

Viewing Teenage Pregnancy as a Silent Pandemic: Teachers' Perspectives of Teenage Pregnancy in Chitungwiza District in Zimbabwe

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Abstract

The aim of the study was to a silent pandemic: Schools perspective of teenage pregnancy in Chitungwiza District in Zimbabwe. A clear understanding of the problem of teenage pregnancy to understand the proliferation of the teenage pregnancy in Chitungwiza District that stands at 27 percent. The theory used to explore the practice is the Social Analysis theory. The premise of the theory looks closely at social cultural factors and how they influence the prevalence of teenage pregnancy, thus, the prevalence is embedded in the social structures in the families and communities. This conceptualization of culture provides a lens through which to understand reproductive health decision-making. Subsequently, gender norms (i.e., shared beliefs about the behaviors and related roles and responsibilities deemed appropriate for boys/men compared with girls/women) as essential to understanding gender dynamics and Sexual Reproductive Health (SRH) outcomes. The study used mixed research refers to a research approach that involves the blending of qualitative and quantitative approaches as well as other paradigm tenets. Of critical importance to this study is that the case study method is particularly suitable for answering questions that start with how, who and why with regard to prevalence of teenage pregnancy in communities. The study reveals that teenage pregnancy is embedded in the social interactions and how communities deal with issues such as poverty, cultural practices and peer pressure. Consequently, teenagers who get pregnant are forced out of school, exposed to Sexual Transmitted Infections and are susceptible to death during delivery and other birth delivery complications. The panaceas identified in the study to end teenage prevalence of teenage pregnancy include the provision of sexual and reproductive educational opportunities for girls as well as advocacy and alternative livelihoods for caregivers to provide for their girls.

Key terms: teenage pregnancy, adolescents, health, advocacy, peer pressure

DOI: 10.7176/JCSD/73-04

Publication date: April 30th 2024

1. Introduction

An estimated 21 million girls aged 15 to 19 years in developing regions become pregnant every year, and approximately 12 million of them gave birth. (Darroch, Woog, Bankola, Ashford, 2016). Estimates also suggest that 2.5 million girls aged under 16 years give birth every year. (Neal, Matthew, Frost, Fogstad, Camacho, Laski, 2012). In some parts of the world, adolescent fertility has declined from 56 births per 1000 adolescent women in 2000 to 45 births in 2015 and 44 births in 2019. However, the level of adolescent fertility has remained high in sub-Saharan Africa, at 101 births per 1000 adolescent women (UN DESA, 2017). As an example, West and Central Africa, had the highest regional adolescent birth rate at 10 births per 1,000 adolescent girls aged 10-14 and 107 births per 1,000 adolescent girls and young women aged 15-19. Conversely, Western Europe, Eastern Europe and Central Asia and North America had some of the lowest regional adolescent birth rates at close to 0 births per 1,000 adolescent girls aged 10-14 and 8, 19 and 15 births per 1,000 adolescent girls and young women aged 15-19 (World Health Organization, 2017). Consequently, the problem has given rise to research, programmes and policies. In the case of Zimbabwe, the country has an adolescent a fertility rate for women aged 15-19 years of 108 per 1,000, and is among the countries in sub-Saharan Africa with a huge problem of teenage pregnancy. Resultantly, teenage pregnancy contributes an estimated 25-30 per cent of maternal deaths (UNICEF, 2022).

According to the Zimbabwe Family Planning Council (2020), teenage pregnancy is a silent pandemic affecting the country. The Zimbabwe Multiple Cluster Indicator Survey (2019) indicates that teenage pregnancy cases by provinces are as follows: Mashonaland Central 42.8 per cent; Manicaland 27.7; Mashonaland West 25.6; Mashonaland East 25.1; Midlands 22.9; Chitungwiza 27; Bulawayo 14.0; Harare 14.2 percent and Matabeleland South 10.6 per cent. Chitungwiza is an urban city surrounded by urban Harare on the northern side, peri-urban informal settlements on the western side, then a rural setting on the south and eastern sides. It has a population of 356,840 and an annual growth rate of 1%. About 64% of the population is comprised of adolescents and adults over 15 years of age, among whom 30% are women of child-bearing age (15-49 years) (Unpublished Chitungwiza city health statistics). The overall adult prevalence of HIV in Chitungwiza in the 15-49-year age group is estimated

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to be 15%, with women harbouring higher burden of disease at 18% prevalence in comparison with 12% among men. The prevalence among antenatal clinic attendees is 16%, with Chitungwiza having high teenage pregnancy rate with 27% of teenagers having begun childbearing (Mandima, Schaay, Ngara & Lembani, 2022). In addition, addressing parliament in Zimbabwe, Ms Labode (Member of Parliament) referred to shocking statistics which revealed that between January 2021 and February 2021, 4,959 teenagers fell pregnant and overall, the report on education said 10,000 teenage girls left school because of pregnancies (NewZimbabwe,2022). Such high prevalence of teenage pregnancy has generated interest to undertake further research.

Overall, studies on teenage pregnancy, sexual exploitation and sexual violence are widely viewed as gender issues. In their different forms and contexts, sexual exploitation and sexual violence disproportionately involve men as perpetrators, and girls and women as victims and are driven by social norms related to gender and sexuality and the unequal power dynamics between men and women that these norms create and reinforce (Ricardo & Barker, 2008). Historically, however, research, programs and policies related to sexual exploitation and sexual violence have focused mainly on protecting and assisting girls and women. Relatively little attention has been given to the importance or possibilities of addressing men (and women) to prevent such behaviors, and even less to contexts in which men and boys themselves are victims of sexual exploitation and sexual violence (Tierney & McCabe, 2002; Ricardo et al. 2006; in Petersen 2005). Consequently, the last 20 years have witnessed a growing consensus on the need to engage men in achieving gender equality and, within this consensus, an increase in research and discussion on the specific issue of men, masculinities, sexual exploitation and sexual violence (Anderson & O'Connell Davidson, 2003). In addition, evidence from around the world confirms that men and boys have adopted changed attitudes and behaviours related to health as a result of well-designed interventions and that those interventions which incorporate a gender perspective are particularly more effective. In particular, programmes with men and boys that include deliberate discussions of gender and masculinity and clear efforts to transform such gender norms seem to be more effective than programs that merely acknowledge or mention gender norms and roles (Barker et.al. 2007). In this context, it is necessary that efforts to prevent teenage pregnancy and sexual exploitation encourage men and boys as well as women and girls to critically reflect upon, question or change social norms that create and reinforce gender inequality and vulnerability for men and women (Ricardo et al. 2006).

