INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU, ZIMBABWE

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By

Homela Simbarashe

Reg number: R182151W

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Supervisor: Prof. K. Chinyoka

DECLARATION

I, **Homela Simbarashe**, declare that the thesis entitled INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU, ZIMBABWE, is my work, and that all the sources I have used or quoted have been indicated and acknowledged utilising complete references.

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I, Homela Simbarashe student number R182151W, hereby declare that I am fully aware of the Midlands State University policy on Research Ethics and that I have taken every possible precaution to comply with the regulations pertaining to it. I obtained the ethical clearance certificate from the Midlands State University Ethics Committee, for which the ethical clearance approval is copied in Appendix 2

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SUPERVISOR'S AUTHORISATION

The Thesis report, ***Intervention Mechanisms for Minimising Teenage Pregnancies among Secondary School Learners in Gweru, Zimbabwe*** by Homela Simbarashe is hereby submitted for examination with my approval.

Signature: Date: 22 May 2024

(Supervisor)

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DEDICATION

I dedicate this research work to my dear wife Victorious, my son, Takudzwa and my two daughters, Tafadzwa and Tinotenda. Thank you for your encouragement and helping me to work hard and soldier on.

ABSTRACT

This study established the mechanisms that can be employed to minimise cases of teenage pregnancies among secondary school girls in Gweru District which cause adverse effects on their livelihood. Girls suffer psychologically, healthy wise, socially, drop out of school and are deprived of their economic development as a result of teenage pregnancy. This prompted this study to find possible solutions to these challenges. This research is informed by the Liberal Feminist Theory and the Ecological Systems Theory. A qualitative phenomenological design was employed with focus group discussions and interviews as data collection instruments. Ten 'O' Level girls and ten teachers participated in focus group discussions. Two school heads and eight parents were interviewed. This sample was derived from a population of three hundred and two from two secondary schools. The researcher used the Tesch's open coding method of data analysis and theme identification. This study established intervention mechanisms to minimise teenage pregnancies such as having comprehensive Guidance and Counselling (G & C) specialist teachers and G & C clinics in schools. Real construction of more secondary schools to reduce the distance travelled by learners to and from school. Widening and improving access to provisions provided by safety nets such as BEAM to cater for all the girl child's needs. The adoption of a standard uniform or dress code in schools could enhance unhu/ubuntu and the provision of comprehensive sex education in schools was also encouraged. Involvement of parents and the community through the hidden curriculum to enforce true cultural values and ethics can also reduce cases of teenage pregnancies. The early warning system and monitoring to be enforced in schools. Policy changes such as establishing foster mothers, monitoring of the internet use in schools and internet cafes, child marriages and child headed families as a result of parents leaving for greener pastures to be enforced. Youth empowerment and creation of employment can be done to minimise teenage pregnancies. This study recommends that microsystems, and the mesosystems-linkages, exosystems, as well as the macro-systems (political, ideology) should be engaged. Cooperation is needed among all stakeholders (cultural, religious or political) in order to minimise incidences of teenage pregnancies among secondary school girls.

KEY TERMS

Intervention

Mechanism

Phenomenological

Pregnancy

Teenage

Teenage pregnancy

ABBREVIATIONS/ACROYNMS

AAD- American Academy and Paediatrics

AU- African Union

AYSRAR- Adolescent and Youth Sexual and Reproductive Health

BEAM- Basic Education Assistance Module

CAMFED- Campaign for Female Education

CSE- Comprehensive Sexuality Education

HIV/AIDS- Human Immune Virus and Acquired Immune Deficiency Syndrome

MNCH- Maternal Newborn Child

NAYA- Network for Adolescent and Youth of Africa

NGO- Non-governmental Organization

OVC- Orphan Vulnerable Children

SDG- Sustainable Development Goal

SRH- Sexual Reproductive Health

UN- United Nations

UNAIDS- Joint United Nations Programme on HIV and AIDS

UNESCO- United Nations Educational, Scientific and Cultural Organization.

UNFPA- United Nations Population Fund

UNICEF- United Nations International Children's Emergency Fund

UPR- Universal Periodic Review

USA- United States of America

USAIDS- United States Agency for International Development

WHO World Health Organization

ZIMSTAT- Zimbabwe National Statistics Agency

ZNFPS- Zimbabwe National Family Planning Strategy.

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CHAPTER ONE

1. THE PROBLEM AND ITS SETTING

1.1 Introduction

Teenage pregnancy is a major drawback to girls' social, economic, political and psychological development, hence, the need to come up with effective intervention mechanisms which could help to alleviate this problem and brighten the girls' lives. This study presented the intervention mechanisms for minimising teenage pregnancies among secondary school learners in Gweru District in the Midlands Province of Zimbabwe. This chapter presented the background to the study, the statement of the problem, the purpose of the study, the research questions, and the objectives. The significance of undertaking this research, the Theoretical framework, delimitations, and definitions of key terms were also discussed. The methodology adopted in the study and the organisation of the study was also presented.

1.2 Background to the Study

Teenage pregnancies have been noted to be rampant worldwide and have adverse effects on the girls. Teenage pregnancy can occur as a result of, among other things; poverty, broken homes, separation of parents, single parenting, death, peer pressure or influence, lust, religious beliefs and practices, rape and sexual abuse, alcoholism and drug abuse, lack of knowledge or ignorance, environmental influence (social norms and values in the community) and pornography (Slutty, 2017; Maxwell, 2018; UNFPA, 2019; & World Health Organization, 2020). These causes indicate that mitigation is possible. It is therefore crucial to have mechanisms in place to break this curse of teenage pregnancy.

Worldwide, about seven hundred and fifty thousand teenage girls get pregnant every year (Slutty, 2017). These young mothers have to grow up quickly, change the course of their lives

and live solely to meet the needs of their babies. Many teenage girls may end up dropping out of secondary school. Research established that at least one-third of teenage mothers that have babies before the age of eighteen do not finish their studies (Slutty, 2017). This makes it nearly impossible for young teenage girls to obtain higher education, thus affecting their chances of employment and social class (Baek et al., 2019). Lack of child support can be the result in most cases, causing depression, poverty, suicide, and possibly the death of the child (United Nations Population Fund-UNFPA, 2019).

Teenage pregnancy is the main contributor to both maternal and child mortality and is known to create a vicious cycle of ill-health and poverty (World Health Organization, 2020). In 2010 the United Nations Secretary General launched "The Global Strategy for Women and Children's Health", which stresses the importance of addressing the health and welfare of adolescent girls so as to achieve the fifth Millennium Development Goal on maternal mortality reduction (World Health Organization, 2020). Intervention mechanisms for teenage pregnancies can help in the achievement of this global concern.

It has been established that thirty percent (30%) of the girls who drop out of school in the United States of America (USA) do so due to pregnancy (Shuger, 2012; UNICEF, 2019; & World Health Organization, 2020). The USA has the highest rate of teen pregnancies and births in the western industrialised countries (Shuger, 2012). Around 750,000 girls and women between fifteen (15) and nineteen (19) years of age become pregnant each year, more than half of these give birth, and nearly one-third of them had abortion (World Health Organization, 2018). In the USA, the Welfare Reform Bill (1996) forbids states from using public funds to support unmarried teenage mothers who are below the age of 18, unless the mother has completed high school or is enrolled in school. The policy assumes that there is too much reliance by teenage mothers on receiving benefits or that teenagers fall pregnant so that they

receive benefits. Child Trends (2016) established that nearly 80% of teenage mothers do eventually go into welfare and that 55% of mothers on welfare were teenagers at the time that their first child was born.

In the mid-1960s and 1970s in the USA, there was a decline in teen pregnancy cases (Think Progress, 2020). The major reason for the decline was that contraceptive use had increased (Flavin, 2010). In Denmark, older teens were encouraged to serve as mentors to their younger peers so as to reduce teenage pregnancies (Think Progress, 2020). Mentoring was encouraged, training of peer educators was improved and teenagers heard messages about abstinence from their peers. Comprehensive sex education was taught to every student to make healthy choices about their physical relationships (Think Progress, 2020). Teen pregnancy was not just an issue for teen girls. Boys and girls learnt the curriculum together. The community was involved in the programs to minimise girl pregnancies, maximising on the church, business communities and parents, especially in Denmark and South Carolina (Think Progress, 2020). Although in Denmark condoms were distributed to young customers in business complexes and barbershops, telling them that they needed to use them to prevent both pregnancies and AIDS, (Jacqueline, et al, 2015), the best solution is abstinence. The American Academy and Paediatrics (AAP), the nation's largest group of doctors for children and teenagers, advocated that condoms be made as readily accessible to teens as possible (Think Progress, 2020).

Comparatively, the percentage of girls who dropped out of school because of early pregnancies in the following countries are: Great Britain -15%, Canada - 11%, France - 6% and Sweden - 4% (Jacqueline, et al, 2015). England has a comprehensive sex education policy in schools (Jacqueline et al., 2015). There was improved access to the right contraceptives, better sex education, more open attitudes towards conversations about sex, and teenagers socialised more online, which contributed to the drop (Jacqueline, et al, 2015). This is why Plan International

said teenage pregnancies were caused by lack of information about sexual reproductive health rights (Plan International, 2020).

These countries have a high per capita income and are highly developed and industrialised. They differ in their extent of social and economic inequality, in their government policies and programs that address inequalities in their health care systems, and they provide services to these facets that are likely to affect teenage reproductive behaviour (Jacqueline, et al, 2015). In the industrialised countries, there was a strong link between early sexual abuse and subsequent teenage pregnancy, resulting in about 70% of women who give birth in their teens having been molested as young girls (Saewye, Magee & Pettingell, 2014).

In Australia the birth rate among teenagers was 11 births per 1000 (Saewye, Magee & Pettingell, 2014). In Asia (the Indian sub-continent) premarital sex was uncommon and early marriage is higher in rural regions compared to urban areas, with 4 to 8 per 1000 childbearing rate among adolescents (UNICEF, 2019). In Indonesia, the early marriage and pregnancy rate had decreased sharply (Jacqueline et al., 2015). Thirteen million children are born to women who are under the age of twenty worldwide, and more than 90% of these births occur among women from developing countries (Jacqueline et al., 2015). All this indicates that teenage pregnancy is a global problem that needs intervention mechanisms. In this case, girl pregnancies among secondary school learners is an international crisis that affects the socio-economic welfare of many countries, societies and families since it is the leading cause of school dropouts among girls (Molosiwa & Moswela, 2012).

Every year, an estimated 21 million girls aged between fifteen (15) and nineteen (19) in developing regions become pregnant, and approximately 12 million of them give birth (Darroch et al., 2016). In developing countries at least 777,000 births occur to adolescent girls younger than fifteen (15) years of age (UNFPA, 2015). The teenage fertility rate in East Asia,

for example, was 7.1 percent whereas the corresponding rate in Central Africa was 19 percent (World Health Organization, 2017).

There were also enormous variations within regions. In 2018, the overall adolescent fertility rate in South-East Asia was 33 percent (UNDESA, 2017). Rates, however, ranged from 3 percent in the Democratic People's Republic of Korea to 8,3 percent in Bangladesh (World Health Organization, 2017). Even within countries, there were enormous variations. In Ethiopia, for example, the total fertility rate ranged from 1.8 percent in Addis Ababa to 7.2 percent in the Somali region with the percentage of women aged between fifteen (15) and nineteen (19) who have begun childbearing ranging from 3% in Addis Ababa to 23% in the Afar region (UNFPA, 2015). While the estimated global adolescent fertility rate has declined, the actual number of child births to teenage mothers has not, due to the large, and in some parts of the world, growing population of young women in the fifteen to nineteen age range groups (UNDESA, 2017). The largest number of births among teenagers occurred in Eastern Asia (95,153) and Western Africa (70,423) (Every Woman Every Child, 2015). This is evident of a lack of strategies or mechanisms to reduce teenage pregnancies.

In Sub-Saharan Africa, teenage pregnancy in schools is quite worrying (Loaiza & Liang, 2013). Niger is the worst affected with 51%, Chad 48%, Uganda 33%, Tanzania 28% and Kenya 26% (Loaiza & Liang, 2013). In 2015 Sub-Saharan Africa still had the highest rates of teenage pregnancy in the world. Tanzania had 39% and Kenya had 59%, for example, showing an increase in teenage pregnancy percentages (Population Council UNESCO, 2015). Loss of educational opportunities for teenagers in Zambia was at 95%, 99% in Tanzania and 56% in Kenya (Population Council UNESCO, 2015). This accounted for nearly 70% of all girls' dropout cases. In this region, again, there was absence of comprehensive mechanisms to minimise the problem of teenage pregnancies.

The largest disparities are found in Sub-Saharan Africa, South and West Asia, Central Asia and the Arab States. In 2013, all countries in the African Union (AU) adopted Agenda 2063 with a focus on building Africa's human capital through sustainable investments in education, including the elimination of gender imbalances at all levels of education (Human Rights Watch, 2017). Two years later, they joined and adopted the United Nations Sustainable Development Goals (SDGs), with a focus on ensuring that "no one is left behind", including inclusive and quality education for all (WHO, 2018). The end to child marriages was also adopted in a bid to minimise the high rates of teenage pregnancy which negatively affected girls' education (Human Rights Watch, 2017). Despite the presence of these treaties, the problem of teenage pregnancy remains rampant in secondary schools. Hence, the need for research to examine possible solutions to teenage pregnancies.

Within countries, significant inequalities related to language can be found (WHO, 2019). Ethnicity and social status can also exacerbate teenage pregnancy problems at secondary schools. According to UN statistics, of the estimated 72 million children who are not in school, girls are the majority (Women and the Right to Education, 2015). Pregnancy is one of the contributing factors. It is, therefore, a worrisome situation. The result is that the girl's exclusion from education combines with other problems such as discriminatory patterns in resource ownership and exploitation, including land, inheritance and maternal mortality and morbidity, together with the feminisation of poverty (Women and the Right to Education, 2015).

The Northern African countries in general lack policies related to the treatment of teenage pregnancy problems in schools. Yet, they impose heavy penalties and punishments on girls and women who are reported to have had sexual relationships outside wedlock (Human Rights Watch, 2017). In Morocco and Sudan, for example, adolescent girls are charged with adultery, indecency, or extra-marital sex (Human Rights Watch, 2017). Equatorial Guinea, Sierra Leone

and Tanzania pregnant girls are expelled from school and denied the right to study in public schools, which do not apply to boys (Human Rights Watch, 2017).

Uganda had policies of suspension, expulsion and re-entry at different schools (UNICEF, 2021). Tanzania had expulsion and very limited chances for re-entry (Population Council, UNESCO, 2015). In Malawi, affected learners are put on one-year suspension before re-admission at the start of the next academic year following the girls' suspension. Both the girl-mother and the boy responsible for the pregnancy receive counselling services (Population Council, UNESCO, 2015). Gabon and Kenya, like Malawi, have applied "continuation" on re-entry policies and mechanisms to ensure that pregnant girls can get back to school after giving birth (Human Rights Watch, 2017).

Botswana had a re-entry policy passed in 1978 (necessitating a compulsory leave of absence before re-entry of the girl to school after birth). The re-entry would often be at a different school (Population Council, UNESCO, 2015). In 1995 the policy was standardised by a Government Circular that stipulated that pregnant girls were to leave school and be readmitted at different schools no sooner than twelve months after cessation of the pregnancy (Human Rights Watch, 2017). Girls were not allowed to write examinations while they were pregnant or within six months of delivery, and their readmission into school or their ability to sit for examinations was contingent upon the approval of the Minister of Education (Population Council UNESCO, 2015).

The above situation in the Sub-Saharan countries disadvantages the teenage girl-child. Some men who are responsible for teenage pregnancies are not schoolboys, so the girl may experience the effects of being pregnant on her own. It is, therefore, imperative to examine intervention mechanisms that could minimise the problem of teenage pregnancies in secondary schools in Africa as a region.

According to a study by the National Teenage Fertility Study (2017), Zimbabwe has the highest teenage fertility rate in Sub-Saharan Africa. Culture and religious practices have been blamed for this (UNESCO, 2018; UNFPA, 2019; & Zimbabwe National Family Planning Strategy – ZNFPS, 2016-2020). The Report says that a greater number of teenagers fall pregnant every year, with 20% of the pregnancies in this group being a result of early child marriages (UNESCO, 2018). The teenage pregnancies remained high at 22% despite the Government's target to reduce the rate to 12% by 2020 (UNESCO, 2018).

In Zimbabwean schools, suspension, exclusion or expulsion for misconduct are still being implemented, but an exception can be made in the case of girls who become pregnant (UNFPA, 2019). Pregnant girls are allowed to complete their education, no matter what school they attend. Girls who fall pregnant during their studies are set to enjoy maternity vacations before returning to continue with their education (UNFPA, 2019). This situation in the education sector in Zimbabwe can possibly make efforts to minimise incidences of teenage pregnancy in secondary schools in the country very difficult. Meeting the sexual and reproductive health rights needs of teenagers becomes a challenge in Zimbabwe (UNFPA, 2019). This is largely because of the restrictive cultures which forbid sex education for the teenagers as well as the poor state of the country's economy (Zimbabwe National Family Planning Strategy –ZNFPS, 2016-2020). Youth-friendly reproductive and sexual health services either in outreach or in facilities are far from available to young people in Zimbabwe (Zimbabwe National Family Planning Strategy –ZNFPS, 2016-2020).

The fertility rate of teenagers in rural areas was almost three times (27%) more than in urban areas (10%) (ZNFPS, 2015). In 2014 alone, 28.7% of rural teenage women had begun childbearing earlier as compared to their urban counterparts at 14.2% (Zimstat, 2015). The rural-urban differential in teen fertility is striking as rural girls are twice as likely (144/1000) to become mothers than their urban counterparts (70/1000) (ZNFPS, 2016-2020). This, calls

for urgent attention and advocacy for intervention mechanisms as teenage pregnancy severely curtails girls' opportunities and hinders their ability to reach their full potential both in rural and urban set-ups. A young teenage girl can be an asset for her country if she is not exposed to an unplanned pregnancy that puts her at the high risk of illness. According to the Zimbabwean Education Act of 2020, Part 2, Section 4, Paragraph 1, every child in Zimbabwe shall have the right to education which can be one of the mechanisms for minimising teenage pregnancy. This advocacy for equality between boys and girls resonates with the views of the Feminist Theory. On the ground, equality of access to education is a mirage since more boys than girls complete their Ordinary Levels education in most cases. The 2020 Education Act in Zimbabwe provides for equal access to education but it seems it is only in theory. Teenage pregnancy incidences in secondary schools are negating this promise of equal access to education. In the amendments of the 2020 Zimbabwe Education Act among other things, the amendment prohibited corporal punishment and the exclusion of pregnant girls from school. This was in line with the Zimbabwe Constitution which guarantees the right to education or equal access to education between boys and girls. Still, it did not give preventive measures to address the prevalence of teenage pregnancies in secondary schools, which is the focus of this study.

The dropout rate was higher among girls than boys in Zimbabwe (UNICEF, 2018 & UNESCO, 2018). More than 6000 pregnant girls dropped out of school in Zimbabwe in 2018 alone, according to a UNESCO (2018) report. Some non-governmental organisations such as Campaign for Female Education (CAMFED) moved in to enable the girl-child to go to school and stay there longer as they provided school fees, stationery and sanitary wear. Still, to some extent, teenage pregnancy derailed this positive gesture (UNESCO, 2018).

According to the Universal Periodic Review of the Republic of Zimbabwe (UPR) (2011), the Government of Zimbabwe, in collaboration with interested organisations initiated the National Girls Education Strategic Plan in October 2006. The plan, among other things, was intended to

enable Zimbabwe to ensure that girls did not drop out of school. In 2021, 1 633 boys and 8063 girls dropped out of school due to marriage, while 157 boys and 5747 girls dropped due to pregnancy (UNICEF, 2021). In 2022 the numbers decreased slightly, but the disparity between boys and girls remained (UNICEF, 2022). The Ministry of Primary and Secondary Education tried to introduce sex education in schools but received resistance from parents although part of the sex education is still offered in science subjects such as Biology and Combined Science (UNESCO, 2017).

Contraceptive methods and abortion became more readily available, breaking the link between sex and reproduction (pregnancy) (UNESCO, 2017). The use of contraceptive methods such as male and female condoms, diaphragm, cervical cap, sponge, spermicides, contraceptive pills, IUDS and implants could minimise teenage pregnancy. Women could choose whether or not to become parents and could engage in sex solely for pleasure like men without experiencing the looming fear of unwanted pregnancies. A focus emerged on teaching young people on how to manage the "risks" of sex, driven in part by concern about HIV/AIDS and a perceived crisis in teenage pregnancy (UNESCO, 2017).

