PASHA’s Contribution to Addressing Teenage Pregnancies in Tanzanian Schools

A brief for dissemination

A short report by Claudia Kessler, SCIH/STI, based on the consultancy report of Regina Goergen, April 2009

25.6.09
Summary

Teenage pregnancies remain a serious problem in Tanzania. It is estimated that up to 1% of primary school girls within the age of fertility fall pregnant every year. Each year some 500 pregnancies are reported from primary schools and nearly 100 from secondary schools in the Mtwara region. Related female school drop-outs greatly affect the education sector and have a long term impact on the girls’ educational and socio-economic development, their families and society on the whole. Public discourse does not consider sufficiently the issues of schoolgirl pregnancy in relation to forced sex, the risk of sexually transmitted infections, and their long term consequences, such as infertility and AIDS.

According to the law in Tanzania, a girl under 18 years of age cannot consent to having sex. While schoolgirl pregnancy can be classified as an offence against morality, it is not an explicit cause for expulsion under Regulation No 4. The current practice of expulsion and not allowing re-admission of girls who have fallen pregnant is thus not based on a legal basis, but rather reflects the prevailing interpretation of school authorities and teachers of what the necessary response is. Clear information and guidance on the legal situation and the related MOEVT policies is needed at the school level. Especially the issue of re-admission needs to be discussed. An ongoing study conducted by UNICEF contributes further elements to this discussion.

Education authorities and stakeholders in Mtwara are very committed to addressing the issue of teenage pregnancies. Although several other advocates are addressing the issue, Prevention and Awareness in Schools of HIV/AIDS (PASHA) is the only development partner supporting the MOEVT on a larger scale. The ‘Auntie Stella’ approach supported by PASHA offers a very suitable and innovative tool to address the issue of schoolgirl pregnancy.

When considering the problem of schoolgirl pregnancies, particular attention should be given to primary schools. There are 3 main strategic lines of action for PASHA:

A. Support the MOEVT to strengthen reporting, data monitoring, and management of schoolgirl pregnancies, develop a knowledge base, and communicate about guidance of MOEVT policies in the matter.

B. Strengthen collaborative links with TGPSH Repro Component, UNICEF and other organizations by developing a network of committed stakeholders, producing information and advocacy materials, and linking the education system to health services.

C. Revising the available materials and curricula promoted by PASHA to make it more comprehensive regarding school girl pregnancy issues.
1 Background

Tanzania’s President Kikwete gives special attention to school drop-outs due to pregnancy. When he visits a district he requests the respective figures from the educational authorities. Teenage pregnancies remain a significant problem in Tanzania and numerous other countries. Related female school drop-outs are strongly affecting the education sector and have a long term impact on the girls' educational and socio-economic development, their family and society on the whole. Un-protected sex in adolescence can not only lead to unwanted pregnancies, but exposes young women and men to sexually transmitted infections which can lead to infertility, HIV and AIDS.

PASHA, “Prevention and Awareness in Schools of HIV/AIDS”, is a project of the Ministry of Education and Vocational Training of Tanzania. It is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) through the German Technical Cooperation (GTZ) in support of the Tanzanian German Programme to Support Health (TGPSH). The Swiss Centre for International Health of the Swiss Tropical Institute has been contracted to provide the technical collaboration and support for implementation of the initiative. PASHA supports extracurricular education in primary and secondary schools under the national “Guidelines for Implementing HIV/AIDS and Life Skills Education Programmes in Schools”.

PASHA aims to provide a comprehensive support package of school based services for both primary and secondary schools (focusing on counselling and life skills based peer education). In line with the promotion of sexual and reproductive health and rights, and HIV prevention, the issue of teenage pregnancies is of great concern to PASHA. In view of a possible extension of PASHA into a third phase and to make its support more relevant to addressing the needs related to schoolgirl pregnancies, SCIH has contracted an international consultant to provide PASHA with recommendations on the way forward.

