Preventive Strategies on Teenage Pregnancy in the Rural Communities of Zimbabwe: A Case of Hurungwe District, Zimbabwe

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Abstract
The purpose of this study was to come up with preventive strategies on teenage pregnancy in rural communities of Zimbabwe, using Hurungwe District, a rural community located in Mashonaland West Province of Zimbabwe as a case study. To answer the research problem, the researchers used the qualitative research design. A sample of 6 key informants and a focus group of 12 participants comprising 6 females and 6 males was used in data collection. A convenience sampling technique was used to identify the participants. Preventive strategies on teenage pregnancy that were identified are sex educational programmes that include total abstinence and contraception programmes. However, it was noted that abstinence only sex education is less effective. The youth development programme was also identified as another useful preventive programme. The researchers recommended an increase in the awareness campaigns against teenager pregnancy in rural communities, educating local civic groups and faith based groups in the community as well the provision of clinical staff in rural communities with training and materials to assist female teenagers.
Keywords: Preventive, Strategies, Teenagers, Pregnancy, Rural Community.

1.0 Introduction
Unlike their peers from the urban set-up, teenagers in the rural community set up face a number of challenges in preventing teenage pregnancy. These challenges include location of services, for instance in the area under study clinics are widely dispersed and as such distance may be a barrier. Confidentiality has also been identified as another challenge in rural communities. Zimbabwe is one such country that is still lagging behind when it comes to professional counselling services. Professional Counsellors can only be located in urban areas, leaving the teenager girls with no one to talk to, save for their parents/guardians who are not able to keep confidential information. Teenagers in rural communities also stay in isolation, and they cannot interact usually. Rural communities of Zimbabwe also face a challenge of shortage of health professionals, putting the teenagers at risk as they need the support of health professionals as they grow up. To this end, teenagers in the rural communities of Zimbabwe need to be protected. It is against this background that this study was carried out to find out the strategies that can be used prevent teenage pregnancies in rural communities of Zimbabwe, using Hurungwe District, a rural community in Mashonaland Province of Zimbabwe as a case study.

2.0 Background
There are several factors that have been associated with teenage pregnancy among the rural folk, and these include poverty, peer pressure, lack of sexual education, and non-use of contraceptives, traditional roles, low self-esteem and low level of education against the parents or guardians of the teenager girls.

In some research studies, it has been observed that the socio-economic background is a major factor contributing to teenage pregnancies in the rural communities of Zimbabwe. For instance, the Allan Guttmacher Institute (1999) states that adolescent youths who fall pregnant are more likely to come from low socio-economic status. The situation becomes complicated if the teenager girl comes from the rural community because the presumption among several youths in developing countries like Zimbabwe is that population in the rural community is poorer than the population in the urban community.

Albert (2007) states that there are social pressures that push the teens towards falling pregnant, for instance peer pressure which has been identified as a factor that is promoting teenage pregnancies in the rural communities. The teenager girls in the rural community might want to live in a similar fashion with the urban teenagers, yet they may not have the money for the upkeep, for instance to have their hair done. This may cause the rural teenagers to engage in prostitution, or unprotected sex. Carrera (2012) also observes that unrestricted interaction with the opposite sex ignite the sparks of lust in teenagers very easily, especially when alcohol and drugs are involved.

In some studies, lack of sex education has been observed to be contributing to teenage pregnancy. Some researchers have suggested that teenagers must be allowed to use contraceptives, since it is an undeniable fact

that teenage pregnancies are on the increase. According to WHO and UNFPA (2012) over 30% of adolescent girls in developing countries have unplanned pregnancy before 18 years of age and about 14% before the age of 15 years.

Teenager girls in the rural communities of Zimbabwe have been known to be still practicing traditional roles like going to fetch water, going to the river to wash clothes, cooking for all family members among some things. Some may mistake this as maturity, and as such may engage in unprotected sex at teenage level.

