

ACCESSIBILITY TO SOCIAL WELFARE SERVICES AMONG TEENAGE MOTHERS IN TANZANIA: A CASE STUDY OF TEMEKE MUNICIPALITY, DAR ES SALAAM REGION

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Abstract

This paper is set to examine how teenage mothers face challenges in accessing social welfare services including Sexual and Reproductive Health Services (SRHS). It uses Temeke Municipality, in Dar es Salaam region, as a case study to represent other Municipalities in Dar es Salaam and Tanzania in general. The study used a sample size of 20 participants and a qualitative approach was used to gather information from teenage mothers based on their lived experiences. The Symbolic Interactionism Theory was used to examine the subjective meanings of teenage mothers and social realities associated with accessibility to social welfare services. The purposive sampling technique was used to recruit teenage mothers with relevant knowledge and lived experiences. The study results indicate that ignorance, traditional practices, cultural traits, and witchcraft hinder teenage mothers from accessing and using social welfare services in their communities. The study concludes that accessibility of social welfare services to teenage mothers is vital and inevitable. Thus, Social Welfare Officers should be accessible and available at ward and village levels to assist these teenage mothers in accessing social welfare services. The study recommends that Social Welfare Officers should have correct information about SRHS. Furthermore, teenage mothers should be part of raising awareness to the community about the services provided by Social Welfare Officers.

INTRODUCTION

Tanzania is one of the countries that have passed through impressive political and economic developments as well as improvements in social welfare services in recent years (Omari, 2022). Despite many efforts made by the country, including introduction of new regulations and guidelines on accessing social welfare services, the country continues to face considerable challenges in accessing social welfare services, especially for teenage mothers (ibid). Many challenges have been sectorised around socio-cultural conditions hindering teenage mothers from handling their needs since they are still considered as teenagers (ibid). Efforts have been made to remove this barrier, such as developing a health insurance scheme, a Police Gender Desk, and community health forums that invite all women, including teenage mothers, to participate in meetings (Oukun, 2016). Tanzania has made women inclusive in every sector including opportunities in education and social welfare services to ensure that teenage mothers have equal opportunities in accessing social welfare services, including health services. For instance, in making social welfare services accessible, the government of Tanzania has allowed teenage mothers exemptions of social welfare services through social welfare officers.

Keywords: *Accessibility, Availability, Social welfare services, Health services, Teenage mothers.*

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The reforms are made through the National Social Security Fund (NSSF) and the new Health Insurance Scheme for purposes of making health services accessible to all community members, including teenage mothers (www.nssf.go.tz, 2023) by placing social welfare officers at hospital and health centers and allowing social welfare officers to be employed at ward and village levels. However, cultural traits, norms and values from elders, parents and grandparents guide teenage mothers in accessing social welfare services at their places. The information about health schemes offered by NSSF has been diluted or does not reach teenage mothers in time (ibid). Most of these teenage mothers shy away from registering with those schemes. They fear being taken to the police for early pregnancy. This happens because the scheme requires them to provide personal details that can enable them to be traced easily. Therefore, they would prefer their personal details not to be revealed in public (Nyakeke, 2017).

Teenage mothers' health problems have remained in the periphery and many of the services they deserve have not been adequately provided. For instance, they have constantly been receiving their first vaccination immediately after delivery. However, when their babies get sick, they fail to return to the hospital because they do not have money. Thus, most teenage mothers have resorted to consulting traditional healers and witchdoctors to solve these challenges. Furthermore, the provision of social welfare services has always been affected by poverty and ignorance, where lack of proper directives as to where one can get the services has always been a problem (Msegeya, 2018). This has affected teenage mothers very much since community members do not approve of early pregnancy. In schools, the teenage pregnant mothers are unacceptable; they are looked at as wrong doers in the community. In addition, education and health services are expensive as a result of distance between where they live and the location of these social welfare service centers. To alleviate this challenge, the government of Tanzania has declared social welfare services such as counseling and hospital services open and free of charge in government hospitals and institutions (Yussuf, 2020). However, due to ignorance, many teenage mothers do not access them for fear of exposing their lives to the public. As a result, they consult elders, parents and grandparents who sometimes provide them with wrong information on the available services within their communities.

The foregoing facts attest that teenage mothers have always been left behind in terms of social welfare services including formal education and health. In an attempt to examine the reasons as to why they fail to access social welfare services, the paper, as part of its specific objectives, examines the teenage mothers' life style and how they fail to access social welfare services in their communities.