Teenage pregnancy can be viewed as the failure of the society, home, school, church, and the health community (Ecological systems of the Ecological Theory) to adequately teach sex education. People are generally and particularly sensitive and defensive about sex education (UNESCO, 2017). The physical body, attitudes, and powerful feelings aroused in adolescence or teenagers need to be discussed in the home and in the school environments from an early stage or time of a child's education.

Preventing pregnancy as teens can be done by getting education about getting pregnant itself. Busting some myths about getting pregnant can, for example, help to minimise girl pregnancy (UNESCO, 2017). If the girls know truths from facts, they may be better able to protect themselves (Tara Cuip-Ressler, 2014). There are a number of contraceptive methods that could

be used to prevent pregnancy as cited by Jayne (2020), that range from barrier methods: male and female condoms, diaphragm, cervical cap, sponge and spermicides; hormonal methods: contraceptive pills-combine pill and mini pill, patches, injection Depo-Provera, and vaginal ring; intrauterine devices (IUDs) and implants; natural methods: withdrawal and menstrual flow system following methods; emergency contraception pill: the morning after pill and copper IUD; to sterilisation and abstinence.

All these methods can be used to minimise incidences of girl pregnancies in secondary schools but may raise a lot of discussion and criticisms among different societies and countries. Abstinence and delaying sex can be the most suitable methods of minimising the prevalence of girl pregnancies as cited by the Kwazulu Natal Province's Department of Health of the Republic of South Africa (2020). The united way of Jackson Country (2017) also opined that biblical counselling, sex education, charity work and humanitarian aids, provision of study materials, adult education, law enforcement, community outreach programmes, and other pregnancy-social interventions can prevent and control teenage pregnancy. These methods are not stopping teenage pregnancy, and this is why this study sought to establish the intervention mechanisms to solve the problems of teenage pregnancies in secondary schools in Gweru. If this problem is not solved, girls will continue to suffer more than boys, widening the academic gap between the girl and the boy child.

The Midlands Province of Zimbabwe

In 2017, the Midlands province was on the fifth position provincially in Zimbabwe, with a teenage pregnancy prevalence of 24% (UNFPA, 2020). According to the National Adolescent Fertility Study, the Midlands province had a teenage pregnancies prevalence rate of 17.7% by 31 January 2020 (UNFPA, 2020). Mashonaland East had 14,1% - 15,8% pregnancy rate in 2023 while the National prevalence of teenage pregnancy increased to 22% in 2023 from 9% in 2016, (UNFPA, 2023).

Clinic-based, school-based and school-linked interventions (community programs) were used to reduce teenage pregnancies. Shared common characteristics, educational programs, confidential services, longer appointments and individual counselling, contraceptives, free cost and low-cost services, referrals and active outreach also helped in the reduction of teenage pregnancies (Suellentrop, 2010). Largely, these efforts to minimise teenage pregnancies worldwide, continentally and nationally fall far too short of the rate at which the teenage pregnancies are occurring.

Some researchers (Chinyoka, 2013; Ganda, 2013; Maliki, 2012; Mawere, 2012; Chivore, 1986) have tried to investigate the causes and effects of teenage pregnancies in secondary schools but not much has been written on the intervention mechanisms for minimising the rates of teenage pregnancies among secondary school girls. It is against this background that an inquiry to establish some of the intervention mechanisms for minimising teenage pregnancy problems among secondary school girls was carried out in this study which focused on schools in Gweru, Zimbabwe.

1.3 Statement of the Problem

Gweru District is not spared on the challenges of teenage pregnancies and is the location of this study. Questions can be asked on: What efforts have been made so far to resolve the problem? Why have the efforts not yielded fruits? and how can we resolve the problems surrounding teenage pregnancies in our societies? This scenario can only be abated by intervention mechanisms that can help minimise teenage pregnancies. In the recent past, the global occurrence of pregnancies among girls less than 18 years of age has slightly declined to less than 14 per cent (UNFPA, 2018) while in African countries pregnancies among girls range from 30 to 51 percent, Zimbabwe with about 34 per cent (UNFPA, 2018). In an effort to protect the learners and the general public from HIV and AIDS infections and to mitigate the incidence of schoolgirl pregnancies and dropout, the Government and various stakeholders need to come

up with interventions, policies and programmes to ease the problem of teenage pregnancies. Teenage pregnancy in secondary schools is so high in Zimbabwe that it causes serious problems of dropping out of school among girls. This is despite the Zimbabwe Education Act of 2020 providing for equal access to education between boys and girls and also the Government's efforts towards lower rates of teenage pregnancy from 22% to 12% by 2020. This expectation was not achieved as a result of a continued rise in the rates of teenage pregnancy (Newselay, 2018). Teenage pregnancy is one of the primary causes of 'fatherless' children, street children, armed robbery, dependency burden, death, increase in economic hardship, spread of diseases, abortion, and family conflicts (Chiazor, et al, 2017; Maxwell, 2018). The plight of teenage girls who get pregnant while in secondary schools is getting worse internationally, nationally and locally, hence the need to solicit some intervention mechanisms to minimise the scourge of teenage pregnancies among secondary school learners.

1.4 Purpose of the Study

The purpose of this study is to establish intervention mechanisms for minimising teenage pregnancies among girls in secondary schools in Gweru District of Zimbabwe. Reduced teenage pregnancies can help to close the gap between the boy child and the girl child in respect of their academic performance. Researchers have struggled to ascertain to which extent the girl child is affected by teenage pregnancies which are ever increasing (UNFPA, 2021), hence the need to come up with effective strategies or mechanisms to reduce teenage pregnancies among secondary school girls.

1.5 Aim of the Study

The aim of this study was to establish the intervention mechanisms used to minimise the number of teenage pregnancies among secondary school learners in Gweru, Zimbabwe.

1.6 Objectives of the Study

The objectives of this research are to:

1.6.1 Establish the main causes of teenage pregnancies among secondary school girl learners in Gweru.

1.6.2 Explore intervention mechanisms existing to minimise the incidences of teenage pregnancies among girls at secondary schools in Gweru.

1.6.3 Establish the challenges of implementing intervention mechanisms for minimising teenage pregnancies among secondary school girls in Gweru.

1.6.4 Establish the perceptions on teenage pregnancies among secondary school girls in Gweru.

1.6.5 Propose intervention mechanisms that can be used to minimise teenage pregnancies among secondary school girls in Gweru.

1.7 Research Questions

1.7.1 Main Research Question

What are the intervention mechanisms that can be implemented to minimise incidences of teenage pregnancies among secondary school girls in Gweru?

1.7.2 Sub- Questions

1.7.2.1 What are the main causes of teenage pregnancies among girl learners in Gweru?

1.7.2.2 Which intervention mechanisms are currently being used to minimise the occurrence of teenage pregnancies among secondary school girls in Gweru?

1.7.2.3 What are the challenges with the intervention mechanisms to minimise teenage pregnancies implemented in Gweru?

1.7.2.4 What are the perceptions on the teenage pregnancies among secondary school girls in Gweru?

1.7.2.5 Which intervention mechanisms can be used to minimise teenage pregnancies among secondary schools in Gweru?

1.8 Assumptions of the Study

The researcher assumed that teenage pregnancy is rampant in Gweru District secondary schools. The researcher also assumed that there are main causes of teenage pregnancies in Gweru district among other causes. Also, schools have mechanisms in place to curb teenage pregnancies, and they have their own ways of implementing these strategies. The participants in this study are assumed to have their own perceptions towards teenage pregnancies. As a result of all these assumptions the researcher also assumed that better mechanisms may come from the research interviews and focus group discussions.

1.9 Significance of the Study

The study on intervention mechanisms for reducing numbers of teenage pregnancies in secondary schools can help teenagers (girls) who face different kinds of punishments, including discrimination practices that deny the girls' enjoyment of their right to education. Morbidity, health and social problems associated with teenage pregnancy cannot be overemphasised.

Teenage pregnancy has psycho-social, economic and health consequences including emotional stress, low self-esteem, dropping out of school, expulsion from school, stigmatisation of single mothers, unsafe abortions, suicide, poverty, and negative health outcomes for both the mother and baby (United Nations Population Fund-UNFPA, 2019; Newselay, 2018). Systems for the protection of girls and safety nets are not working well. This is reflected by the proportion of girls who drop out of school and reports of sexual abuse (UNFPA, 2019). Therefore, this study on the intervention mechanisms for minimising teenage pregnancies in secondary schools is highly relevant, can help reduce risk behaviour and problems among teenage girls in secondary schools.

The study can also help to improve gender equity in the education system in Zimbabwe, as a smaller number of girls would drop out of school as a result of intervention mechanisms being put in place to minimise the rates of teenage pregnancies among schoolgirls. An equal number of boys and girls who complete their education can be observed or the disparity can be reduced. Low self-esteem among teenage girls in secondary schools can also be reduced as girls will be less affected by pregnancies if it is minimised. This study can again help to improve parental care and education on the importance of the girl child's education in society. Parents, churches and the community can be stimulated to educate both boys and girls on sex, sexuality and pregnancy avoidance or prevention which can result in a reduction in teenage pregnancy cases. Cultural beliefs which are barriers to the education of the girl-child can also be reduced.

Educational policies could be influenced positively towards minimising incidences of teenage pregnancy and the education of the teenage girls. The reduction, if not the stoppage of teenage pregnancies among secondary school girls, could be the result. In a way, the negative effects of girl-child pregnancy in secondary schools could be reduced. The study can also contribute to the literature in the area of study and to National and International debates on this controversial topic.

To the researcher, this study can enhance further study and work as the reference point to the researcher hence improving the research work. It can give incite to what has been researched and gives room for improvement on the mechanisms to minimise teenage pregnancies among secondary school girls.

1.10 Theoretical Framework

This study was informed by the Liberal Feminist Theory and the Ecological Theory in its desire to determine the mechanisms that could minimise incidences of teenage pregnancies among Gweru secondary school girls in the Midlands province of Zimbabwe.

The Liberal Feminist Theory

Feminism is the branch of theory within sociology that states that men and women should be equal, politically, economically and socially (Macleod, 2014). Equality should also be seen in the education system. This equality can be affected by the teenage pregnancies prevalent in secondary schools. This is why the researcher used the Feminist theory to bring forth mechanisms to address the problem of teenage pregnancy in secondary schools for equality in the education system to be attained.

Feminist perspectives offer various, sometimes competing, "social constructionist" explanations for the pervasiveness of relationships of domination and subordination between men and women or boys and girls. These perspectives encourage changes that redress the existing exploitative and oppressive gender relationships. Feminist theories include Liberal feminism, Socialist feminism, Radical feminism, Marxist feminism, Cultural feminism, Rainbow feminism, Conservative feminism, Third wave feminism, Black feminism (Lewis, 2019).

These theorists believe that the main source and cause of gender inequality is the "process of socialization that is, the learning process by which you acquire the knowledge, skill and motivations required to participate in social life (Lewis, 2019). The circumstances that shaped the women's lives were the laws and prejudices, shared by men and women that excluded women/girls from the public sphere and from the right to earn their living on an equal basis with men. Women struggled for the right to higher education and the right of entrance into higher professions, the right to own property and holding of public office, and for suffrage, as well as the right to full citizenship (Lewis, 2019).

Goals of Liberal Feminism are equality in workplaces, in education and for political rights. It also focuses on how private life impedes or enhances public equality. The primary goal of Liberal Feminism is gender equality in the public spheres such as access to education, equal pay, ending job sex segregation, and better working conditions (Lewis, 2019). From this standpoint, legal changes would make these goals possible. Liberal feminists believe they want the same things men want, things such as an education, a decent living and providing for one's family. Such things could be impeded in case of teenage pregnancy. The use of the Liberal Feminism theory in this study enables discussion on ways to reduce inequalities in education through exploring mechanisms that can reduce teenage pregnancies, hence more education retention and completion rates for girls. The Liberal Feminism theory also helps educational institutions to make special attempts and correct the assumption that the past and current forms of discrimination which may be caused by teenage pregnancy that cannot be overlooked (Macleod, 2014). Education removes individual or teenager ignorance, therefore, laws and the prejudices that underwrote them would gradually be replaced through extending equality of opportunity to women (Lewis, 2019). If teenage girls are deprived the opportunity to acquire education due to teenage pregnancy they may remain behind their male counterparts, hence the need to use the Feminist theory in this research that seeks to address the inequality.

The Ecological Theory

The Ecological Theory explains how the inherent qualities of a child and the environment interact to influence how the child grows and develops (Chinyoka, 2013). This can influence the occurrence of teenage pregnancies in the microsystem, mesosystem, exosystem, macrosystem and chronosystem, hence, the need for intervention mechanisms to minimise the teenage pregnancy problem. The teenage girl-child is studied in the context of multiple environments (ecological systems) which influence the education of the child in order to understand her development (Bronfenbrenner, 2008). The problem of teenagers getting pregnant while at school may emanate from these multiple environments. Intervention mechanisms to ease the problem need also to come from the same environments. The teenager's education can be influenced by the home, school, community, extended family, the larger neighbourhood peers, church, cultural values or beliefs and all these are called the ecological systems in the Ecological theory (Chinyoka, 2013).

The Ecological Theory suggests that intervention mechanisms to minimise incidences of teenage pregnancy among secondary school learners can be derived from the ecosystems setups themselves (Witt, 2012). The rural and urban environments are considered in this study, focusing on the girl child or teenager in the secondary school. Teenage girls are born and grow up in social settings as pointed out in the Ecological Theory (Chinyoka, 2013). The ecological systems theory will help the researcher unlock the mechanisms to reduce teenage pregnancies from the ecological systems themselves. Parents, teachers, homes and schools are part of the ecosystems, hence solutions to teenage pregnancies can be derived by using the Ecological Theory. The two theories are discussed in detail in chapter two.

1. 11 Delimitations

The study focused on two secondary schools in the Gweru district of Midlands province in Zimbabwe. Gweru is the city at the centre of Zimbabwe along Bulawayo Road south of Harare the capital city of Zimbabwe. The two secondary schools used in this research are from urban and rural environments. The theoretical framework of this study was guided by two theories, the Feminist theory, and the Ecological theory. The phenomenological approach was used. Qualitative methods used in this research are interviews and focus group discussions. Two school heads and four parents/guardians were interviewed. Two groups of ten 'O' Level girls and two groups of eight teachers were on focus group discussions.

1.12 Definition of Key Terms

Key terms: **intervention**, **mechanism, pregnancy, teenage,** and **teenage pregnancy** were defined to come up with operational definitions.

Intervention- Intervention is the involvement in an interaction with members of a specific social system to address specific problems (Howard & John, 2001). Intervention, therefore, is the action of intervening and interfering in some course of events. It is a strategy of stopping or minimising harm (Chinyoka, 2013). In this research, intervention is taken as a procedure, legal action or motion to prevent harm or improve functioning. In this case, it is in order to minimise teenage pregnancies among secondary schools.

Mechanism– is a "philosophy" or a theory that all natural phenomena can be explained by physical causes. It can be defined as a form of intervention or strategy. Strategy is defined as the plan, ploy, pattern, position or perspective (Mintzberg, 2002). Strategy determines how to win in the period ahead. Efforts are focused on something in order to achieve goals from the vision and mission (Howard & John, 2001). Mechanism, therefore, is a combination of program elements or strategies designed to produce behaviour changes. This also entails the course of

actions taken in a particular way or pattern or stream of actions. The operational definition for mechanism can, therefore, be the involvement plan or ploy to solve a socio-economic and political problem. In this study, the socio-economic and political problem is teenage pregnancy in secondary schools. Intervention mechanisms are used to curb or minimise the problem. In this case, the problem is the teenage pregnancy among secondary school learners.

Pregnancy-Pregnancy is the condition of carrying the developing foetus in the uterus. A condition in which a female carries in her womb, the young before it is born (Alabi, Oni & Isaac, 2017). The fusion of male and female sex cells to form a zygote (Chavunduka, 2018). Pregnancy is therefore a state of carrying a developing embryo, zygote or foetus within the female body. This state for teenagers is an undesirable phenomenon as they will not be ready or not fully developed both sexually and physically to carry the burden.

Teenage –Teenage as defined by World Health Organisation refers to persons between the age of ten (10) and nineteen (19) years, the period in which the individual progresses from the initial appearance of secondary sexual characteristics to full sexual maturity, and due to psychological and emotional processes, the characteristics develop from those of a child to those of an adult. Teenager can be defined as a person between the age of twelve (12) or thirteen (13) and nineteen (19), and sometimes between nine (9) and nineteen (19) as some girls get their first menstruation at the age of nine (9) (United way of Jackson Country, 2017). It is the second decade of life when the person is in the second genital stage of psychological development. This is the bridge between life as a child, and life as an adult, which gives the individual an opportunity to drop childhood behaviour and learn the adult lifestyle (Alabi, Oni & Isaac, 2017). The period marks the onset of puberty and biological maturity. This is the crucial period in the life of an individual because many key social, economic and demographic events that set the stage for adult life occur then. If not properly handled, this could lead to disastrous consequences in later life, especially among females (Alabi, Oni & Isaac, 2017).

This occurs probably between the ages of twelve (12) and nineteen (19) years (Chiazor, et al, 2017). In this study, teenagers were taken as those between twelve (12) and twenty (20) years of age. The teenage period is also known as adolescence, and this would also mean thirteen (13) to nineteen (19) years. In this research the teenage lower age was thirteen (13) and the upper age was nineteen (19) years.

Teenage Pregnancy- Teenage pregnancy is defined as a state whereby a person gets pregnant during her teenage years, probably between the ages of twelve (12) and nineteen (19) (Chiazor et al., 2017). This is a teenager or under-aged girl, usually between the age of thirteen and nineteen years becoming pregnant. Oluloya (2010) describes teenage pregnancy as the fertilisation of the ova/ovum in girls by the sperm in boys who are of puberty age. Teenage pregnancy can be defined as unintended pregnancy which occurs when the girl child is below the age of eighteen (UNFPA, 2017). It can be a delinquent behaviour resulting from stress, dislike, malice, boredom and unhappiness experienced by a teenage girl within her home environment. Other predisposing factors include alcoholism, drug addiction, and sexual promiscuity (Alabi, Oni & Isaac, 2017). Teenage pregnancy, therefore, refers to pregnancy which occurs when a girl child is below the age of eighteen years (Egbule, 2006). When a girl that should be in school becomes pregnant, her entire life could be completely altered as her hopes and aspirations could be shattered. From these definitions, teenage pregnancy can therefore refer to the unintended pregnancy to the girl child who is aged between twelve years and nineteen years.

1.13 Research Methods

1.13.1 Research Paradigm

A research paradigm is a set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organised study of that world (Ponterotto,

Mathew & Raughley, 2019). The research paradigm gives answers to what is being enquired, how the research is to be carried out, the purpose and what knowledge is to be generated. Positivism, Intepretivism and post modernism are some of the paradigms (Creswell, 2021). This study followed the intepretivist research paradigm which is a social science that opposes the positivist of natural science (Ponterotto, Mathew & Raughley, 2019). The intepretivist paradigm derives constructs from the field of an in-depth examination of the phenomenon of interest. It assumes knowledge is an act of interpretation. Hence, there is no objective knowledge that is independent of human reasoning. The main tenets of Intepretivism include an in-depth understanding of the phenomenon through participation, collaboration, and engagement (Creswell, 2021). Intepretivism gives room for the researcher to discover how people make sense of their world in a natural setting (Ponterotto, Mathew & Raughley, 2019). In other words, Intepretivism resonates well with the use of interviews and focus group discussions on this study.

An in-depth understanding of the issues surrounding teenage pregnancy intervention mechanisms among secondary schools was needed in this research so as to come up with proper intervention mechanisms for the problem, hence the appropriateness of the intepretivist approach. To come up with robust or viable intervention mechanisms, participation, collaboration and engagement were needed which are the tenets of Intepretivism (Creswell, 2021). The research paradigm is discussed more in chapter 4 (4.2).

1.13.2 Research Approach

The research approach is a plan and procedure that spans the steps from broad assumptions to detailed methods of data collection, analysis and interpretation (Bricki & Green, 2017). In this research, the qualitative research approach was followed. It is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. It is an

approach in which the researcher often makes knowledge claims based on multiple meanings, historically and socially constructed to develop patterns (Bricki & Green, 2017).