Regina Goergen is a highly reputed expert in the field of sexual and reproductive health (SRH), with a special focus on adolescent SRH and longstanding working experience both in Tanzania and for the German Technical Cooperation (GTZ). Among many other achievements, she led the development of the Question and Answer booklets which are also disseminated through PASHA.
This report will cover key findings and recommendations regarding the following actions:

(1) Conduct a situational analysis regarding the current policy and practice of expulsion/re-integration of teenagers in Tanzanian schools

(2) Review current PASHA activities and materials, as well as other materials currently in use by the MOEVT for life skills education, HIV/AIDS prevention and counselling, and identify areas to improve the relevance to the issue of teenage pregnancy (in terms of prevention and avoiding stigma)

(3) Highlight opportunities for dialogue and change, identify opportunities for cooperation, collaboration and strengthening synergies in this field

(4) Recommend a strategic action plan for PASHA support in the next phase.

Regina Goergen spent two weeks in Tanzania (26.3.-9.4.2009). Although her findings only include data from Mtwara, the situation is believed to be similar in the neighbouring region of Lindi.

The following methodology was used:

- Interviews with key informants in Dar es Salaam (Details of the programme and persons met can be obtained from the PASHA education advisor.)
- Discussion with a group of experts of the Tanzanian German Program to Support Health (TGPSH)
- Study of policy documents and project reports
- Analysis of educational material produced and/or distributed by PASHA and other stakeholders
- Visit (four days) to Mtwara Region with PASHA regional coordinator to interview educational authorities, head masters, teachers and school counsellors, peer educators, and parents

This report builds on the findings and recommendations of the consultant, but also includes additional elements and conclusions based on the experience of the PASHA team.
2 Findings and Discussion

2.1 The problem of teenage pregnancy

Teenage pregnancies are still very common in Tanzania. At the age of seventeen, one quarter (24%), and at the age of eighteen 39%, of all females are either pregnant or already mothers. The Southern zone, which includes the PASHA project intervention regions of Mtwara and Lindi, is far more affected by this problem than other zones in Tanzania.1

The District Education Officer of Mtwara keeps records on schoolgirl pregnancies. Heads of Schools routinely report to the District on these cases, including details such as name and age (or class) of the girl, the name of the man who impregnated her, the ward she lives in and the measures taken by the school and the community (e.g. reporting to the local authorities or police).

Based on the figures given the consultant estimates that about 0.5 to 1% of primary schoolgirls within the age of fertility (standard 5, 6, and 7) fall pregnant every year2. The average age of the girls who became pregnant from 2006 to 2008 is 15 years old. The youngest reported case was 11 years old. As the chain of reporting often leads to a certain distortion of reality, more accurate figures on schoolgirl pregnancies could be obtained directly at school level. It should also be noted that the true figure is likely higher due to spontaneous and hidden induced abortions during early months, preventing teachers and parents from becoming aware of the pregnancy. (Please note that for 2008 the reports are incomplete.) The drop in cases does not necessarily reflect a real trend. The significant variation in reported cases between years in certain districts rather highlights a problem of quality of reporting and data validity, rather than real changes in numbers.

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1 All figures from THMIS 2007-08, pgs 45/46
2 Estimation based on the assumption that in primary schools, reported cases of pregnancy closely reflect the actual number of pregnancies occurring. Percentages are calculated by number of pregnancies reported, divided by the number of enrolled girls in standards 5-7 x 100 (see table 1).
Table 1: Notified pregnancies and estimated pregnancy rates in districts of Mtwara primary schools

<table>
<thead>
<tr>
<th>District/ enrolment/ estimates</th>
<th>2006</th>
<th>2007</th>
<th>2008*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mtwara/ Mikindani</td>
<td>15</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Mtwara rural</td>
<td>166</td>
<td>102</td>
<td>55</td>
</tr>
<tr>
<td>Tandahimba</td>
<td>99</td>
<td>101</td>
<td>35</td>
</tr>
<tr>
<td>Newala</td>
<td>58</td>
<td>50</td>
<td>21</td>
</tr>
<tr>
<td>Masasi</td>
<td>164</td>
<td>87</td>
<td>12</td>
</tr>
<tr>
<td>Nanyumbu</td>
<td>n.a.*</td>
<td>51</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total Mtwara Region</strong></td>
<td>502</td>
<td>408</td>
<td>167</td>
</tr>
<tr>
<td><strong>Girls enrolled</strong></td>
<td>117,054</td>
<td>120,578</td>
<td></td>
</tr>
<tr>
<td><strong>40% of girls enrolled (Std 5,6,7,)</strong></td>
<td>46,822</td>
<td>48,231</td>
<td></td>
</tr>
<tr>
<td><strong>% pregnant of girls Std 5-7</strong></td>
<td>1,1</td>
<td>0,8</td>
<td></td>
</tr>
</tbody>
</table>

* up to 2/2009,
**n.a: not applicable, as this district was only created in 2007. It was previously together with Masasi.