LITERATURE REVIEW

Worldwide, the problems of poverty, malnutrition, complications of pregnancy, and social welfare service provision have always faced teenage mothers who live in extremely poor conditions. Teenage mothers have been missing support from government and private hospitals. Social welfare officers are scarce at ward levels but not available at village levels (www.cdftz.org; 2019). Teenage mothers are also facing a great risk of physical, cognitive, and emotional problems due to the challenges they face, yet they cannot look for someone to help them to overcome the problems (Omari, 2022). International and national policy frameworks stipulate the need to address issues related to the subject in question including the Rights of the Girl Child to access social welfare services. These include the United Nations Declaration on the Elimination of Violence Against Women of 1993, Convention on the Elimination of All Forms

of Discrimination against Women - CEDAW of 1993, United Nations Development Fund for Women - UNIFEM of 1994, Convention on the Rights of Children of 1989 and the revised edition of the Law of the Child Act number 21 of 2019 (ibid). The available literature reveals that teenage mothers were made resilient by the community as regards the problems they faced. They were made to believe that the available social services were not meant for them. Rather, they were for rich and not for common people (Makoye, 2016). But the fact is the health schemes were for all and teenage mothers were supposed to access them without any limitation (www.nssf.go.tz, 2023). The social welfare officers stated that the teenage mothers' need for social welfare services was important and that the challenges faced varied. Hence, they called for tailored services necessary for the development of the well-being of teenage mothers.

In Sub-Saharan countries, community and family members have been left to handle the problem by themselves while governments have been providing these services to all without any discrimination (Mesomapyra, 2017). Tanzania, in particular, has always been taking concerted efforts to manage the problem in order for teenage mothers to access the social welfare services available in the country. Further investigations by Mmassy, 2013; Malisa, 2015; Makoye, 2016, belwa, Isangula, 2017 and Mesomapyra (2017) indicate that the provision of social welfare services to teenage mothers has generally been a contemporary problem whose remedies need more thorough investigation. These scholars variously argue that the problem of provision of social welfare services to teenage mothers has hit the country. Teenage mothers have been facing health problems during their pregnancies as well as during the delivery of their babies, which significantly contributes to an increase in maternal and child mortality rates (Omari, 2022).

On the side of economic empowerment and budget support, teenage mothers' families have failed to overcome some of the challenges owing to financial constraints. This is echoed by Malisa (2015) and Makoye (2016) who argue that some teenage mothers' families had poor economic conditions that could not cover most of their basic living costs, including food, health care and even clothes. They argue that most teenage mothers face health risks and complications due to their immature bodies and inability to make decisions because of age. The Social welfare services are available but teenage mothers cannot access them due to their economic conditions and the budget the family carries (Yussuf, 2020). On the other hand, ignorance, as a result of low education, has affected them and their decision-making to the extent that what is available within the community cannot be accessed until permission is granted by elders in the community (ibid). In their studies, Malisa, 2015 and Makoye (2016) recommended that it was important to investigate deeply into the life situations of teenage mothers' families and relatives to know their lifestyles and how they survived without social welfare services.

In their studies, Mbelwa and Isangula (2017) point out that despite the efforts by governmental and non-governmental actors to deal with social service provision to teenage mothers, the question of accessibility to social welfare services has remained a challenge to most of them and their families. Mbelwa and Isangula (2017) further emphasize that teenage mothers are facing a problem of risky behaviors that lead to poor health issues, and child welfare including care and support of their babies. This challenge has also been observed by practitioners, educators, social

welfare officers, and child activists who emphasized on addressing challenges related to teenage motherhood and accessibility to social welfare services (UNICEF, 2017; WB, 2017, UNFPA, 2019). These international reports including the World Bank, UNICEF, and UNFPA are in line

with Mbelwa and Isangula's (2017) who observed that inaccessibility to social welfare services on the part of teenage mothers has made them unable to participate in some community activities. Therefore, most of them have been left behind without any knowledge of what is happening on the ground. Even when they managed to attend some training on health education, they still didn't get enough knowledge as some aspects (services) were not included in the training package. For instance, issues like contraceptive services which are part of social welfare services were not included in the training. As a result, it made them unaware of contraceptive use as well as living them with little knowledge on Sexual and Reproductive Health (SRH). This created more dreadful conditions that prevented teenage mothers from getting the required health services. They also lost touch with those lessons as they later thought that they were no longer important to them (UNICEF 2017, UNFPA 2019).

