Potential of Sexual Reproductive Health Awareness Programme in Secondary Schools on Adolescent Pregnancy Rates in Mafinga Town Council, Iringa Region

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ABSTRACT

This study examines the potential impact of a Sexual Reproductive Health (SRH) awareness programme in secondary schools on decreasing adolescent pregnancies in Mafinga Town Council, Iringa Region, Tanzania. The objectives were to evaluate the programme's effectiveness in improving adolescents' knowledge, attitudes, and behaviours concerning reproductive health, and its contribution to lowering teenage pregnancy rates in Mafinga Town Council. A mixed-methods approach was adopted, utilizing structured questionnaires with 200 students for quantitative data and key informant interviews for qualitative insights. Quantitative data was analyzed using SPSS, while qualitative data underwent thematic analysis. The results indicated that the students exposed to the SRH awareness programme had a significantly higher knowledge on pregnancy risks, contraceptive methods, and how to access reproductive health services compared to the control group which did not receive any training. The SRH-trained respondents showed positive behavioural outcomes in the form of delayed sexual engagement and increased use of contraceptive methods. This indicates that the SRH programme was effective in promoting informed decision-making and self-efficacy among adolescents. The study concludes that SRH awareness programmes have a strong potential to improve adolescents' knowledge, attitudes, and behaviours related to reproductive health. By increasing awareness about contraception, delaying early sexual engagement, and promoting respect for one's own body, such programmes contribute to a noticeable reduction in adolescent pregnancy incidences in Mafinga Town Council. The findings further indicate that when adolescents are provided with accurate information and a safe environment to discuss reproductive health matters, they develop greater self-confidence in making informed choices about their bodies and relationships. Therefore, it is recommended that SRH awareness programmes be sustained and expanded across secondary schools through the integration of SRH topics into the formal school curriculum. Furthermore, regular teacher training, active participation of parents and community members, and continuous peer education initiatives are essential to ensure that adolescents remain well-informed, empowered, and supported to make responsible decisions regarding their sexual and reproductive health.

Keywords: Adolescent Pregnancy; Sexual Reproductive Health; Awareness Programme, Iringa Region

BACKGROUND OF THE STUDY

Global Context

Globally, adolescent pregnancies, abortions, and early childbirths are major issues in secondary schools (UNICEF, 2022). This phenomenon comes with serious implications for the social, health, and economic well-being of both involved parties, the young mother, and the child. The decrease of teenage pregnancies and childbearing is found on the agenda of many (especially low- and middle-income) countries. According to United Nations Fund for Population Activities (UNFPA) (2018), globally, pregnancy, abortion and childbirth are the second leading cause of death among teenage girls, but it is not just the mother's health that is at risk. Babies born to teenage mothers are more likely to die compared to babies born to mothers that reach at least the age of 20 years.

Tanzanian Policy Context and Educational Implications

In Tanzania and other countries, adolescent pregnancy remains one of the leading public-health and socio-economic challenges. One of the significant consequences of adolescent pregnancy in Tanzania has been the exclusion of pregnant schoolgirls from the education system. Under the government of former President, the Late Dr. John Pombe Magufuli (until March 2021), the policies led to girls being expelled from school in the case of pregnancy and prevented them from continuing their education during and after childbirth (Hall, 2022; Ministry of Health, Social Development, Gender, Elderly and Children (MoHCDGEC), 2018). This policy severely limited these young mothers' opportunities to complete their secondary and follow-up education.

However, this stance was later reversed under the leadership of President Dr. Samia Suluhu Hassan (since March 2021), who introduced new policies allowing young mothers to return to school after delivering the baby (Hall, 2022). Despite this positive shift, many girls still face challenges in resuming their education due to societal pressures, economic barriers, and lack of support, which ultimately limits their chances of obtaining a secondary school certificate. Without this qualification, it becomes challenging for adolescent mothers to find employment and achieve financial independence, thus affecting their ability to support themselves and their families. Comparable studies in Meru District (Rangi & Mwageni, 2012) and Morogoro Municipal (Mbonde & Nyaisa, 2023) also examined SRH interventions but did not evaluate behavioural outcomes. This study contributes new insights by combining knowledge, attitude, and behavioural indicators within a localized setting in Mafinga Town Council.