Reported cases in secondary schools are likely to only reflect part of the reality. Some girls drop out before pregnancy is known and induced abortion may play an even larger role as both students and parents have a strong interest in continuing schooling. Again, huge fluctuations of reported cases from one year to another raise serious questions about quality and completeness of reporting and data validity. A detailed analysis and explanation of the reported figures in Tandahimba would be necessary. Enrolment figures which would allow calculating incidence of schoolgirl pregnancies in secondary schools were not obtainable.

Table 2: Notified pregnancies in secondary schools in districts of Mtwara

<table>
<thead>
<tr>
<th>District</th>
<th>2006</th>
<th>2007</th>
<th>2008*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mtwara/Mikindani</td>
<td>4</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Mtwara rural</td>
<td>12</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Tandahimba</td>
<td>18</td>
<td>46</td>
<td>48</td>
</tr>
<tr>
<td>Masasi</td>
<td>9</td>
<td>39</td>
<td>9</td>
</tr>
<tr>
<td>Newala</td>
<td>28</td>
<td>39</td>
<td>2</td>
</tr>
<tr>
<td>Nanyumbu</td>
<td>n.a.*</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>71</td>
<td>145</td>
<td>102</td>
</tr>
</tbody>
</table>

* up to 2/2009
** not applicable as this district was only created in 2007.

Having unprotected sex additionally exposes girls and their partners to sexually transmitted diseases, including HIV/AIDS. Use of a condom for the first sexual intercourse experience is low amongst both young women and men in the age.
group of 15 to 17 (37% f, 24% m)\(^3\). For each case of pregnancy, 10 cases of unprotected sexual intercourse are likely to have occurred (based on a rough estimate of probability of conception with a single act). HIV infection is not likely to occur from a single act (estimate: 1 in 100 male to female in a healthy body). However, infection is more likely to take hold in immature bodies or if sex is forced causing a high likelihood of friction and tearing of tissue. Both forced and unprotected sex largely contribute to 1% of Tanzanian teenagers (1.3% female, 0.7% male) between the ages of 15 and 19 becoming HIV positive. The younger the girl, the more likely she experiences forced sex with an increased risk of infection. In a study in Lindi in 2001 a third of the girls in primary schools classified their first sex as against their will\(^4\).

**Discussion:** A series of activities has been initiated by various actors (see later under stakeholders) in response to the problem of schoolgirl pregnancies. The available data does not give conclusive evidence on the effect of these interventions in regards to trends of reported cases. It is clear, however, that the school system in Mtwara is confronted with a massive problem of schoolgirl pregnancies. It can be assumed that the situation would be similar in Lindi. With approximately 500 girls dropping out of primary school and some 100 out of secondary school each year in Mtwara, the issue of schoolgirl pregnancy should be given the highest attention by the education authorities. Public discourse does not sufficiently address the issues of schoolgirl pregnancy, forced sex and the risks of sexually transmitted infections (STI), including HIV, and their long term consequences (such as infertility and AIDS). Girls expelled from school because of pregnancy, as well as their partners, should receive appropriate counselling and testing for HIV and STIs.

2.2 Legal and regulatory situation\(^5\)

The Education Act of 1978 states that primary education is compulsory. Girls in primary school may not be married. According to Tanzanian marriage law a girl may marry of her own will when she is 18 years or older. The parents, however, can marry her out from age 15. The law does not punish parents who remove their daughter from secondary school to be married. The Education Act gives the

\(^3\) All figures from THMIS 2007-2008

\(^4\) Regional Health Management Team and Regional Educational Office, Lindi, Siegrid Tautz, Evaluation of Reproductive Health-Related Youth Interventions Lindi Region, Tanzania, gtz, 2001

\(^5\) This information was provided by Joseph Matimbwi (TGPSH) and collected by the consultant during an interview with lawyers from the Women Legal Aid Centre, Dar-es-Salaam
responsible minister power to make regulations for implementation of the Act. One circumstance where a minister can make regulations is stated under section 61 of the Act, “prescribing the conditions of expulsion or exclusion from schools of pupils on the ground of age, discipline or health....”