Semi structured questions (qualitative interview questions) and focus group discussions were used. Data were collected in the participants' settings. Data analysis was inductively built from the particular to the general themes, and the researcher then interpreted the data. Chapter 4 (4.3) elaborates more on the research approach.

1.13.3 Research Design

The research design is a plan and structure of the research inquiry that informs the approach to, and the methods of obtaining evidence in answering research questions in pursuit of valid research conclusions (Cohen, Manion & Morrison, 2016). Data collection, analysis, interpretation and reporting are therefore included in the research design. A research design refers to the plan and structure of the investigation used to obtain evidence to answer the research questions (McMillan & Schumacher, 2014). McCall (2023) also point out that, good research is not accidental. Hence, there is need for careful planning, as well as execution.

A phenomenological design was used to examine mechanisms to minimise teenage pregnancies among learners in secondary schools in this study. Phenomenology enables an objective analysis of the information that participants bring to an investigation (McMillan & Schumacher, 2014). The main characteristic of a phenomenological design lies in the study of qualities and the interpretations offered by the object of study. Chinyoka (2013) a descriptive study of how individuals experience a specific phenomenon. Lived experiences are described in qualitative phenomenological research. Deep issues of a phenomenon surfaced, and voices of the disadvantaged are heard (Chinyoka, 2013). The phenomenological research design has the advantage that it allows the researcher to gain an understanding of the social phenomena

from the participants' perspectives in their natural environments (McMillan & Schumacher, 2014; Conrad & Serlin, 2012).

Creswell (2021) posits that the best criteria to determine the use of phenomenology is when the research problem requires a profound understanding of human experiences common to a group of people. Problems such as teenage pregnancy are common in secondary schools. Phenomenology seeks to study the experiences of human beings in their most natural, purest scenarios such as their school environments (Creswell, 2021). Information and perceptions are gathered through inductive and qualitative methods. Ideas are to be generated from rich amounts of data by means of induction. Stakeholders' perspectives may be reflected in the study. The flexibility of this research design and the systematic collection of data by penetrating the realities of the situation of the specific girl children enabled the use of this design. Also, phenomenology is concerned with providing rich descriptions of the phenomenon without the intervention of an experiment, or of artificially contrived treatment (Chinyoka, 2013).

Phenomenology is known as an educational qualitative research design. This is why it suits this research (Ponce, 2014; Creswell, 2013; Marshall & Ressman, 2022). Phenomenology systematically inquiries into the mind and human experience to reflect the essence of phenomena as well as the intentionality of conscience (Marshall & Ressman, 2022). This design best suits this study on teenage pregnancy, a problem lived and experienced by ordinary people.

A phenomenological research design creates a better understanding of meanings attached by people. Since it enables the development of new theories, phenomenology can help researchers to look at change processes over time and help to adjust to new issues and ideas as they emerge. Data gathered is seen as natural rather than artificial (Creswell, 2013). In this research, data was gathered in the natural settings (the schools' environments) and it was natural or raw data

rather than artificial data. Natural data gives the most accurate results reflecting what is really happening in the community environment.

While the above points to phenomenological design are very important, it generates a large quantity of interview notes, tape recordings, jottings and other records which need to be analysed (Creswell, 2021). Hence, it is time consuming. Bernard (2022) also posits that at times it may yield inaccurate results as a result of over or under rating. Clarification of ambiguous terms and questions helped the researcher to minimise the above perceived problems in this study and the use of member checking strategy to clarify given information by respondents. The participants' responses from the interview data and tentative interpretations were taken back to the participants (member checking) for confirmation of some interpretations regarding their thoughts and views, in order to make the results more plausible (Punch, 2022). Through the phenomenological approach deep issues are surfaced and voices are heard. The research design is further outlined in chapter 4 (4.4).

1.13.4 Population of the Study

The population of Gweru District is mainly made up of Small to Medium Entrepreneurs (SMEs). This can entail that the economic activities bring not much income to the families prompting a lot of illicit behaviour among teenage girls. Gold panning activities are also rampant is the district and the surrounding Districts. Gweru as the main city in the Midlands Province attracts people from Districts like Shurugwi, Chirumanzu, Kwekwe, and as far as Mberengwa and Zvishavane. The gold panner's '*makorokoza*' behaviour has a lot of impact on the rise of teenage pregnancies among secondary school girls in the district.

Population is the target group from whom the researcher could collect data (Chinyoka, 2013). The population of a study, therefore, refers to the total number of individuals who are going to be involved in the study. This study involved two secondary schools, one in urban and other in

rural area and involved parents of the two schools drawn from Gweru District. Form three girls were chosen for they are in the most sexually active adolescent group, and most dropouts are noticed at the level in secondary schools as a result of pregnancy. The population of the study is further discussed and outlined in chapter 4 (4.5).

1.13.5 Sampling and Sample Size

A sample is a subset of a larger population. Sampling is defined as the selection of a subset of persons or things from a larger population, a subset that represents that particular population (Descomb, 2012). This study had samples of ten (10) form three girls aged between sixteen (16) and eighteen (18) years, ten (10) teachers, two (2) heads, and eight (8) parents/guardians who were purposively sampled to make a total sample of thirty (30) participants. These participants were purposively selected because they met the criterion that was predetermined by the researcher as relevant in addressing the research questions and the sample came from the study area. The sample of the study is also shown in fig 1.1 the on page 28:

n = 30

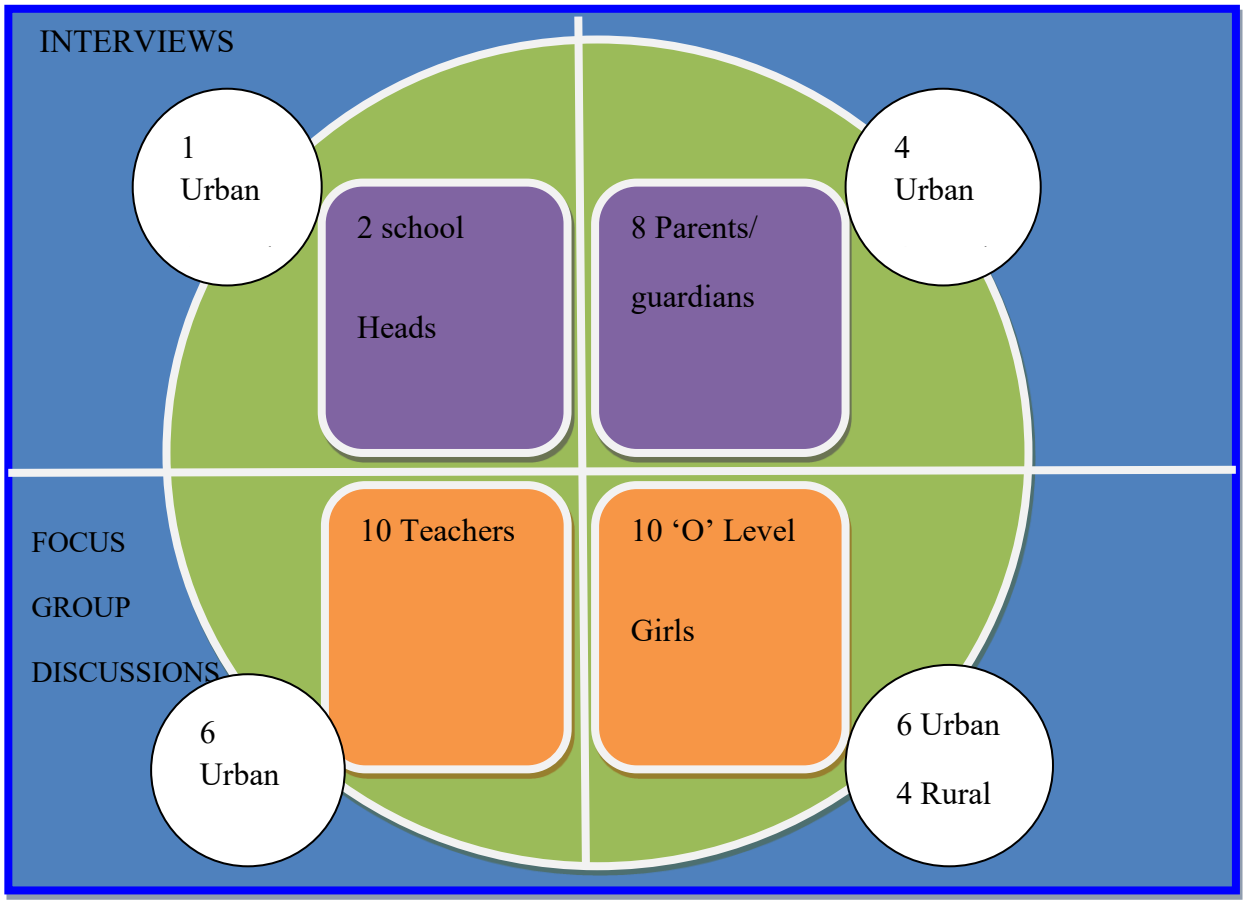

Figure 1.1: The Sample of the Study

Sampling procedures and more of sampling information are in chapter 4 (4.6).

1.13.6 Data Gathering Tools

The instruments used for data collection in this research were in-depth interviews and focus group discussions. Creswell (2021) postulates that, in qualitative research, we identify our participants and research sites based on places and people that can help us understand our central phenomenon. Thus, greater access to the research sites was important because data for this research was collected through interacting with informants, talking to them and recording their responses at their schools.

1.13.6.1 Semi- Structured Interviews

Semi-structured interviews were used in this study to interview two (2) heads and eight (8) parents/guardians as supported by Kyle & Brinkman (2019) and Marshall & Rosmman (2022);

interviews allow the researcher to address the phenomenon profoundly, providing space for the informants to express themselves in detail and approach reality as faithfully as possible. The detailed descriptions and interpretations proffered by the participants in the phenomenological interview were as representative of experienced reality as possible. The main focus of the phenomenological interview is the description of the meanings of phenomena (Rubin & Rubin, 2021). Face-to-face in-depth interviews generate deeply contextual, nuanced and authentic accounts of participants' outer and inner worlds, that is, their experiences and how they interpret (Schultze, 2017).

Data based on individual experiences was collected through in-depth interviews to bring forth beliefs and behaviour on intervention mechanisms to minimise cases of teenage pregnancies among secondary school learners. The argument in favour of interview use in this research (qualitative research) is that it operates from the perspective that knowledge is situated and contextual (Flick, 2023). Therefore, the purpose of the interview is to ensure that relevant contexts are brought into focus so that situated knowledge can be produced.

In interviews the collection of data through direct verbal interaction between the interviewee and the interviewer is involved. In-depth information can be obtained about the participant's knowledge, reasoning, thoughts, beliefs, motivation and feelings on the topic.

Through interviews attitudes and other content of interest are measured as they are carried out to collect data based on individual experiences (Schultze, 2017). Interviews allow probing, posing and follow-up questions by the interviewer, therefore, can provide information about participants' internal meanings and ways of thinking. Through probing, interviews shed light on the details of a particular response; hence in-depth information can be obtained. Direct feedback from the respondents enables high response rate. As a result, one is assured that the responses are from the intended persons; hence interviews in this research were carried out.

Limitations can be noted as they lack anonymity; therefore, the interviewed officials may fail to reveal some valuable information to the researcher. To cater for this problem, the researcher assured the respondents that their responses would be treated with strict confidentiality. This is why Maree (2021) posits that, for any interview to be successful; one must tell the person being interviewed the aim of the study, what information is wanted from them and also to verify if they are willing to be interviewed.

1.13.6.2 Focus Group Discussions

Focus group discussions can be defined as carefully planned series of discussions set to obtain perceptions in a permissive and non-threatening environment (Chinyoka, 2013). Open-ended questions were thrown in the focus group discussions with ten (10) selected form three girls and ten (10) teachers eliciting open-ended responses. This helped the researcher to get more in-depth information on perceptions, insights, attitudes, experience or beliefs on the intervention strategies for teenage pregnancies among secondary school girls.

The focus group discussion has the advantage that the group dynamics can provide useful information that individual data collection does not provide (Maree, 2021). It is also useful in gaining insights into a topic that may be more difficult to gather through other data collection methods. Again, focus groups are quick and relatively easy to set up, especially in schools so as to collect qualitative data. However, focus group discussions are susceptible to facilitator bias, which may undermine the validity and reliability of the study (Chinyoka, 2013). The dominance of vocal members is another weakness of focus group discussions. The use of interviews helped to improve the qualitative data collected and to check this facilitator bias and dominance in focus group discussions.

Form three teenage girls were placed in one discussion group each of six and four in school A and B, respectively. Teachers were placed in two groups also, six for school A, and four for

school B. Free and friendly environments were set in the discussions. Ground rules were set before the start of the discussions, for example: total member involvement and no wrong or correct answers/all answers are accepted. The researcher encouraged all participants to participate in order to prevent the dominance by vocal members. Further discussion on data gathering tools is on section 4.7.

1.13.7 Data Analysis

Qualitative data analysis involves organising, accounting and explaining data (Bhabhe, 2014). For this study, information from interviews and focus group discussions was organised into themes and analysed accordingly. Thematic analysis illustrates the data in great detail and deals with diverse subjects via interpretation (Samuel, 2017). Coding or indexing framework was developed using the Grounded theory data analysis steps (Samuel, 2017). This included data collection, coding of data, organising data around concepts, forming categories of related concepts, elaborating patterns and linkages between categories and developing theoretical explanatory model/ mechanisms.

Data collection and analysis were done simultaneously. Categories and analytic codes developed from data. Theoretical sampling was used to refine categories. Abstract categories were constructed inductively. Social processes discovered in the data were analytical means used between coding and writing. Categories were integrated into a theoretical framework. The qualitative data collection methods used in this research, that is, in-depth interviews using open ended questions as well as focus group discussions methods resonated well with the Grounded data analysis theory. The stages followed included:

Open Coding: concepts and key phrases were identified and highlighted and moved into subcategories, then categories. This helped to break the data down into conceptual components

to make sense of the data. Data from each participant was constantly compared for similarities. This was done in accordance with Crooks (2015).

Axial Coding: relationships were identified between the categories, and connections were identified.

Selective Coding: a core category was identified, and it was methodically related to other categories. The core category is the chief phenomena around which the categories are built. This should account for variations found in the data, that is, the categories in the lives of those participating in the study (Crooks, 2015). The relationships were authenticated and refined. Categories were then integrated, and a grounded theory was identified. Section 4.8 also deals with data analysis in detail.

1.13.8 Data Trustworthiness

Credibility, transferability, dependability and conformability were considered to ensure or promote confidence in the data to be collected. Member checking or participant verification was done as one of the ways to ensure credibility of the research. Participants were allowed to review, critically analyse and comment on their statements to ensure accuracy. Member checking improves the accuracy, credibility and validity of what has been recorded or interviewed (Barbar, 2020; Byrne, 2023; Doyle, 2022). Member checking was done on the spot, in the course and at the end of the data collection dialogues. If accuracy and completeness are affirmed, the study could be said to have credibility (Creswell, 2022). This allows the researcher the opportunity to verify the accuracy and completeness of the findings which can then help to improve the validity of the study (Cohen & Crabtree, 2020).

Dependability of the study was assured by the use of different methods such as focus group discussions and interviews with a detailed report at the end. The interviews and focus group discussions ensured the conformability of the study. At the same time the aim of this study was

for the results to be applied to a wider population and not only in the one district under study, but hence transferability was also another focus in this research. Data trustworthiness is again on section 4.9 in chapter 4 of this study.

1.13.9 Ethical Considerations

The clearance from the University, permission from the Ministry of Primary and Secondary Education, schools, consent forms and assent forms were part of the items for ethical considerations.

An application was made to the University seeking clearance to carry out the research. Formal permission to carry out the research was obtained from the Ministry of Primary and Secondary Education and the schools. The consent notes clearly outlined that the participants in the research were willing and were free to withdraw at any time if they so wished. Consent forms were given to adult participants to be involved in the research. Learners were given the assent forms to complete in agreement to participate in the research. Their parents or guardians were asked to sign in agreement with the assent forms.

The purpose and confidentiality of the study were fully explained to participants before the commencement of data collection stressing that the study was meant for educational purposes only. The purposes include enhancing the development of beneficial policies, programmes and intervention mechanisms designed to minimise the problem of teenage pregnancies in secondary schools. All participants were assured that any data collected was confidential and that there was to be anonymity in the research data collection and write up. Actual names were not going to be used.

The respect of human rights was considered as pointed out by Chikoko and Mhloyi (2022). The study also valued fairness, objectivity, honesty, and respect for the integrity and dignity of individuals who participated in the study. In this research, the best interests of the participant

rather than those of the researcher were always the guiding principle. Respondents were not forced to answer on anything pertaining to their private lives as the purpose of the study was explained. The interviewees consented to have voice recordings made so as ensure that full ethical considerations were followed. Section 4.10 also looks at Ethical considerations. See also appendixes 5 to 10.

1.14.10 Limitations of the Study

The data was collected during a period where teachers in Zimbabwe had low morale due to their low remunerations. Teachers were not motivated to participate in the academic research without getting some money. Generally, they had a negative attitude towards academic research work especially on focus group discussions and interviews. Besides this plight, the researcher still persuaded respondents to give reliable and valid responses. The respondents were assured that the purpose of the study was educational and that any of the responses within the instruments would be confidential.

Time constraints also militated against the researcher`s operations. Due to the limitation in respect of time and resources, this study only focused on two secondary schools in Gweru district. The selection of the two schools was random, but for the participants it was carefully and purposefully done to ensure that the findings were valid and authentic.

1.14 Organisation of the Study

This study was structured into 6 chapters as follows:

Chapter 1

Introduction: This chapter highlighted the introduction, background to the study, statement of the problem, purpose of the study, aim of the study, research objectives, research questions, assumptions, significance of the study, theoretical framework, delimitation of the study, definition of key terms and research methods.

Chapter 2

Theoretical Framework: This chapter discussed the theoretical framework. It discussed the theories underpinning the study.

Chapter 3

Literature Review: This chapter discussed the literature review basing on the research questions.

Chapter 4

Research Methodology: The chapter presented the research methodology in detail. The main methodological components discussed were research paradigm, research approach, research design, population, sample and sampling, instrumentations, credibility and trustworthiness of data, data collection and data analysis.

Chapter 5

Data Presentation, Analysis and Discussion: This chapter presented, analysed and discussed the results.

Chapter 6

This chapter presented the summary, conclusions, recommendations and a model of intervention.

1.15 Chapter Summary

Chapter one, the introductory chapter presented the background to the study, the statement of the problem, purpose of the study, aim of the study, objectives, research questions and the significance of the study. Introductions to the theoretical framework, delimitations, definition

of key terms and research methods were given. The following Chapter two discussed the theoretical framework in detail.

CHAPTER TWO

2. THEORETICAL FRAMEWORK

2.1 Introduction

This research is informed and guided by the Liberal Feminist Theory and the Ecological Theory. The use of these two theories is driven by the quest to come up with robust and viable intervention mechanisms to minimise teenage pregnancies among girl learners in Gweru district of Midlands province in Zimbabwe. Equality and equity through equal access to education for girls is often denied as a result of teenage pregnancies

2.2 The Liberal Feminism

Feminism is the branch of theory within sociology that believes that men and women should be equal, politically, economically and socially (Macleod, 2014). Equality should also be seen in the education system where teenagers are found. This equality can be affected by teenage pregnancies in secondary schools. This is where pregnancy and mothering are the enduring and central concerns of feminism. The Feminist Theory sheds light on social problems, trends, and issues that are otherwise overlooked or misidentified by the historically dominant male perspective within social theory (Crossman, 2018). Teenage pregnancy is one of the social problems which needs to be addressed drawing from the Feminist theory perspectives since the theory fosters equal opportunities between boys and girls (Crossman, 2018). Hence, the suitability of the theory in this study.

The Liberal Feminist theory views all people as having been created equal. It considers women to be essentially the same as men and it is based upon the principle of equality, opportunity and freedom for all (Pedersen, 2019). Emphasis is also on equal individual rights and liberties for women and men, and it downplays sexual differences. Of importance in the theory is the

similarities between men and women rather than the average differences between them (Macleod, 2014). The theory attributes most of the personality and character differences between the sexes to the social construction of gender and tends to promote a single set of androgynous virtues for both women and men (Lewis, 2019).