Knowledge and Educational Gaps in Adolescent Sexual and Reproductive Health

In the context of influencing factors, teenage pregnancy is influenced by various aspects, but the most outstanding is the lack of knowledge and education concerning the topic of SRH. According to Paton *et al*. (2019), inadequate knowledge about reproductive health and the use of contraception has the power to greatly increase the risk of unintended pregnancies among teenagers. This is where this research connects to examine the actual potential of respective education for the youth. The authors added that inadequate knowledge about reproductive health and contraception increases the risk of unintended pregnancies among teenagers. (Paton *et al.*, 2019)

Relevance and Focus of the Study

Because teenage pregnancies cause negative consequences for both individuals and communities in many ways, it's important to look for good ways to help stop them. It becomes relevant to explore effective interventions that aim to mitigate the problem of adolescent pregnancies. Considering that, this study focuses on strategies that might decrease the number of adolescent girls conceiving pregnancy. The targeted location of this study is Mafinga Town Council that is located in the Southern Highlands of Tanzania. The main objective is to examine the potential of the sexual reproductive health awareness programme in secondary schools on reducing adolescent pregnancy rates in Mafinga Town Council.

This study seeks to delve into the potential of Sexual Reproductive Health awareness programme in secondary schools to address the urgent issue of underage pregnancies in Mafinga Town Council. The research was built upon existing literature and first-hand insights into associated factors. By examining the effectiveness of such programme, this research aims to contribute to the development of targeted strategies aimed at reducing the incidence of adolescent pregnancies and promoting the well-being of adolescents in the region.

Regional and Comparative Research Perspective

Similarly, SRH education interventions across sub-Saharan Africa (e.g., Chandra-Mouli et al., 2015; Kassa et al., 2021) have reported positive effects on contraceptive awareness and delayed sexual initiation. However, most have focused on urban or national contexts, leaving rural and semi-urban communities such as Mafinga underrepresented.

To work on the occurring problem of adolescent pregnancies, organizations and institutions implement the required interventions. For instance, the Haki Zetu Organization that is based in Mwanza, Tanzania, is

committed in the mission to reduce adolescent pregnancies in the northern lake regions in Tanzania. Through targeted interventions, the organization seeks to equip individuals and communities with relevant Sexual Reproductive Health and Rights (SRHR) skills and knowledge to enable reasoned decision-making on issues related to sex and sexuality. (Hakizetu Women and Youth Organization, 2024) Also, SOS Children's Villages (SOS CV) Tanzania is a non-governmental organization that is focusing on changing adolescent's access and behaviour on SRH. SOS CV Tanzania is a local non-governmental organization implementing, among other things, the programme in Mafinga Town Council as well as in other regions in Tanzania

Srh Awareness Programme

Programme Design and Focus

The SRH programme that was focused on in this study was implemented by the Non-Governmental Organization SOS Children's Villages. It concentrates on the critical gaps that exist in reproductive health knowledge among adolescents. The programme includes a range of activities aimed at raising knowledge and promoting safer sex practices to reduce the rates of unintended adolescent pregnancies. Evidence-based strategies have been used in designing the programme, which included collaboration with key stakeholders involved, such as schools, local authorities responsible for health, and community leaders. Besides the SRH awareness programme SOS Children's Villages implements additional projects to support adolescent mothers in starting income generating activities to overcome the challenges that follow being young mothers. The implemented SRH programme follows the risk-prevention approach with this intervention in order to protect adolescents to reach the critical point of pregnancies and its consequences.