With the Sexual Offences Special Provision Act (SOSPA) of 1998 a girl below age 18 cannot consent to have sex. This implies all sex with a girl below 18 is considered as rape if not in the context of marriage. Even a boy of the girl’s same age can be convicted of rape (if he is above 10 years of age). For a first time offence he receives punishment by strokes; the second time, strokes in addition to one year in prison; third time lifelong imprisonment. The SOSPA is not really gender balanced in the sense that both girl and boy can play a part when it comes to decisions on having sex, especially for older adolescents (16,17 years).

Expulsion from School found under Regulation No 4. The expulsion of a pupil from a school may be ordered when:

(a) The persistent and deliberate misbehaviour of the pupil is such as to endanger the general discipline or the good name of the school
(b) The pupil has committed a criminal offence such as theft, malicious injury to property, prostitution, drug abuse or an offence against morality whether or not the pupil is being or has been prosecuted for that offence
(c) A pupil has entered into wedlock

No mention is made of pregnancy. Schoolgirl pregnancy is seen as misbehaviour and/or an offence against morality. No law in Tanzania gives power to heads of schools to expel pregnant girls from school. The regulation under section 4 merely prescribes conditions that generally can lead to expulsion from school, and pregnancy is not one of them. It is thus to conclude that the practice of expelling pregnant schoolgirls and not readmitting them after delivery is not specifically supported by any principal Tanzanian Law.

In reality the cases of schoolgirl pregnancy are solved within the respective communities. From all the pregnancy cases in 2008 in the Mtwara region, 28% were brought to the district police and 10% to the Ward Executive Officer. For the remaining cases no special action was reported. Parents and other community members do not see an advantage in imprisoning a man who impregnates a girl.

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6 Regulation No 4 of the Education Regulations, (Expulsion and Exclusion of pupils from schools) G.N. No.295 of 2002
because he would then be very unlike to pay for support of the child, which he usually agrees to do. The few cases which went to court failed for two reasons: Lack of evidence that the man is the father of the child, and bribery by the culprit. It is the public who prosecutes on behalf of the girl – herself not being present, whereas the man has an advocate to argue his case.

Regarding re-admission, there is now much more debate on allowing girls to come back to school after delivery. However, this is not yet a regulation. Although some headmasters in private schools allow girls to be re-admitted, this is not the case for government schools.

According to the law, medically induced abortion is allowed in Tanzania in case the life of the mother is endangered and if doctors certify this in writing.

The following situation was found by the consultant in Mtwara:
In the schools visited, a system of screening girls regularly for pregnancy in collaboration with health providers is in place. Educational authorities and school teachers met by the consultant all strongly defended the view that pregnant girls should be expelled from school. There is a misperception that Regulation No. 4 of 2002 explicitly mentions pregnancy as a reason for exclusion. They feel they have no other choice but to expel pregnant girls. “The rule is speaking. It is beyond our scope” (Academic Master, Secondary School Mtwara). In proven cases of abortion a girl can also be expelled from school. If a pregnancy has been known to the school, but ends with spontaneous abortion, the girl is still expelled, because the reason for expulsion is conception and not the outcome of pregnancy.

According to the Regional Education Officer a re-admission to school would destroy the threatening effect of the actual regulation. He would favour other solutions, such as COBED (Complementary Basic Education), to continue the education career of these young women. However, monthly salary for teaching there is as low as 20.000 TSh (15 US $) and quality is said to be poor. On the other hand, some head teachers, parent representatives and peer educators interviewed would clearly favour re-admission of well performing girls, as the current system unilaterally punishes the girl, who is often a victim of forced sex, while the male partner, often an older man, unfairly goes unpunished in most cases. Secondary teachers interviewed felt frustrated because they have no means of following up cases and bringing the male partner to court. Some teachers suggested that there should be a regulation by the Ministry of Education to empower schools to follow up on cases. Currently this is left to the parents, who normally seek a financial arrangement.
Pregnancy and deliveries for very young women are associated with higher risks of morbidity and mortality. Authorities, teachers and parent representatives interviewed by the consultant reject the idea of induced abortion on the grounds of the teenage girl's health. Discussion with female secondary school students in Mtwara town revealed that pregnant students, on the other hand, usually do everything to get an abortion because they know a pregnancy would mean the end of their schooling. This means that, even though it is illegal, abortion services are available in the Mtwara region. It is likely that these abortions are conducted under unsafe conditions. This constitutes an additional argument for investing in the prevention of unwanted schoolgirl pregnancies.