The study adopted a mixed methods approach to gather adequate information on the nature and extent of the problem of teenage pregnancy in Zimbabwe. This information is critical for developing effective policies, programmes, and interventions that seek to target men and boys and expand opportunities for affected teenagers in Zimbabwe. The study also sought to help improve coordination from national to local level towards the realization of the increased efficiency in the delivery of services to respond to the needs of teenage pregnancy. Ultimately, the study will provide the evidence base for the possible redesign of both at policy and structural level of pregnancy reduction programmes towards better outcomes for teenage girls.

The research is warranted as among the most salient researches, in the past 20 years, the gap is that there is need to engage in research that targets boys and men as well as girls and women in the prevention of sexual exploitation and sexual violence, consistently incorporate broader messages and reflections about masculinities and gender inequalities and, further, that they undergo impact evaluations to assess their effectiveness in changing attitudes and behaviours (Ricardo et al. 2006). Thus, it is important that research on teenage pregnancies should be inclusive, involving girls and boys as well as men and women in an attempt to transform norms about masculinities and gender at broader levels, particularly among the primary socialization institutions of family and the education system to curb the proliferation of teenage pregnancy.

To address the overall objective of the study, the following questions were addressed:

1. What are the factors that lead to teenage pregnancy, exploitation and sexual abuse of girls.
2. What are the effects of teenage pregnancies?
3. What are the opportunities available to teenagers towards prevention of pregnancies.
4. What should be considered to reduce the number of teenagers who experience pregnancies before the age of 18 years?

II. Concise literature review

A growing body of literature suggests in general, have emerged citing the causes, consequences and ways of dealing with teenage pregnancy. Nevertheless, as the nature and dimension of the phenomenon evolve; there is need to further critically review knowledge base about the factors leading to scourge of teenage pregnancy (Mothiba & Maputle,2012; Morake, 2011; Kankau & Hall, 2010).

Causes of teenage pregnancy

Morrel (2006) has come up with the view that achieving manhood requires physical and social acceptance by male adults that include rite of passage. In the heterosexual world, the ability to ejaculate has a lot of merit for young men. This becomes a signifier of maturity and being a member of the adult world. In terms of sexuality development, a boy is expected to engage in intimacy and such intimacy is associated with experimentation or

sexual play. As an example, among the Zulu speaking people, boys and girls are encouraged to interact, various ways such as sexually relating but intercourse was prohibited (Hunter,2006). For example, thigh sex (*ukusoma*) was allowed and this involved a boy ejaculating between the things of the girl. Hence, only when bride prize was paid for the girl, vaginal penetration was allowed. Violation of such cultural norms was sanctioned. Consequently, such plays has often resulted in the impregnation of girls and as boys sometimes fail to control their appetite and engage in penetration leading to pregnancy.

In a research study by Marsiquilio in USA, it was found out that one fifth of teenage males believes that impregnating a young woman would make them feel like men. In another study carried out in Johannesburg, a survey in 2003, over 2000 men, one out five admitted to having had forced sex with a woman without her consent and another three per cent said they will be sexually violent (Anderson & Mharre, 2003). Consequently, such attitude results in young males having full sex and fathering a child at a young age. Similarly in USA, rates of fatherhood among young black, working-class boys are much higher than among equivalent middle-class boys (Hanson, Morrison & Ginsburg,1989). Subsequently, the performance of masculinity among boys with resources depends less on heterosexual success with girls than it does with those who do not have the same life prospects (Morrel 2006, p17).

One of the major causes of teenage pregnancy is the lack of adequate information on the sexual reproduction system and pressure from peers. Adolescents tend to be naive and easily influenced by their peers to explore sex at a tender age without full knowledge of the sexual reproduction system. Some of the adolescents during this period become very experimental with sex, which may result in pregnancy (Lotse, 2016). Adolescents in a study in Ghana engaged in sex as a result of peer influence, which increased the rate of teenage pregnancy (Christofides, et al., 2014).

Gumbo (2020) posits that lack of sexual and reproductive health information or education was another predisposing factor of teenage pregnancy and early motherhood in both developed and developing countries. Dlamini (2016) highlights that some researchers have argued that early childbearing is a result of teenagers' inability to access sexual health and reproductive health facilities. As a result, much of early teenage child bearing is unplanned and unwanted (Richter, Norris & Ginsbury, 2006). Adolescents in most of the developing world are denied access to comprehensive sex education (Asampong, et al., 2013). Therefore, these adolescents know little or nothing about their sexual and reproductive health. Most adults in the African context are not keen to discuss sexual reproduction health with their children as they view it as an adult issue, and they do not want to acknowledge and accept that their children are having sex. As such, it becomes a challenge for children to access condoms and contraceptives from public spaces such as clinics and hospitals as the staff tends to be hostile and judgmental towards them. Even in South Africa, findings by Macleod and Tracey (2010) confirmed that the attitudes of nurses at hospitals and other health centres ironically constitute a barrier to adolescents' access to contraceptives in South Africa. Conversely, this means that children will start having unprotected sex, which not only exposes young girls to teenage pregnancies but also sexually transmitted infections.

There is documented literature on the lack of access to condoms and contraceptives for young children. Zimbabwe is one of the countries which is very unresponsive to the distribution of condoms in secondary schools. Langa (2015) highlighted that The Ministry of Primary and Secondary Education (MoPSE) in Zimbabwe as opposed to condom advancement and distribution in schools. Children who are found with condoms in schools in Zimbabwe are punished and sometimes suspended from school. This is confirmed by Newsday (2015) that schools' punitive responses to pupils found in possession of condoms militate against adolescents' sexual and reproductive health practices. Distribution of condoms in schools will make it easy for this vulnerable and at-risk group to access them because in public places, it is rather challenging to access them. As reported by Shumba (2018) that not all clinics are youth friendly.

Power dynamics also play a role in the initiation of sex and on the practice of unsafe sex because male partners often dominate girls (Nabugoomu, et al.,2020).). The most commonly stated reasons by teenage girls for engaging in sexual relationships are pressure from a boyfriend, fear of rejection and the need to prove their affection (World Health Organization, 2014). Young girls are often coerced or forced into exploitative sexual relationships with older men (Erulkar, Beksinska & Cebekhulu, 2001). Preston-Whyte & Zondi (1992) argue that there is a double standard among black South African communities because while adolescent pregnancy is perceived as a problem, adolescent sexuality is tolerated and boys are inadvertently encouraged to prove their sexual capability, hence they put pressure on girls.