Monteiro (2023) indicates that the extension of accessibility of Social welfare services to dispensaries and health centers has been limited for teenage mothers except those who need more attention to the services. The available literature indicates that those with HIV/AIDS, COVID-19, Malaria, and Hepatitis B, and those with pregnancy increase the risk of delivering a preterm or stillborn baby (for example, 35-37 weeks early). In their studies, Makoye, 2016; Saha, 2017 and Safari (2019) revealed that lack of social welfare services was likely to lead to other pregnancy complications. Furthermore, there has been some decline in the use of social welfare services for both teenage mothers and their babies especially when it comes to vaccination. For example, HIV positive parents sometimes hesitate for their babies to be vaccinated with HIV prophylaxis. For them, allowing their babies to be attended by elders or witchdoctors is a form of protection against internal and external attacks. For these teenage mothers, elders and witchdoctors have replaced social welfare services (National Family Planning Costed Implementation Plan. 2019-2023). They underscore the advice from caregivers and guardians that social welfare services are unimportant thus alternative services could be an option to them (Kalinga, 2013).

Distance and location of the social welfare services is a concern for teenage mothers since reaching those services need a good and supportive income to cover transport fee (Kalinga, 2013). Thus, for them, alternative medicines were easier and convenient to access. Sexual and Reproductive Health programs have failed to reach teenage mothers since they have always been considered under-age (in Tanzania, is below 18 years). Therefore, the use of family planning services and accessibility to essential medicines such as contraceptives (condoms and contraceptive pills) and other modern equipment such as intrauterine devices and coil (which are common and frequently used in the urban areas where social welfare officers are available) have been a challenge (Mujinja, Kida, 2014 & Mbelwa & Isangula, 2017). Community engagement in social welfare services is worsening for teenage mothers. Signs that the quality of social welfare services is inadequate are seen in the slight increase in the proportion of teenage mothers attending and accessing social welfare services including clinics and family planning services in both private and public health centers (www.cdftz.org; 2019). The attendance of baby-delivering mothers at these centers has also dropped drastically. In 2004, 47% of Tanzania's women gave birth in public health clinics. Six years later, in 2010, the proportion had increased to only 50% and then dropped to 32% in 2015/2016 at an annual increase of 1.2% (CDC, 2019; Safari, 2019).

Statistics indicate how community members preferred traditional services to social welfare services. According to the NBS (2022), the traditional birth rate in Tanzania was around 35.98

live births per 1,000 inhabitants in 2022, which indicates that the rate has not changed for nearly six years. Access to social welfare services continues to be inadequately distributed to teenage mothers and their babies. Safari (2019), Yusuf (2020), and Omari (2022) indicate that there are significant disparities in access to social welfare services and their use at the family level. Most teenage mothers' families prefer local traditional methods and advice from their elders. As Omari (2022) demonstrates, teenage mothers argue that the methods were cheap and free/easy to access, and that consultations do not take hours. Prescriptions were easy to handle and, therefore, better than modern social welfare services. This attitude diverts them from using social welfare services near their areas (ibid).

Furthermore, the Department of Social Welfare (DSW) under the Ministry of Community Development, Gender, Women, and Special Groups was tasked with protecting children and teenage mothers. This was also stipulated in the Law of the Child number 21 of 2009 revised in 2019. UMATI (2021) also indicated that most teenage mothers have not been able to access and use social welfare services for various reasons including culture, norms, and values that usually guided them in decision-making. Despite the low and inadequate education of teenage mothers, social welfare officers and Community Health Workers (CHWs) have been working together to facilitate accessibility of social welfare services at the community level. This is also evident in various areas where awareness is provided by Local Government Authority officers (LGA) and Community Health Workers (CHWs) who work at the community level. Various policies regarding child protection and social welfare service delivery for children have also been taught at the community level. These include the Law of Child Act No. 21 of 2009, R.E2019, which also directs social welfare services to be provided to all children, including the 199 Child Hotline Number, which teenage mothers could use to protect their children (Dhaje, 2019). The reviewed literature indicates further that social welfare services have been provided to all people in Tanzania despite the poverty and low education level of the teenage mothers' families. The government took initiatives to facilitate accessibility of social welfare services to all Tanzanian citizens (Ministry of Health, 1994). However, teenage mothers have continued being victims of weak links in their attempt to register their names for purposes of accessing modern social welfare services. Sik (2015) indicates that about 12% of teenage mothers have access to social welfare services. However, not all those who were receiving social welfare services were good, happy and comfortable (ibid).