Liberal Feminism criticises practices that deny women equal protection under the law as well as all forms of discrimination against women (Lewis, 2019). It defends the liberty to decide on one's sexual orientation, partners and practices as beyond the reach of the law. A few philosophers such as John Locke (1632-1704), argued that both sexes should receive the same education and that they shared equal rights and responsibilities over their children (Lewis, 2019). Encouraging different educational expectations on men and women was not only unjust but also counterproductive as it tended to create less productive female citizens with artificially weak characters. Both sexes can reason; hence, both should be educated to enhance their rationality. This is why it is important to come up with effective mechanisms to reduce teenage pregnancies in schools.

Liberal Feminism could enable an analysis of the equality between boys and girls in Zimbabwe's education system, focusing on schools in Gweru. It requires that obstacles that hinder this equality such as teenage pregnancies be removed in secondary schools. In this study, the Liberal Feminist Theory helped the researcher to appreciate the realities of equality between boys and girls in secondary school. It was realised that gender is not determined by sex and that inequality stems from unequal participation in spheres outside of the family including in primary/secondary education and paid labour force (Macleod, 2014). Therefore, the intervention mechanisms to minimise teenage pregnancies were drawn from both male and female participants in the research.

Key areas of focus include discrimination and exclusion based on sex and gender, objectification, structural and economic inequality, power and oppression, and gender roles and stereotypes, among others (Crossman, 2018). The theory promotes the pursuit of equality and justice even in education. It focuses on interactions and experiences of women and girls within society so as to ensure that half the world's population is not left out on how we see and understand social forces, relations and problems (Crossman, 2018). Existential and phenomenological feminists focus on how women have been marginalised and defined as "other" in patriarchal societies (Crossman, 2018).

Feminism seeks social change that will create a meritocracy where social rank is based on merit, and in which hierarchy and inequalities are both heritable and acceptable (Crossman, 2018). The envisaged social change should encompass intervention mechanisms that minimise teenage pregnancies. It also focuses on education as a means for change. As a result of teenage pregnancies in secondary schools, this aspect of equality between men and women or between boys and girls is derailed. In such cases, education for girls can also not be a means for change, hence the use of the Liberal Feminist Theory in this study which seeks to establish the intervention mechanisms for minimising teenage pregnancies in secondary schools.

2.3 The Ecological System Theory

The Ecological Systems Theory looks at a girl child's environment in terms of its quality and context (Witt, 2012). It suggests that the girl's surroundings, including her home, school, church, neighbourhood, culture and government, all have an influence on the way the girl develops (Donald et al, 2010; Wooley & Kaylor, 2006). The Ecological Systems Theory views the girl child's development in terms of the reciprocal influences between the child and the multiple levels of the surrounding environments (Donald et al, 2010; Berk, 2007; Rathus, 2006). How the girl-child thinks, feels, behaves and how she develops as a person is inevitably linked to the social groupings, forces and relationships that make up the environment. These

include, for example, families, peer groups, the school and other social groupings, the socio-economic forces, the interpersonal, cultural, political and power relationships (Bray, Gooskes, Khan, Moses & Seekings, 2010). Thus, things that happen in part of the system can affect the other parts and, ultimately, the ecological system as a whole (Chinyoka, 2013). The Ecological Systems model posits that the girl-child's development occurs within an interactive system of nested influences between the child and the environment. The girl child develops within a complex system of relationships affected by multiple levels of the surrounding community (Chinyoka, 2013). This can be illustrated in the diagram below:

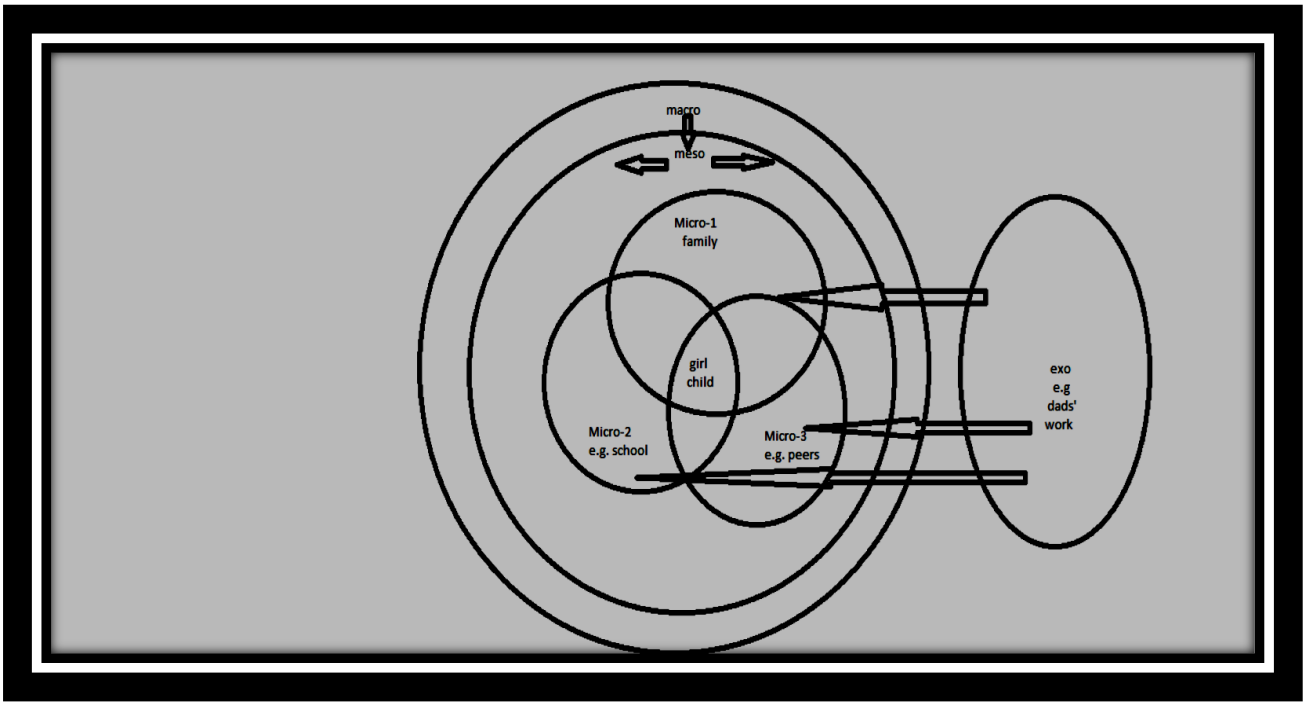

Figure 2. 1: Bronfenbrenner's Nested System (Chinyoka, 2013)

The intervention strategies can be influenced by the home, school, community, extended family, the larger neighbourhood, peer groups, church, cultural values or beliefs and all these are what are called the ecological systems in the Ecological Systems Theory. The Ecological Systems Theory enables the researcher to imagine the intervention mechanisms that could minimise teenage pregnancies among secondary school learners deriving from the ecosystems

setups themselves. In this study, the rural and urban environments were considered, focusing on the girl-child or teenager in secondary school.

The teenager finds herself enmeshed in different ecosystems where intervention mechanisms for minimising teenage pregnancies can be applied. These ecosystems range from the most intimate home ecological system, moving outward to a larger school system and outer to the most expansive system which is society and culture. Each of these systems inevitably interacts with, and influences the other in every aspect of the teenager's life. Contexts of development are organised into five levels of external influence, that is, Microsystem, Mesosystem, Exosystem, Macrosystem and Chronosystem (Bronfenbrenner, 2006)**.** This ecological system can be represented in the **Figure 2.2** shown on the next page:

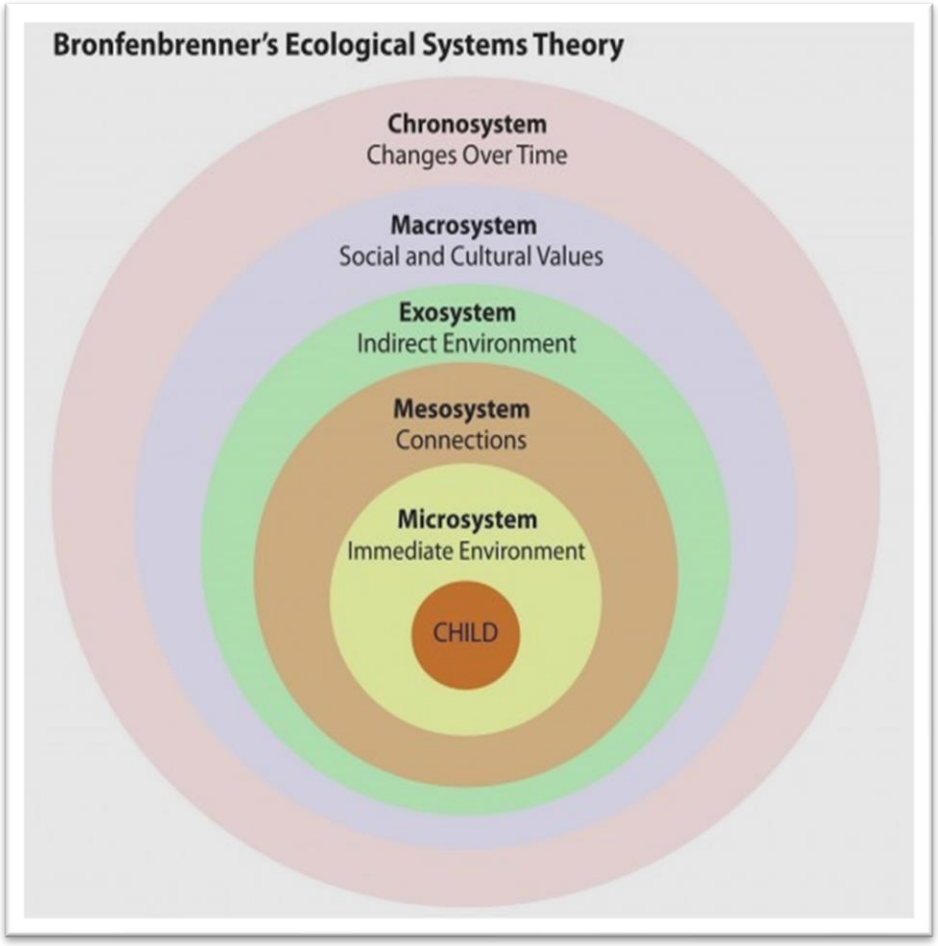

Figure 2. 2: The Ecological System: Bronfenbrenner, (2006)

Microsystems: This is the smallest and most immediate environment in which the teenager lives, for example, the home, school, peer group or community environment (Bronfenbrenner, 2006). It is the innermost structure that involves the interaction of the child and other people in the immediate setting (Berk, 2007). Interactions within the microsystem typically involve personal relationships with family members, classmates, teachers and caregivers. How these groups or individuals interact with the children will affect how they grow up. How children are treated or related with within the microsystem will, in turn, have an influence on how they will treat others. More nurturing and more supportive interactions and relationships will understandably foster children's positive development.

The microsystem involves roles, relationships and patterns of daily activities that shape many aspects of the cognitive, social, emotional, moral and spiritual development of a child

(Bronfenbrenner, 2006). It follows that the teenager interacts within the microsystem with the family members, classmates, peers, teachers and community members in which positive and negative influences on issues such as teenage pregnancies can be developed. The girl child learner is not a passive recipient of experiences in these settings but is someone who reciprocally interacts with others and helps to construct the setting (Chinyoka, 2013). Another part of the microsystem as the biological content of a child, which can also be described as the genetic make-up and development stage of a child (Boyd and Bee, 2006). Genetically determined child characteristics, such as sex, temperament and health risks, for example, can influence the behaviour patterns and character of the child, hence have an effect on teenage pregnancies as the child get to secondary level or before (Bray et al., 2012). The learner is not a passive recipient of experiences in these settings, but is someone who reciprocally interacts with others, and helps to construct the setting (Santrock, 2009). Therefore, the more encouraging and nurturing these relationships in the microsystem the better the child will be able to develop and resist teenage pregnancy. Furthermore, how a teenage acts or reacts to these people in the microsystem will affect how they treat her in return and how the treatment helps the girl to resist teenage pregnancy.

The teenager can be influenced into sexual activities by group members. Some members can positively influence the teenager not to indulge in sexual activities. Negative influences may result in the teenager getting pregnant while at school and may also cause effects such as school dropout, suicides, health problems resulting from trying to terminate the pregnancy, rejection from family members or society, and many more problems. The microsystem can be summed up diagrammatically as shown in **figure 2.3.**

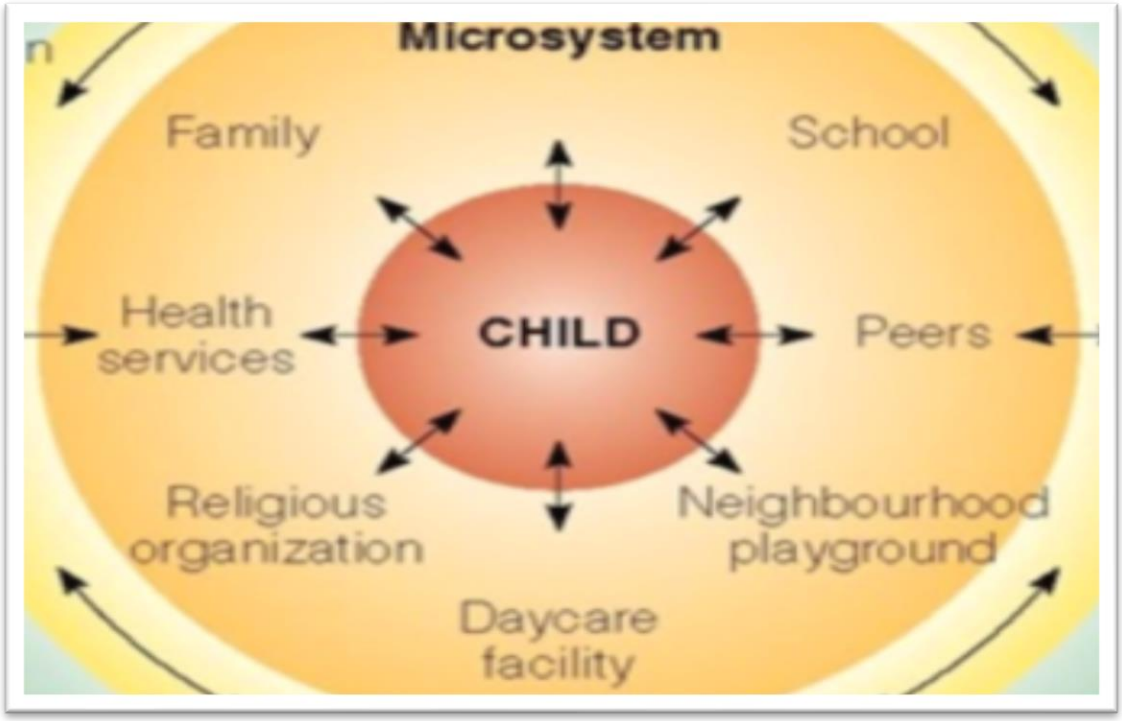

Figure 2.3: The Microsystem: Bronfenbrenner, (2006)

Intervention mechanisms to minimise teenage pregnancies are drawn from the family, school, peers, religious organisations, neighbourhood, health services and day-care facilities.

The school as a sub-system in the microsystem plays an important role in the academic and character building of the child. In other words, the school system needs to be organised in such a way that teenage pregnancies are prevented at all costs. It therefore entails that teachers and heads of schools have a mammoth task in the teenage pregnancy minimisation process as they live and work with teenagers for the greater part of their teenage period in the school sub-microsystem.

Instability and unpredictability of family life is the most destructive force in a child's development (Bronfenbrenner, 2008). This, therefore, has a bearing on teenage pregnancy among secondary school girls. The neighbourhood as a sub-system in the microsystem plays an important role in the development of children. They are community dangers in the neighbourhoods which need parents to warn their children about, to encourage them to remain

home, and to restrict their autonomy, as a means of protection (Brooks-Gunn, Duncan & Aber, 2007). Parents are constrained in their choice of neighbourhood, which may lead to them residing in poor neighbourhoods, characterised by prostitution, violence, and poor neighbourhood social values which directly influence the child's development exposing the girl child to physical danger and to criminal activities, and environmental hazards (McLoyd, 2008)

On the other hand, friends and neighbours who reside in the same community may exert an influence as role models, and in establishing a sense of cohesion, where the neighbours look out for each other (Donald, et al., 2010). For example, if a neighbour notices that a girl child is involved in love affairs, he may intercede directly or inform the parents. The characteristics of families residing in the same neighbourhood, such as income, education and occupation influence the child's development through the availability of financial and social capital or the resources available to children living in that neighbourhood (Chinyoka, 2013).

From the above analysis it can be concluded that the microsystem involves roles, relationships and patterns of daily activities that shape many aspects of the cognitive, social, emotional, physical, moral and spiritual development of the child negatively or positively (Donald, et al., 2010). The Ecological theory is therefore an eye-opener for school heads, teachers, parents, members of the community, and the girl teenagers themselves, since they are encouraged to make use of the interwoven relationships between the girl child and the immediate environment.

Religious influences can also be seen through some religious groups/churches which promotes early, or child marriages and girls not allowed to excel in education, hence the teenage girl has less chances of completing her secondary education. To worsen the situation the provision of health facilities if there are poor then the girl child will suffer in the microsystem.

Mesosystem: The mesosystem is a set of interactions between two or more settings in which the developing person becomes an active participant (Bronfenbrenner, 2008). This encompasses the interaction of the different microsystems in which the developing teenager finds herself. These can be linkages between home and school, between peer group and family, or between family and church, for example. What happens in the family or peer group can influence how the children respond at school and vice versa. This is why the system is also considered to be a relationship within the microsystem (Chinyoka, 2013). For example, a girl child who is not supported by her family may experience care and understanding from a neighbour, peer or teacher. Her family may make her anxious and insecure, interactions with the neighbours, the peer group or the teacher may, over time, change her sense of insecurity (Tope, 2012; Mufanechiya, et al, 2012). In turn, this may change the interactions she has at home. The mesosystem is also said to be a relationship within the microsystem (Chinyoka, 2013). For example, a girl child's behaviour is influenced by the involvement of the parents at home, with the peers, the neighbours, and the educators at school (Berk, 2007).

If the parents are isolated, or divorce themselves from school activities, their children are also labelled and isolated by the teachers and their peers, which in turn, may affect the teenager's behaviour leading to promiscuity and teenage pregnancies (Witt, 2012).

These linkages have both positive and negative influences on teenage pregnancies. For example, in some churches, early marriages and marrying multiple wives are encouraged. Religion thus, has influence on families and may negatively cause teenage pregnancies. On the other hand, some doctrines or beliefs discourage teenage pregnancies, hence, may positively influence teenagers to remain in school. Intervention mechanisms to minimise teenage pregnancies are also drawn from the school, family, peers, and church linkages. Sex education can be provided from these linkages, thereby promoting informed decisions that could help in stemming teenage pregnancies, hence, an intervention mechanism.

Exosystem: This pertains to the linkages that may exist between two or more settings, one of which may not contain the developing child but affects her indirectly, nonetheless. Her larger neighbourhood as well as extended family members and the parents' workplaces can be the examples (Bronfenbrenner, 2006). If the parent loses a job, or is frustrated by the working conditions and environment, there can be a transfer of the parent's frustrations onto the family (Bronfenbrenner, 2008), This has a detrimental effect on the economic status of the family and the girl learner may end up indulging in sexual activities for her upkeep, which might result in teenage pregnancies. Bee (2007) noted that if either the father or mother is not employed, he or she puts great stress on the family. Conflicts in the marriage may also crop up causing depression, stress, anxiety, aggression and delinquency in the family and especially the children. This could drive them into active sexuality while they are still in school. Early pregnancies may become the ultimate results.

In extended families, for example, the traditional role of the aunt was to influence teenage girls, which often affected the girl's performance in school and most importantly, her sexual behaviour and morals. If in the neighbourhood there may be no known teenage girl who has succeeded in education, there may be lack of role models to dissuade the young girls from abandoning school and venturing into early marriages. This is why it is important to come up with intervention mechanisms that can help address the problem of teenage pregnancies in secondary schools.