Many girls experience incidents of sexual violence and harassment in schools' settings, perpetrated by both authority figures such as teachers and administrators as well as male classmates (Leach & Mitchell 2006). While there is still a lack of data on the incidence of this type of sexual violence, there has been a growing attention in recent years to the issue, particularly in the context of Africa (Leach & Mitchell 2006). Studies have found that in some contexts, particularly in some parts of Sub-Saharan Africa, sexual violence against girls in schools often is downplayed or normalized by pupils and students because it is such an everyday occurrence and because it conforms with local gender norms (Leach and Mitchell 2006). Indeed, there may be significant peer pressure

among boys and young men to engage in the sexual harassment of their female peers as a demonstration of their masculinity (Morrell & Makhaye 2006). This may be particularly true for male students whose behaviors are perceived to be different in some way from the norm and who may act out certain metrosexualized or “masculine” behaviours, such as harassment or violence, in order to avoid being labeled as weak or gay (Meyer 2006).

Consequences of teenage pregnancy

Adolescent childbearing may have longer-term repercussions on grade attainment than previously understood (Psaki et al., 2019). Early and unintended pregnancies jeopardize educational attainment for thousands of girls (Human Rights Watch, 2018: 14). The years after leaving school may be a critical period for skill retention or loss. Yet few existing policies and programmes aim to secure and strengthen academic skills for young mothers in LMICs (Kennedy, 2017). Pregnant girls – and to a smaller extent, schoolboys who impregnate girls – have faced all kinds of punishments, including discriminatory practices that deny girls the enjoyment of their right to education (Kennedy, 2017; Human Rights Watch, 2018). In Jamaica, for example, some schools lumped reintegrated girls into classes irrespective of their areas of interest or career choices. In other instances, girls are punished for becoming mothers by not being allowed to participate in graduation ceremonies (Kennedy, 2017). Data from Africa also shows that pregnant learners do not have the same learning opportunities: in Burundi, pregnant girls and boys who impregnate them were forced to attend trade schools or vocational training (Manishatse, 2018). However, this measure aims to discriminate some children.

Married or not, having a child can put a teenage girl under intense financial strain. Finding work might be the only way to provide for her young family. The unemployment rate among women who become mothers as teenagers is likely to be high because of their lower chances of completing school (Kennedy, 2017). Often times, adolescent pregnancy is unplanned and affects students from impoverished backgrounds, and there may be limited opportunities for employment after dropping out of school (Musyimi et al., 2018).

Psychological problems from social consequences for unmarried pregnant adolescents may include stigma, rejection or violence by partners, parents, and peers (Atuyambe et al., 2005). Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership (Raj & Boehmer, 2013). For example, in South Africa, adolescents who had ever been pregnant are more likely to report physical partner violence (47.2% vs 16.8%) (Stoner et al., 2019). In Brazil, marrying as an adolescent increases the risk of a girl experiencing domestic violence and leaving education, with girls either leaving school after they marry or marrying after dropping out of school (Griffin, 2015).

With regard to health consequences, pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15–49 years. (Global Health Estimates 2015) Adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years. (Ganchimeg, et al., 2014) Additionally, some 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity and lasting health problems. (Darroch, Woog, Bankola, Ashford, 2016) Early childbearing can increase risks for newborns as well as young mothers. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions. In some settings, rapid repeat pregnancy is a concern for young mothers, which presents further risks for both the mother and the child. (Norton, Chandra-Mouli & Lane, 2017).

Teenage pregnancy is associated with health problems. In most cases, the girl can get infected with HIV and STIs. In a number of cases, the girls are impregnated by older men who would have been sexually active and they might end up infecting the young inexperienced girls (Mrewa, 2021). Thus, teenage pregnancy exposes the young girls to the risk of contracting HIV and other sexually transmitted diseases. In addition, teenage pregnancy causes health problems where a young girl is faced with the problem of obstructed labour during giving birth. This happens when the baby is too big for the orifice of the mother, hence, it results in vesico-vaginal fistulas damaging the lower genital tract, resulting in a false passage between the bladder and the vagina; causing incontinence of urine and sometimes of faeces.

Mitigation measures for teenage pregnancy

Gumende (2020) posits that in order to deal with scourge of teenage pregnancy, it is important to promote Sex Education in schools. In a study by Singh et al (2005) that evaluated the need for sex education in developing countries found that key characteristics like school attendance and literacy are crucial consideration in providing adequate knowledge that will protect teenage girls’ sexual health (Singh et al., 2005). It also influences the choice of the most effective means or the channels through which such education can be delivered and therefore has relevance for the design and implementation of an intervention. Consequently, the study further concludes that there was evidence on key behavioural indicators. It showed that a high proportion of young people initiate sexual activity during their teenage years, and there were gaps in knowledge about contraceptives and other protective behaviours. Thus, it is imperative for the sex education to be taught to young people so that they become aware of

the associated risks that come as result of teenage sexual activities. The provision of education will provide knowledge on safer sexual behaviours and the proper use and access to contraception to reduce incidences of teenage pregnancies. Subsequently, sex education is imperative in the curriculum as it introduces the topic of sexuality, delays an early sexual debut, and promotes safer sex. Early pregnancy disrupts schooling, whereby a teenage mother will spend more time on antenatal care visits. Comprehensive sex education can delay the first sex debut and early pregnancy and promote the use of contraceptives in teenagers, according to (Mjwara, 2014).

According to Miller (2002), sex education helps to provide children with information about contraceptives use which can help to reduce teenage pregnancies among students. He further indicated that sex education aims to prevent the risk of negative outcomes from sexual attitudes such as adolescent's pregnancies, unwanted pregnancies and even infection with sexual transmitted disease (STDs) and HIV/AIDS. The aim of sex education is to provide children or adolescents with right information about sex. The right information helps adolescent to know how to deal with sexuality very well. In a similar view Miller (2002) expressed that comprehensive sex education in teaching sex education as a separate course of the study subject would be probably an effective means of addressing the increasing rate of adolescent pregnancy among our student girls and to change the sexual attitudes of students. Subsequently, sex education will promote an understanding by the young people on matters that deals with informed decisions and positive approach to their sexuality.

The World Health Organization (2021) posits that awareness and knowledgeable about adolescent Sexual Reproductive Health Rights (SRHR) is critical in reducing prevalence of teenage pregnancies. Such information should be cascaded to the community and at family level. Hence, awareness and knowledgeable about the effects of early pregnancies and early marriages; able to use the acquired SRHR knowledge to talk to their children; and deal with girls who would have already been pregnant or dropped out of school. Increased awareness and knowledge were expected to be triggered by the lessons learnt in the youth clubs. This meant adolescents would be able to know and understand the SRHR issues that affect their lives and what could be done to avoid these SRHR problems, such as early pregnancies, early marriages and school drop-out. With reference to the youth clubs. Consequently, knowledge about SRHR issues is important to promote positive behaviours among the youths and also families will be in a position to guard the teenagers in respect of their reproductive rights. In addition, applying a life course approach when implementing essential sexual and reproductive health and rights interventions. A life course approach recognizes that people have different and changing sexual and reproductive health needs throughout their lives, from birth to adolescence, different stages of the reproductive age and old age. The different stages require access to different sets of SRHR interventions United Nations Population Fund November (2019). Blenkinsopp and Schagen (2004) indicate that sex education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identify relationship and intimacy. They further indicate that sex education is also about developing young people's skills so that they make informed decisions or choices about their behaviour and also feel confident and concept about acting on choices.