The teenage mothers' economic conditions have also forced them to seek cheap and affordable social welfare services that were not only convenient for them but also accessible to them since they could not manage to get high quality and appropriate social welfare services without facing challenges. This was also evidenced in Temeke Municipal Hospital where a social welfare officer attended teenage mothers who thought the social welfare services were not free. In contrast, teenage mothers received social welfare services for free including counseling services (Omari, 2022). Furthermore, there has been low community sensitization on using good social

welfare services where teenage mothers can be advised and counseled while making up their minds as to which services to go for. This happened because the social welfare services were confused with other services such as educational and health services, thinking that those were nurses offering services. Despite the initiative of the Improved Community Health Fund (CHF) and the efforts by the government to improve the package, management, and enrolment system of health services, the teenage mothers' interest in engaging in social welfare services is still very

low (<https://www.nhif.or.tz>, 2023). The government of Tanzania has introduced a new package of improved health services. However, teenage mothers are not accessing the services timely. Community awareness on the Improved Community Health Fund (ICHF) continues to decrease. In addition, social welfare services can be used to ensure adequate and quality care is received, and issues of child spacing and how to control unplanned pregnancies are timely addressed to control accidental pregnancies (Mmassy, 2013; Mesomapy, 2017 & Omari, 2022). The Department of Social Welfare has made various efforts to overcome such challenges. Such efforts include the availability of social welfare officers at ward and district levels and raising awareness on the availability of social welfare services at ward and district clinics as well as hospitals.

The Symbolic Interactionism Theory was used in this study to explore the teenage mothers' lived experiences in accessing social welfare services that were useful in taking care of their babies and families. This theory helped the researcher to understand teenage mothers from their perspective and their social reality (Blumer, 1969). Their lived experiences were symbolically interpreted and the researcher came up with subjective meanings through social interactions and communication. The conceptual framework was developed through this theory and the researcher was able to: define social welfare services according to teenage mothers and their families; and assess the availability of social services to teenage mothers based on the community perspectives. The conceptual framework: assessed the accessibility of social welfare services to teenage mothers and explored the availability of social welfare services in the area where teenage mothers live.

METHODOLOGY

This paper used a qualitative approach that sought to understand the challenges teenage mothers go through in accessing social welfare services in Temeke Municipality. The approach was used to allow flexibility, multiple realities and comprehend the human experience in specific settings, (Bryman, 2012). The study used in-depth interview to gather information from informants. This method was primarily important since it provided detailed information relevant to the study. The information on teenage mothers' lived experiences was captured face to face. Other verbal responses were gathered from parents, social welfare officers and selected community members. Data were gathered systematically for recurring words that later became code words. The coded words were then grouped to form themes which were later arranged and put into excel program for interpretation.

Temeke Municipality was selected as a case study to represent other municipalities in Dar es Salaam, and Tanzania in general. Temeke Municipality was chosen because it is the largest municipal in Dar es Salaam region, and has the highest percentage of teenage pregnancies at 27.1% followed by Kinondoni (5.6%) and Ilala 5.2% (BEST, 2016). Therefore, Temeke

Municipality was used as a case study because the area has many incidences of teenage mothers with problems of accessing social welfare services. This area enabled the researcher to understand the underlying contextual factors associated with lived experiences that were unfamiliar to family and community members, especially on the structure and provision of social welfare services to teenage mothers. Case study also allowed the researcher to get a sense of what was happening on the ground in relation to the teenage mother's accessibility to social welfare services in a real-life context.

This study employed purposive sampling technique to recruit informants with relevant knowledge and experiences about social welfare services. Since it was purposive, 20 informants were recruited at saturation point. The informants included: 8 teenage mothers as key informants, 5 parents, 3 social welfare officers and 4 community members. This was done to ensure that the researcher gets informants who are knowledgeable on the topic being studied. The participants had rich information as most of them were involved in taking care of teenage mothers and their babies before and after delivery. Community members also met teenage mothers almost every day when accessing social welfare services with their families. Data for this study were gathered in an informal unstructured manner because the method uncovered knowledge, opinions, and views of teenage mothers regarding their lived experiences and the accessibility of social welfare services at Temeke Municipality. Review of various documents was done to justify and support the data gathered from the informants.

Ethical conduct was observed since the key informants were teenage mothers under 18 years old. Permission was asked from the District Social Welfare Officer who introduced the researcher to the Social Welfare Officers at the ward level. Anonymity and confidentiality were highly observed and no fabrication or falsification of information was done. Parents, grandmothers, and caregivers were interviewed and their emotional feelings were highly observed.

