



Unintended Pregnancy among Unmarried Female Students at the University of Dar es Salaam

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Abstract

Unintended pregnancy among university students is a pressing public health issue, particularly in sub-Saharan Africa. This study explored the factors contributing to unintended pregnancies among unmarried female students at the University of Dar es Salaam (UDSM). The study was conducted at UDSM, using a qualitative approach. Undergraduate unmarried female students were sampled purposively, with a sample size of 20 participants, and convenience sampling was used to recruit five (5) male students who consented to participate. Semi-structured interviews and four (4) focus group discussions (FGD) were used to collect information. The information was analysed using thematic analysis based on Intersectionality Theory. The study's findings produced five themes: socioeconomic vulnerability, emotional and psychological factors, cultural norms, lack of sexual and reproductive health education, and peer influence, which are the main factors influencing unintended pregnancies among unmarried female students at the University of Dar es Salaam. The study concludes that unintended pregnancies among female university students result from the intersection of economic insecurity, psychological vulnerability, sociocultural expectations, and inadequate reproductive health education. The study recommends the need for comprehensive sexual education, economic empowerment programmes, and policy reforms to support informed reproductive choices and gender equality.

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Introduction

Unintended pregnancy remains a significant public health challenge globally, particularly among young unmarried women in academic institutions. It is estimated that 121 million pregnancies occurred annually worldwide between 2015 and 2019, with nearly half (48%) of all pregnancies being unintended (Bearak et al., 2020). The situation is exacerbated by inadequate access to comprehensive sexual and reproductive health education, the stigma surrounding contraceptive use, and gender inequalities that restrict young women's agency in reproductive decision-making (Sedgh et al., 2016). In developing regions, rates of unintended pregnancy remain disproportionately high, with sub-Saharan Africa witnessing the highest incidence. According to the World Health Organisation (WHO, 2022), sub-Saharan Africa accounts for approximately 29% of the global unintended pregnancy burden. These high rates are largely attributed to limited access to modern contraceptives, sociocultural taboos concerning premarital sexual activity, and weak policy enforcement pertaining to adolescent reproductive health services (Bongaarts & Hardee, 2019). This study aimed to explore the underlying factors contributing to unintended pregnancies among students at UDSM, with the expectation of providing insights that could



inform targeted interventions and policy recommendations to improve reproductive health outcomes for young women in higher education institutions.

Literature Review

Dranzoa (2018) identifies several factors contributing to pregnancy and dropout rates among female university students in Africa, including unsafe hostels, sexual harassment, financial hardship, peer pressure, and patriarchal traditions. She emphasises that young female students entering higher education institutions (HEIs) are often vulnerable and ill-prepared for the challenges they face, sometimes leading to unintended pregnancies and subsequent dropouts.

Unintended pregnancies continue to be a significant issue in East African universities. A study conducted in Kenya, Uganda, and Rwanda revealed that nearly one in three female students reported having experienced an unintended pregnancy due to financial challenges, peer pressure, and a lack of contraceptive knowledge (Mberu & Mutua, 2019). Similarly, Tanzania's rates of unintended pregnancy among young, unmarried university students are concerning, with the Tanzania Demographic and Health Survey (TDHS, 2021) indicating that 27% of women aged 15–24 encounter unintended pregnancies. Socioeconomic vulnerabilities, restrictive reproductive health policies, and inadequate sexual education worsen the problem (UNFPA Tanzania, 2022).

Economic hardships compel many young women into transactional relationships, heightening their vulnerability to unprotected sex and unintended pregnancies (Msuya et al., 2020). Despite the availability of sexual and reproductive health services, students face barriers such as misinformation, fear of stigma, and a lack of confidentiality in healthcare settings. A study by Kagashe & Honest (2018) at the University of Dar es Salaam (UDSM) associates unintended pregnancies with financial instability, prompting some students to engage in transactional sex or "sugar daddy" relationships. Maphie (2023) examined the psychosocial experiences of pregnant female students at the same university but did not explore the factors contributing to unintended pregnancies.

Globally, university students face high rates of unintended pregnancies due to personal, institutional, and societal factors. In the United States, Europe, and Asia, barriers such as financial constraints, stigma, and inadequate access to contraceptives persist (Guttmacher Institute, 2023; WHO, 2022). A study in the U.S. by Jones and Boonstra (2022) reveals that, despite reproductive health awareness, many college students struggle to obtain contraception. Similarly, research in South Asia highlights the cultural and religious influences that limit young women's access to reproductive health services, leading to early pregnancies (Rashid & Akhter, 2022; Smith et al., 2023). Universities worldwide have implemented measures such as peer counselling, sexual health education, and subsidised contraceptives to tackle these challenges (UNESCO, 2022).