According to the guidelines by MoHCDGEC (2020) the programme conducts extensive workshops for secondary school students, focusing on equipping the next generation with accurate information about sexual and reproductive health. The sessions are specifically designed to clarify myths, misconceptions, and stigma surrounding sexual health. These include understanding puberty, contraceptive methods, sexually transmitted infections, and healthy relationships. Workshops are highly interactive and saliently promote participation through discussions, Questions-and-Answers talks, and group activities. In addition to providing factual information, life skills training is also integrated into the sessions. These life skills are focusing on decision-making, negotiations, and building self-esteem. This holistic approach empowers adolescents to make informed decisions about their lives. It helps them resist peer pressure and avoid risky sexual behaviours and their negative consequences.

The training for the students at secondary schools includes detailed information on various contraceptive methods, their usage, and effectiveness as well as its relevance. Adolescents are taught that the use of family planning methods is important for not only preventing pregnancy but also preventing Sexual transmitted diseases (STIs). For a comprehensive understanding the sessions also include a demonstration of proper condom use. Another relevant aspect is that the programme targets that all sessions are inclusive, and the needs of both male and female students have been equally addressed, focusing on the break-down of gender stereotypes and promoting shared responsibility for sexual health-one conducive for mutual respect and shared responsibilities amongst adolescents. (MoHCDGEC, 2020)

Peer Education Model

In the context of teaching, the model of peer education plays a significant role in the SRH programme. Selected adolescents in the schools were trained as peer educators and could act as resource and informing people in their schools. These peer educators receive special training to build sufficient knowledge and communication skills. This enables them to engage their fellow students confidently on sensitive reproductive health issues. This model of peer-educating has been found to have a contribution in the change of behaviour amongst the students with regard to peer education. Adolescents are often more open discussing sensitive issues with peers than with teachers. Therefore, peer education can be an effective way to change attitudes regarding sexual health. Some of the contributions that will be realized include increased discussion on contraception, reduced stigmatizing attitudes against reproductive health, and an increased willingness to seek assistance about issues surrounding sexual health. (MoHCDGEC, 2020).

Ethical Considerations

Ethical aspects are carefully considered and integrated into the planning and execution of the current study. First and foremost, an introduction letter was issued from the University of Iringa to initiate and facilitate the research process. Followed by that Mafinga Town Council approved an official research permit letter to authorize for data collections at eight specific secondary schools within the council.

Additionally, the participation in the study was entirely voluntary. Respondents were selected through purposive sampling, but they retained the absolute right to decline participation or withdraw from the study at any point, without providing any explanation. This voluntary nature of participation was clearly communicated during the initial interactions with the respondents, ensuring they fully understand that their involvement is by choice.

METHODOLOGY

Study setting

The data collection for this research was done in Mafinga Town Council. The location was selected based on the accessibility to schools that participated in SRH awareness interventions. Another justification for its choice was the limited existence on location-specified studies concerning the teenage childbearing despite the high rate of adolescent pregnancies in Iringa Region. (UNFPA, 2018)

Mafinga Town Council is one of the five districts in Iringa Region. According to the population census in 2022 the population counts 71,641 with a clearly increasing trend (increased by 5.5% since 2012) (National Bureau of Statistics, 2016). In the population pyramid, the third greatest majority (first is 0-9 years, second is 20-29 years) is the youth aged 10-19 years with a contribution of 24,698 adolescent boys and girls) (Takwimu, 2024). This clearly indicates that Mafinga has a youthful population and therefore beares the risk for high rate of adolescent pregnancies. The Council consists of 12 secondary schools from which six were included in the study (Tanzania Prime Minister's Office Regional Administration and Local Government (PMO-RALG, 2017)

Study approach and design

This study utilized a mixed method research approach. The data collection included both numerical (quantitative) and narrative (qualitative) components, the analysis focused on understanding the depth of experiences, perceptions, and attitudes among students. The mixed method approach was chosen to explore the complexities of SRH awareness and its impact on adolescent pregnancies within secondary schools in Mafinga Town Council.