Low self-esteem is another factor that has been associated with teenage pregnancies. Jack (2010) observes that low self-esteem is among the causes of teenage pregnancies, because children who are not shown love and affection from parents will seek it out with their peer group, who normally are composed of male partners. To this end, teenagers in the rural communities end up engaging in sexual intercourse which will lead to teenage pregnancy.

Some researchers have also identified the level of education among the parents or guardians as a factor that lead to teenage pregnancies. For instance, Vundule et al (2001) posits that the parents, for example the mother, may have an influence on the adolescent towards teenage pregnancy as she acts as a role model which may be a preventive factor of early pregnancy. In a relevant study, the Advocate for Youth (2005) observed that school girls whose mothers have no education had first sexual intercourse three years earlier than their counterparts with at least a secondary education.

Some schools of thought have argued that the rural environment is not friendly to the girl child leaving her to be vulnerable to abuse. Cultural and religious practices that condone child marriages are also prevalent in rural communities and this leaves the teenager girl to be vulnerable to forced marriage. Given this background, the teenagers from the rural community need to be protected. As such, the government, the community and the civic society must come up with preventive strategies to ensure the teenager girl do not get early pregnancies.

3.0 About the study

According to a survey by the Zimbabwe Demographic Health Survey (2010-2011) about 24 percent of women aged between 15 and 19 years have begun child bearing with the number of teenagers who have had live births rising rapidly with age, from three percent at the age of 15 to 41 percent at the age of 19. In the survey, it is also noted that teenage pregnancies were one of the major causes of maternal and under five mortality in the country, while teenage mothers are vulnerable to pregnancy related complications. Children born to very young mothers are at an increased risk of sickness and death. Rural teenagers, those with less education, and those in the lowest quintile tend to start child bearing earlier. These pregnancies are coming against a backdrop of unprotected sex because of lack of sex education, peer pressure and poverty. Some teenager girls suffer from low self-esteem because of poor socio-economic background. Cultural and religious practices have also been identified as another cause of teenage pregnancies in the rural communities. This study was therefore carried out to identify strategies that can be put in place by the community, the government and the civic society to prevent teenage pregnancies in rural communities of Zimbabwe.

4.0 Methodology

4.1 Research Setting

The study was carried out in Hurungwe District, located in Mashonaland West Province, in central northern Zimbabwe. It is located approximately 85 kilometres by road, northwest of Chinhoyi, the nearest large town, and the location of the provincial headquarters. This location lies about 200 kilometres, northwest of Harare, Zimbabwe's capital and largest city. Hurungwe district borders with the Republic of Zambia, about 170 kilometres, northwest of Karoi. Hurungwe District has a population of 361 370 people and of these 187 160 are males and 179 210 are females (Mutanana and Bukalia, 2015).

4.2 Research Methods, research design and data collection

The researchers used a case study to find out the strategies that can be used to prevent teenage pregnancies in rural communities of Zimbabwe. A case study provided a detailed profiling of strategies that can be used prevent teenage pregnancies in Zimbabwe. A case study is an intensive investigation into an individual or social unit or small portion of the community in order to gain a deeper insight (Mutanana and Bukalia, 2015) and this method allowed the researchers to present the findings in the form of words. A case study is an example of a qualitative research which enabled the researchers to present findings in a narrative form (Mutanana and Bukalia, 2015). Using a case study enabled the researchers to make use of small number of participants and a small definable geographical area. To this end, it allowed less in terms of time, money and physical effort. The researchers collected data using key informant interviews and focus group discussions. The purpose of open-ended (semi-structured) interviewing is not to put things in someone's mind but to access the perspective of the one being interviewed (Patton, 1990). The researchers also had to take cognisance of the nature of the topic they were investigating (Bryman, 2008).