Macrosystem: to the child the macrosystem is the largest and most distant collection of people and places that still exercises significant influence on the child (Bronfenbrenner, 2006). It is composed of the child's cultural patterns and values, specifically the child's dominant beliefs and ideas, as well as the political and economic systems (Bronfenbrenner, 2006). The macrosystem is the outermost level of Brofenbrenner's model, consisting of the cultural and sub-cultural values, laws, beliefs, expectations and lifestyles (Berk, 2007). It involves the

dominant social and economic structures, beliefs, values, and practices that influence all the other social systems (Donald, 2010). Cultural values may influence the proximal interactions in the child's microsystems and possibly the whole mesosystem too (Chinyoka, 2013). Macrosystem refers to linkages in the three systems (micro-, meso-, and exo-) which have positive implications for society as a whole and thus form the bases on which individuals and the family structure live their lives (Chinyoka, 2013). It follows that the child and her immediate setting is most probably affected by the laws and values of the parents' workplaces. Children in war-torn areas, for example, may experience a different kind of development than children in communities where peace reigns.

Teenagers in the urban areas, for example, can experience cultural patterns and values that are different from those experienced by teenagers in rural areas. This can have a bearing on teenage pregnancies in secondary schools. In the urban settings where there are more television sets, more availability/use of internet and more social interactions than in the rural settings, there could also be more incidences of teenage pregnancies than in the latter. Perhaps, in the rural areas, there could be more value placed on marriage than in towns. This could be because of more stable cultural values, beliefs and patterns in the rural areas, which might also discourage teenage pregnancies among secondary school girls. This research, therefore, intends to find out where teenage pregnancies mostly occur, as well as use the ecological theory to come up with intervention mechanisms to curb the problem.

Chronosystem: This ecological sector includes a change in family address, structures and parents' employment status. In addition, there could be immense societal changes such as economic cycles and wars (Bronfenbrenner, 2006). The chronosystem incorporates the time dimension in Bronfenbrenner's model that includes consistency or change in life course such as parental divorce, social conditions or historical events that occur within the environments. Other changes may include life transitions within the developing person such as those that

happen during the puberty stage (Bronfenbrenner, 2008). There can be a change in family structure as a result of the deaths of parents which results in orphan hood. Existing relationships between the children and their environments can be modified because of these changes creating new ways of development. The country's economic crises periods such as what Zimbabwe experienced at the time of writing this research could be understood as a result of a chronosystem situation, which can cause an increase in teenage pregnancies in secondary schools. The emergence of the COVID-19 pandemic, which resulted in lockdown regulations and school closures, for example, could have worsened the situation of teenage pregnancies the world over (UNICEF, 2020). Intervention mechanisms to minimise teenage pregnancies in secondary schools can be drawn from each of the ecological systems, hence, the significance of the ecological systems theory in this research.

These ecological systems in Ecological Theory helped the researcher to bring about the background information on the teenage girls and how they are affected or caused to become pregnant while at school. The teenage girl's education can be affected by what happens in the ecological systems, which might or might not cause pregnancy while at school. Intervention mechanisms were drawn from these ecological systems, where the girl-child resides, by involving the participants in the sectors. Direct counter effects of teenage pregnancies were generated from teenage girls from different backgrounds in this study which used the Ecological Theory**.** The theory was found to be useful in coming up with intervention mechanisms to minimise teenage pregnancies among girl learners in secondary schools. The Ecological theory could be beneficial in providing insights into all the factors that have a role in the growth of the child. It also shows how all factors are intertwined and impact the child's developmental cycle. The model provides the insight to see how the children's lives are balanced between every aspect of their environment. The Ecological systems model can also help in the development and changing of government policies and programmes in the education

system that can be beneficial to the teaching and learning processes in schools, thus benefiting the society as well. The education system and educators can therefore use this Ecological system model to assess the problems in the girl child's life, and aid the rebalancing with her environment, hence minimising teenage pregnancies in secondary schools.

2.4 Chapter Summary

This chapter looked at the theoretical framework that helped to explain the intervention mechanisms that may reduce teenage pregnancies among secondary school learners in Zimbabwe. The Liberal Feminist Theory and the Ecological theory were discussed. The next chapter focuses on the literature related to the study.

CHAPTER THREE

3. RELATED LITERATURE

3.1 Introduction

This chapter gives a review of literature related to mechanisms that could minimise teenage pregnancies in secondary schools. The international, regional, continental and local views are highlighted focusing on research outcomes and experiences in different countries. The literature review covers the literature based on the research questions. The funnel approach was used in the literature review starting with the world view, continental/regional view and finally the Zimbabwean picture on teenage pregnancies.

3.2 The World View on Mechanisms to Reduce Teenage Pregnancies

Teenage pregnancies have been noted to have adverse effects on teenage girls globally. The world over, about seven hundred and fifty thousand teenage girls get pregnant every year. These young mothers have to grow up quickly, change the course of their lives and live solely around the needs of their babies (Slutty, 2017). Many teenage girls may end up dropping out of secondary school. Less than one third of teenage mothers that have babies before the age of eighteen finish their studies (Slutty, 2017). This makes it nearly impossible for young teenagers (girls) to obtain higher education, thus affecting their chances of employment and social class (Baek et al., 2019). Lack of child support can be the result in most cases. This causes depression, poverty, suicide and possibly the death of the newborn child (United Nations Population Fund-UNFPA, 2019).

Teenage pregnancy is a major contributor to maternal and child mortality, and to the vicious cycle of poverty and ill-health (World Health Organisation, 2020). In 2010 the United Nations Secretary General launched “The Global Strategy for Women and Children’s Health”, which

stressed the importance of addressing the health and welfare of adolescent girls in order to achieve the fifth Millennium Development Goal on reduction of maternal mortality (World Health Organization, 2020).

Research established that thirty percent (30%) of all girls who drop out of school in the United States of America (USA) for example, do so as a result of pregnancy (Shuger, 2012). In the USA, the Welfare Reform Bill (1996) forbids states from using public funds to support unmarried teenage mothers below the age of 18, unless the mother has completed high school or is not enrolled in school. The policy assumes that teenagers fall pregnant in order to receive benefits since there appears to be an over-reliance on receiving benefits by teenage mothers. In a way, this policy worked as a mechanism to discourage schoolgirls from falling pregnant, hence, reducing the rate of girl pregnancies while at school. Child Trends (2016) established that nearly 80% of teenage mothers do eventually go into Welfare and 55% of the mothers on Welfare were indeed teenagers at the time that their first child was born.

The highest rates of teen pregnancies and births in the western industrialised world are found in the United States. Around 750,000 women and girls between the ages of fifteen (15) and nineteen (19) years become pregnant each year, and more than one-half would give birth, and nearly one-third would have an abortion (World Health Organization, 2018).

In the mid-1960s and 1970s in USA there was a decline in teen pregnancies. The major reason of the decline was the increase in use of contraceptives (Flavin, 2010). Despite the overall rate of teenage pregnancies in the United States falling, rates have overally remained high for the young unmarried teens. Many programs are ineffective or not well evaluated as indicated by evaluation studies of pregnancy prevention programs (World Health Organization, 2018). The critical practices that were identified include a youth development component, culturally relevant practices and family involvement (World Health Organization, 2018). Parents or

families have important influence in preventing teen pregnancies. Methods which were used in the USA include education programs, contraceptive/family planning services, school-based centres, youth development programmes and multi-component programmes. Youth development programs focus on supporting and encouraging young people and providing them with skills that will help them to succeed as adults as well as help them to form meaningful relationships with other peers (Carriegie, 2016).

Young people need opportunities where they can acquire a broad range of skills and build connections within their communities (Moore, 2015). Therefore, improving the girls' education and life options correlates with reduced pregnancies and birth rates. Critical elements of a youth development program include the following characteristics: being responsive to the needs and interests of the youth and their community, a team that is knowledgeable about adolescent development and is trained to work with the youth, the young people who are regarded as resources in the planning and program development, and a program which collaborates with community organisations, government agencies, schools and families (Carriegie, 2016).

Developing programs used to reduce teenage pregnancies in the USA include academic enrichment, job training, sports, community service, mentoring, learning and leadership development (Moore, 2015). The involvement of family and caring adults brings in parenting skills which help in the provision of information about reproduction and contraceptive services (Moore, 2015). Parents could help reduce teenage pregnancies if they come from a background of a higher education and income, offer parental supervision, hold strong opinions about the value of abstinence, protected intercourse and offer supportive family relationships (connectedness) to their teenage daughters (Miller, 2008).

3.3 Teenage Pregnancy Prevention Programs and Models

In developed countries school-based, school-linked (community programs) and clinic-based interventions, were used to reduce teenage pregnancies (Suellentrop, 2010). Other interventions which also helped reduce teenage pregnancies include shared common characteristics, individual counselling, confidential services, contraceptives, educational programs, free cost and low-cost services, referrals and active outreach (Suellentrop, 2010). Comprehensive reviews of evidence- based programmes were used to reduce cases of teenage pregnancy. These include abstinence programmes only, with no discussion of contraception. Comprehensive programmes focus on educating teens about healthy relationships, safe sex, contraception and multi-component programmes often recommended abstinence as one approach but also included information about contraception (Suellentrop, 2010).

3.3.1 Abstinence Programmes

The USA government has teen pregnancies reduction strategy, through the Adolescent Family Life Act, Community Based Abstinence Education, Title V, and welfare reform, supported abstinence only (Santelli, et al, 2017). Teenagers would be encouraged to delay sexual activity until they are married. Under the 2002 federal funding regulation, abstinence policies became so restrictive that most of these programmes could not include information about safe sex practices or contraception (Santelli, et al, 2017). The use of abstinence only programmes is evidenced as positively correlated with increased teenage pregnancies (Stanger-Hall & Hall, 2011).

In 2009 the Obama administration transferred funds for the community-based abstinence education programme and budgeted $114, 5 million to support evidence- based sex education programmes across the country (UNAIDS, 2012). However, most abstinence only programmes are seen as not effective as they failed to delay the onset of intercourse and often provide information that is medically inaccurate and potentially misleading (UNAIDS, 2012).

Guttmacher Institute (2013) asserts that, youths require sex education that includes information about contraception. Studies show that more teenagers receive formal sex education on 'how to say no to sex' (87% of teen women and 81% of teen men) than on contraception methods (70% of teen women and 62% of teen men) (Martinez, 2010). The sex education must include abstinence messages as well as medically accurate information and instruction on the use of condoms and other kinds of contraception (Texas Freedom Network, 2011; Tortolero, 2011).

3.3.2 Comprehensive Education Programmes

Kirby (2007) points out that, sexuality and HIV education programmes that include discussion of contraception and condoms do not increase sexual intercourse and do not increase the number of sexual partners. Contraception and abortion became more readily available reducing sexual reproduction. Contraception, therefore, became a mechanism to minimise teenage pregnancies. Women could choose whether or not to become parents and could engage in sex solely for pleasure, without fearing unwanted pregnancies like men (UNESCO, 2017). In USA, it can be noted that at around the same time, comprehensive sex education programmes in schools began to shift away from preparing adolescents for marriage and parenthood and discouraging premarital sex as pointed out by UNESCO (2017). Instead, sex educators began to treat marriage as one context among many in which sex could take place. A focus emerged on teaching young people how to manage the "risks" of sex, driven in part by concern about HIV/AIDS and a perceived crisis in teenage pregnancies (UNESCO, 2017).

The US guidance contends that providing both abstinence and contraception messages sends a confusing and conflicting message that appears to encourage sexual activity (Heather & Boonstra, 2007). The contrast between this approach and that of many Western European countries like Great Britain, the Netherlands, France and Sweden, adolescent sexual expression is largely taken for granted (Heather & Boonstra, 2007). The focus is not on abstinence but the provision of comprehensive information about the biological and emotional aspects of sexual

development, relationships, decision making skills, communication and negotiation. Information about the benefits of contraception and the importance of using contraceptives for the sexually active people and not seeking pregnancy is standard (Heather & Boonstra, 2007).

Comprehensive education programmes like HIV and sexuality include discussion of contraception and condoms but do not increase sexual intercourse and do not encourage the increase in the number of sexual partners (Gruchow & Brown, 2011). According to Kirby (2007) school-based models and provision of contraceptives and condoms do not hasten the onset of sexual intercourse nor does it increase its frequency. Most preventive strategies target women but 'The wise Guys Male Responsibility Curriculum' and the 'Real Men' target pregnancy prevention in men (Gruchow & Brown, 2011; Dilorio, McCarty, Resnicow, 2007). This has resulted in an increase in a knowledge of sex, reproductive biology and sexually transmitted diseases transmission with more desirable attitudes towards sexual relationships which has promoted greater use of condoms and contraceptives among participants. The latter involved fathers in the intervention programmes whose results showed significantly more use of condoms and an increase in fathers' willingness to talk about sex and related topics with their sons (Kirby, 2007).

Sex education programs that are balanced and realistic encourage students to postpone sex until they are older, and to promote safe sex practices among those who choose to be sexually active (Kost & Henshow, 2012). This has proven effective in delaying first intercourse and the increased use of contraceptives among sexually active youth. Many sex education programmes in the United States caution young people against having sex until they are married (Kost & Henshow, 2012).

3.4.3 Multi-Component Programmes

Multi component programmes which address skills building and motivation, along with comprehensive sexual education programmes have increased condom and contraceptive use

among the youth and has reduced pregnancy rate by 50% (Kirby, 2009). Children Aid Society (CAS) Carrera in New York City has provided strong results that show a 50% decline in numbers of teenage pregnancies as well as an increase in the use of both condom and contraceptives over a follow-up period of three years (Kirby, 2009). However, this only had successes within women but had no significant impact on men's sexual behaviour. Multi interventions such as education, abstinence, skills building, and contraception promotion significantly reduce the risk of unwanted teenage pregnancies (Oringanje, Meremikwu, & Eko, 2009).

3.4.4 Other Strategies

Other strategies include infant simulators targeting teenagers' perceptions of parenting and pregnancy. These use the modes of virtual infant parenting classes who had access to contraceptives that decreased the cases of unplanned pregnancies, especially in low income or poor women and teenagers (Finner & Henshaw, 2006; Finner, 2011; Stanger- Hall & Hall, 2011). Brinkman, Johnson & Lawrence (2010) posits that, this strategy evaluates the influence of infant simulators on teenagers' behaviour reduction in rates of teenage births, self-efficacy to make informed decisions, abortion rates, and increased knowledge of services relating to having a child and maternal outcomes if any.

The United States had other initiatives to reduce the rate of teenage pregnancies. These initiatives include medically accurate information about sex education in the schools and media, improvements in funding for access to youth development programmes and family planning services, to improve the life options of poor teenagers (UNAIDS, 2012).

In the Netherlands, sex education begins in pre-school and is learnt at all school levels and subjects. They are among those with the lowest teenage birth rates in the world (5.1 per 1000 women aged 15-19), a rate six times lower than that of the US (United Nations, 2012; Kost & Henshow, 2012; Statistcs Netherlands, 2011; UNAIDS, 2012).

In Germany, sex education is comprehensive and is targeted to meet the reading and developmental needs of the students. They have teenage birth rate which is three and half times lower than that of the US (Destatis, 2013; Kost & Henshow, 2012; UNAIDS, 2012; United Nations, 2012). France has a nationally mandated sex education programme that begins when students are 13 years old. It has a teenage birth rate that is three times lower than that of the US (UNAIDS, 2012; United Nations, 2012).

In the USA, the most effective programmes combine medically accurate information on a variety of sexually related issues, including abstinence, contraception, safer sex, and the risk of unprotected intercourse and how to avoid them as well as the development of communication, negotiation and refusal skills (Santelli, 2008). Increased use of contraceptives accounts for 86% of the decline in teenage pregnancies from 1990 to 2008 in the US (Santelli, 2008). The decrease was from 117 pregnancies per 1000 women aged between fifteen (15) and nineteen (19) to 67 per 1000, a drop of 42% (Kost & Henshow, 2012).

Media is a source of information about sex, for example, in television programs, magazines and music. These may contain teenage prevention campaign promotions that address issues such as sexual behaviour. The Netherlands, Germany, and France utilise national media campaigns to promote healthy, lower risk sexual behaviour among young women and men (PPFA, 2013).

It has been established that easy access for teenagers to family planning services offered at health centres, schools-linked health centres, as well as condom availability programs helps prevent unintended pregnancies (PPFA, 2013). Increased insurance coverage for contraception may help reduce teenage pregnancies. Teenagers could receive information on contraception methods such as pills, injections, implants, and IUDs (PPFA, 2013). Countries with lower rates of teenage pregnancies such as the Netherlands, Germany and France have liberal contraceptive coverage for contraceptive pills, devices, and free contraceptive services for teenagers. In the

USA, however, many sexually active women of childbearing age are uninsured (March of Dimes, 2010). Lack of public funding for family planning is associated with unintended pregnancies among the poor families. Poor women are five times more likely to have unintended pregnancies than women of higher income (Finer & Zolna, 2011).

Programmes for poor teenagers such as academic tutoring, mentoring, job training and placement and youth led enterprise programmes have been found to significantly reduce the rates of teenage pregnancies. Few adolescent pregnancy prevention programmes directly address the problem of poverty (Kirby, 2007). Enforcing statutory rape laws can curb teenage pregnancies (Teane & English, 2002). Reproductive health care providers and sex educators must emphasise that both sexual partners are responsible for pregnancy prevention. This might foster responsible sexual choices among teenagers.

Governments of most European countries support consistent and long-term public education so as to prevent teenage pregnancies and HIV (UNFPA, 2015; World Health Organisation 2018; & UNICEF, 2020). They provide adolescents with contraceptives free of charge. The general expectation is that sexual intercourse will take place within a committed relationship and that those who have sex will protect themselves and their partners from unintended pregnancies and HIV (UNICEF, 2020). It is assumed that young people will make well-considered and responsible decisions if they have access to information and health services. The teenage pregnancy rate in the United States is nearly twice that in Great Britain and approximately four times that in France and Sweden (Stanger- Hall & Hall, 2011).

In comparison, Great Britain has 15%, Canada - 11%, France - 6% and Sweden - 4% of girls who drop out of school because of early pregnancies (Jacqueline, et al, 2015). These countries have a high per capita income and are highly developed and industrialised. They however differ in their extent of social and economic inequality, in their government policies and programmes that address inequality in their health care systems and their provision of services to these

factors, services that are likely to affect teenage reproductive behaviour (Jacqueline, et al, 2015). In these industrialised countries, there is a strong link between early sexual abuse and subsequent teenage pregnancies. Roughly, 70% of women who gave birth in their teenage years have been molested as young girls (Saewye, Magee & Pettingell, 2014).

In Australia, the birth rate among teenagers is 11 births per 1000. In Asia (the Indian Sub-Continent), premarital sex is uncommon, and early marriage is higher in rural regions than in urban areas with 4 to 8 per 1000 childbearing rate of adolescents. In Indonesia, the early marriage and pregnancy rate has decreased sharply (Darroch, Singhn & Jennifer, 2015). Thirteen million children are born to women under the age of twenty (20) aound the world and more than 90% of these births occur to women in developing countries (Darroch, Singhn & Jennifer, 2015). All this indicates that teenage pregnancy is a worldwide problem which requires intervention mechanisms. In this case, girl pregnancies in secondary schools is an international crisis that affects the socio-economic welfare of many countries, societies and families, since it is the leading cause of school dropouts among girls (Molosiwa & Moswela, 2012). It is, therefore, necessary for researchers to come up with sound intervention mechanisms to reduce teenage pregnancies among secondary school girls.

Every year, an estimate of 21 million girls aged between 15 and 19 years in developing regions become pregnant and approximately 12 million of them give birth (Darroch, Woog, Bankole & Ashford, 2016). In the developing countries, at least 777,000 births occur to adolescent girls who are younger than fifteen (15) years of age (UNFPA, 2015). The teenage fertility rate in East Asia, for example, is 7.1 percent whereas the corresponding rate in central Africa is 12.5 percent (World Health Organization, 2017).

There are also enormous variations within regions. In 2018, the overall adolescent fertility rate in South-East Asia was 33 percent (UN DESA, 2017). Rates, however, ranged from 0.3 in

Democratic People's Republic of Korea to 83 in Bangladesh (World Health Organization, 2017). Even within countries there are enormous variations. In Ethiopia, for example, the total fertility rate ranges from 1.8 in Addis Ababa to 7.2 in the Somali region with the percentage of women aged between 15 and 19 who have begun childbearing ranging from 3% in Addis Ababa to 23% in the Afar region (UNFPA, 2015). While the estimated global adolescent fertility rate has declined, the actual number of child births to teenagers has not. This is due to the large, and in some parts of the world, growing population of young women in the fifteen (15) to nineteen (19) age group (UN DESA, 2017). The largest number of births occurs in Eastern Asia (95,153) and Western Africa (70,423) (Every Woman Every Child, 2015).