A cross-sectional research design was applied for this study. It implies that the data collection took place at specific moment to address the research questions regarding the connection of SRH awareness programmes and the adolescent pregnancy incidences in secondary schools. Applying the cross-sectional research design, data was collected at a single point in time from a specific sample from targeted research population.

Data collection

This study employed purposive sampling and stratified random sampling techniques to ensure a comprehensive representation of the target population, encompassing both students as questionnaire respondents and key informants. Purposive sampling was applied intentionally with the result of selecting key informants endowed with knowledge and expertise on SRH programmes and adolescent health issues in Mafinga Town Council. The selection was made on the basis of experience and involvement in the implementation and monitoring of SRH programmes.

Additionally purposive sampling was also applied to select the secondary schools in this study. The election was based on the aspect of participation in SRH programme. Stratified random sampling was used to get student respondents for the study. The general student population in the secondary schools of Mafinga Town Council was divided into distinct subgroups or 'strata' according to specific characteristics relevant in reaching

the study objectives. Different strata included the level of academic competence of students (i.e., Form 3 and Form 4) and gender (i.e., male and female students). Additionally, the division was based on whether students had been exposed to SRH programmes, with clear demarcations between those who were trained on SRH and those who had not.

For this study the questionnaire and key-informant interview were chosen as data collection methods. A questionnaire was used to collect both, quantitative and qualitative data. Therefore, it contains a mixture of open-ended questions and closed-ended questions on the topic's demographic information, awareness and participation on SRH programmes, knowledge and understanding on SRH and attitudes and experiences. These questionnaires were provided to students at the selected secondary schools under the study in Mafinga Town Council.

The data collection tool of key informant interview was used to gather additional in-depth information supplementary to the questionnaire. This additional information consisted of qualitative data that was retrieved from the key informants' answers on the individual open-ended questions. These questions differed from the ones from the questionnaire and were individually created. The interview was conducted with seven persons that were in different relations to the conducted SRH programme at secondary school. The considered key informants were the programme officer, three staff members of schools that have participated, two trained peer-educator and the responsible community development officer of Mafinga Town Council (Table l). The aim of the interview was to gain more individual information about perceived success and challenges of the SRH programme that was conducted and the situation about adolescent pregnancies in Mafinga. The interview sessions were held through oral talk face-to-face with respondents by recording the data or information by writing down what the interview-partners are responding in relation to the topic under study.

RESULTS AND DISCUSSION

The key themes that emerged in the analysis are knowledge gain, behavioural change, attitudes towards contraceptive use, engagement in early sexual activities, and the development of self-respect among adolescents. These results are discussed in comparison with existing literature, highlighting the programme's effectiveness in reducing adolescent pregnancy risks by promoting informed decision-making and fostering a supportive environment for adolescent health education. However, the study acknowledges certain limitations. The study concentrates on the potential of the SRH awareness programme on the adolescent pregnancy incidences. Due to given requirements, as well as time and financial possibilities this research has its limitations. Additionally, the data collection for this study was limited to adolescent students from eight secondary schools located in Mafinga Town Council. The study's scope concentrated on four intermediate variables that potentially interact with the dependent variable of adolescent pregnancies' prevalence in secondary schools in Mafinga.

Table 1 displays the socio-democratic characteristics of the study's respondents. The study's sample consisted of 61.5% female and 38.5% male respondents. The higher representation of females reflects the heightened relevance of SRH programmes to girls, as they are disproportionately affected by adolescent pregnancy. This is consistent with UNFPA (2018), which emphasizes that adolescent pregnancies primarily affect girls and carry severe physical, emotional, and socio-economic consequences. The respondents' ages ranged from 15 to 18 years, with the majority aged 16 (30.5%) and 17 (35%). This age group aligns closely with the peak risk period for adolescent pregnancies identified by WHO (2024). Half of the respondents (50%) participated in SRH awareness programmes, while the other half did not. This split allowed for a comparative analysis of programme effectiveness.