In sub-Saharan Africa, societal expectations and gender dynamics significantly affect reproductive health decisions. A study conducted in South Africa by Chigona and Chetty (2021) revealed that societal pressure and gender power imbalances contribute to student pregnancies. Research in Ghana and Uganda also identifies peer influence, substance abuse, and financial difficulties as significant factors (Nyarko et al., 2022; Atuyambe et al., 2023). Limited access to reproductive health services remains a major concern in many African universities. In Nigeria, only 40% of female students reported having access to contraceptives, with many lacking knowledge about proper usage (Adepoju et al., 2022). In Kenya, economic hardship compels many students into relationships with older men, thereby increasing their risk of pregnancy and sexually transmitted infections (Kilonzo et al., 2023).

Rural-urban migration further increases vulnerability among female students who are unfamiliar with urban environments (Somba et al., 2014; Mushy et al., 2018). Transactional sex as a survival strategy is prevalent in African universities, where financially disadvantaged students engage in



relationships for financial support, resulting in unintended pregnancies (Mutsvairo & Chari, 2022). Studies emphasise the incompatibility of pregnancy and higher education, as pregnancies often cause academic disruptions, financial challenges, and higher dropout rates (Victoria et al., 2021; Mushy et al., 2018). Although awareness campaigns and reproductive health services are available, cultural taboos and stigma persist in discouraging contraceptive use (UNFPA, 2023). Some studies indicate that deliberate pregnancies occur among university students as a means of securing a partner or gaining social acceptance (Mushy et al., 2018). In East and West Africa, young women may regard pregnancy as a strategy for enhancing marriage prospects or long-term relationships (Victoria et al., 2021).

In Tanzania, unintended pregnancies among university students are influenced by economic hardship, inadequate sexual education, and societal pressures (Mlama et al., 2023). Students from rural areas transitioning to urban universities are particularly vulnerable due to a lack of knowledge regarding contraceptive methods and reproductive health services (Somba et al., 2014). A study by Mushy et al. (2018) found that financial dependence on male partners significantly affects pregnancy rates among Tanzanian university students. Furthermore, the limited availability of reproductive health services on campuses hinders access to contraception, worsening the issue.

Cultural norms and the stigma associated with contraceptive use further impede progress in reducing unintended pregnancies (Kapinga et al., 2023). The Tanzanian government and NGOs have initiated programmes to address these issues. Organisations such as the Tanzania Family Planning Association (UMATI) and Marie Stopes Tanzania provide reproductive health education and contraceptive services; however, accessibility continues to be challenging due to funding and logistical constraints (UNFPA Tanzania, 2023). According to Mlama et al. (2023), universities in Tanzania have begun implementing peer education initiatives.

Theoretical Framework

This study employed Intersectionality Theory to explore how overlapping social identities, such as age, gender, class, economic status, and culture, shape the experiences of unintended pregnancy among unmarried female students. Originally conceptualised by Kimberlé (1989), intersectionality highlights how multiple systems of oppression intersect, creating unique challenges for marginalised individuals. By utilising this framework, the study analyses how these intersecting factors influence pregnancy-related decisions. For instance, socioeconomic vulnerability may lead to economic dependency and transactional sex. Cultural norms shape societal expectations regarding fertility and motherhood, while gendered power dynamics impact male control over reproductive decisions. Furthermore, structural inequalities limit access to education and contraceptives, thereby increasing the risk of unplanned pregnancies. Intersectionality Theory enhances our understanding that pregnancy decisions and vulnerabilities are not solely personal choices; rather, they are shaped by systemic structures of oppression, economic disparity, cultural expectations, and gendered power imbalances. Through this lens, the study provides a nuanced understanding of the factors contributing to unintended pregnancies.

Method

This study was conducted at the University of Dar es Salaam, specifically at the Mwalimu Julius Nyerere Campus in Tanzania. It aimed to explore the factors influencing unintended pregnancies among unmarried female university students. To gain an in-depth understanding of the participants' experiences and perceptions, a qualitative research approach was adopted. This method facilitated the exploration of the phenomenon in its natural setting, allowing the researcher to interpret the meanings that participants attribute to their experiences (Newman & Benz, 1998).