One of the important ways of dealing with problem of teenage pregnancy is to promote parental role in guiding the teenagers. Parents are the main role models for their teenagers (The Australian Parenting Website, 2019). Thus, children are therefore being guided by what they observe and experience from their parents or custodians in the course of their childhood. This is because what parents or caretakers acts and say are directly adopted and further used as a guiding tool to their children's behavior, attitudes and beliefs in the course of their life (Nabugoomu, 2020). Consequently, the role that parents play in the life of children to raise them and support them by protecting them against the risk of teenage pregnancy.

According to Mgomera(2021) teenagers require life and social skills such as making positive decisions, self-esteem, patience, confidence and a bargaining power which could help them better navigate life's challenges and avoid early sex and or early pregnancies (Nabugoomu, 2020). This is due to the fact that teenagers adore some things delivered by boys or men. As the result, girls become into contradictions with the side part where as a return of the delivered things, boys or men tend to demand for sex and it is therefore observed that the girls used such things can't reject by saying no (UNFPA, 2013). Consequently, it is imperative that teenagers and in particular teenage girls need to be exposed to life skills teachings and training for them to be able to make right decisions about their sexual reproductive health as well as on how to handle relationships with men.

Counselling plays a significant role in reducing incidences of teenage pregnancies. In an endeavor to create a culture of learning and reduce unhealthy relationships, school counselors must be trained in appropriate methods of counselling students who become pregnant or exposed to sexually transmitted diseases (Portman, 2009; Lear, 2007). It is essential that school counsellors are trained and participate in the planning, developing, and teaching of healthy and appropriate relationships. Accordingly, counselors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counselling and education to reduce unhealthy practices and teenage pregnancy. Thus, counsellors must learn to deal with the relationship concerns of their students and motivate students to become involved in relationship counseling and education to reduce unhealthy practices and teenage pregnancy (Mushwana, 2015). Against this backdrop, it can be commented that

counselling provides teenagers with good behaviour, awareness of services and the right pathway to make informed decisions about healthy life style.

Successful adolescent programmes include prevention of problems and unhealthy behaviour as well as promotion of positive youth development (Weissberg et al. 2003; Catalano et al. 2002). Both require integration of theoretical frameworks and intervention strategies of different sciences (Weissberg et al. 2003). Studies have shown that preventive programmes can lead to positive changes in psychological and behavioural adjustment for teenagers (Flay 2002), thus also supporting the prevention and management of peer pressure and behaviours such as drug abuse that may lead to illicit sexual recklessness.

According to Nabugoom et al. (2020) there is need to promote livelihoods for caregivers in order for them to be able to provide for children. Income generation support to parents is important because the present low socioeconomic status of parents (World Bank Group, 2016) may not allow them to support their children's financial needs. Microcredits for financial empowerment of parents could be lobbied for from the available microfinance deposit-taking institutions (Bank. 2014). The aim is to support adolescent girls and allow them to continue in school even if pregnant. Consequently, the weakened support system has led to the abuse of children, economic exploitation of children as well as school drop outs. In addition, harsh economic climate has been detrimental to any support from the social service as well as inadequate provision of health services for vulnerable children. The initiative was meant to promote self-reliance among the poor households as well as reducing high poverty prevalence among the caregivers. Participation in income generating activities will promote self-reliance among the caregivers in the community. This, will in turn reduce the vulnerability of girls to engage in transactional sex when their parents fail to provide for them, leading to teenage pregnancy.

According to Domenico and Jones (2007) because families are often a support group for pregnant and parenting adolescents, there is a need for community outreach programs headed by social workers and health professionals to assist families of these adolescents in teaching them to become independent, self-sufficient adults. Outreach programs should stress the importance of career aspirations for all pregnant and parenting adolescents, especially those with special needs. Hence, schools should promote a culture of self-efficacy, agents and self-esteem among the children so that they can be protected against vulnerability to sexual exposure and exploitation.

III. Theoretical framework

Social Analysis theory

Culture is instead seen as a dynamic response to specific local circumstances: continuously created and recreated in the course of social interaction. This conceptualization of culture provides a lens through which to understand reproductive health decision-making (Mrewa, 2021). Subsequently, gender norms (i.e., shared beliefs about the behaviors and related roles and responsibilities deemed appropriate for boys/men compared with girls/women) as essential to understanding gender dynamics and Sexual Reproductive Health (SRH) outcomes. This subset of social norms defines appropriate rules of interaction, relationships, and roles at all levels of the socioecological framework. They help shape power relationships, which lead to different risks and opportunities for interventions seeking to improve SRH (Cislaghi, 2019).

The social context of reproductive health needs to be understood from the perspective of the poorest, and the most marginalized and socially excluded. The concept of vulnerability moves beyond notions of individual risk behavior to a consideration of the contexts in which people are placed at risk of poor reproductive health outcomes. While vulnerability is linked to poverty, poor reproductive health may not be the effect of poverty alone, but to processes and forms of power which lead to social exclusion. An underlying determinant of social vulnerability is the extent to which people are able to realize their rights to protection from risk and to access services and resources (Price & Hawkins, 2007). In addition, reproductive behavior is negotiated within competing norms and taboos, such as between gender norms of sexuality, which pressure women to resume early sexual contact following childbirth and taboos on sex during lactation (Lockwood, 2004).

Socialization as a centrally important process of learning, challenging, and enacting social norms dramatically affects young people's sense of self and their place in the world. Many young people grow up in hegemonic societies where gender norms reinforce ideals of male strength and control as well as female vulnerability and need for protection. With the onset of puberty, adolescents are exposed to new expectations from adults and peers that, in turn, shape their expectations of themselves and those around them. Evidence suggests that this reciprocal set of relationships evolves throughout adolescence and is heavily influenced by gender norms (Mensch, et al, 2001). Consequently, these shifts can lead to opportunities and behaviors that promote or inhibit SRH. For example, given limited social and economic power of young people, family members often influence SRH decisions about the age of first sex or early marriage.

Ricardo and Barker (2008) point out that the conceptual framework that has guided many interventions with men and boys from a gender perspective are a social constructionist perspective (Kimmel, 2000). In a social constructionist perspective, gender norms emerge from prevailing patterns of hegemony and patriarchy and are in turn reinforced and reconstructed by families, communities and social institutions. Boys learn what manhood

means by observing their families, where they often see women and girls providing care-giving for children, while men are often outside the family setting working (Nguyen & Wodon, 2012). They also observe and internalize broader social norms, including messages from television, mass media and from which toys or games are considered appropriate for boys or girls. Thus, boys also learn such norms in schools and other social institutions and from their peer groups, which may encourage risk-taking behavior, competition and violence, and may ridicule boys who do not live to these social expectations.