Table 1: Socio-demographic characteristics of the respondents

Characteristics	**Frequency (n=200)**	**Percent**
Sex of the respondents		
Female	123	61.5
Male	77	38.5
Total	**200**	**100**

Age group of the respondents		
15	30	15
16	61	30.5
17	70	35
18	39	19.5
Total	**200**	**100**
Respondents' participation in SRH programme		
Participated	100	50
Did not participate	100	50
Total	**200**	**100**

Source: Field data (2024)

Impact of SRH Awareness Programme on Students' Knowledge about Sexual and Reproductive Health

One of the primary objectives of the SRH programme was to increase knowledge among secondary school students about reproductive health. The study reveals that students who participated in the SRH programme demonstrated greater awareness regarding fertility, including the fact that pregnancy is possible from the first sexual encounter, compared to those who did not participate in the programme. Table 2 shows 68% of trained students correctly identified this risk, while only 57% of untrained students understood the same, showing a clear knowledge gap between the groups. One key informant, a teacher, remarked: *"The SRH sessions have clearly made students more aware of the misconceptions they previously had. Many students were surprised to learn that pregnancy can happen even the first time they engage in sexual activities."* (Health Teacher, School "D", 6th August 2024) This feedback aligns with the increased awareness seen in the trained students.

Table 2: Awareness about fertility during first sexual intercourse

Awareness	**Trained students**		**Not-trained students**	
	Frequency (n=100)*	**Percent**	**Frequency (n=100)***	**Percent**
Awareness about fertility during first sexual intercourse				
Yes	68	68	57	57
No	32	32	43	43
Total	**100**	**100**	**100**	**100**

*Sample in the table is split in two groups (trained students who participated in SRH programme and not-trained students as control group)

Source: Field data (2024)

Furthermore, trained students displayed higher awareness in debunking common myths related to fertility and contraception. Table 3 shows that 97% of students who participated in the SRH programme recognized that showering after sexual intercourse does not prevent pregnancy, while 90% of untrained students held the same understanding. These findings are consistent with Oringanje *et al*. (2016), who reported that comprehensive SRH education significantly improves adolescents' understanding of fertility and reduces misconceptions surrounding pregnancy prevention. Similarly, Chandra-Mouli et al. (2015) emphasized that correcting misinformation through interactive, school-based SRH education leads to more informed reproductive health decisions among adolescents.

Table 3: Students' awareness about misconception

Awareness	**Trained students**		**Not-trained students**	
	Frequency (n=100)*	**Percent**	**Frequency (n=100)***	**Percent**
Awareness that taking shower after sex does not prevent pregnancy				
Yes	97	97	90	90
No	3	3	10	10
Total	**100**	**100**	**100**	**100**

*Sample in the table is split in two groups (trained students who participated in SRH programme and not-trained students as control group)

Source: Field data (2024)

Additionally, the SRH programme enabled students to recognize reliable locations of family planning resources within their community. Table 4 reveals that about 98% of students who attended SRH sessions could name at least one location where they could access contraceptives or other reproductive health services, with most students able to name two specific locations. In contrast, 18% of non-participating students reported being unaware of any resource for obtaining family planning services.

Table 4: Awareness about location to access SRH services and materials

Awareness	**Trained students**		**Not-trained students**	
	Frequency (n=100)*	**Percent**	**Frequency (n=100)***	**Percent**
Awareness about location to access SRH services and materials				
Yes	98	98	82	82
No	2	2	12	12
Total	**100**	**100**	**100**	**100**

*Sample in the table is split in two groups (trained students who participated in SRH programme and not-trained students as control group)

Source: Field data (2024)

This difference highlights the role of SRH programmes in connecting adolescents with local health resources and ensuring they know where to seek reproductive health support. This finding corresponds with the Health Belief Model (Green *et al.,* 2020), which explains that individuals are more likely to take preventive health actions when they are aware of both the risks and the availability of resources to address them. Therefore, the enhanced knowledge and awareness demonstrated by trained students reaffirm the positive contribution of SRH education in bridging information gaps and promoting safer reproductive health practices among adolescents.