Twenty-five (25) participants were selected using purposive and convenience sampling techniques. Purposive sampling involved recruiting twenty (20) unmarried female students as primary subjects, while convenience sampling comprised five (5) male students who consented to



participate. The final sample size was determined by the principle of data saturation, as no new themes emerged from subsequent interviews and FGD (Hennink & Kaiser, 2022).

Data were gathered through in-depth interviews and FGDs. The primary research question was: "What are the key factors influencing unintended pregnancies among unmarried female university students?" The use of interviews and FGDs facilitated a thorough exploration by capturing both individual perspectives and collective experiences.

Thematic analysis was employed to examine the data, allowing the researcher to develop a nuanced understanding of the contributing factors. Before data collection, a research permit was obtained from the University of Dar es Salaam. Informed consent was sought from all participants, who voluntarily signed consent forms. The ethical principles of autonomy, confidentiality, and voluntary participation were rigorously upheld to safeguard participants' rights and well-being (Creswell, 2003).

Results and discussion

The study aimed to explore the factors influencing unintended pregnancy among unmarried female students at the University of Dar es Salaam. This section presents and discusses the findings. The research identified five major themes: socioeconomic factors, vulnerability and transactional relationships, emotional and psychological factors, cultural norms and societal expectations, inadequate sexual and reproductive health education, and social influence and peer pressure.

Socioeconomic vulnerability and transactional relationships

Findings reveal that many pregnancies stem from financial insecurity, where relationships involve financial dependence or transactional sex. Socioeconomic vulnerability denotes the financial instability, limited access to resources, and economic hardships that numerous university students encounter. Studies show that many university students in the developing world struggle to afford tuition, accommodation, food, and other essentials (Ahmad et al., 2021; UNFPA, 2022; Msuya et al., 2020). One focus group discussion underscored the financial pressures faced by young women, stating:

Girls have many needs and ambitions beyond their income. They need mobile phones and expensive plaiting styles (FGD).

Under these circumstances, some sought financial support from romantic partners or entered into transactional relationships to sustain themselves. This indicates that economic hardship forces female students into relationships where sex is exchanged for financial or material support, leading to unintended pregnancies. One female student recounted her experience, stating:

I became pregnant unexpectedly. My boyfriend supported me with the needs my parents could not afford. He provided me with a phone, food, and other essentials. He assisted me in having food and shelter. He even bought me a phone because my parents had no income. (Interview with an unmarried female student).

The above statement illustrates that economic hardship compels some individuals to enter relationships where sex is exchanged for financial or material support, ultimately resulting in pregnancy. In other scenarios, reports indicate that sex is sometimes used as an expression of gratitude for the financial assistance received.

In relation to the above, the second motive for early pregnancy was transactional sex. Transactional sex refers to sexual relationships in which the exchange of money, goods, or services is an explicit or implicit expectation. One female student explained:

I didn't have anything else to offer my boyfriend to make him happy, so I gave him intimacy, believing it would strengthen our bond and fulfil both his desires and my emotional needs. Now that



I'm expecting, I feel uncertain and vulnerable about what lies ahead. Despite my fears, I genuinely hope he will take responsibility, stand by my side, and support me through this challenging and life-altering journey (Interview with a female student).

The aforementioned statement illustrates that transactional sex significantly contributes to unintended pregnancies among female students. These relationships involve one partner providing financial or material benefits in exchange for companionship, emotional support, or sexual intimacy. Such relationships are particularly prevalent among students facing financial difficulties and can greatly lead to unintended pregnancies. Through an intersectional lens, we observe that unintended pregnancies among female students engaged in transactional sex are not merely the result of individual choices, but rather reflect a structural issue encompassing economic hardship, gender inequality, power imbalances, and social expectations (Mutinta, 2022; Ajayi & Somefun, 2019).

Emotional and psychological factors

Feelings of loneliness, abandonment, and the desire for companionship influence pregnancy decisions as a means to secure emotional attachment. Women, particularly young unmarried women, often encounter societal pressures regarding relationships, love, and family formation. The intersection of gender norms and emotional vulnerability affects decision-making, including the search for sexual partners. One participant recounted her experience of emotional abandonment and how it shaped her choices:

Being abandoned by my parents and experiencing a profound sense of loneliness is something I have battled with throughout my life. I grew up in an orphanage, where I never truly felt the warmth of a family or the security of unconditional love. Therefore, when I met someone who expressed their love for me, it was overwhelming. For the first time, I felt wanted, valued, and cherished. I agreed to be with him out of fear of losing that feeling. I thought that if I had his child, he would always be there for me, and I wouldn't have to face loneliness again.