IV. Research Methodology

Mixed research refers to a research approach that involves the blending of qualitative and quantitative approaches as well as other paradigm tenets (Johnson & Christensen, 2014). As such, given the nature of the phenomenon under study, mixed research approach is found suitable because it helps to improve the quality of results for the phenomenon under study since it mixes up the strengths of both qualitative approach and quantitative approach (Creswell and Creswell, 2018; Johnson & Christensen, 2014).

The use mixed method research offers numerous benefits to the researcher. By using this research design, the researcher is guaranteed advantages that counterbalance the flaws of using either qualitative or quantitative research approach. For instance, using quantitative approach may prove to be frail in comprehending the perspective in which individuals act. Qualitative research makes up for this when using mixed design. Conversely, qualitative research is viewed as being captivating due to the latent for giving partial elucidations by the researcher and also the tenacity in inferring results to a bigger population. It can be agreed that quantitative research does not have these flaws (Shalin, 2014). Therefore, by utilizing both qualitative and quantitative research designs, the weaknesses of each methodology can be counteracted by the strengths of the other. In the research, 6 (2 primary schools and 4 secondary) schools out of 39 schools were chosen for the research and 50 teachers were chosen to complete 50 questionnaires in Chitungwiza District. At the same time, 10 interviewees were chosen to participate in in-depth interviews (teachers from the schools and Department of Social Services). The district was purposively chosen because these are hardest hit area in terms of teenage pregnancies (Zimbabwe Family Planning Council, 2020). In the research, a total of 60 participants were involved in the research, 50 from questionnaires and 10 participants were interviewed during the study.

This study employed descriptive statistical tools such as tables, bar graphs, pie charts, and measures of central tendency tool to analyse data collected through QUAN approach. For data generated through QUAL approach, the interviews recorded were transcribed manually by the researcher. Content analysis was used as a means of analysing data collected by way of semi-structured interviews. Themes and sub-themes were developed, analysed and interpreted such that meaningful information can be generated. It is also important to note that after QUAN data analysis, and QUAL data analysis, the results from both approaches was compared to determine whether there is convergence, differences, or combinations.

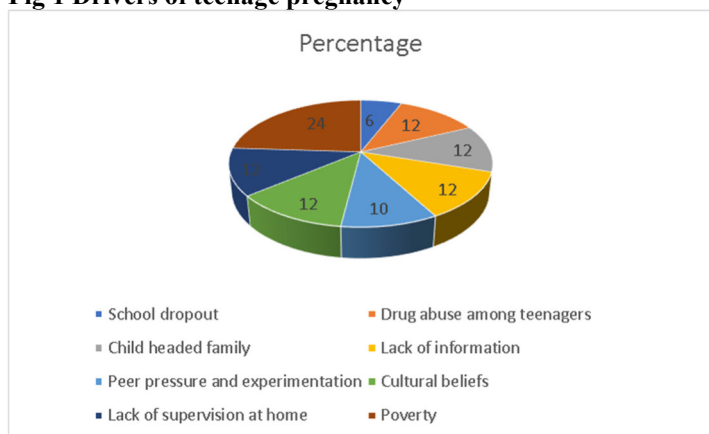
V. Results and Discussion

Understanding of the term teenage pregnancy

In the study, there is diversity on the definition of teenage pregnancy. Most of the respondents indicated that when a girl below the age of the eighteen years becomes pregnant. The diversity of definitions is noted through the responses given. One participant said, “Young girl between the ages of 14-17 years becoming pregnant”, while another participant said, “Being pregnant when a child is still a minor that is below the age of 18 years”. In the same vein, one participant did not give chronological age but defined a child using physical attributes by saying, “a child is anyone who is not developed in terms of physical body such as undeveloped breast and height”

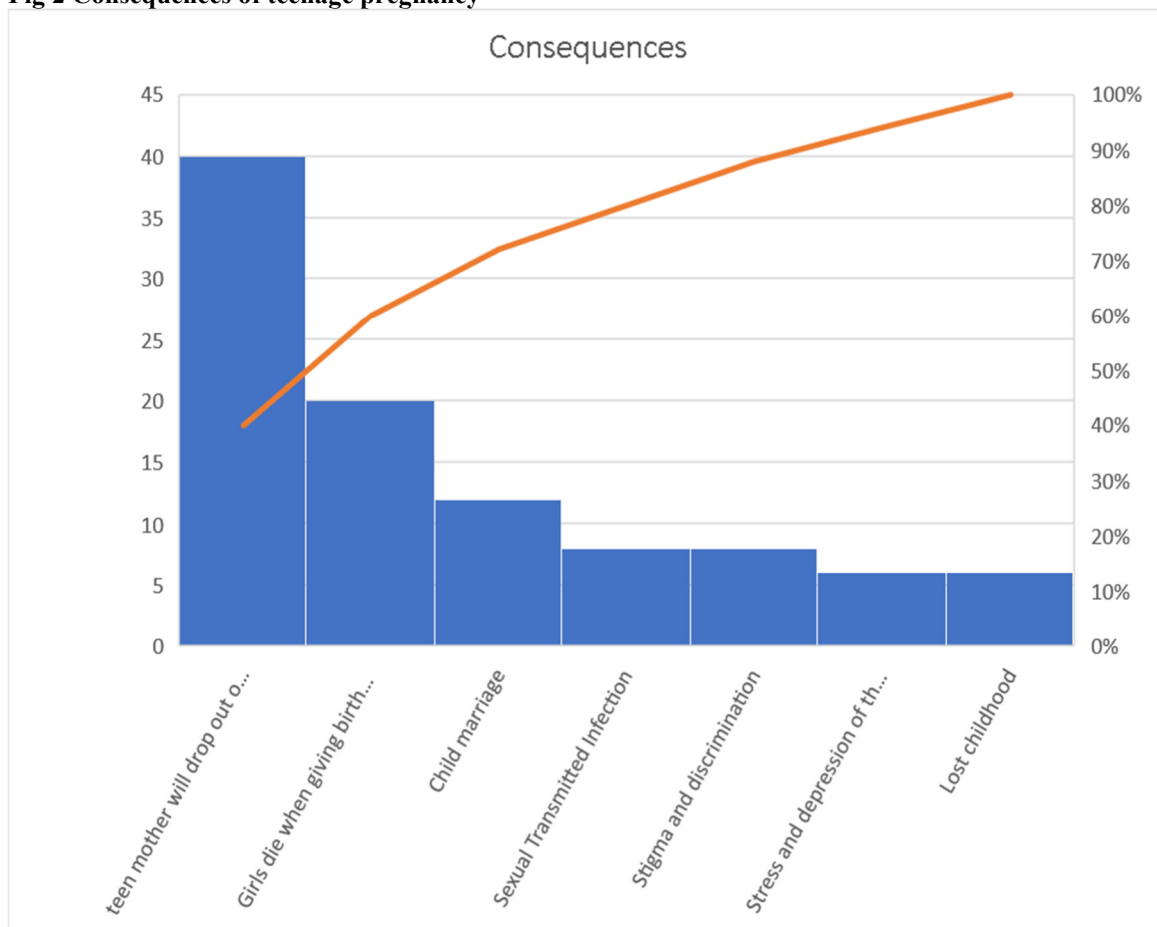
In the study, one participant said, “It is the pregnancy of young women below the age of 20 years.” The response from the teachers shows that they have a better understanding of the legal definition of the child because they are in a better-informed position because of their professional orientation. The definition of teenage pregnancy is collaborated by literature review that defines teenage pregnancy is line with the definition of a child. According to the UNCRC (1989), Article 1, “a child is any human being below the age of 18 years unless, under the law applicable to the child, when majority is attained”. In the same vein, the ACRWC, Article 2, defines a child as anyone below the age of 18 years. In Zimbabwe, there are a number of Acts that define a child. The Constitution of Zimbabwe, Section 78, defines a child as anyone below the age of 18 years.