Impact of the SRH Programme on Students' Behavioural Change regarding Risky Sexual Activities

Behavioural change is considered one of the most vital impacts that show how the SRH programme influenced its participants in terms of attitude and practice. The results show that the SRH programme has also positively impacted the behaviour of the students. Self-regulation and responsible choices were reported as traits among students, helping them avoid risky situations. A peer-educator remarked as key-informant "*"I have distanced myself from friends who might lead me into trouble. I now focus more on my studies than on socializing in places like bars.*"(Peer Educator, School A, July 2024). This is a reflection of the increased awareness and self-discipline that have been fostered in students as they continue to choose education and over risky behaviours.

Table 5 reveals that 71% among the project participants confirmed a change in behaviour concerning risky activities or unhealthy social environment, 29% among the trained students reported no noticeable change in their behaviours.

Table 5: Positive change of risky sexual behaviours among students as consequence of SRH programme

Behavioural change	**Frequency (n=100)***	**Percent**
Positive change of behaviours after SRH programme participation		
Yes	71	71
No	29	29
Total	**100**	**100**

*The table includes half of the sample because the mentioned topic was only applicable for the students who participated in the SRH programme

Source: Field data (2024)

Additionally, many students shared that they prioritized education over engaging in relationships or visiting social venues like bars and clubs, acknowledging the importance of staying focused on their academic goals. These behavioural shifts, resulting from the SRH programme suggest that students gained a heightened sense of responsibility, prioritizing personal and educational development over potentially risky behaviours. Similar findings were observed by Chandra-Mouli *et al*. (2015), who emphasized that comprehensive SRH education can effectively delay sexual initiation and promote responsible decision-making among adolescents. This aligns with the Health Belief Model as discussed by Green *et al*. (2020), which highlights how perceived severity and self-efficacy foster responsible behavioural choices and self-regulation among young people.

Influence of SRH Awareness Programme on Students' Attitude towards Contraceptive Use

A significant aspect of the SRH programme was to foster positive attitudes towards contraceptive methods among students. Table 6 reveals when asked if they intended to use contraception in the future, 91% of students who received SRH training expressed a clear willingness to adopt contraceptive measures if they engage in sexual activities. Comparatively, 82% of students in non-SRH schools expressed this intention, highlighting a slightly difference in openness towards family planning between the two groups. These findings are consistent with Melaku et al. (2014), who found that SRH education within schools significantly increases students' acceptance and willingness to use contraceptives by reducing fear, stigma, and misinformation surrounding family planning.

Table 6: Students' intention of using contraceptive methods in the future

Intention	**Trained students**		**Not-trained students**	
	Frequency (n=100)*	**Percent**	**Frequency (n=100)***	**Percent**
Intention to use contraceptive methods in the future				
Yes	91	91	82	82
No	9	9	18	18
Total	**100**	**100**	**100**	**100**

*Sample in the table is split in two groups (trained students who participated in SRH programme and not-trained students as control group)

Source: Field data (2024)

Moreover, in scenarios where students might face reluctance from a partner regarding contraceptive use, trained students demonstrated both self-confidence and a proactive approach. Many SRH-trained students indicated they would either abstain from intercourse in such cases or educate their partner on the importance of

contraception. This suggests that SRH programmes not only encourage positive attitudes towards contraceptive use but also empower students to advocate for safe sexual practices and engage in healthy discussions with partners.