FINDINGS

Accessibility of Social Welfare Services to Teenage Mothers

The accessibility of social welfare services to teenage mothers has been a challenge. Substantial evidence has shown that the government of Tanzania recognizes the need to address rapid population growth, especially at the family level where teenage mothers live with their families. However, the communities in which teenage mothers live face challenges that hinder them from accessing social welfare services, which affects their social development. The challenges include lack of funds and human resources, and too much dependency on NGOs, CBOs, and FBOs to strategize and implement programs related to social welfare services (Malisa, 2015). Their budgets could not meet their needs. However, this was not the only case. The study revealed that teenage mothers in Temeke Municipality faced the problem of ignorance due to low level of education and poverty in their families. The availability of social welfare services was scarce and not well located or close to where teenage mothers lived. Kinondoni Municipality, which had a population of 1,775,049 (NBS, 2022) had a well-organized social welfare provision with 197 registered health facilities, of which 27 were public-owned and 170 private, parastatal, and faith-based. Temeke Municipality, which had a population of 1,346,674 (NBS, 2022) had 136 medical facilities of which, 3 were referral hospitals, 16 were health centers, and 102 were dispensaries. The findings of this study showed that social welfare officers were available at hospitals, health

centers, at regional and district levels. They were very few at the ward level. The findings further indicated that most of the people live in sub-wards where dispensaries are privately owned. This has hindered teenage mothers from accessing social welfare services due to their poor economic conditions.

The lack of social welfare services has made them to opt for traditional medicines, which are much more straightforward and affordable in terms of prices and accessibility. Counseling services as part of social welfare provision are missing and most teenage mothers use local advice to deal with the challenges they experience in their lives. For example, at Mbagala

Kizuiani and Tuangoma wards, the findings indicate that they used elders from the villages including old women, and religious leaders when they needed counseling services. However, teenage mothers from Tuangoma and Mbagala Kizuiani wards were found to be using social welfare services at their convenience.

Raising awareness for teenage mothers and their families was important to the community of Temeke Municipality. Evidence from this study indicates that Temeke Municipality has taken a step by introducing educational awareness programs through hospital, dispensaries and community meetings, which has helped teenage mothers and their families to understand the social welfare services available in Temeke Municipality. Specific actions were taken to address social welfare services provision to all community members. Evidence from Mbagala Kizuiani and Tuangoma wards shows that most of the social welfare action plans were rolled out and implemented. Some of the action plans were the National Action on Policies Phase One of 2012-2013, Multi-Sector National Plan of Action to Prevent and Respond to Violence against Children (2013-2016). Another plan was the Multi-Sectoral Child Protection System, which was a response from the government to protect and respond to violence against children in Tanzania. The findings indicate that these plans were used in educating teenage mothers about social welfare services since they did not know about the availability of the services for them and their families. The study findings reveal that Temeke Municipality has taken the initiative to take these actions since the Municipality was prone to the problem of social welfare provision, and teenage mothers needed it for their security. Since the actions involved service delivery to all, including teenage mothers, the social welfare officers focused on protecting them and other teenage girls against vulnerability. Furthermore, the findings show that social welfare officers delivered social welfare services uniformly, coherently, and in well-coordinated manner to the extent that more accessibility and equitability to teenage mothers was ensured. However, teenage girls were hesitant to use the services. Traditional methods continued to exist despite social welfare services being available in their community.

Law of the Child Number 21 of 2009 as Revised in 2019 and the Child Hotline

The study findings indicate that the Law of the Child was not known to the teenage mothers and their parents in Tuangoma and Mbagala Kizuiani wards in Temeke municipality. Community awareness and use of the Law of the Child were low due to unfamiliarity with the application of the law itself. Poor education was one of the reasons that hindered the teenage mothers from accessing social welfare services. Study findings further indicate that since they were unable to complete school due to early pregnancies, the teenage mothers were not in a better position to understand well the Law of the Child of 2009, which is currently called RE 2019. The findings

also indicated that this condition prevented them from knowing their rights and responsibilities as parents and as teenage mothers as well. The findings reveal that teenage mothers were using their instincts or advice from their elders, caregivers, and sometimes from their grandmothers on how to provide care and support to their babies. Symbolic interactionism made teenage mothers misinterpret information hence not seeing its relevance in the provision of social welfare services. This made them not to adhere to the guidelines and the Law governing social welfare provision completely. Human right issues were not part of their day-to-day activities. Therefore, sometimes teenage mothers were abusing their babies unknowingly. They thought they could live without social welfare services and that they could contact social welfare officers only when they were in trouble. Teenage mothers were asked about the Child Hotline number 199, and they

stated that they were not aware of it and that they were mostly contacting Local Government Authorities (LGA offices) for help. Child Hotline services were mostly used to report abuse cases, sexual assaults and discrimination against children. However, Child Hotline remained unknown to teenage mothers.