The key informants were drawn from government departments that have been known for protecting the girl-child in the district. These are; Ministry of Women Affairs, Gender and Community Development, the Zimbabwe Republic Police, through its Victim Friendly Unit section, the Social Services Department, Ministry of Primary and Secondary Education, Ministry of Health and Child Care. Campaign for Female Education (CAMFED), an organisation that have been known for fighting the right of girl-child in the district also participated in the study. The total number of key informants was 6 and convenience sampling was used to identify the respondents in this study. The researchers also carried out a focus group discussion which comprised of 6 females and 6 males to have their insight on the strategies that can be used to prevent teenage pregnancies in rural communities of Zimbabwe. Focus groups have the advantage of gathering information from a group of respondents at one time.

4.3 Study Limitations

The study suffered from methodological limitations particularly in the sample size. The study focused on only one rural community, which is Hurungwe district. However, the number of respondents for the study was large enough to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalized or transferred (Mutanana and Bukalia, 2015).

4.4 Data Analysis

In-depth interviews were recorded, translated into English and typed in Microsoft Word. Content analysis was then used to analyse these interviews. The interviews were read several times and recurring themes were identified. For the purposes of this study, the analysis focused on the strategies that can be put in place to prevent teenage pregnancies in Hurungwe District, Zimbabwe.

5.0 Findings and Discussion

5.1 Strategies that can be used to prevent teenage pregnancies in Hurungwe District

The vulnerability of adolescent learners to teenage pregnancy is acute, especially in rural communities (Ventura et al, 2000). This suggests the need to prevent and or reduce teenage pregnancies in rural communities. In their findings, the researchers identified the following as some of the strategies that can be used to prevent teenage pregnancies in rural communities; educational programmes, contraception programmes, and youth development programmes.

Key informants strongly believed that sex educational programmes play an important role in preventing and reducing teenage pregnancies in rural communities. A key informant from the Ministry of Primary and Secondary Education for instance, highlighted that teenager girls need to be educated on abstinence, a fact that was also supported by a key informant from the Ministry of Women Affairs, Gender and Community Development. At a focus group discussion, several participants echoed the same sentiments, with one female participant saying; "*Given the level of teenage pregnancy in our society, these young girls need to be taught to abstain from sexual intercourse."* Students participating in sex education show substantial increases in short-term knowledge relative to students receiving no exposure to sex education (Kirby, 1994 & Donahue, 1987).

This finding is in agreement with Siecus's (1999) understanding of educational programmes when he states that educational programmes fall into two programmes; those that teach only abstinence and those that teach abstinence plus effective contraceptive practice. There was wide spread support for abstinence –plus or comprehensive sexuality programmes. In a similar study conducted in the United States of America, Siecus (1999) observed that 93% of the public supported comprehensive sexuality education in high schools and 84% supported sex education in junior schools. As highlighted above, educational programmes fall into two broad groups; abstinence and contraceptive practice.

The community agreed that total abstinence is the main solution towards teenage pregnancy. Teenagers need to be educated to abstain completely from sexual activities. A key informant from the Victim Friendly Unit said, *"These teenagers must empowered with the knowledge on the dangers of pregnancy at an early stage."* Participants at a focus group discussion highlighted that abstinence is the main solution to solve the problem of teenage pregnancy in Hurungwe District. Some felt the educational programmes on abstinence must be carried out at schools and in churches. A group participant highlighted, *"Police Officers, teachers and Pastors must be put to task. They must carry the message of abstinence to the teenagers if we are to nip the problem in the bud."* A key informant from the Victim Friendly Unit stated that as a section they are carrying the message to the community in their awareness campaigns.

In a similar observation, Slowiski (2010) posits that abstinence-plus programmes vary widely in length and intensity, in their context, school or community based, in their focus on HIV and AIDS prevention, pregnancy prevention, health education or life skills. UNESCO (2010) maintains that abstinence is 100% effective in preventing pregnancy and sexually transmitted diseases. For Moore et al (1995), pregnancy prevention programme that focus on abstinence generally employ a curricula that include factual information about human reproduction and also offer students guidance about how to interpret messages they may receive

from peers and the media, and how to make choices that can help them abstain from having sex. What it shows is that educational programmes on abstinence are an important way of preventing teenage pregnancies in rural communities. However, Moore et al (1995) are also of the perception that abstinence only sex education appears to have at least a short-term influence on adolescents' attitudes about sex and their intentions to have sex. As such, contraception and youth development programmes have been identified as other programmes that can be used to prevent teen pregnancy.