Influence of SRH Awareness Programme on Students' Engagement in Early Sexual Activities

One of the studies specific interests was to examine students' engagement in early sexual activities. Table 7 shows students' answers whether they were already engaged in sexual intercourse. The distribution responses regarding engagement in early sexual activate is with percentages "Yes "at 16% among SRH-trained students and at 43% among not-trained students. The answer "No" was chosen at 84% among SRH Programme participants and at 57% among the not-trained students.

Table 7: Students' engagement in sexual intercourse

Engagement in sexual activities	**Trained students**		**Not-trained students**	
	Frequency (n=100)*	**Percent**	**Frequency (n=100)***	**Percent**
Already engaged in sexual intercourse				
Yes	16	16	43	43
No	84	84	57	57
Total	**100**	**100**	**100**	**100**

*Sample in the table is split in two groups (trained students who participated in SRH programme and not-trained students as control group)

Source: Field data (2024)

The clear difference in rates of sexual activity among SRH-trained (16%) and not-trained (43%) students demonstrates the efficacy of SRH sessions in delaying sexual initiation among adolescents. The 27-percentage-point difference indicates that adolescents who attended SRH sessions are almost twice as likely to delay sexual activity compared to peers without SRH education. Avoiding early sexual activity allows adolescents to focus on personal development and future goals. The results align with the findings of Chandra-Mouli et al. (2015), who noted that comprehensive SRH education effectively delays sexual initiation. Adolescents' decisions to prioritize education and personal development over sexual relationships reflect the programme's success in creating a sense of responsibility and orientation on the goals in life orientation**.**

Influence of SRH Awareness Programme on Students' Attitude towards Valuing their Own Bodies

The SRH programme emphasized the importance of self-respect, a critical aspect in helping students make responsible decisions regarding their bodies and sexuality. This sense of self-respect and bodily autonomy manifested in students' responses to questions about personal boundaries and self-worth. For example, when asked if they would accept gifts in exchange for sexual favors, the majority of SRH-trained students (67%) indicated that they would decline such offers, citing self-respect and the value they place on their bodies (Table 8). Statements like *"I will not accept because the value of my body is higher than the value of material things*" highlight the programme's role in reinforcing self-worth.

Table 8: Level of confidence in refuse of bribe for sexual favors

Level of confidence	**Trained students**		**Not-trained students**	
	Frequency (n=100)*	**Percent**	**Frequency (n=100)***	**Percent**
Level of confidence in refuse of bribe for sexual favours				
Low	3	3	12	12
Medium	30	30	38	38

High	67	67	50	50
Total	**100**	**100**	**100**	**100**

*Sample in the table is split in two groups (trained students who participated in SRH programme and not-trained students as control group)

Source: Field data (2024)

These findings align with existing literature that emphasizes the importance of self-esteem and body autonomy in reducing risky behaviours among adolescents (Usonwu et al., 2021). The ability of students to reject material incentives in favour of their self-respect demonstrates a critical understanding of bodily autonomy, which is essential for preventing situations that could lead to unplanned pregnancies or exploitation. By valuing their bodies over material gain, these students exhibit behaviours that are likely to contribute to lower

incidences of adolescent pregnancies, reinforcing the programme's objective of promoting healthy decision-making.

Influence of SRH Awareness Programme on Dropouts to Pregnancy

Apart from the stated indirect findings, this study also includes the analysis of official numbers of adolescent pregnancies. Table 9 highlights the pregnancy-related dropouts from a total of 24 cases across the four schools to just four following the programme's implementation.

Table 9: Number of dropouts because of pregnancy

Average dropouts of pregnant girls	**Before SRH programme**	**After SRH programme**
School A	5	1
School B	6	1
School C	7	1
School D	6	1
Total	**24**	**4**

Source: Field data (2024)

A community leader remarked: "*The drop in pregnancy cases is noticeable. The SRH programme has helped create a more informed and cautious group of students who understand the consequences of early pregnancies."* (Community Development Officer of Mafinga Town Council, 5th August 2024) Beyond reducing pregnancy rates, the SRH programme has created a supportive environment where adolescents feel more empowered to make informed choices about their reproductive health. The programme's emphasis on contraception education, delaying sexual activity, and understanding the consequences of early pregnancy has contributed to these positive outcomes. The findings suggest that expanding and maintaining such initiatives could further reduce adolescent pregnancies, improve educational prospects for young girls, and promote broader social and economic development in the community.