Availability of Police Gender and Children's Desks (PGCDs)

The study wanted to gather information about the availability of social welfare services for teenage mothers in Temeke Municipality. The findings indicate that the availability of Police Gender and Children's desks has enhanced the use of social welfare services at the Local Government offices. The existence of Police Gender and Children Desks has made the service very useful. The findings show that the Prime Minister's Office - Regional Affairs and Local Government (PMO-RALG) has deployed social welfare officers at ward and district levels. This measure has made the social welfare services well known at the lower levels. However, the study still revealed that the social welfare services were not available at the village level. It is at this level where many cases were reported and the social welfare services such as the Gender Desk were not known or not available for the victims/clients. The study noted that Tuangoma and Mbagala Kizuiani wards were not very familiar with social welfare services and that there were no Gender Desks at the village level. Local consultation services were poor and it was difficult to handle the cases which came from the village level. The existence of the Police Gender and Children's Desk service at ward and village levels remained questionable. It was therefore impossible to make proper arrangements or consent if such incidences as rape or early marriage happened. In this case, in the absence of social welfare services, the cases were treated as secrets and decisions were made depending on elders' and parents' opinions and agreements. The study findings show that teenage mothers were, often times, not involved in decision making.

The study indicates that different social welfare services were offered to teenage mothers and their families. It was also observed that insecurity and violence of teenage mothers made their health poor. The social welfare services provided could not reach them on time something which led to the deterioration of their health. The findings indicate also that teenage mothers confused services provided by police gender desk with police stations and social welfare officers where counseling was offered. It was further noted that they thought that they would be apprehended and judged as prostitutes if they went to report their cases to the Police Gender and Children's Desk service, which prevented them from reporting their challenges. On the other hand, the Police Gender and Children's Desk service were places where older people reported cases such as marriage conflicts, divorce, violence, and welfare cases for prosecutions. The study revealed

that teenage mothers would go straight the Police Gender and Children's Desk if they had enough information about the services offered there. The findings further unveiled that services from the Police Gender and Children's Desk and those offered by social welfare officers were the same. However, teenage mothers had mixed information about the services; therefore they were not ready to share their stories with Police Gender and Children's Desk officers.

Culture, Norms, Values and Accessibility of Social Welfare Service

The study also examined how culture, norms, and values of the people hinder teenage mothers from accessing social welfare services at Tuangoma and Mbagala Kizuiani wards. Findings indicate that teenage mothers and their families had myths about the kind of things they wanted to use. For example, teenage mothers were not ready to be vaccinated until they consulted their

elders, grandparents, or caregivers. Therefore, they depended very much on their elders to the extent that no decision was made without consulting them. Sexual and Reproductive Health services had to wait until elders agreed as to whether to use them or not. The study findings further show that some social welfare services were perceived negatively, for example, teenage mothers were told that they would become barren if they use contraceptives. Moreover, people thought that if teenage mothers used implants, injectables, patches, vaginal rings, or intrauterine devices they would give birth to disabled babies, or the babies might come out with a string, which is very dangerous to them.

DISCUSSION OF THE FINDINGS

Ignorance

Results of this study indicate that teenage mothers faced several challenges that could not be handled appropriately by them. The study has also discovered that inaccessibility of social welfare services such as SHRS including family planning and other medical services makes teenage mothers ignorant on how they can deal with the health-related challenges they go through in their lives. As the findings suggest, ignorance is one of the challenges that affect teenage mothers and their babies. Teenage mothers' inability to access social welfare services has accelerated ignorance, and a negative perception attributed to little awareness among parents and relatives within their families and communities. The reasons for ignorance are the education levels (incomplete Standard Seven, Form Two, or Form Three) reached before being kicked out of school due to pregnancy. The findings in Tuangoma and Mbagala Kizuiani wards tell the reality of the problem that teenage mothers frequently consult culture, traditions, and beliefs as their help instead of social welfare services which are more useful and important. These teenage mothers use culture to camouflage the sufferings they go through in their lives. Social welfare services are offered through counseling. In this respect, they face the challenge of not accessing this service because of their excessive reliance on traditional methods.

The discussion moved further to examine how teenage mothers raise their babies while relying on traditional methods, which are challenged by new and current diseases. The findings indicate that the newly introduced vaccinations and new diseases pose a big challenge to teenage mothers. For example, in the case of COVID-19, many community members including teenage mothers were hesitant to be vaccinated due to the belief that they would die if they were vaccinated. It was until the Social Welfare Officer came under Community Health Workers

(CHW) at Tuangoma and Mbagala Kizuiani wards to conduct training and outreach programs that vaccinators were engaged to influence, promote, and convince the community to take COVID-19 vaccines. At this point, indigenous knowledge was used without professional practitioners' medical or social advice.

