). Knowledge of factors associated with teenage pregnancy among junior high school students in the Talensi district of the Upper East Region of Ghana. *Open Journal of Obstetrics and Gynecology*, 12(2022), 1304-1319. <https://doi.org/10.4236/ojog.2022.1212115>
- Imbosa, L. L., Majanga, E., & Ouda, J. B. (2022). Re-entry policy and retention of expectant students and teen mothers in public secondary schools in Vihiga Sub-County, Kenya. *International Journal of Education and Research*, 10(2), 1-16. <https://www.ijern.com>
- Kågesten, A. E., Pinandari, A. W., Page, A., Wilopo, S. A., & van Reeuwijk, M. (2021). Sexual wellbeing in early adolescence: A cross-sectional assessment among girls and boys in urban Indonesia. *Reproductive Health*, 18(153), 2-17. <https://doi.org/10.1186/s12978-021-01199-4>
- Kassa, B. G., Belay, H. G., & Ayele, A. D. (2021). Teenage pregnancy and its associated factors among teenage females in Farta Woreda, Northwest, Ethiopia: A community-based cross-sectional study. *Population Medicine*, 3(19), 1-8. <https://doi.org/10.18332/popmed/139190>

- Kazimoto, R. (2022). The prevalence of guidance and counseling services in public and private secondary schools in Tanzania. *International Journal of Arts and Social Science*, 5(2), 80-88. <https://www.ijassjournal.com>
- Koklukaya E (2019). Bride: comes with a price. A visual narrative of Bride exchange and child marriage. A master's thesis. Sabanci University. Makoye, K. (2020). *Tanzania: Teen pregnancy, early marriage crushes dreams of girls*. Dar es Salaam: Anadolu Agency.
- Laurenzi, A. C., Gordon, S., Abrahams, N., Du-Toit, S., Bradshaw, M., Brand, A., Melendez-Torres, G. J., Tomlson, M., Ross, A. D., Servili, C., CarvajalAguirre, L., Lai, J., Dua, T., Fleischmann, A., & Skeen, S. (2020). Psychosocial interventions targeting mental health in pregnant adolescents and adolescent parents: A systematic review. *Reproductive Health*, 17(65), 2-15. <https://doi.org/10.1186/s12978-020-00913-y>
- Mang'atu, K. J. B. (2019). Factors influencing teenage pregnancies in Kenyan primary schools: A case of Kitui County Kenya. *Journal of Entrepreneurship and Project Management*, 3(4), 11-26. <https://stratfordjournals.org/journals/index.php/journal-of-entrepreneurship-proj/article/view/343>
- Manzi, F., Ogwang, J., Akankwatsa, A., Wokali, O. C., Obba, F., Bumba, A., Nekaka, R., & Gavamukulya, Y. (2018). Factors associated with teenage pregnancy and its effects in secondary schools in Kibuku town council, Kibuku district, Eastern Uganda. A cross sectional study. *Primary Health Care*, 8(2), 1-6. <https://doi.org/10.4172/2167-1079.1000298>
- Mgaya, A. J., & Mwakililo, P. S. (2021). Perceptions of the effectiveness of sex education in reducing pregnancies in schools. *International Journal of Academic Multidisciplinary Research (IJAMR)*, 5(11), 14-21. <https://www.ijeais.org/ijamr>

- Mulisa, M. (2018). *Tanzania Daily News*. Dar es Salaam, Tanzania.
- Namoonde, B. (2017). *Access to guidance and counselling services by learners in selected secondary schools in Luangwa district, Zambia*. A dissertation submitted in partial fulfilment of the requirement of the degree of Master of Education in Guidance and Counselling of the University of Zambia.
- National Institute of Statistics Rwanda [NISR]. (2016). *Rwanda demographic and house hold survey 2014-2015 final report*. Republic of Rwanda.
- Nkechi, E. (2016). The role of guidance and counselling in effective teaching and learning in schools. *International Journal of Multidisciplinary Studies*, 1(2), 36-48. <http://dx.doi.org/10.22271/ed.book.1714>
- Nyangarika, A., Nombo, N. M., & Mtani, M. (2020). Teen pregnancies among day government secondary school students in Ruvuma region, Tanzania. (*IJARIE*), 6(4), 157-166. <https://www.ijariie.com>
- Odo, A. N., Samuel, E. S., Nwagu, E. N. (2018). Sexual and reproductive health services (SRHS) for adolescents in Enugu State, Nigeria: A mixed methods approach. *BMC Health Service Researches*, 18(2018), 1–12. <http://dx.doi.org/10.1186/s12913-017-2779-x>
- Pautunthang, N. (2023). Levels, trends and differentials of teenage childbearing in India. *Asian Journal of Population Sciences*, 2(15), 37-53. <https://doi.org/10.3126/ajps.v2i1.51089>
- Potgieter, C., & Zuma, N. (2019). Female leadership, parental noninvolvement, teenage pregnancy and poverty impact on underperformance of learners in the further education and training. *HTS Teologiese Studies/Theological Studies* 75(4), 1-8. <http://dx.doi.org/10.4102/hts.v75i4.5826>

- Ramadhani, M. (2018). *Influencing factors on pregnancy among secondary school students in Tanzania: A case of Bahi district, Dodoma region*. A dissertation submitted in partial fulfillment of the requirements for the degree of Master of Arts in Education of the University of Dodoma.
- Salgong, V., O., Ngumi, O., & Chege, K. (2016). The role of guidance and counseling in enhancing student discipline in secondary schools in Koibatek district. *Journal of Education and Practice*, 7(13), 142-151. <https://www.iiste.org>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D. (2018). The age of adolescence. *Lancet Child Adolescent Health*, 2(2018), 223–228. [https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Stavropoulou, M., & Gupta-Archer, N. (2017). *Adolescent girls' capabilities in Rwanda: The state of the evidence*. GAGE.
- UNFPA. (2016). *Operational guidance for comprehensive sexuality education: A focus on human rights and gender*. New York: UNFPA.
- UNICEF. (2018). *Global initiative on out of school. Tanzania country report*. Dar es Salaam: UNICEF.
- United Nations Population Fund. (2016). *Fact Sheet: Teenage Pregnancy*. Tanzania.
- URT. (2016). *Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-2016*. Final Report.
- URT. (2019). *Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics*. Regional Data: Dodoma, Tanzania.
- URT. (2020). *Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics*. Regional Data: Dodoma, Tanzania.

World Health Organisation. (2022). Adolescent pregnancy. New York, WHO.

World Health Organization [WHO]. (2018). *Adolescent pregnancy*. Geneva: World Health Organization.

World Health Organization. (2016). *Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015*.

World Health Organization. (2019). *The global early adolescent study (GEAS) tool kit. Human reproductive programme: Research for impact*. Available: <https://www.who.int/reproductivehealth/publications/adolescence/geas-tool-kit/en/>

World Health Organization. (2020). *Adolescent health*. Regional office for Africa. Available: <https://www.afro.who.int/health-topics/adolescent-health>

Yakubu, I., & Salisa, W. J. (2018). Determinants of adolescent pregnancy in Sub-Saharan Africa: A systematic review. *Reproductive Health*, 15(1), 15-22. <http://dx.doi.org/10.1186/s12978-018-0460-4>