The mission found education authorities, school directors and teachers confident in taking action regarding schoolgirl pregnancy. However, there is obviously a lack of information about the current legal situation and the actual text of the regulations. There is also a division between the views of education authorities and those of teachers, parents, and students on the question of re-admission of girls after delivery. The findings of the mission highlight a need for clearer guidance from the MOEVT on the handling of schoolgirl pregnancies, re-admission policies, and a more gender-balanced response system not limited to punishing the female side.

2.3 Response of stakeholders regarding schoolgirl pregnancies

According to the Regional Education Office of Mtwara and the regional PASHA coordinator, a number of actions have been taken to address the problem of teenage and schoolgirl pregnancies:

- **Regional administrations** have encouraged their field staff to sensitise the communities about the importance of educating female children. The RAS insisted, during meetings with heads of schools, that early pregnancies must be stopped and that efforts should be made to send the male culprits to jail.

- **UNICEF** is considered the most relevant stakeholder in this field in the Mtwara rural district. UNICEF organized community meetings in 2007 for three days in 12 out of 18 wards of Mtwara on the topic of teenage pregnancy. Their intervention involved parents and other community members, as well as theatre performances of students. UNICEF is working on a study about the acceptability of re-admission by communities and decision makers.

- **TGPSH** has provided 12 Million TSH for districts in Mtwara and Lindi to support youth theatre groups with performances on HIV/AIDS and unwanted pregnancy.
• The **Tanzanian Institute of Education** supported by PEPFAR has awarded a budget to schools to provide life skills education to primary school students starting in 2007 with three schools, and later extended to five schools per district. They also provided a series of “life skills books” with games, Kisaheli, and English lessons. However, the life skills approach presented in these books does not reflect the currently recommended understanding of life skills and focuses on issues such as how to greet correctly, keep the environment clean, avoid dark and dirty places, or not take gifts from elder men.

• **Sport and Game Programmes** (supported by Sports Development Aid) has organised sports competitions since 2006 (football, netball, basketball) with selected pupils from all councils. During gatherings information on HIV & AIDS was provided.

• Very few **NGOs** are addressing the issues in Mtwara. Marie Stopes has excellent premises and good conditions for offering services, including VCT. According to the nurse in charge adolescents are not part of their clients. They offer outreach services in rural areas for family planning, but do not work with schools. Another NGO in Mitindani called Edukaid supports poor girls with school fees and uniforms. If one of the supported girls falls pregnant, Edukaid also supports with fees for private schools.

**PASHA’s support** to the education sector so far:

• PASHA intervenes in all districts of Mtwara and Lindi and in two districts of Tanga in 169 primary and 40 secondary schools. Additionally 24 primary schools in Morogoro district and further 98 secondary schools in Tanga receive technical support (the implementation is paid by SolidarMed, a Swiss NGO, and the Tanzanian Heads of Secondary Schools Association, TaHoSSA). Activities promoted are in line with the HIV/AIDS strategy of the Ministry of Education and Vocational Training. Interventions are selected on the basis of research findings and existing good practices. Activities focus on supporting schools to establish effective **counselling services and peer education programmes** to promote responsible and healthy behaviour. The primary schools have trained six peer educators per school on participatory methods of passing the knowledge on. Both secondary and primary schools have teachers trained as counsellors. Schools in the program received books, booklets, leaflets, and videos. A **suggestion and question box** in the school compound encourages students to express their ideas and concerns.
• The “AIDS and STI peer education” approach (Ukimwi na Magongwa ya Ngono) which was developed GTZ in collaboration with the Ministry of Education mainly places emphasis on HIV&AIDS and STIs.