The findings of this study unearthed that ignorance has also affected teenage mothers in terms of Sexual and Reproductive Health services, and that most of them have stayed away from it. Initially, family planning was regarded as natural, not with devices (contraceptives, condom use, male sterilization-vasectomy, and female sterilization-tubal ligation). This study points to ignorance as the cause for teenage mothers not accessing Sexual and Reproductive Health services. It was also observed that teenage mothers did not have accurate and authentic information regarding the use of birth control methods at Mbagala Kizuiani ward. The teenage mothers who had little information on family planning did no longer have a chance to use it appropriately due to the fact that the information they had was disjointed. Misinterpretation and

not well-received information made them unable to use the social welfare services available to them. Therefore, unplanned pregnancies increased and traditional methods were used. As for Tuangoma ward, the excuse was that the social welfare service was far from where they lived. The social welfare officer was not available as well. Therefore, the easiest way was to consult their elders because they were available and convenient to them. Participation in family meetings was not allowed since they were still regarded as children who could not speak to the public. This was also evidenced at Mbagala Kizuiani ward.

Traditional Practices

Findings of this study revealed the reliability of teenage mothers on consultation with elders, grandparents, and caregivers when they are in trouble. The possibility of using traditional practices in their daily lives seemed possible to them because it was easy to approach them. Therefore, traditional practices made the community understanding of teenage mothers different, especially in the accessibility of social welfare services. This study unveiled that traditional practices have created confusion among parents, siblings, and neighbors on how they should approach the challenges faced by teenage mothers. Different myths, misinterpretations, and miscommunication coupled with modernization have made teenage mothers fail to comprehend what was desirable for their health and development. Traditional practices were part of the socialization process, where family members were supposed to participate during the initiation process. The mixture of traditional and modern practices confused them. Information from different sources made teenage mothers fail to decide which information is relevant and helpful to be taken on board. Such information limited them from receiving high quality and reliable social welfare services at the right time.

It was observed further that meeting elders and laughing at them made teenage mothers to deliver their babies prematurely or prolong their pregnancies. All these incidences confused teenage mothers, making them shy away from using social welfare services assuming that the services were meant for modern people thus they did not prefer them. Therefore, they remained at home and continued with what they were told during the initiation ceremony. They were directed to use traditional methods which they believed were safe and that their delivery would not require operation. At this point, teenage mothers relied more on traditional methods compared to social welfare services due to their availability and reliability.

Trust in Social Welfare Officers and Social Welfare Services Delivery

Findings from this study showed that teenage mothers kept their personal information confidential. They privately handled the matter on their own when they faced challenges. On the other hand, teenage mothers, their families and community members viewed social welfare officers as not professionals who could help them. The teenage mothers were directed to go to hospitals, dispensaries, or clinics after consulting their elders. This situation made them to continue hiding their issues without consulting social welfare officers. The researcher further noticed that despite social welfare services being located closer to teenage mothers, the social welfare officers were not very much welcomed by the teenage mothers and their families because they considered them as government officials who could take them to the police. Teenage mothers were afraid of being apprehended due to their early pregnancies, which was a shame to the community. Restrictions in accessing social welfare services were still under surveillance by the parents, guardians, grandparents, and caregivers who were trusted by family members.

Cultural Traits-Presence of Norms and Values that Guide Teenage Mothers' Families in Accessing Social Welfare Service

Studies by Tambwe, 2012; Robi, 2012; Uromi, 2014; Kato, 2015; Nyakeke, 2017 and Mesomapyra (2017) have discussed the presence of cultural traits which limit teenage mothers in accessing social welfare services such as health services in their communities. The lifestyle of teenage mothers has changed since much of their development has been affected by cultural practices that guide them. Much of the teachings from leaders and elders of the community revolve around cultural practices. These can be exemplified by the *Masewe* dance, which originated from Lindi and Mtwara regions closer to Temeke Municipality. The dance was used during initiation ceremonies and it involved teachings that motivate teenage mothers to attend the dance while receiving various consultations and advice from community elders. The teachings were centred on norms, customs, and values of teenage mothers' families. These dances and teachings affected the perception of teenage mothers and their families on the use of Sexual and Reproductive Health Services (SRHS) in their communities. Awareness education on SRHS was still very little, and response towards it was also very minimal since the majority of teenage mothers still depended on traditional methods of social welfare services. Thus, it was easy for them to practice traditional family planning methods and be comfortable with the services offered. The teachings received at Tuangoma ward enabled teenage mothers to qualify as part of the community as grown-ups who practice motherhood within the community. More education was needed for teenage mothers and their families on health matters. The delivery of social welfare services depended on the acceptability of social welfare officers' convincing power and the willpower of the whole community.