3.4 The African View and its Mechanisms to Minimise the Teenage Pregnancies

In Northern Africa, countries in general lack policies related to the treatment of teenage pregnancies in schools, but they impose heavy penalties and punishments on girls and women who are reported to have had sexual relationships outside wedlock (Human Rights Watch, 2017). In Morocco and Sudan, for example, adolescent girls are charged with indecency, adultery, or extra-marital sex (Human Rights Watch, 2017).

Equatorial Guinea, Sierra Leone and Tanzania expel pregnant girls from school and deny adolescent mothers the right to study in public schools (Cameroon Demographic Health Survey, 2011). However, as Human Rights Watch (2017), this does not apply to the boys. In Cameroon, reproductive health and family planning services target older married women. Girls or adolescents often remain largely overlooked (Cameroon Demographic Health Survey, 2011).

Sierra Leone had the national strategy to reduce teenage pregnancies (2013-2015). They noted that teenage pregnancies cannot be addressed independently from other adolescent and youth sexual and reproductive health (AYSRHR) questions as well as from the economic and social

issues (Bransky, Enoch & Long, 2017). Appropriate policies were needed which included multi-sectoral programmes on the sexual and reproductive health of adolescents and teenagers. There was need to review existing policies and legal documents and further develop new instruments that would protect adolescents and young people's rights and guarantee their access to AYSRHR information and services (Shirley, Lilley & Stark, 2020). At community level, partners such as Government, UN agencies, NGOs, civil society and youth organisations are mobilised to reduce cases of early childbearing and teenage pregnancies (Ebola & Women, 2020). This is done through improved access to SRHR services for young people, comprehensive education on early childbearing, teenage pregnancies as well as through young people and women's empowerment and increased leadership (Shirley, Lilley & Stark, 2020).

This strategy remained on the agenda in Sierra Leone because of Ebola and socio-cultural barriers (Ebola & Women, 2020). The focus was redirected towards economic recovery and restoration of trust in government's education and health systems, including the repurposing of Ebola treatment centres since Ebola had been obstructing the strategy (Ebola & Women, 2020). The provision of sexuality education and contraception to adolescents still faces resistance from some religious and cultural groups in the country (Bransky, Enoch, & Long, 2017; Bash-Taqi, 2018; Shirley, Lilley& Stark, 2020).

In Sub-Saharan Africa, teenage pregnancies in schools are quite worrying (Loaiza & Liang, 2013). Niger is worst affected with 51%, Chad 48%, Uganda 33%, Tanzania 28% and Kenya 26% (Loaiza & Liang, 2013). In 2015 the Sub-Saharan African countries still had the highest rates of teenage pregnancies in the world. Tanzania had 39% and Kenya had 59% for example, showing an increase in teenage pregnancy percentages (Population Council UNESCO, 2015). Loss of educational opportunities for teenagers in Zambia was between 95% and 99% in Tanzania and 56% in Kenya. This accounts for nearly 70% of all female school dropout cases (Population Council UNESCO, 2015).

Largest disparities of teenage pregnancies are found in Sub Saharan Africa, South and West Asia, Central Asia and the Arab States. In 2013, all countries in the African Union (AU) adopted Agenda 2063 in an endeavour to build Africa's "Human Capital" through sustainable investments in education, including the elimination of gender disparities at all levels of education (Human Rights Watch, 2017). Two years later, they joined in the adoption of the United Nations Sustainable Development Goals (SDGs) so as to ensure that "no one is left behind", foregrounding inclusive and quality education for all. They also agreed and adopted the 'end to child marriages' mantra in a bid to reduce the high rates of teenage pregnancies which were negatively affecting the girl-child's education (Human Rights Watch, 2017). Despite the presence of these treaties, pregnancy rates have remained high in secondary schools. Hence, the need to carry out research to examine the possible solution to teenage pregnancies in schools.

Significant inequalities that are related to language, ethnicity or social status can be found within countries. These can exacerbate the problem of teenage pregnancies amongst secondary school learners (Women and the Right to Education, 2015). According to UN statistics, of the estimated 72 million children who are not in school, girls are in the majority (Women and the Right to Education, 2015). It is a more worrisome situation since pregnancy is one of the most contributing factors. The result is the girl's exclusion from education, which then combines with other problems such as discriminatory patterns in ownership and exploitation of resources, inheritance, maternal mortality and morbidity, and the feminisation of poverty (Women and the Right to Education, 2015).

The education sector policies (mechanisms to reduce girl pregnancies) for pregnant students followed include expulsion, re-entry and continuation (UNESCO, 2015). Under expulsion pregnant girls are immediately removed from the school system and offered no prospects of returning to school (UNESCO, 2015). Re-entry policy necessitates a compulsory leave of

absence before a student may get back to school, often at a different school. The length of the time girls must withdraw from school differs with countries. Continuation is the most progressive policy which allows the pregnant girl to continue and remain in school for as long as they would like and which does not require compulsory leave after giving birth (UNESCO, 2015).

Uganda enforces suspension, expulsion and re-entry at different school. The current policy in Uganda promotes the provision of sexual reproductive health (SRH) information in school, as well as access to family planning information and services, irrespective of age, marital status, and schooling status as long as a person is sexually active and is in need of the information and services (UNESCO, 2015). WHO guidance promoting health in schools emphasises the importance of linking existing sexual and reproductive health education programs to contraceptive services and not only providing students with comprehensive sexual education (WHO, 2018).

In Uganda contraceptive use among young women under 18 years of age is generally low (Uganda Bureau of Statistics-UBOS and ICF International, 2011) (Uganda Bureau of Statistics-UBOS and ICF International, 2011). The unmet need for contraceptives among adolescent students of between fifteen (15) and nineteen (19) years is 31%. There is the urgent need to increase young women's access and provision of contraceptive information and services. This could reduce the risk of adolescent pregnancies, avoid the negative maternal and child health consequences of early childbearing and limited birth spacing. It could also reduce teenage pregnancies and improve school attendance and retention among girls (Uganda Bureau of Statistics-UBOS and ICF International, 2011).

Uganda's rates of teenage pregnancies are higher in rural areas as compared to their urban counterparts (Uganda Bureau of Statistics-UBOS and ICF International, 2011). 16% of the

teenager girls with a secondary education have begun childbearing, compared to 45% of those with no education. A high prevalence rate is also observed among teenagers of lower socio-economic status than among those who are relatively well off or richer (Ministry of Health, 2010). Contraceptive use among girls in Uganda is relatively lower, with 14% among the fifteen (15) to nineteen (19) years age group (Ministry of Health, 2010). Low rates of contraceptive use are as a result of inadequate knowledge about the contraceptives and limited access to contraceptives (Ministry of Health, 2010). Other barriers which contribute to non-use of contraceptives are distance from health services, stock-outs, costs, lack of friendly services and inconvenient hours (Flohlich, et al, 2014). There is also inadequate counselling and information about contraceptives. More than one third of the providers would not provide contraceptives to youngsters under the age of eighteen (18) years, the unmarried, those still in school, or those without children. There is a general feeling among parents that it is morally unacceptable to offer contraceptives to young people or teenagers (Flohlich, et al, 2014). There is need to improve information and services targeted to teenagers. There should be a wide selection of appropriate methods, implementation of broad public education campaigns that reduce stigma around unmarried women's sexual activity and a change of attitude towards teenagers among the providers.

The provision of SRH information in schools is promoted by the policy framework in Uganda as well as access to, and availability of family planning information and services irrespective of age, marital status, and schooling status as long as a person is sexually active and is in need of the information and services (Flohlich, et al, 2014). There is no need for consent from spouses or parents before the provision of family planning services to an individual (Flohlich, Mkhize, Dellar, Mahlase, Montague & Abdool, 2014).

Despite the existence of supportive polices and guidelines, nationwide dissemination and implementation remains a challenge (National Health Policy for Uganda, 2014). This may

partly explain why some Ugandan providers refuse to provide family planning services to teenagers as documented in some studies (National Health Policy for Uganda, 2014). As from 2014 the mechanisms or guidelines to prevent pregnancies in Ugandan schools have been the creation and support of school safety nets, age appropriate, gender-segregated, culturally acceptable sexuality information, the provision of life skills, including information on family planning (APC, 2016). They further stress the need to campaign for and create support mechanisms for abstinence in secondary schools. They advocated and tailored behaviour change, improved teaching and learning in secondary schools to create opportunities to understand and make safer sex negotiation options including condom use and deliberately created room for reintegrating the young mother back into school (APC, 2016).

Tanzania's mechanisms provide for expulsion and very limited opportunity for re-entry (The Guardian, 2017). The late president John P. Magufuli recommitted the country to this practice where he stated: "As long as I am president no pregnant student will be allowed to return to school after getting pregnant, you are done" (The Guardian, 2017). Many teenage pregnancies are related to a lack of education on sexual and reproductive health. Schools have failed to implement comprehensive, age appropriate sexual and reproductive health education and scientifically accurate education scientifically accurate education (The Guardian, 2017). In Tanzania, teachers often support the country's policy on expelling pregnant girls because in their view, not doing so could contaminate or corrupt other female students to engage in sexual behaviour (Centre for Reproductive Rights, 2013). Irresponsible sexual behaviour could potentially lead to early pregnancies and poor performance in class due to their competing care giving responsibilities at home (Centre for Reproductive Rights, 2013).

Like Tanzania, Togo and Equatorial Guinea have laws and policies to expel pregnant girls from school and ban them from returning. In March 2020 Sierra Leone lifted its ban on pregnant

girls from attending school (Government of Sierra Leone, Ministry of Basic and Senior Secondary Education, 2020).

Botswana had a re-entry policy passed in 1978, which necessitated a compulsory leave of absence before the girl could re-enter school after delivery (Population Council UNESCO, 2015). The re-entry would often be at a different school (Population Council UNESCO, 2015). In 1995 the policy was standardised by a government circular which stipulated that pregnant girls were to be withdrawn from school and only readmitted to a different school, no sooner than twelve months after delivery (Population Council UNESCO, 2015). Girls were not allowed to sit for examinations while pregnant or within six months of delivery. Further, the re-entry to school or ability to sit for examinations was contingent upon approval from the Minister of Education (Population Council UNESCO, 2015).

In Malawi there is one-year suspension and re-admission at the beginning of the following academic year following the girls' suspension. Counselling services are provided to both the girl and to the boy responsible for the pregnancy (Population Council UNESCO, 2015). Gabon and Kenya, like Malawi, have applied "continuation" on re-entry policies and strategies (Human Rights Watch, 2017). This would ensure that pregnant girls can continue their education after giving birth (Human Rights Watch, 2017).

In South Africa, results from a recent pilot programme on sexual and reproductive health information demonstrated that the programme was acceptable, feasible, and a likely scalable approach (Frohlich, et al, 2014). The pilot programme was held through small groups in schools, individual sexual reproductive health counselling in schools and clinic referrals. The above situation disadvantages the teenage girl child in sub-Saharan countries. Some men responsible for teenage pregnancies are not necessarily schoolboys, which means the girl alone may have to bear the brunt of being pregnant. It is, therefore, imperative to examine

intervention mechanisms to minimise teenage pregnancies in secondary schools in Africa as a region.

3.5 The Zimbabwean Situation

According to a study by the National Teenage Fertility Study (2017), Zimbabwe has the highest teenage fertility rates in sub-Saharan Africa. Culture and religious practices have been blamed for this. The Report says that a greater number of teenagers fall pregnant every year, with 20% of the pregnancies in this group being due to early child marriages. Teenage pregnancies remain high at 22% despite the government's target to reduce the rate to 12% by 2020 (Newselay, 2018). In 2017, with a teenage pregnancy prevalence of 24%, the Midlands province was on fifth position provincially in Zimbabwe (UNFPA, 2020). According to the National Adolescent Fertility Study, the Midlands province had a teenage pregnancies prevalence rate of 17.7% by 31 January 2020 (UNFPA, 2020). Zimbabwe has now reported a major rise in teen pregnancies during the COVID-19 pandemic period (Herald, 2021). About 5000 or more teenage girls became pregnant in January and February 2021 and about 1800 entered into early marriages during the same period as reported by the Zimbabwe government on 16 April 2021 (UNICEF, 2020).

In Zimbabwe teenage pregnancy rates have been a persistent concern with notable increase during the COVID-19 pandemic and related lockdowns (UNICEF, 2020). Subsequent increase was noted in 2021 and 2022 indicating a complex trend influenced by factors such as the pandemic impact on education and access to services as well as underlying socio-economic and cultural issues (UNICEF, 2022). During the period 2019 -2022, 21% of antenatal care bookings were for teenagers' aged 10-19 totalling 358458 pregnant adolescents across 1560 heath facilities according to UNFPA report of 2022. In 2023 the national prevalence rate of teenage pregnancy reached 22%, this showed a substantial increase compared to 9% rate of 2016 (UNFPA, 2023).

In Zimbabwean schools, suspension, exclusion or expulsion from school for misconducts are still being practised, but an exception can be made in the case of girls who become pregnant (Director's circular Number P35 of 2023). Pregnant girls are allowed to complete their education no matter what school they attend. Girls who fall pregnant during the course of their studies are set to enjoy maternity vacation before returning to continue with their education after giving birth (UNFPA, 2020). The country has made it illegal for schools to expel school girls who get pregnant through an amendment to the Education Act of 2020. The amendment to the Education Act says no child shall be excluded from school because of pregnancy (Zimbabwean Education Act Amendment, 2020). This situation in the education sector can make it very difficult to control and reduce incidences of teenage pregnancies in secondary schools in the country. Meeting the sexual and reproductive health rights and needs of young people becomes a challenge in Zimbabwe (UNFPA, 2019). The youth friendly reproductive and sexual health services are not easily available to young people, either in outreach or in facilities (Zimbabwe National Family Planning Strategy –ZNFPS, 2016-2020).

Zimbabwe's fertility rate for teenagers in rural areas was almost three times (27%) more than that in urban areas (10%) (ZNFPC, 2015). In 2014 alone, 28.7% of rural teenage women had begun childbearing as compared to their urban counterparts at 14.2% (Zimstat, 2015). The rural-urban differential in teenage fertility rates is striking as rural girls are twice as likely (144/1000) to become mothers than their urban counterparts (70/1000) (ZNFPS, 2016-2020). This, therefore, requires an urgent attention and advocacy for intervention mechanisms as teenage pregnancies severely curtail the girls' opportunities and hinder their abilities to reach their full potential. A teenage girl can be an asset to her country if she is not exposed to unplanned pregnancies.

According to the Zimbabwean Education Act, Part 2, Section 4, Paragraph 1, every child in Zimbabwe shall have the right to education. Education can be one of the crucial mechanisms

to minimise teenage pregnancies. This idea of equality between boys and girls is the view of the Liberal Feminist Theory. On the ground, however, equality of access to education means that more boys than girls complete their ordinary level education. Although the Education Act in Zimbabwe provides for equal access to education it has remained only in theory. Teenage pregnancies in secondary schools are hampering this idea of equal access to education. In 2020 The Education Act was amended. Among other things, the amendment prohibits corporal punishment and the exclusion of pregnant girls from school (UNESCO, 2020). This is in accordance with the new Zimbabwe Constitution which guarantees the right to education or equal access to education between boys and girls. Still, it is not offering preventive measures to reduce teenage pregnancies in secondary schools.

The dropout rate is higher among girls than boys. This was observed by the United Nations agents like UNICEF (2015) and UNESCO (2015). More than 6000 pregnant girls dropped out of school in Zimbabwe in 2018 alone (UNESCO, 2018). In 2018, 12.5% of the 57500 school dropouts were due to pregnancy or early marriages (Education Ministry statistics, 2018). According to the United Nations, Zimbabwe had the highest teenage fertility rate in sub-Saharan Africa in 2018, putting thousands of girls at the risk of falling behind. Some non-governmental organisations such as Campaign for Female Education (CAMFED) (2012) have moved in to enable the girl-child to go to school and stay there longer as well as delay or reduce girl pregnancies as they provide school fees, stationery and sanitary wear to the vulnerable orphan girl children (OVCs). Still, to some extent, teenage pregnancies are derailing this positive gesture.

According to the Universal Periodic Review (UPR) of the Republic of Zimbabwe (2011), the Government of Zimbabwe, in collaboration with interested organisations, initiated the National Girls Education Strategic Plan in October 2006. The Plan, among other things, was intended to enable Zimbabwe to ensure that girls did not drop out of school. In Zimbabwe the Ministry of

Primary and Secondary Education tried to introduce sex education in schools but received resistance from parents although part of the sex education is still represented in science subjects like Biology and Combined Science (UNESCO, 2018).

Teenage pregnancies are, in part, the failure of community/society, home, school, church, and health community (Ecological systems of The Ecological Theory) to adequately teach sex education. Dickens & Allison (2013) says, prevention begins with understanding and knowledge. People are particularly sensitive and defensive about sex education. Molborn (2017) points out that, attitudes, the physical body, and powerful feelings aroused particularly during adolescence need to be discussed in the home and in the schools from the early stage or time of a child's education. Sexual feelings are neither bad nor good. They are a part of the very essence of our being as are our sciences, history, philosophy, and fine arts.

3.6 Policy framework towards mechanisms to reduce teenage pregnancies in Zimbabwe

In southern Africa, Zimbabwe has the highest rate of contraceptive use by unmarried teenagers who are not accessing the contraceptives they need yet contraceptives have been used as a mechanism to reduce unwanted pregnancies (Amnesty International, 2018). National studies indicate that rates of pregnancies are increasing while knowledge related to sexual and reproductive health is on the decline. Key areas of government failures include inconsistent policies and laws on the age of consent for sexual and reproductive health services and information, failures to provide comprehensive sexuality education in schools, entrenched taboos on teenager's sexuality, and increased costs of essential health care services to pregnant women and teenage girls (Amnesty International, 2018).

Like in many countries in Africa, there is no specific law in Zimbabwe to govern and control the age at which children may consent to medical procedures. This includes services related to their sexual or reproductive health. Despite Zimbabwe having a number of policies which are

related, directly or indirectly, to the provision of sexual or reproductive health services and information for teenagers, confusion is increasingly being created and inconsistent interpretations on teenagers' access to services related to their sexual or reproductive health (PLAN International, 2018).

The Zimbabwe's Constitution and the Legal Age of Majority Act (1982), states that, full legal capacity is attained at eighteen (18) years of age (Constitution of Zimbabwe S81 (1)). On the other hand, the Public Health Act (1924), states an adult is "a person of 16 years of age or over." This means that anyone below the age of sixteen (16) will need the parent or guardian's consent to undergo medical treatment. The PLAN International analysis of Zimbabwe's Children's Act highlights the Act's failure to "specify an age at which children can consent to medical treatment or access health services without parental consent" as well as silence regarding "reproductive health matters" (PLAN International, 2018). Again, in Zimbabwe for one to consent to sexual intercourse has to be sixteen (16) of age (PLAN International, 2018). Until recently, it was possible for girls to consent to marriage from the age of sixteen (16) and for boys from the age of eighteen (18) (PLAN International, 2018).

The Constitutional Court of Zimbabwe in 2016, ruled that Section 22 of the Marriage Act was unconstitutional and it set the legal age for marriage at eighteen (18) for both girls and boys (Amnesty International, 2017). However, the Marriages Act and related legislations to comply with the court's judgment in order to prevent or prosecute subsequent cases of child marriage were yet to be amended by the government.

The adolescent sexual and reproductive health strategy 2016-2020 (ASRH Strategy) of the government acknowledges the role of religious, cultural, social norms, and beliefs to "an environment that regards discussing or accepting adolescents' sexual and reproductive health as taboo, and where adolescents and young people who seek adolescent sexual and reproductive health services are stigmatized". Emphasis is placed on the importance of

increasing adolescents' knowledge of their sexual and reproductive health and rights as a pathway to reducing harmful cultural, religious, social norms and beliefs that are associated with health risks (National Health Strategy for Zimbabwe 2016-2020).

In this case, little has been done to address the issue of child pregnancies by such policies. The policies also tend to contrast the government's public message which continues to promote abstinence and stigmatise teenage sexuality. Despite the development of policies aimed at improving the sexual and reproductive health of teenage girls, Zimbabwe continues to experience high rates of unintended pregnancies and remains at a disproportionate risk of maternal mortalities, morbidity and HIV infections (National Adolescent and Youth Sexual and Reproductive Health Strategy II: 2016-2020).