• Recently, the “Auntie Stella” approach has been added, a concept focusing on life skills development in the area of puberty, partnership, gender roles, prevention of HIV infection and prevention of schoolgirl pregnancies. The Auntie Stella Approach and teaching material have been officially approved for use in schools by EMAC. Students discuss cases of real life (as “dear Auntie” letters). They work in groups, read letter cards and then discuss the guided questions. The Auntie Stella package encourages a variety of activities like role playing, drama, games, and quizzes. Ten different topics are prepared in 37 cases to be used in sessions by the peer educators. Four out of the 37 cases specifically deal with unwanted pregnancy.

  • My girlfriend is pregnant!
  • Could I be pregnant?
  • A teacher got my friend pregnant.
  • I don’t want this baby.

The consultant considers the Auntie Stella Approach very suitable and an innovative tool for schoolgirl pregnancy prevention as it helps students to think critically about themselves and their relationships with their peers, family, and community. It is interactive and strongly relies on adolescents’ perception and experience. The approach favours participatory, student centred learning and promotes skills such as goal setting and decision making. Regarding pregnancy prevention and related problems Auntie Stella provides excellent activities, especially under the themes: unwanted pregnancy, forced sex, safer sex. If Auntie Stella is implemented according to its concept, it is very likely to have a tangible impact on prevention.

According to the consultant, the PASHA approach could be further strengthened by including the issue of contraception, which so far, is not explicitly a topic in the AIDS and STI peer education materials or the in Auntie Stella approach. For primary schools it may be difficult to include contraception as primary school students should, theoretically, not be having sexual intercourse. In the material provided through PASHA the series of question and answer booklets contain teenage pregnancy and contraception (particularly in No. 4 and No. 5).

TGPSH, together with other advocates developed a new question and answer booklet on condoms (Kitabu cha Maswali na Majibu Kuhusu Kondomu) addressing it as double protection (from disease and pregnancy). The booklet could be
provided as reading material to fill this gap. Other fields of action are related to the information on condoms and emergency contraception. While condoms are widely known, their use is not demonstrated at schools and they are mainly presented as a preventative tool to protect against HIV and STI infection, but not as a protection from unwanted pregnancy.

Emergency contraception is widely available from Adolescent RH Services (74% of services) in Tanzania. The TGPSH Repro component has developed an information leaflet. However, few service providers have received specific training on its use. (MoHSW 2008). None of the teachers or students interviewed by the consultant knew about emergency contraception. It should be further explored, how emergency contraception could become more of an option offered to school girls.

The consultant questions how far the school counsellors trained by PASHA could play an advisory and supportive role for girls who have had unprotected sex, were raped, or are pregnant. Girls would certainly hesitate to ask for their advice as long as the threat exists of automatically being expelled from school once pregnant.

**Discussion:** Education authorities and stakeholders in Mtwara are very committed to addressing the issue of teenage pregnancies. PASHA can be considered the only development partner currently supporting the education sector in Mtwara in prevention of schoolgirl pregnancies on a larger scale. TGPSH Repro can offer a connection to the health sector and help make health services more youth friendly. UNICEF is an important partner and PASHA should closely follow the outcomes of the study on acceptance of re-admission, as PASHA is well positioned to support policy dialogue and change within the MOEVT. PASHA could also approach the Tanzanian Institute of Education to try and harmonise a modern approach to life skills teaching in schools.

It is recommended that PASHA updates its current approaches and materials continuously in order to make sure that contraception, the dual use of condoms and emergency contraception are fully covered in all the materials and trainings, adapted to the age and development stage of the students in the respective levels of education. There are strong opportunities for collaboration with TGPSH Repro component on these issues.

The role of the school counsellors trained by PASHA will best focus on prevention, and helping students and parents claim the legal rights of the girl in connection with the “impregnator” once a pregnancy has occurred. For the actual counselling of girls who had unprotected sex, are in need of emergency contraception, have been
raped, or are pregnant, health service providers may be better placed as no direct reporting will be made to school authorities.

3 Recommendations

- Since PASHA is working in the education sector, the consultant recommends using the term schoolgirl pregnancies, rather than adolescent or teenage pregnancies.