Fig 1 Drivers of teenage pregnancy



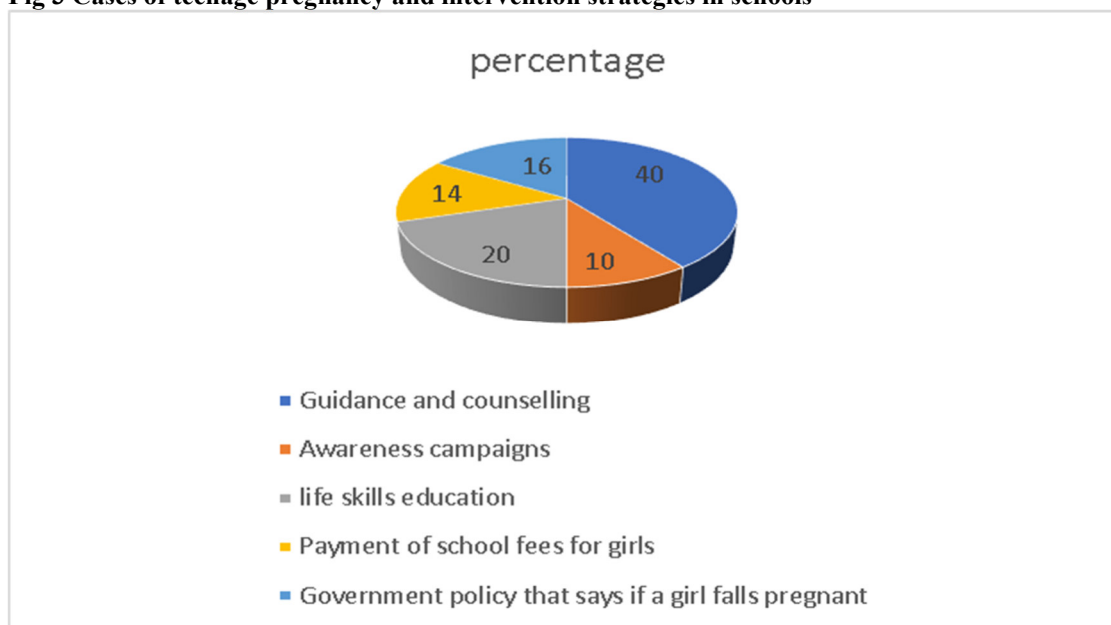
In the study, there are various factors that are attributed to the cause of teenage pregnancy in the community. Respondents highlighted various factors that cause young girls to be impregnated below the age of 18 years. In the study, 24 percent of the respondents attribute that poverty is one of the drivers of teenage pregnancy; 12 percent of respondents identified drug abuse, lack of information and cultural factors as the cause of the teenage pregnancy. At the same time, 12 percent of respondents indicated that one of the causes of teenage pregnancy is lack of supervision at home by parents and guardians. In addition, 10 percent of the respondents identified that young girls are impregnated due to peer pressure and experimentation. Similarly, 6 percent of the respondents outlined that teenage pregnancy is a result of being a school dropout that makes the young girl vulnerable to being impregnated as she will be staying home while others are at school. The highlighted drivers drawn from the study are corroborated by literature review that points out those adolescents tend to be naive and easily influenced by their peers to explore sex at a tender age without full knowledge of the sexual reproduction system (Lotse, 2016). In addition, Gumbo (2020) posits that lack of sexual and reproductive health information or education was another predisposing factor of teenage pregnancy and early motherhood in both developed and developing countries.

Fig 2 Consequences of teenage pregnancy



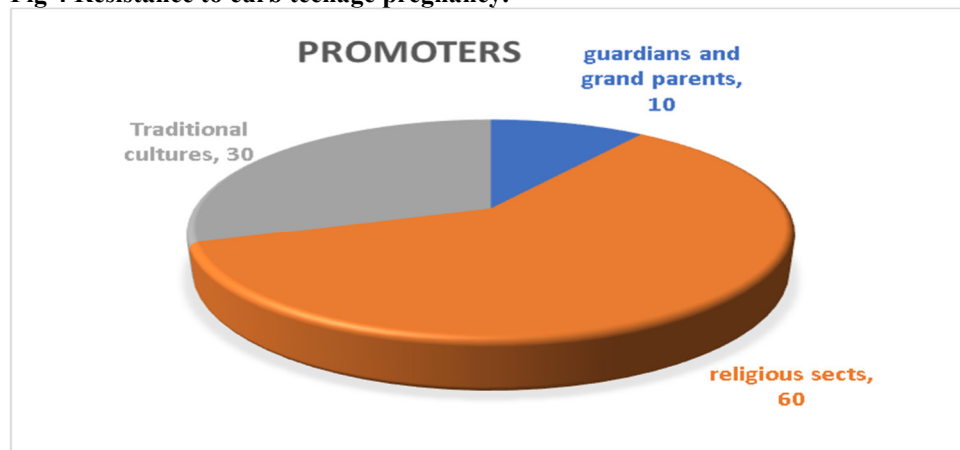
The resultant effects of teenage pregnancy are diverse as highlighted in the study. In the study, 40 percent of the respondents indicated that teenage girls will drop out of school; while 20 percent of respondents identified death of teenage girls when giving birth and related complications. In addition, 12 percent of the respondents indicated that most of the teenage girls end up being married below the age of 18 years. Similarly, 8 percent of the respondents highlighted that girls who fall pregnant end up being stigmatized and discriminated in the society. In the same vein, 6 percent of respondents attribute lost childhood to teenage pregnancy. Consequently, 8 percent of the respondents highlighted that girls who are impregnated below the age of 18 years end up contracting sexual transmitted infection and HIV/ AIDS related illnesses. In addition, 6 percent of the respondents indicated that the teenage girls who fall pregnant end up in depression and stress. The views raised by respondents in the study are collaborated by literature review that points out that the girls end up experiencing psychological problems such as stigma, rejection or violence by partners, parents, and peers (Atuyambe et al., 2005).consequently, with regard to health consequences, pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15–49 years. (Mrewa, 2021; Global Health Estimates 2015).