Witchcraft

This part examines witchcraft as one of the factors that challenge teenage mothers' accessibility to social welfare services. The findings show that elders used witchcraft to detect what disturbed teenage mothers and their families. Witchcraft was also used to predict the kind of social welfare services teenage mothers could use at a particular time. It was used to tell what was needed by teenage mothers, to determine the sex of the baby, and to know if the babies carried were twins or not. Furthermore, witchcraft was used to protect teenage mothers and their families thus

consultations were available at their convenience. Witchdoctors made a plan to use certain kinds of social welfare services. Evidence from this study indicates that, depending on the witchcraft, teenage mothers could lose touch with social welfare services that were scanty available in their areas especially at village levels. They received instructions from the consulted witchdoctors, thus the decisions made were a result of consultations from their local experts. This indicates that even though the social welfare officers were available, teenage mothers would not have trust in them. Witchcraft was therefore deemed necessary and social welfare services were given less attention. This was evinced at Tuangoma and Mbagala Kizuiani wards where witchcraft affected the delivery of social welfare services to teenage mothers and their families.

CONCLUSION AND IMPLICATION

This study revealed that teenage mothers in Temeke Municipality experience many challenges in accessing social welfare services including ignorance, traditional practices, culture, norms, and values. The study has noted that teenage mothers tend to use alternative services that are convenient, accessible, available, and less costly. Some of them consult their elders as an alternative measure to resolve their challenges while others continue to struggle to access social

welfare services through social welfare officers available at Temeke Municipality. The availability and accessibility of social welfare services affect teenage mothers to some extent. This might be due to ignorance and lack of awareness of the Police Gender and Children's Desk that could be used to protect them from going for alternatives that have some detrimental effects to their lives. If the use and interpretation of social welfare services to teenage mothers were well received and implemented in their communities, they would have been aware of the services at all levels. Further, community support is needed to overcome challenges that might arise while providing social welfare services to teenage mothers. It is important to note that they need to be supported for them to demonstrate their self-determination abilities and select the kind of services they wish to use. It could also be easy for them to face different challenges, for example, by using the Law of the Child number 21 of 2009 RE 2019. As DeGennaro (2016) argues, strength-based practices encourage teenage mothers to use effective social welfare services that are available and accessible. Planning and monitoring social welfare services from different social agencies could help them to select the kind of services that fit their needs. The study therefore concludes that the accessibility of social welfare services continues to be unequally distributed to teenage mothers at Temeke Municipality. The existence of significant disparities in accessing social welfare services and their availability will continue to exist if stern measures are not taken as expeditiously as possible.

RECOMMENDATIONS

This study recommends that awareness on social welfare services should be emphasized to the community elders, parents, caregivers, guardians, and grandparents. The presence of cultural traits, norms and values should not hinder the accessibility of social welfare services at ward and village levels. Cultural practices including witchcraft should be avoided and consultations should be directed to social welfare officers who are liable to provide counseling services to teenage mothers and their families. Community members should not draw conclusions or condemn teenage mothers for being ignorant of social welfare service provision. The low level of education the teenage mothers had was attributed to early pregnancy that was either unplanned or rape. Therefore, what they need is psychosocial care and support from community members.

This study also recommends that the government of Tanzania should consider a holistic approach in bringing about different ideas and suggestions from family and community members that will support teenage mothers. Views, coping strategies, and solutions about the utilization of social welfare services are inevitable. The Ministry of Community Development, Gender, Women, and Special Groups needs to make the concept of social welfare services accessible to all teenage mothers. Furthermore, Local Government Authorities should work together with social welfare officers in raising awareness on social welfare services. The use of Case-Based experiences and training as well as awareness programs about accessibility of social welfare services to teenage mothers are crucially important. Different organizations such as NGOs, FBOs, and CBOs need to be tangled to improve the availability of social welfare services at ward and village levels. Involvement of the Ministry in dealing with teenage mothers is also vital since it is the mother ministry.

LIMITATION

The researcher faced significant challenges from the informants. Despite the literature and evidence-based cases presented, the challenges continued as informants were teenage mothers who were under age (according to Law of the Child, number 21 of 2009 RE 2019. In this regard,

they were insecure and afraid of sharing their cases and or disclosing information despite being made aware of the reasons for undertaking the study. To overcome this challenge, the study's objective was clearly explained, and confidentiality was assured to the teenage mothers as required.

AREA FOR FURTHER STUDY

This study suggests that future research needs to explore teenage mothers' challenges in using family planning services at Temeke Municipality and their interventions. Researchers can investigate the importance of involving social welfare officers in delivering family planning services at Temeke Municipality. There is also a need for teenage mothers to know how traditional methods affect the future of teenage mothers' health if they are mixed with family planning methods as part of social welfare service provision. The aim is to examine the accountability of teenage mothers in using social welfare services without mixing them with traditional methods.

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