What is needed in Zimbabwe is to revise and review all policies to govern teenagers' sexual and reproductive health and their right to ensure that there are no inconsistencies related to the age at which teenagers can access sexual and reproductive health information, education, and services as mechanisms to reduce teenage pregnancies. These include the Sexual Offences Act, the 1924 Public Health Act, the Criminal Law Codification Act, the Children's Act, and the Termination of Pregnancy Act. The acts provide clarification on all policies relating to sexual and reproductive health services, information and education to ensure that teenagers have the right to access sexual and reproductive health information, services, and education irrespective of their age, without parental or the guardian's consent, based on their evolving capacities. In addition, the age of consent to sexual activity and the minimum age of marriage are not linked to the age at which teenagers can access sexual and reproductive health information, education and services (National Health Strategy for Zimbabwe 2016-2020). There is need to develop and urgently disseminate clear instructions to health care providers on the teenagers' right to sexual and reproductive health services and information without recourse to parental consent but according to the teenager's evolving capacities.

There is an emphasis by human rights bodies realising teenagers' sexual and reproductive health and rights that there is need for state parties to put in place policies, laws, and programmes to support teenagers' autonomous decision-making and non-discrimination (Delany-Moretlwe, 2015). There must be no restrictions or barriers to health-related information, education and services including restrictions around age or marital status, or requirements of third-party authorisation (from the guardian, parents, spouse and others). Public health research and human rights treaty bodies recognise that teenagers especially those at high risk of marginalisation are unlikely to access health services and information without such guarantees (Delany-Moretlwe, 2015). For teenage girls, the impact of such prohibitions or barriers may be injury or even death related to pregnancy (UN, 2016).

Zimbabwe must ensure that all available resources are utilised efficiently so as to provide affordable, safe, effective and acceptable maternal, sexual and reproductive health services, for adolescents. The Ministry of Health and Child Care must strictly implement policies which provide for free maternal health services such as antenatal care and skilled birth assistance. Free sexual and reproductive health services that include modern contraceptive methods and services could then be the next move. There is also needed to finalise and implement the School Health Policy (UNFPA, 2015). The policy should ensure that all teenagers in and out of school must have access to quality, evidence-based comprehensive age-appropriate, and sexuality education. There is also the need to empower the teenagers to take informed decisions about their sexuality and health. This could be done through provision of information on family planning, contraceptives, and the prevention of HIV and the prevention and treatment of sexually transmitted infections. The sexual and reproductive rights, including the rights to information, rights to be free from discrimination and violence, to health, and to a remedy when rights are violated, sexual diversity, rights to gender equality, and the right to the provision of

tools to challenge harmful gender stereotypes, and social norms and attitudes underlying gender-based violence are also expected (Zimbabwe Demographic and Health Survey, 2015).

High rates of teenage pregnancies are linked to Zimbabwe's high rates of child marriage, barriers to sex education and related geographic and economic inequalities (UNFPA, 2015). Nearly one quarter of Zimbabwean teenage girls aged between fifteen (15) and nineteen (19) are currently married or in unions similar to marriage. However, this figure increases to 40.2% in rural areas (Zimbabwe Demographic and Health Survey 2015). Pregnancy prevalence among teenage girls in the rural areas are three times higher than those among their urban counterparts. It is also noted that, teenage pregnancy rates are more than five times higher among girls in deep poverty than in the wealthiest quintile and twice as high among those with only primary education than secondary education (UNFPA, 2020).

3.7 Comprehensive Sexuality Education (CSE)

Comprehensive sexuality education (CSE) is defined by UNESCO as "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information." CSE has been found to boost adolescents' decision-making skills and to contribute to "the prevention of unintended pregnancy, violence and abuse, and gender-based violence" (UNESCO, 2016). CSE is also recognised as a key strategy for tackling the related root causes, including "gender and social norms, on stereotypes around masculinity and femininity, and on how these norms and stereotypes can affect young people's lives and relationships". CSE programmes which address gender or power dynamics have been found to be significantly more effective in targeting unintended pregnancies and sexually transmitted infections (UNFPA, 2015).

A regional commitment for eastern and southern Africa, to support young people's access to sexuality education and to sexual and reproductive health services was signed by the ministers of Health and Education in Zimbabwe in 2013 (Amnesty International, 2015). Time-bound

targets, to “deliver comprehensive sexuality education and youth-friendly sexual and reproductive health services” in response to the HIV epidemic, sexually transmitted infections, early, child marriages and unintended pregnancies are commitment included in this commitment. Despite these legal and political commitments, Amnesty International in its findings indicate that CSE continues to take an ‘abstinence only approach’, which focuses predominately on ‘biological’ information and fails to address gender inequalities and related taboos surrounding adolescent sexuality.

In the new educational curriculum, there are components of sexual and reproductive health and rights, within the yet to be examined subject of Guidance and Counselling (UNFPA, 2015). The teaching and learning of this subject continue to take an ‘abstinence-only approach’ and the conceptualisation of adolescent sexuality and sexual behaviour remains predominantly negative (National Adolescent and Youth Sexual and Reproductive Health Strategy II: 2016-2020). This prevailing situation of societal attitude, limited training for G/C teachers and other barriers it means implementing the Comprehensive Sexual Education (CSE) in schools is problematic.

3.8 Literature Based on the Research Questions

3.8.1 Causes of Teenage Pregnancies

Intervention mechanisms to minimise incidences of teenage pregnancies can be thwarted by factors that may cause the rate of teenage pregnancies to increase in secondary schools. Such factors include watching television, reading literature books, listening to music, and watching videos, and recently, the internet (The Alan Guttmacher Institute, 2014). Sexual abuse and rape are some of the factors that have many psychological effects in the lives of teenage girls, particularly unwanted sex and teenage pregnancies (Health, 2009). Hsu (2010) asserts that between 11 and 20 percent of the pregnancies among teenagers are direct results of rape, while about 60 percent of the teenage mothers have unwanted sexual experiences preceding their

pregnancies. Up to 70 percent of the women were molested as young girls (Magee & Pettiugell, 2004). Intervention mechanisms should be able to counteract such causes in a way.

Teenage pregnancies at secondary school can, therefore, be attributed to factors ranging from abject poverty, economic hardships and mistaken religious and traditional beliefs such as those that say educating a girl child is a waste of resources. This is reason enough for the urgency to address these issues through intervention mechanisms. High prevalence of poverty, for example, has resulted in many girls from the ages of eleven (11) to sixteen (16) years (secondary teenage group) engaging in risky sexual behaviours which results in unplanned pregnancies (Chinyoka, 2013).

Dropping out of school can be the immediate problem of teenage pregnancy, hence the importance of intervention mechanisms to minimise the rate of teenage pregnancies. According to Chivore (1986:11), "dropout has a negative impact on schools, communities and the country at large." The negative impact can take different forms at different levels. For example, it could be in the form of wastage of educational resources by the child and the parents/guardians, or the community and the country at large. In Zimbabwe, the assistance from the Basic Education Assistance Module (BEAM), for example, is one Government initiative which can help teenage girls to remain in schools. However, it can also turn out to be wastage of resources as the pregnant girl drops out of school. Money, materials and resources that the government would have invested are under-utilised, which is uneconomic.

Dropouts cannot attain full educational capacity. As a result, the dropout cannot contribute maximally to building the country's economy. Dropouts also reduce the opportunities for other children to better utilise these resources for their benefit, that of the community and the nation at large. This ultimately leads to educational failure (Robin, 2011).

The absence of effective intervention mechanisms for minimising teenage pregnancies in secondary schools can result in psychological effects on the child herself, the new child to be born, the local society and the country at large (Chivore, 2006). The psychological effects on pregnant teenagers at secondary school get complicated with their growing up in poverty and having more health problems such as HIV and AIDS. The children may also suffer from high rates of abuse and neglect (UNFPA, 2015). They become teenage mothers and suffer from early parenting, and, in most cases, fail to support their children. These children can commit delinquent acts and adult crimes and often experience failed marriages and other relationships (Maliki, 2012). Teenage pregnancies in secondary schools often results in increased illiteracy, unemployment and underdevelopment. Anti-social behaviour and increase in crime rates and HIV and AIDS also affects the country at large (Maliki, 2012). It is, therefore, crucial to come up with effective intervention mechanisms to curb these causes of psychological effects on female teenagers in secondary school.

3.8.2 Intervention Mechanisms which can be employed to Minimise Teenage Pregnancies in Secondary Schools.

Interpersonal level interventions include family, peer, and other social relationships (the ecological systems of The Ecological Theory). At this level, the relationships with family members, teachers, peers and significant others influence people's feelings and actions (Brindis, Sattley & Maino, 2005). Also programmes at this level of analysis often include peer support and connections with mentors and other adults. This can be further explained using the Ecological Theory in this study.

The social structural level interventions emphasise social and community factors such as access to and distribution of financial and cultural resources, including family income, employment opportunities, education, and extra-curricular activities (Brindis, Sattley & Maino, 2005). Programmes at this level of analysis target cultural norms, access to care,

and inequalities in educational and other community resources. This idea of equality can also be further explained with the help of the Liberal Feminist Theory in this study.

Comprehensive Sexuality Education (CSE) is the education that emphasises a holistic approach to human development and sexuality. It equips the girl-child with the knowledge, skills and values to make responsible choices about sexual and social relationships (UNESCO, 2013). Sexuality education is defined as an age appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information. It provides opportunities to explore one's own values and attitudes and to build decision making, communication and risk reduction skills about many aspects of sexuality (UNESCO, 2009).

Life skills education, according to the Kenyan Institute of Education, is the study of techniques for adaptive and positive behaviour change which enables individuals to deal effectively with the demands and challenges of everyday life (UNESCO, 2012). The teaching of life skills equips the learner with psychosocial competencies that could help her make informed decisions, solve problems, think creatively and critically, communicate effectively, build healthy relationships and empathise with others, manage her life in a healthy and productive manner as well as avoid being made pregnant while still at school (UNESCO, 2012).

A UNESCO review showed that by 2011, most life skills education curricula in some ten East and Southern African countries still lacked information about condom use and contraceptive, basic aspects of sexual health and sex, gender issues and sexuality in negative light (Network for Adolescent and Youth of Africa-NAYA, 2011). The basic mechanics of sex and elements of sexuality are not adequately discussed. Topics such as puberty and reproductive development are sometimes noted as only present in upper

primary or lower secondary levels well after most students have already gone through puberty (Chilisa, 2002).

The empowerment of female adolescents could be strengthened through offering life skills initiatives and revitalisation of various female sensitive strategies and programmes (UNFPA, 2016). These interventions should take a psychosocial approach to build self-efficacy, confidence and deal with stigmatisation among female adolescents. There should be promotion of adolescent engagement and improvement in leadership in issues such as Adolescent Sexual and Reproductive Health and Rights (ASRHR) (UNFPA, 2016).

Strengthening ASRHR in schools and out of schools can be achieved by improving learners' access to life skills or comprehensive sexuality education in and out of school. Community, religious norms and socio-cultural values that undermine ASRHR and perpetuate adolescent pregnancies in communities should be addressed (UNFPA, 2016). This can be attained by promoting dialogue on adolescent fertility and on harmful socio-cultural and religious beliefs and practices. Religious and traditional dialogue and engagement can also be done through social mobilisation and advocacy (UNFPA, 2016).

Social mobilisation and advocacy on socio-cultural and religious issues that contribute to adolescent pregnancies prevention are encouraged. Faster and greater community dialogue and engagement together with mobilisation of religious and local traditional leaders to address religious and socio-cultural drivers of adolescent fertility could also help address the problem. Parent to child communication on sexuality and sexual and reproductive health issues (UNFPA, 2016) should be encouraged. Girls' knowledge on the policies, laws, and constitutional rights of adolescents should also be improved. Targeted demand generation interventions or activities for uptake of adolescent sexual

reproductive health and the country should also expand the availability and access to quality, safe, adolescent responsive and friendly SRH and Maternal Newborn Child (MNCH) health services at sub-national level (UNFPA, 2016).

3.9 Evolution of Teenage Pregnancies Prevention Programme Interventions.

Recognising the limitations of the past, pregnancy prevention programmes are shifting from a singular focus on attitudes, knowledge, and belief-based interventions and/or interventions focused on access, to services that emphasise multi-factorial, multilevel approaches to teenage pregnancies is essential. As the field acknowledges a clustering of risk factors, programmes are being developed accordingly to address the antecedents to teen pregnancies. For example, they are now addressing academic failure as well as preparing young people with the tools to navigate their adolescent years pregnancy-free (Brindis, Sattley & Maino, 2005). Despite this shift, many programmes continue to emphasise individual level attributes and, thus, are directed at impacting the sexual behavioural antecedents exclusively (Brindis, Sattley & Maino, 2005). That way, they fail to pay attention to non-sexual antecedents, such as cultural norms, needs for service learning, vocational education and employment opportunities as well as adult connections. Few programs aim to shape intervention mechanisms based on what we know about the complexity of changing health risk behaviours and increasing protective behaviours from theoretical research (UNFPA, 2018). It can be argued that if programmes are clear on theoretical options, types of antecedents, intervention choices, and more effective mechanisms become possible.

3.10 Personal and Environmental Domains Incorporated in Theoretical Behavioural Frameworks

These factors are:

1. **Personal Factors (Internal):**

- Knowledge
- Skills
- Attitudes, beliefs and values
- Intent and motivation

2. **Environmental Factors (External):**

- Social support
- Availability of programmes and services
- Social norms
- Opportunities for youth development (Glanz and Rimer, 1995).

A given programme may be successful with one target population, the same intervention mechanism may not necessarily be successful with the same general target group in other communities or settings with different target populations (Glanz & Rimer, 1995). This has a bearing on the effectiveness of the intervention mechanisms used and this is why this study seeks to come up with appropriate intervention mechanisms for teenagers in urban and rural secondary schools in Gweru district. To implement effective interventions, the mechanisms should target the appropriate outcome variables that are specific to the needs and assets of the target population and to the individuals within that population.

It is also important to recognise whether the intervention mechanism is directed towards internal or external factors, or both. For example, if many teenagers in a community are more sexually active at an early age but have poor education and social outcomes the desired programme outcomes should increase the number of teenagers who remain abstinent so as increase the numbers of those who graduate (Maino, 2010). The programme's planners must then consider factors such as 1) when and how often to intervene or at what age or grade in school, 2) the type of curriculum and/or other intervention(s) needed and the requisite level of

reinforcement, and 3) the level at which the intervention(s) (personal, inter-personal, and/or environmental) is/are directed (Brindis, Sattley & Maino, 2005).

The target population's level of knowledge about matters such as sexuality and reproductive health, as well as career development is an important underlying aspect of most theoretical frameworks (Maino, 2005). This is because that level of knowledge is a crucial element in shaping individual behaviour and decision-making. Furthermore, the community needs/assets assessment that must precede an intelligent programme design and implementation should seek to assess what adolescents of different ages and their parents actually know (or think they know) before any intervention mechanisms can be developed and tested to meet their needs. An obvious example of this process is to determine the level of knowledge teenagers in the community possess about pregnancy and pregnancy prevention, sexually transmitted diseases, contraceptives, as well as their awareness concerning the importance of completing secondary school and the pursuit of higher education as they pursue to fulfil career goals.

Although not all the theoretical frameworks discussed in literature have thus far been incorporated into tested or evaluated pregnancy prevention programmes, they do provide insights into the kinds of potential intervention mechanisms and the levels to which they could be targeted (personal and/or environmental) that could be included in various programmes and approaches (Brindis, Sattley & Maino, 2005). A close examination of these theories promises ample validity and utility for planners and providers who wish to benefit from their application in designing new intervention mechanisms or re-conceptualising existing programmes. In this study henceforth, the Liberal Feminist Theory and the Ecological Theory have been chosen in order to help come up with effective intervention mechanisms. Any equality for boys and girls can be achieved within the ecological systems.

Related topics to assess in teenagers include:

1) Their perceptions concerning their future employment opportunities,
2) Their feelings about early childbearing,
3) Their perceptions of the accessibility and acceptability of existing family planning and other social services and community-based organisation resources in their communities,
4) Their behavioural intent to abstain and/or use birth control protection in their future, and
5) Their intent to seek viable alternatives to early childbearing within a youth-friendly community context.

3.11 Health Problems of Teenage Pregnancies

The knowledge of health problems associated with teenage pregnancies can be one of the intervention mechanisms to curb the teenage pregnancies among secondary school girls. This knowledge is needed in each ecological system including the home, school, family structure, and the cultural setup. This is where the Ecological Theory could assist in this study, together with the Liberal Feminist Theory. Teenage parenthood is perceived to be both a cause and consequence of social exclusion (Edwards & Byrom, 2008). Teenage parents are more likely to live in poverty because of unemployment, give birth to low birthweight and malnourished babies, who as toddlers, might likely be at increased risk of childhood accidents (World Health Organization, 2020). This link with social exclusion means that teenage parents are themselves likely to have poorer access to health, be in poorer health and social support and experience poorer health outcomes for themselves and their babies. Some teenagers view their pregnancies as positive and fulfilling while others reveal negative consequences (World Health Organization, 2020). Research reveals that young parents experience poorer health and social

outcomes, which are linked to inadequate access to appropriate care and support (World Health Organization, 2020).

In the professional and medical sense, teenage pregnancies represent risky pregnancies (World Health Organization, 2020). Physical and mental growth and maturity of personality are not completed posing risks to be parents at this stage. There is an increased risk of premature delivery, abortion, fading growth and gestation development (World Health Organization, 2020). Pregnant teenagers may, as a rule, be weakly controlled because pregnancies are often hidden from the ambience. This group is also known for its high incidences, conditionally, and sexually transmitted infections. The most common sexually transmitted infections are chlamydia trachomatis, human papillomavirus, mycoplasma, and trichomonas vaginalis including HIV (Cherry, Dillon & Rugh, 2001). These infections can increase the risk of abortion and premature births. Because the teenage body is still young, along with uncompleted physical growth, it is additionally difficult to adapt to the new needs associated with pregnancy resulting in high probability of complications. The uterus may not be fully mature, which might increase its susceptibility to infections. Increased blood vessel loading may lead to poor gestational development, a condition that puts both the mother and child at high risk (UNFPA, 2020). The loading of the glands with internal digestion could lead to sugar metabolism disorders, which might accelerate the growth of an immature child. Prematurely increased skeletal load can also result in permanent deformities of the child's muscular-skeletal apparatus. All this can lead to problems which might lead to the greater need for operational endings of pregnancy and fatalities (World Health Organization, 2020).

UNFPA (2018) points out that, young girls who become pregnant at school are at the risk of maternal mortality, anaemia, postpartum haemorrhage, prolonged obstructed labour, obstetric fistula and malnutrition as compared to women aged twenty (20) years and over. In most underdeveloped countries lack access to contraceptives is one of the major contributors to early

pregnancies (UNFPA, 2018). Data suggest that this unmet needs for contraception lead to 7.3 million unintended girl pregnancies annually (UNFPA, 2018). Restrictive laws and policies, negative gender and social norms and lack of youth friendly reproductive health services cause this lack of access to contraception. Comprehensive sexuality education that is linked to sexual and reproductive services is needed in schools (WHO, 2008). Also, there is need for an increase in contraceptive use among the sexually active young people in order to delay age at first birth (WHO, 2008).

Cherry, Dillon & Rugh (2001) posit that, the risks of early pregnancies are so many as every day at least 1,600 mothers die from complications of pregnancy or childbirth worldwide. This is equivalent to four jumbo jets crashing every day, with no survivors. At least 99% of the maternal deaths take place in the less or developing world. Nearly half of all deliveries in the developing countries take place without the help of a skilled professional as pointed out by the World Health Organization (2020). The World Health Organization (2020) further says, even though most maternal deaths occur soon after childbirth, still less than one-third of new mothers get postnatal care and for each death, between 30 and 100 more women suffer short or long-term illnesses related to pregnancy and childbirth. By and large, teenage girls bear the burden. Eleven percent of all births (15 million a year) are to teenage girls. Moreover, girls aged between fifteen (15) and nineteen (19) are twice as likely to die from childbirth as women in their twenties. Girls underage of fifteen (15) years are five times more likely to die from childbirth (World Health Organization, 2020) than those above. This shows that teenage maternal mortality and morbidity represent a substantial public health problem at the global level. An estimated 2.0 to 4.4 million teenagers in developing countries undergo unsafe abortions each year. Additionally, teenage mothers are more likely to have low birth weight babies who are at risk of malnourishment and poor development. Infant and child mortality is also highest among children born to teenage mothers (World Health Organization, 2020).