Fig 3 Cases of teenage pregnancy and intervention strategies in schools



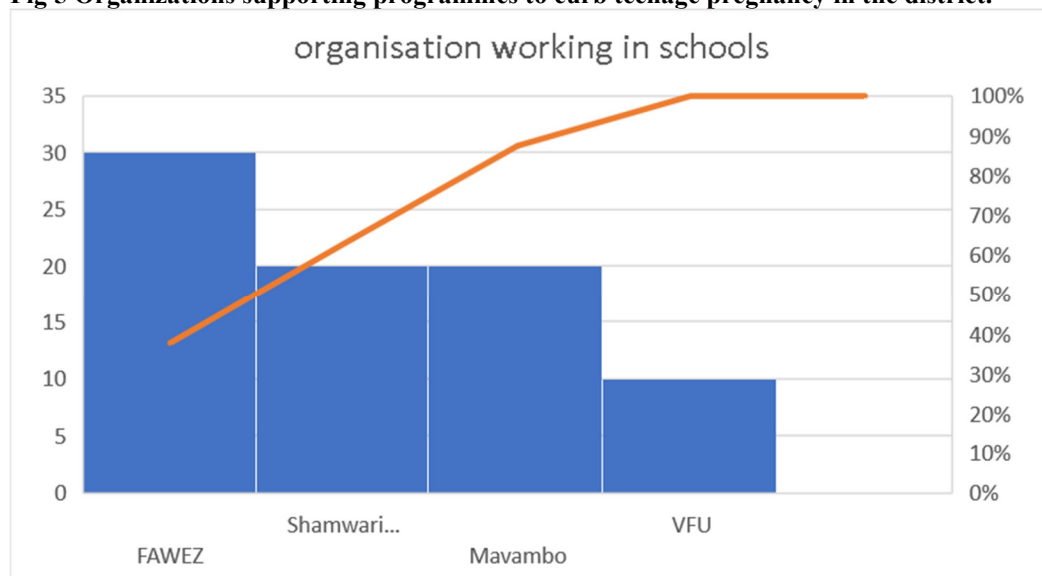
In the study, 70 percent of the respondents indicated that at their schools, they are yet to experience cases of teenage pregnancy. Conversely, 30 percent of the teachers highlighted that some of the girls at school became pregnant. This is attributed the fact that the study included primary and secondary schools and cases of teenage pregnancy were more common to secondary schools. In the study, 100 percent of the respondents outlined that at their schools, there are various intervention that are meant to raise awareness and curb the problem of teenage pregnancy. With regard to intervention that are put in place to deal with the problem of teenage pregnancy, 40 percent of the respondents highlighted that schools provide guidance and counselling sessions for the students. In the same vein, 20 percent of the respondents indicated that the schools provide life skills education to students; while 16 percent of the respondents indicated that schools adhere to government policies and directive of the Education Amendment Act of 2020 that upholds that girls who fall pregnant are supposed to be kept in school during and after giving birth. Similarly, 14 percent of respondents indicated that some schools have programmes that involve the payment of school fees for those vulnerable girls. This is done through providing work to parents and guardians of the girls so that they are able to raise school fees for the concerned children. In an effort to reduce incidences of teenage pregnancies, 10 percent of the respondents indicated that schools are engaged in awareness campaigns to keep the girls in school. The views raised by respondents in the study are collaborated by literature review that points out that awareness campaigns on adolescent Sexual Reproductive Health Rights (SRHR) is critical in reducing high prevalence of teenage pregnancies. Such information is cascaded to the community and at family level (World Health Organization, 2021). In addition, teenagers require life and social skills such as making positive decisions, promoting self-esteem, confidence and a bargaining power which could help them better navigate life's challenges and avoid early sex and or early pregnancies (Mgomera, 2021; Nabugoomu, 2020).

Fig 4 Resistance to curb teenage pregnancy.



In the study, 30 percent of the respondents highlighted that there are certain people and groups resist that girls should be kept in school beyond primary school, while 70 percent of the respondents indicated that there are no such people. As a follow-up to those respondents who acknowledge the existence of such people or groups, 60 percent of the respondents indicated that such groups are found in religious sects such as the apostolic sects. In the study, 30 percent attribute traditional cultures as the cause of such resistance and 10 percent of the respondents identified some guardian and parents as people who resist keeping girls in schools beyond primary school. Such views are collaborated by literature review that points out that traditional practice that exposes girls to pregnancy is *chiramu* (a practice whereby the husband of a sister or aunt has privileges to play sexual games with young sister or niece. According to Bulla (2014), African traditional cultures accommodate the practice of sexual ‘games’ whereby girls are exposed to sexual socialization by elderly men through the custom of *chiramu*. This practice involves fondling of a girl’s buttocks and breasts without necessarily engaging in sexual intercourse. Such flirtation may lead to pregnancy and when it happens, the perpetrator is forced to marry the girl. Such a practice is an abuse of young girls and an attempt by the men to control the sexuality of young girls. In addition, Human Rights Watch (2015) points out that teenage pregnancy is more prevalent in indigenous apostolic churches in Zimbabwe. The practice of marrying off young girls is rampant because the sects mix tradition and religious concepts. In a study, Human Rights Watch (2015) observes that the major cause of such a practice emanates from the church doctrine that emphasis on purity of women and virgin marriage. As an example, young girls between the ages of 12 and 16 years are married off to elderly men in Johanne Masowe Shonhiwa church.