CONCLUSION

This study has pointed out that the SRH awareness programmes in secondary schools within Mafinga Town Council play a critical role in reducing adolescent pregnancy incidences across multiple dimensions. These programmes significantly contribute to students' understanding of reproductive health, fostering an increase in knowledge, positive attitudes toward contraceptive use, and the adoption of responsible sexual behaviours among adolescents in Mafinga Town Council. The study has established that by creating a supportive and informative environment, school-based SRH education empowers adolescents to informed decision-making about their reproductive health and in this way it is serving as an effective preventive measure against early pregnancies.

In addition to increased knowledge, SRH programmes encourage a sense of self-worth and body autonomy among adolescent students, which helps them to resist peer pressure and societal expectations that may otherwise lead to risky and irresponsible behaviours. The findings of this study are supported with the principles of the Health Belief Model by Green et. al. (2020), which highlights key factors in health behaviour adoption: perceived risk, perceived benefits, self-efficacy, and overcoming perceived barriers. The increase in self-efficacy among students that are reflected in their confidence to make health-positive choices and avoid high-risk situations, demonstrates the impact of SRH programmes in addressing the underlying factors contributing to adolescent pregnancy.

In all, SRH programmes represent a crucial intervention in addressing the root causes of adolescent pregnancy, as they build both knowledge and personal and emotional resilience among adolescents. As a result, SRH awareness not only aims to reduce pregnancy incidences but also contributes to the general well-being and future opportunities of young people, making it an invaluable component of adolescent health education. The study suggests that continued investment in SRH programmes can provide long-term benefits for both individual students and the community, ultimately contributing to healthier, more empowered generations.

RECOMMENDATIONS

Schools in Mafinga Town Council should work together with organizations implementing SRH programmes in more schools. This integration should ensure that all students, irrespective of gender or social and financial background receive consistent, accurate and comprehensive information about maintaining reproductive health and preventing unintended pregnancies. Implementation within the school schedule should include training selected teachers on SRH topics to ensure effective delivery. Teachers should also gain the skills and knowledge to address sensitive topics in an age-appropriate and engaging way for students. The introduced content to the students shall cover a wide range of issues including puberty, consent to sex, the use of contraceptives, sexually transmitted infections, and social and economic consequences of adolescent pregnancies.

Areas for further studies

Future research can explore the long-term impact of SRH awareness programmes on adolescent pregnancy incidences and overall sexual health. Such studies can help understand how sustained education affects behaviour and health outcomes over time. Researchers should also explore the lasting effects of peer education models and whether they contribute to long-term changes in reproductive health behaviours. An additional approach for future studies can be the conducting comparative studies between regions with different cultural, social, and economic contexts can identify unique challenges and successful strategies. Such research can inform policymakers and educators about region-specific interventions. Comparative studies can also assess the effectiveness of different SRH programme delivery methods, such as school-based versus community-based initiatives. This study unintendedly revealed the importance of male involvement in SRH education even if the issue of pregnancy is a female phenomenon. Therefore, further research should explore the role of male adolescents in SRH education and their influence on reproductive health outcomes. Understanding the perspectives and engagement levels of young men can help design more inclusive and gender-sensitive programmes. Studies can investigate how male attitudes toward contraception and reproductive health impact overall adolescent pregnancy incidences and develop strategies to engage young men in SRH discussions.

By implementing these recommendations, stakeholders can develop a comprehensive and sustainable approach to reducing adolescent pregnancies and promoting sexual and reproductive health among youths in Mafinga Town Council and beyond.

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