- To be most effective, PASHA should focus on addressing the prevention of schoolgirl pregnancy at the level of primary schools. This is where the need for preventive information is greatest and where most schoolgirl pregnancies occur.

- PASHA should explore how the MOEVT can be supported to improve reporting, data validity, and the analysis and use of data generated for decision making. The information on pregnancy related schoolgirl drop out cases routinely registered by the educational authorities should be analysed together with gender specific enrolment rates.

- The MOEVT, with PASHA support, should promote awareness of teachers, parents, and students about the link of unwanted pregnancies to forced sex, infertility and HIV/AIDS.

- School authorities and teachers need clearer guidance from the MOEVT for handling school girl pregnancies, re-admission policies and a response system which is more gender balanced. Policies should be in line with the legal situation and better communicated to the stakeholders at the field level. PASHA should explore how far it can support the MOEVT in developing and informing people about the policies.

There is much opportunity for collaboration of PASHA with other stakeholders.

- Strengthening collaborative links of PASHA with TGPSH Repro around the issue of schoolgirl pregnancies could include:
  
  o Jointly, and in collaboration with the MOEVT produce information and advocacy material on the legal and regulatory situation for authorities, teachers, and parents and make it widely known. This material should contribute to the debate of girls’ education being a basic human right, and implying ways of continuing education after giving birth, either in a normal school setting or with special arrangements. A fact-sheet summarising the legal aspects in an easy to understand manner will be elaborated by Joseph Matimbwi, junior
legal advisor of TGPSH. PASHA and Repro will facilitate the forming of a network of interested stakeholders including NGOs, human rights activists and committed members of the government to discuss strategies for improving the right to education for girls. The network could then also collaborate with the media (radio, TV, Fema magazine, Chezasalama, etc) to promote the issues.

- Link activities in the education sector to youth friendly health services that offer quality counselling to students in need.
- Jointly developed easy to understand information material on emergency contraception (including the drug regimen) should be made accessible to school counsellors and science teachers.
- In addition to the Q&A booklets developed by Repro and already provided through PASHA, the newly developed booklet on condoms (Kitabu cha Maswali na Majibu Kuhusu Kondomu) as double protection from disease and pregnancy, and the booklet No. 9 on „Reproductive Rights“ providing important arguments regarding abuse, rape, and forced sex should be made available to PASHA supported schools.
- PASHA and Repro should draft an easy to understand text about VCT needs and STI risks of schoolgirls, post-exposure prophylaxis and emergency contraception for cases of rape, and counselling needs of girls for heads of schools and teachers.

- Collaboration with UNICEF should include the exchange on UNICEF’s approach to community mobilization and the follow up of the study on acceptance of re-admission.

- PASHA could also approach the Tanzanian Institute of Education to try and harmonise the approach to life skills teaching in schools, based on the latest best practices and UNAIDS and UNESCO guideline.

- PASHA should revise its current approaches and materials to ensure that contraception and the dual use of condoms and emergency contraception are fully covered in all the materials and trainings are adapted to the age and development stage of the students in their respective levels of education.

- PASHA should support the MOEVT to obtain funds for enhancing peer education and guidance including schoolgirl pregnancy prevention. The funders of HIV prevention, e.g., the Global Fund to fight AIDS Tuberculosis and Malaria, are currently encouraging proposals linking AIDS and other sexual and reproductive health issues.
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>GTZ</td>
<td>Gesellschaft für technische Zusammenarbeit</td>
</tr>
<tr>
<td>LHRC</td>
<td>Legal and Human rights Centre</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>MOEVT</td>
<td>Ministry of Education and Vocational Training</td>
</tr>
<tr>
<td>PASHA</td>
<td>Prevention and Awareness in Schools of HIV/AIDS</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>(US) President's Emergency Plan for AIDS Relief</td>
</tr>
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<td>RAS</td>
<td>Regional Administrative Secretary</td>
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<tr>
<td>REO</td>
<td>Regional Educational Officer</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
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<td>TACAIDS</td>
<td>Tanzania Commission for AIDS</td>
</tr>
<tr>
<td>TGPSH</td>
<td>Tanzanian German Programme to Support Health</td>
</tr>
<tr>
<td>TSH</td>
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