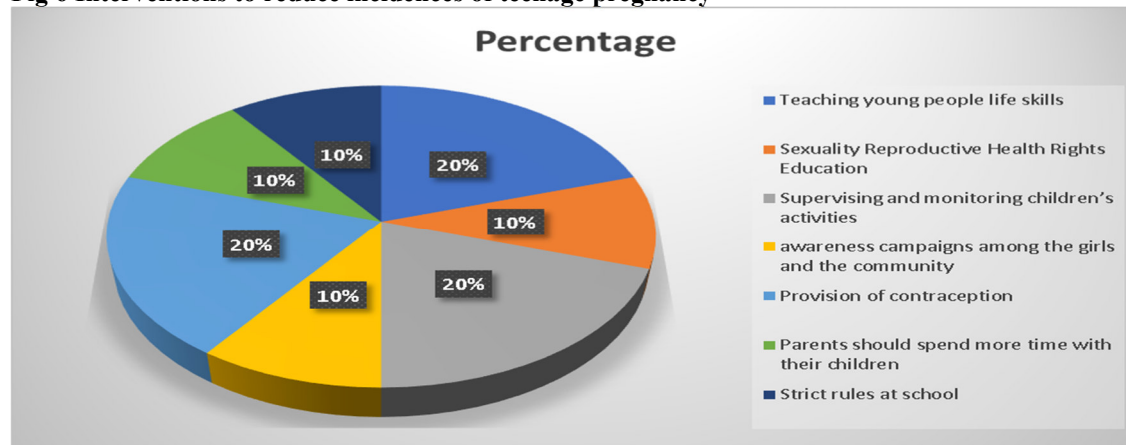
Fig 5 Organizations supporting programmes to curb teenage pregnancy in the district.



From the responses of respondents, 100% of them indicated that there are organizations that are working in the district. This reflects that respondents are aware of the programmes that are being provided to curb incidences of teenage pregnancy in the district. Respondents identified six organisations that include the Victims Friendly Unit, Shamwari yeMwanasikana, Mavambo and the FAWEZ. In addition, government programme under the Department of Social Development, the Basic Education Assistance Module (BEAM) is one of the support systems

that has keep young girls in schools. Availability of support at schools and community level is critical in reducing incidences of teenage pregnancy. This can be collaborated with literature review that states that successful adolescent programmes include prevention of problems and unhealthy behavior as well as promotion of self-esteem and agents among young people (Weissberg et al. 2003; Catalano et al. 2002). Previous studies have shown that preventive programmes provided by centres at community level can lead to positive changes in psychological and behavioral adjustment (Flay 2002).

Fig 6 Interventions to reduce incidences of teenage pregnancy



The study revealed that there are a number of ways to reduce incidences of teenage pregnancy in schools and communities. In the study, 20 percent of the respondents indicated that life skills education is critical; 20 percent of the respondents identified that parents and guardians must monitor and supervise the activities that children do, and 10 percent acknowledged the role of the Sexual Reproductive Health interventions programmes. In addition, 10 percent of the respondents attribute the success of the programme to awareness and campaigns to keep the girls in school and 10 percent of the respondents noted that school should enforce strict rules so that bad behaviors can be curbed, such as, drug abuse and illicit love affairs among the teenagers. Some of the views from the respondents are collaborated by literature review that points out that one of the important ways of dealing with the problem of teenage pregnancy is to promote parental role in guiding the teenagers. Parents are the main role models for their teenagers (The Australian Parenting Website, 2019). Thus, children are therefore being guided by what they observe and experience from their parents or custodians in the course of their childhood. This is because what parents or caregivers act and say are directly adopted and further used as a guiding tool to their children's behavior, attitudes and beliefs in the course of their life (Nabugoomu, 2020).

Conclusions and Recommendations

The following conclusions were drawn from the findings of the study:

There are various factors that are attributed to the cause of teenage pregnancy in the community. From the study, it can be noted that young girls are impregnated as a result of diverse reasons that include poverty as families fail to provide for the young girls. Lack of better livelihood options for families will sometimes lead the girls to be vulnerable men who provide them with goodies thereby engaging in transactional sexual relationships at tender ages. In addition, other factors such as lack of information on Sexual Reproductive Health Rights makes the girls vulnerable to early pregnancies. Subsequently, girls are vulnerable to pregnancy due peer pressure and experimentation.

Consequently, teenage pregnancy is associated with health problems. In most cases, a girl can get infected with HIV and STIs. In a number of cases, the girls are impregnated by older men who are sexually active and they might end up infecting the young inexperienced girls. Thus, early sexual debut exposes the young girls to the risk of contracting HIV and other sexually transmitted diseases. In addition, teenage pregnancy causes health problems where a young girl is faced with the problem of obstructed labour during the process of giving birth. This happens when the baby is too big for the orifice of the mother, hence, it results in vesico-vaginal fistulas damaging the lower genital tract, resulting in a false passage between the bladder and the vagina; causing incontinence of urine and sometimes of faeces. In addition, it can be noted that girls who become pregnant are vulnerable to psychological problems such as stigma and discrimination.

The study reveals a number of interventions that are in schools to deal with the problem of teenage pregnancy. Some of the interventions that are in place include, life skills education, guidance and counselling programs and awareness campaigns that are done as a way ensuring that girls are equipped the right information on SRHR matters.

Recommendations

There is need for the Ministry of Primary and Secondary Education to spearhead the initiatives of Adolescent Sexual Reproductive Health programme intensively. This programme if it is implemented well in schools, it will help in empowering the adolescents about their sexual reproductive health rights. The programme can also help in dispelling myths and taboos about sexuality issues that creates barriers to the adolescents to make informed decisions in terms of protecting themselves against unwanted pregnancies and STIs. It is important for schools to promote a comprehensive sexuality education that is meant to demystify taboos on sexuality create barriers for adolescent girls to access services.

The Amnesty International (2018) points out that Zimbabwe's demographic health indicates that 40 per cent of girls are sexually active before their 18th birthday, and yet indications on the ground illustrates that girls are isolated from accessing sexual reproductive services. In a study by Amnesty International, girls who are not married demonstrated ignorance on protection against pregnancies and STIs. Consequently, this makes the girls vulnerable to child marriages when they fell pregnant. Furthermore, an Amnesty International (2018) report notes that taboos on sexuality create barriers for adolescent girls to access services. Girls who fall pregnant become objects of ridicule in the communities and forced into marriage. In some instances, their health is at risk as they delay to seek ante-natal services. In addition, parents, teachers and community leaders have strong reservation to allow adolescents to access sexual reproductive health services before marriage fearing that they will condone sexual activity which is against cultural and religious values in Africa.

Engagement and advocacy strategies are important to deal with the social cultural impetus that triggers teenage pregnancy. Advocacy and dialoguing with adolescence and communities is central to curb the proliferation of teenage pregnancy. Thus, advocacy is central in raising awareness about a phenomenon as it is meant to educate the community about the consequences of teenage pregnancy.

In order to promote viability of the psychosocial support services, there is need to increase the visibility of the organisations working in the district through engaging in campaigns, road shows and organisation of sports tournaments. Organising of sport tournaments will increase visibility and campaign messages against drug and substance abuse and other related challenges affecting the young people in the community.

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