The experiences of the student interviewed above, who was raised in an orphanage, highlight the impact of institutional upbringing on emotional and psychological well-being. Growing up without stable parental figures can create a profound need for belonging, love, and emotional security. This intersects with class and social support systems, where individuals with limited family support might turn to romantic relationships as a primary source of emotional stability. In many societies, there is significant emphasis on women's roles as caregivers and partners, which may lead them to consider pregnancy as a means of securing emotional attachment or stability within a relationship.

Findings from this study reveal that many female university students have a strong desire to have a romantic partner while on campus, as illustrated in the following quote:

For me, having a boyfriend isn't merely about love; it's about having someone to rely on and share life with. I want my boyfriend close by so I don't have to feel alone. I've witnessed friends who lost their boyfriends because they weren't willing to do enough to make them stay, and I don't want to endure that (FGD).

Similarly, the findings indicate that numerous female students choose to conceive in order to enhance the stability and longevity of their relationships. One participant explained:

You know, these days, many girls are anxious about not marrying early. There's this fear that if we wait too long, we might not find a suitable husband. Consequently, some girls choose to pursue pregnancy, believing that having a child with their boyfriend will guarantee the continuation of their relationship. They hope that by having his child, he won't leave them, and they won't have to start afresh alone.



The desire to obtain love and companionship through pregnancy illustrates how psychological factors such as loneliness and abandonment intersect with broader social and economic conditions. Women who experience emotional neglect or a lack of family connections may be particularly susceptible to making life-altering choices in their pursuit of emotional security.

Cultural norms and societal expectations

Social norms place a high value on fertility and motherhood, prompting some individuals to pursue pregnancy to meet societal or relational expectations. Studies indicate that fertility and motherhood are highly regarded in many societies, influencing individuals' reproductive choices and behaviours. Cultural norms often associate a person's worth, particularly that of women, with their ability to conceive and bear children. Consequently, some female students may seek pregnancy, either consciously or subconsciously, to satisfy societal or relational expectations. As illustrated in the following quote from the FGD:

Men use sex and pregnancy as a sign or evidence that one can have babies.

Similarly, another participant added:

In our community, a woman who cannot conceive is often considered incomplete, which pressures young women into proving their fertility early on.

Further reinforcing this perspective, one interviewee shared:

My family always told me that being a mother is the ultimate achievement for a woman. So, when I got into a relationship, I felt like getting pregnant was the natural next step. (Interviewed unmarried female student).

These testimonies illustrate how cultural expectations shape reproductive behaviours, often leading young women to prioritise fertility over personal or academic aspirations. Through the lens of Intersectionality Theory, the discussion examines how societal norms that link a woman's worth to motherhood disproportionately affect unmarried female students. Gendered expectations intersect with cultural, familial, and relational pressures, influencing reproductive choices and compelling women to balance traditional roles with education. Economic and social class further restrict reproductive autonomy, while internalised stigma surrounding infertility reinforces these norms.

In response, HEI have implemented policies to protect female students. For instance, the University of Dar es Salaam enforces the Gender Policy and Anti-Sexual Harassment Policy to ensure a safe learning environment. However, patriarchal influences persist through family and society, perpetuating harmful norms. Addressing this requires broader anti-patriarchal efforts that extend beyond educational institutions. This study advocates for an intersectional approach to reproductive decision-making and calls for narratives that are more inclusive, extending beyond motherhood.

Inadequate sexual and reproductive health education

One of the primary causes of unintended pregnancy is insufficient sexual and reproductive health education. Studies have shown that many students do not receive accurate information regarding contraception, fertility, and safe sex practices. Consequently, misconceptions and myths about pregnancy prevention persist, heightening the risk of unprotected sex. As the World Health Organisation (2023, 42) states, "*Comprehensive sexual education is essential in providing young people with the knowledge and skills they require to make informed decisions about their reproductive health.*"

A lack of proper reproductive health education, contraceptive use, or an effort to avoid perceived moral pitfalls contributes to unintended pregnancies. Insufficient sexual and reproductive health education significantly leads to unintended pregnancies among university students due to



misinformation, inadequate contraceptive knowledge, and risky sexual behaviours. Without comprehensive education, students may depend on myths, peer influence, or unreliable sources, resulting in poor decision-making regarding contraception and reproductive health.