Some key informants agreed that the contraception programme can assist in reducing teenage pregnancies in the rural communities. For instance, a key informant from the Ministry of Health and Child Care and another key informant from CAMFED stated that contraception programmes reduce the rate of teenage pregnancy in the district. Some key informants were of the other view, for instance, the key informant from the Victim Friendly Unit was of the strong opinion that parents would not buy this idea. At a focus group discussion, not all parents agreed with the idea of the contraception programme. Some indicated that by encouraging teenagers to use contraceptives, you are like encouraging them to have sex.

Oakley (1994) states that contraceptive use by teens is the result of complex interaction of many factors, including knowledge and skills, access, motivation, and peer, partner, parent and public influences. The researchers observed that teenagers in the rural community under study did not have access to the contraceptives. As highlighted earlier, some parents are not supportive of this programme, as such the teens may not be motivated and the public from the rural community may influence in the negative. Forest and Amara (1996) observe that educational programmes that include information about the risks of unprotected sex and methods of protection, as well as the skills needed to make decisions, negotiate with partners, and the like, have had a positive effect in some cases on teens' contraceptive use. What it shows is that teens need to be educated on methods of protection, for instance condom use. They need to be educated in how to negotiate with partners especially on sex matters.

Ventura et al (2000) suggests that results of educational programmes as well as theories of human behaviour are not sufficient to ensure effective and consistent contraceptive use. What it means is that various skills, for instance communication are essential. There are many issues that may prevent the teens from using contraception inspite of the fact that they may be having the necessary knowledge and skill. These include religiosity, as some churches may inhibit the teens from using the contraceptives. Teens may also not be empowered skilfully in how to use the contraceptives, and to this end the effective use of each method of contraceptive may be a complicated process with many steps. For example, Oakley (1994) gives a brief highlight of oral contraceptives that involve among some other actions, visiting a health care provider to obtain prescription, visiting a pharmacy to fill the prescription, paying for the medical visit and the pills, taking a pill each day at the right time, obtaining refills on time, stopping and starting cycles at the correct time, interpreting side effects correctly, and taking action to resolve problems. This may be complicated for the teens in the rural communities because of distance between the community and hospital which is a barrier, lack of support from parents and lack of motivation among the teens.

A key informant from the Ministry of Health and Child Care suggested that programmes that provide teens in rural communities with access to contraception include family planning clinics, managed care providers, school based or school linked clinics and condom distribution. In a similar study, Forest and Amara (1996) noted that various estimates suggest that family planning services have prevented hundreds of pregnancies.

Some key informants were of the opinion that youth development programmes can also assist in preventing teenage pregnancies in the rural community of Hurungwe District. The following are some of the youth development programmes which were suggested by the key informants; small group activities, peer teaching, counselling, job readiness, training, academic tutoring, recreation, mentoring, employment, community service work and life skills training. A group participant highlighted, *"These teenagers are not pre-occupied. They need vocational training, recreation activities and unemployment seem to be an issue in rural communities."* Similarly, Connell and Gambone (1999) posits that youth development programmes focus on opportunities, supports services and resources that young people need in order to develop into independent and productive adults. What it implies is that if teens are now independent, they can now go and collect oral contraceptives or any other contraceptive with minimum challenges. In some cases, youth programmes have had positive effects, and in some cases they have not shown positive effects (Gambone, 1999). Jessor et al (1995) are of the view that programmes must strive to meet many adolescent needs. Those adolescents most set at risk for negative development will need the most intensive care. Connell and Gambone (1999) add on by stating that youth development practices should be used to guide implementation of all types of community programming for young people.