You know that reproductive education is often provided on campus, but in reality, most students do not grasp it well. My friend experienced an unexpected pregnancy. On the day she met her boyfriend, she believed it was a safe day and that she could not become pregnant, but unfortunately, she had bad luck. (FGD)

This reflects a common challenge where students believe inaccurate fertility myths. As the American College of Obstetricians and Gynaecologists (ACOG) (2023, 9) explains, "The menstrual cycle is complex, and ovulation can sometimes be unpredictable, making natural methods of contraception unreliable without proper understanding." As highlighted by the World Health Organisation (2023), equipping young people with adequate reproductive knowledge is essential for informed decision-making. Without this education, students may rely on myths and unreliable sources, increasing their vulnerability to unintended pregnancies. Addressing these gaps through comprehensive sex education can play a crucial role in empowering students to make safer and more responsible reproductive health choices.

Social influence and peer pressure

The finding reveals that peer influence played a crucial role in shaping students' sexual behaviour. Some participants engaged in sexual activity due to pressure from partners or social groups. One student shared,

I never planned to have sex that night, but my friends kept saying, come on, just have fun, everyone does it (Interviewed unmarried female student).

Social influence and peer pressure play a significant role in the pregnancy decisions of unmarried female university students. Peer expectations and social dynamics frequently affect choices related to contraception, abortion, or childbirth. Another participant remarked:

I was scared to use contraception because my friends said it makes you gain weight and become unattractive to men.

The pressure to conform to group norms can result in risky sexual behaviour, secrecy, or emotional distress. Another student confessed:

I didn't want to be the only virgin in my group. Everyone kept saying, 'You're missing out,' so I gave in.

Furthermore, academic concerns and the impact of friends or partners may influence decision-making, occasionally superseding personal agency. One participant explained,

I was worried about my grades, and my boyfriend told me an abortion would be the best option so I could focus on my studies.

Ultimately, peer influence creates a complex environment that impacts reproductive choices for young university women. One student recalled:

I got pregnant the day I attended the 'Feast and celebration upon arrival at the university, the freshers' ball.' Everything felt so exciting and new – I didn't realise the consequences until later.

The findings highlight the significant impact of peer influence on the sexual and reproductive choices of unmarried female university students. Social pressure from friends and romantic partners often shapes their decisions, occasionally leading to risky behaviours, unintended pregnancies, or emotional distress. Fear of judgement, misinformation, and the desire for social acceptance play a role in these choices, sometimes overriding personal values and aspirations.



Studies such as Kalmuss and Austrian (2010) emphasise that peer norms are crucial in sexual decision-making among young adults. Similarly, research by Bearinger et al. (2007) demonstrated that peer influence, along with inadequate sexual education, results in higher rates of unprotected sex and unintended pregnancies. Furthermore, Bandura's Social Learning Theory (Grusec, 1994) clarifies how individuals adopt behaviours by observing and imitating those within their social circles. Effectively tackling these challenges requires comprehensive sexual education, open discussions, and support systems to empower young women to make informed choices regarding their reproductive health.

The research generally highlights the influence of peers on university students' sexual and reproductive choices; however, an intersectional perspective reveals deeper structural and cultural dynamics. Gendered expectations, social conformity, and misinformation intertwine with institutional and socioeconomic factors, limiting young women's autonomy. The pressure to conform is not solely personal; rather, it is deeply entrenched in patriarchal norms that commodify female sexuality while stigmatising unintended pregnancies. Although the study is conducted within a higher education institution, where students' education could shape their views on contraceptives and pregnancy, the findings indicate that female students continue to face societal pressures to conceive. These pressures often override their knowledge and originate from religious beliefs and cultural norms that equate womanhood with motherhood. Consequently, some female students may consciously or subconsciously respond to these expectations, which affect their reproductive choices.

Conclusion

Unintended pregnancies among unmarried female students at the University of Dar es Salaam result from socioeconomic vulnerability, emotional and psychological factors, cultural norms, insufficient sexual health education, and peer pressure. Financial insecurity pushes some students into transactional relationships, while feelings of loneliness and emotional neglect drive others to seek stability through pregnancy. Cultural expectations that associate a woman's worth with her fertility further influence reproductive choices. Limited access to proper sexual health education leads to misinformation and risky behaviours, while peer pressure guides some students towards unprotected sex. Tackling these issues necessitates comprehensive sexual education, economic empowerment programmes, and policy reforms to foster informed reproductive choices and promote gender equality.

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