5.2 The effectiveness of preventive strategies

Berger (1999) states that effectiveness is measured by behavioural or outcome changes such as increased use of condoms, sexual debut, and reduction in teenage pregnancy and birth rate. In the same perspective Kirby (2007)

posits that other programmes measure effectiveness by increased knowledge on reproductive and sexual health issues or by self-reported attitudes towards teen pregnancy.

Research studies have shown that sexuality education is important as expounded by Wyneken (2007). Slowiski (2001) has shown that sex education programmes are most effective, if they provide accurate information, and include decision making, assertiveness and negotiations as well as life skills. However, a key informant noted that the use of abstinence as an effective measure is less documented. What it shows is that this method shrouded in controversy, and from a group participant's perspective some religious leaders preach to learners about religious principles which include sex before marriage as forbidden and sinful. Similarly, Slowiski (2001) highlights that a review around the world indicated that only teaching abstinence is less effective as compared to other teachings which promote abstinence, delay in sexual debut as well as improving sexual knowledge amongst those who are sexually active.

Kohli and Nyberg (1995) also observes that teens with sex education are half likely to experience to a pregnancy as those who attend abstinence only programmes. In a similar study, Kirby (2007) discovered that in a 2007 review of sex education curriculum most effective programmes lowered risky sexual behaviour by one third. Young people must have an absolutely clear understanding of what risky behaviour is and how are they at risk for them to understand that they are at risk and therefore adopt safer sex behaviours. UNESCO (2010) posits that sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many other aspects of sexuality. Teenagers need to be educated about sex in schools, at churches and any other social gatherings.

6.0 Conclusion

The researchers concluded that there are various strategies that can be used to prevent teenage pregnancies in rural communities of Zimbabwe. The first strategy identified is the sex educational programme. The sex educational programme include total abstinence and the contraception programme. Teenagers need to be educated on the disadvantages of engaging in early sexual activities and not to engage in sex. They also need to be educated on contraceptives. On the contraceptive programme, the researcher concluded that the programme may be complicated, for instance oral contraceptives which may require the teenager to travel and pay for hospital visits. If the teenager is not supported by the community, she may fail to get the contraceptives because of various reasons which include distance which is a barrier and stigmatisation among some other things. The researchers also concluded that these sexual education programmes must be carried out at schools, churches and any other social gatherings.

The researchers also concluded that youth development programmes can assist in preventing teen marriages in rural communities. These youth programmes include; counselling, group activities, reactional activities, employment among some other things. The researchers also noted that teenagers should pre-occupied so that they do not think of engaging in sexual activities.

On the effectiveness of these strategies, it was concluded that sexuality education is the very effective, but abstinence only education is less documented. As such, teaching abstinence only is less effective. To this end, the researcher concluded that these strategies need to be used hand in hand if the objective of preventing teenage pregnancy in rural communities of Zimbabwe is to be achieved.

7.0 Recommendations

The researchers recommend an increase in community and youth awareness about the root causes of teenage pregnancy in rural communities. To achieve this objective, the youths and the community leaders must be involved in strategic planning (Brindis, 2004). Brennan et al (2008) recommended an increase awareness of teen pregnancy in the community and identify feasible strategies to address social determinants of teen pregnancy. Pastors, traditional leaders, heads of government departments, and the youths must be involved in carrying out awareness campaigns against teenager pregnancy in rural communities. It also enhances the support from the community. Gavin et al (2010) support this recommendation when they state that there is need to educate the local civic groups and faith based groups about teenage pregnancy and youth development programmes. The U.S Department of Health and Human Service (2001) alongside Stone and Moskowitz (2011) strongly recommend the provision of clinical staff with training and materials to ensure that they have the necessary skills, knowledge and attitudes to provide youth with patient-centred reproductive health services which are culturally and linguistically appropriate. This will enhance the full support of teenagers in rural communities.

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