Teenage pregnancy also poses a serious medical and public health problem. Modern approaches to its prevention through education, warning, learning about methods of contraception through schools, the media and of course the internet are needed. The aim is to increase the usability of all contraceptive methods, especially hormonal, in the form of a pill or patch and other modern contraceptive methods.

3.12 Social Consequences of Teenage Pregnancies

Teenage pregnancies can also have negative social and economic effects on girls, their families and communities (ecological systems). Unmarried pregnant teenagers may face stigma or rejection by parents and peers and sometimes threats of violence (World Health Organization, 2019). Similarly, girls who become pregnant before the age of eighteen (18) are more likely to experience violence within marriage or a partnership. With regards to education, dropping out of school can be a choice when a girl perceives her pregnancy to be a better option in her circumstances than continuing with education, dropping out of school can also be a direct cause of teenage pregnancies or early marriage. An estimated 5% to 33% of girls aged between fifteen (15) and twenty-four (24) who drop out of school in some countries do so because of early pregnancies or marriage (World Health Organization, 2019).

Based on their subsequent lower education attainment, girls may have fewer skills and therefore less opportunities for employment. This often perpetuates the cycle of poverty. Child marriages, therefore, reduces the future earnings of girls by an estimated 9% (World Health Organization, 2019). Nationally, this can also have an economic cost. Countries might lose out on the annual income that young women could have earned over their lifetimes if they had not had early pregnancies (World Health Organization, 2019).

3.13 Life Ambience and Teenage Pregnancies

Laws and policies can create an enabling environment for the promotion and protection of health, including sexual health and the prevention of early and unintended pregnancies (EUP), but they may also pose barriers, particularly for young people in terms of accessing education and health services, leading to detrimental consequences for sexual health, including EUP (United Nations Educational, Scientific and Cultural Organization, 2017).

Therefore, it is important to develop and implement specific policies that codify the rights of teenage girls chid to continue their education regardless of whether they are pregnant and/or parenting. Such policies also need to address the practical support necessary to allow parenting girls to return to school and to sustain their motherhood. This could, for example, be through the provision of cash transfers to girls or by providing childcare. However, this requires budgets to be allocated to support their implementation. This should then be reflected in national policies, and within individual schools' policies, with efforts to inform pregnant and parenting teenagers of their right to continue their education. There should also be initiatives to sensitise and train school heads/principals/administrators, teachers, and school authorities about the needs of pregnant and parenting girls and to embrace them in order to avoid stigmatisation, which should be key components of the policy implementation process. Finally, data should be collected to monitor the implementation and adherence to these national policies at school level (United Nations Educational, Scientific and Cultural Organization, 2017).

Most research work done looks at teenage or adolescent pregnancy prevalence rate, factors contributing to teenage pregnancies and consequences of adolescent pregnancies (UNFPA, 2016; UNFPA, 2016; & United Nations Educational, Scientific and Cultural Organization, 2017). Less or minimum evidence of research can be seen on the ways to reduce the girl pregnancies while in schools. This aspect of research can mostly be seen on recommendations to reduce adolescent pregnancies (UNFPA, 2016). This is why this research was carried out to

bring forth intervention mechanisms to minimise teenage pregnancies among secondary school girls.

There are factors that may cause the increase and risks of teenage pregnancies such as little/no supervision for teenagers, strict/overly controlling parents, low socio-economic status, single parenting, older parents, sexually active siblings or pregnant/ parenting teenage sisters, lack of religious affiliation and the experience of violence or abuse (Kirby, 2007; Miller,2008). Addressing these factors works as mechanisms to reduce teenage pregnancies. The complexities of multigenerational families need to be addressed. The choice of culturally appropriate and locally relevant interventions helps to increase the effectiveness of the efforts to reduce teenage pregnancies.

3.14 Chapter Summary

Teenage pregnancies are a major contributor to maternal and child mortality rates, and to the vicious cycle of poverty and ill-health. The United Nations Secretary General launched "The Global Strategy for Women and Children's Health" in 2010, in which he stressed the importance of addressing the health and welfare of adolescent girls in order to achieve the fifth Millennium Development Goal on maternal mortality reduction (World Health Organization, 2020). This means that without intervention mechanisms that could minimise incidences of teenage pregnancies among secondary schools the girls may continue to suffer and be left behind by their male counterparts.

More research is therefore essential for educators for them to make informed decisions on the intervention mechanisms that could address the problem of teenage pregnancies among learners in secondary schools in Zimbabwe.

The following chapter gives the research methodology, that is; the research paradigm, approach and design. The population, the sample, the research instruments, credibility, the collection,

the presentation of the data, and the analysis procedures for this research study are also presented.

CHAPTER FOUR

4. RESEARCH METHODOLOGY AND DESIGN

4.1 Introduction

This chapter discusses the methods of data collection preferred in this research. It gives the research paradigm, research approach and its design. The population of the study, sampling and sample size, the data analysis tools which include interviews and focus group discussions are also outlined. Data analysis, data trustworthiness and ethical considerations are also discussed.

4.2 Research Paradigm

A research paradigm is a set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organised study of that world (Ponterotto, Mathew & Raughley, 2013). The research paradigm gives answers to what is inquired, how the research is to be carried out, its purpose and what knowledge is to be generated. Positivism, interpretivism and post-modernism are some of the classifications of paradigms (Creswell, 2021). This study followed the intepretivist research paradigm which is a social science that opposes the positivist paradigm popular with natural science. The intepretivist paradigm derives constructs from the field of an in-depth examination of the phenomenon of interest (Ponterotto, Mathew & Raughley, 2013). It assumes knowledge consists of acts of interpretation. Hence, there is no objective knowledge that is independent of human reasoning. The main tenet of Intepretivism is forming an in-depth understanding of the phenomenon through participation, collaboration, and engagement (Creswell, 2021). To come up with robust or viable intervention mechanisms, participation, collaboration and engagement were needed, which according to Creswell (2021), are the main tenets of Intepretivism. Intepretivism gives room for the researcher to discover how people make sense of their worlds in natural settings.

In other words, Intepretivism resonates well with the use of interviews and focus group discussions in this study.

An in-depth understanding of the issues surrounding teenage pregnancies among secondary school learners was needed so as to come up with intervention mechanisms of the problem, hence the need of an intepretivist approach for this study.

4.3 Research Approach

A research approach is a plan and procedure that spans the steps from broad assumptions to detailed methods of data collection, analysis and interpretation (Bricki & Green, 2017). In this research, the qualitative research approach was followed. It is an approach for exploring and understanding the meaning of individuals or groups ascribed to a social or human problem. It is an approach in which the researcher often makes knowledge claims based on multiple meanings, historically and socially constructed to develop patterns (Bricki & Green, 2017).

The process of this research involved addressing emerging questions and procedures. Semi-structured questions (qualitative interview questions) were used. Data collection was done in the participant's setting. Data analysis was inductively built from particular to general themes, and the researcher interpreted the data for meanings. This allowed the written report to have a flexible structure.

4.4 Research Design

The research design is a plan and structure of the research inquiry that informs the approach to and methods of obtaining evidence in answering research questions in pursuit of valid research conclusions (Cohen, Manion & Morrison, 2016). Data collection, analysis, interpretation and reporting are, therefore, included in the research design.

A phenomenological research design was used in this study to establish the mechanisms to minimise teenage pregnancies among secondary school learners. Phenomenology enables the making of an objective analysis of the information that participants bring to an investigation. Its main characteristics lie on the quality of study and the interpretations elicited by the object of study (Bricki & Green, 2017). The phenomenological design gives a descriptive study of how individuals experience a specific phenomenon (Chinyoka, 2013). Lived experiences are described in qualitative phenomenological research. The researcher selected this method as it is the most suitable to use because deep issues of a phenomenon surface and the voices of the disadvantaged are heard (Chinyoka, 2013). Deep information and perceptions are gathered using the phenomenological design through inductive, qualitative methods, such as focus group discussions and interviews.

Creswell (2017) posits that the best criteria to determine the use of phenomenology is when the research problem requires a profound understanding of human experiences common to a group of people. In this case, teenage pregnancy is a problem common in secondary schools. Phenomenology seeks to study the experiences of human beings in their most natural, purest scenarios such as in their school environments (Creswell, 2021). The main aim of the study was descriptive and exploratory. The researcher was allowed to have an understanding of the social phenomenon from the participants' perspectives in their natural settings or environments which is one of the advantages of the phenomenological research design (Conrad & Serlin, 2012). The researcher was allowed to probe the ways to minimise teenage pregnancies among girls in secondary schools in the natural settings of the school environments in the two secondary schools. Information and perceptions are gathered through inductive and qualitative methods. Ideas are to be generated from a rich amount of data by means of induction, as well as stakeholder perspectives that may be reflected in the study.

Phenomenology is known as an educational qualitative research design, which perfectly suits this study (Ponce, 2014; Creswell, 2017; Marshall & Ressman, 2010). Phenomenology systematically inquiries into the mind and human experiences in order to reflect the essence of the phenomenon as well as the intentionality of conscience. Teenage pregnancies are a problem best suited for this design in this study of lived and common experiences. A phenomenological research design creates a better understanding of meanings attached to a problem by people, and its contribution to the development of new theories. Phenomenology can look at change processes over time and help researchers to adjust to new issues and ideas as they emerge. Data gathered is seen as natural rather than artificial (Creswell, 2017). The phenomenological research design, therefore, entails a descriptive study of how girl children experienced a phenomenon, in this case the teenage pregnancy (Smith, Lowers, & Larkin, 2009). The researcher managed to gain access to the teenager's life and their worlds of experience through focus group discussions and in-depth interviews as pointed out by Moustakas, 2009 & Creswell, 2018. Lived experiences were therefore the concern of a researcher applying the phenomenology design, in this case, the teenager girls in secondary schools (Bell, 2012; White, 2012). Through phenomenological studies detailed comments about individual situations of teenage girls are made. The researcher went through a series of steps to remove own assumptions and biases through phenomenological inquiry, examining the mechanisms to minimise teenage pregnancy without presuppositions or bias, and describing the "deep structure" of the phenomenon based on internal themes that were discovered (Marshall & Rossman, 2011). It therefore, implies that qualitative phenomenological research is holistic in nature, in the sense that it attempts to provide a contextual understanding of the complex interrelationships of causes and consequences of teenage pregnancy, thus affecting the girl's future and undermining her in life. By doing so, the researcher was avoiding both the deliberate

manipulation of variables and the study of attitudes or indicators as variables were isolated from the wider totality.

The phenomenological research design allowed for a systematic collection of data by penetrating into the realities of the situation of the specific teenager' environments (ecological system) because of its flexibility in this study. The researcher enabled to see over beyond what would be investigated through this research method. Thus, an exploration of the mechanisms to minimise teenage pregnancies among the learners in secondary schools required the utilisation of qualitative methods, which are flexible. Hence the use of phenomenology which is in itself concerned with providing rich descriptions of the phenomenon without the intervention of an experiment, or of artificially contrived treatment.

The aim of qualitative phenomenological researchers is describing and interpreting accurately the meaning of a certain phenomenon happening in their customary social contexts (Creswell, 2010). The investigation of the complexity, contextualisation, and authenticity, the mutual subjectivity of the study and the respondents, as well as the reduction of illusion was the focus of this research in utilising the framework of the interpretative paradigm. The effectiveness of the phenomenological methods in bringing forward the experiences and perceptions of the heads of schools, teachers, Form three girl learners and their parents/guardians from their own perspectives and thus challenging structural or normative assumptions made it to be chosen in this study (White, 2012). The purpose of the phenomenological research approach in this study was to illuminate the specific, that is, to identify the mechanisms that can be employed to minimise teenage pregnancies in secondary schools. Thus, translated into gathering 'deep' information and perceptions and representing them from the perspective of the research participants (Form three girl learners, teachers and heads and parents/guardians). While the above points applaud the phenomenological design as very important, Creswell (2008) insists

that it generated a large quantity of interview notes, tape recordings, jottings and other records, all of which have to be analysed. Thus, it was noted to be time consuming.

Bernard (2012) also insists that at times it may yield inaccurate results, as a result of over and underrating. This study minimised the above perceived problems by clarifying ambiguous terms and questions, and also by having member checking. Where the data was fairly disorganised, the interview transcripts, and unstructured notes or personal texts were read through to get a feel of what was being said, identifying key themes and issues in each text. Points which were not identified through this process were added. Through the strategy of 'member checks', misinterpretation of the data was overcome. Some interpretations regarding the participants' responses contained in the interview data and tentative interpretations were taken back to the participants for confirmation such that thoughts and views were revisited in order to make the results more plausible (Punch, 2011).

4.5 Population of the Study

The population is the target group with whom the research is to be carried out (Chinyoka, 2013). The population of a study, therefore, refers to the total number of individuals who could be involved in the study.

Gweru district is mainly made up of Small and Medium Entrepreneurs (SMEs) resulting generally to low incomes which can promote teenage promiscuity trying to increase the earnings through sex activities. The district is full of gold panning activities. It is also surrounded by Districts like Shurugwi, Kwekwe, and Zvishavane with a lot of small-scale gold mining activities. The gold panners '*makorokoza'* are attracted to the Midlands capital city of Gweru bringing in their uncouth behaviour which tends to increase the teenage pregnancies in the district. A total population of three hundred and two (302) participants was targeted in this research. The distribution of the population is shown in Table 4. 1

Table 4. 1: Population of the Study

Participants	School A	School B	Total
Form three girls	90	60	150
Parents/Guardians	30	20	50
Heads	1	1	2
Teachers	60	40	100
Grand total	181	121	302

Form three girls were selected as the group most affected by teenage pregnancies; hence their views were needed to bring out the mechanisms that can be used to minimise teenage pregnancies. Teachers were targeted as the ones directly working with these teenagers and they could help to come up with the intervention mechanisms to minimise teenage pregnancies and implement them. Experiences of heads of schools were required in this study. Normally, school heads are in direct contact with the teenagers and teachers in secondary schools. The teenage girls' environment does not end with the school, but it extends to their homes, hence the need to also involve parents/guardians in the study.

School A and B were randomly selected; School A is from the urban sector and school B from the rural area of Gweru District. The population for girls was taken from the number of girls in Form 3 classes and as for parents a ratio of one parent to three girls was used to come up

with the parents/guardian's population. The population for teachers was taken from the teacher establishments at the stations.

4.6 Sampling and Sample Size

A sample is a subset of the larger population. Sampling is defined as the selection of a subset of persons or things from a larger population in order to represent the particular population (Descomb, 2023). A sample, is therefore, a small proportion or fraction of the population selected for observation and analysis. Bless & Higson-Smith (2021) shared the same view by defining a sample as a subset of the whole population which is actually investigated by a researcher, and whose characteristics are generalised to the entire population.

This study had a total sample size of thirty (30) participants distributed as shown in Table 4. 2 below:

Table 4. 2: Study Sample

Participants	Sampling technique	School A	School B	Total
Form three girls	Purposive	6	4	10
Parents/Guardians	Purposive	4	4	8
Heads	Purposive	1	1	2
Teachers	Purposive	6	4	10
Grand total		17	13	30

The gender selection and age range of Form three girls aged between sixteen (16) and eighteen (18) years were selected using the purposive sampling technique to come up with ten (10) Form three girls. The age range of 16 to 18 was the targeted age stratum as this was the age group into which most Form three girls' fall. This is also the most active group which enjoys experimenting with sex and this is why it was purposively selected. Ten teachers were purposively selected looking at five years and above in the teaching field which is the same for Heads of schools as one to be a Head of a school in Zimbabwe must be having more than five years' experience that of a senior teacher. The experience was considered because of encounters and maturity in the teaching of the teenager girls. Rich information was considered to come from the teaching experience of these teachers and Heads of schools as the experience is the best teacher in life situations like the teenage pandemic.

4.6.1 Purposive Sampling

Teachers, heads of schools and parents/guardians were purposively selected because they met the criterion pre-determined by the researcher as relevant in addressing the research questions in this study. Purposive sampling is also known as subjective sampling. It is a non-probability sampling technique where the researcher relies on their discretion to choose variables for the sample population. The entire sampling process depends on the researcher's judgment and knowledge of the context. Bernard (2012) posits that, purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a certain cultural domain with knowledgeable experts within. Purposive sampling technique or judgment sampling is therefore, a choice of an informant done deliberately due to the qualities the informant possesses.

If done right, purposive sampling helps the researcher filter out irrelevant responses that do not fit into the context of the study. Once you spell out the criteria for the systematic investigation

based on specific aims and objectives, you can go ahead to choose units or variables that can provide meaningful responses.

4.6.1.1 Advantages of Purposive Sampling

Purposive sampling is a cost-effective sample selection method. Here, the researcher depends on their knowledge to choose the best-fit participants for the systematic investigation. It also helps you to save time. It helps the researcher to make the most out of a small population of interest and arrive at valuable research outcomes. In this study, purposive sampling allowed the researcher to gather qualitative responses, which led to better insights and more precise research results because the researcher collected information from the best-fit participants and the results were relevant to the research context. It allowed the researcher to target niche demographics in order to obtain specific data for the research. Purposive sampling also lowered the margin of error in the data because the data sources were a close fit with the research context (Blog, 2012). Purposive sampling is applauded for its flexibility and can be more realistic than other sampling methods in terms of effort, time and the cost needed in finding informants (Bernard, 2012; Lewis & Sheppard, 2006). Bernard (2012) points out that, the inherent biases of the method contribute to its efficiency, and the method stays robust, even when tested against random probability sampling. Given these advantages, the choice of purposive sample was good for the quality of the data gathered in this study. The reliability and competence of the informants were also ensured, since the informants were based on defined qualities resulting from the choices made.

4.6.1.2 Disadvantages of Purposive Sampling

Despite the advantages stated above, purposive sampling method has the problem that the researcher exercises his or her judgment on the informants' reliability and competency. The researcher bias is high irrespective of the type of purposive sampling used, (Neuman, 2010). When it comes to alleviating possible researcher biases it is not a good defence using the idea

that a purposive sample had been created based on the judgement of the researcher, especially when compared with probability sampling techniques that were designed to reduce such biases. This judgemental and subjective component of purposive sampling was only a major drawback when such judgements were ill-conceived or poorly considered. Given the above situation about purposive sampling Cohen et al., (2011) posits that, the dangers associated with the purposive sampling methods are that the informants are chosen out of convenience of the researcher, or from the recommendations of knowledgeable people. This was a relevant concern, especially regarding key informants on whom much of the data quality rested. It is therefore, critical to be certain of the knowledge and skill of the informant when doing purposive sampling, as inappropriate informants may render the data meaningless and invalid (Godambe, 2012). Thus, the informants may give false or unreliable data voluntarily or involuntarily because they are eager to please the researcher. Some may even have hidden agendas or intentions, and some may have their own emotional issues, principles and viewpoints (Chinyoka, 2013).

Despite the weaknesses stated, to achieve theoretical/analytic/logical generalisations this study used purposive sampling. In this study therefore, the researcher was alert for possible biases on the part of the informants; hence the interviews and focus group discussions were done repeatedly until no new ideas emerged from the respondents.

4.6.2 Sampling Procedure

Creswell (2008) considers purposive sampling as the most important kind of non-probability sampling to identify the primary participants, that is, two heads of schools, ten teachers, ten 'O' Level girls and eight parents/guardians. Purposive sampling/judgmental, selective or subjective sampling is a type of non-probability sampling technique (Bryman, 2010). It focuses on sampling techniques where the units that are investigated are based on the judgement of the researcher. The researcher's judgement was used to select the sample of this research by

looking for school heads, teachers who have experience of teaching learners in secondary schools, and 'O' Level girls affected by teenage pregnancies. Borg and Gall (2009) purposed that, purposive sampling targets richer sources of data with resembling characteristics of aspects or variables under investigation. The above, therefore, explained why only, heads, teachers, 'O' Level girls and parents/guardians were chosen for this research. Campbell (2006) posits that, the purposive sampling technique is the deliberate choice of an informant by the researcher due to the qualities the informant possesses. It does not need underlying theories or a set number of informants.

The basic principle behind maximum variation sampling is to gain greater insight into a phenomenon by looking at it from all angles (McMillan & Schumacher, 2010). The sample in this research study was derived from a rural area and an urban area. Common themes that were evident across the sample from the urban and the rural areas were therefore identified by the researcher.

Expert sampling, a type of purposive sampling technique was used in this study when the researcher needed to glean knowledge from individuals that have a particular expertise (McMillan & Schumacher, 2010); in this case, heads of schools and teachers with the experience of teaching and working with teenage girls at school.

A total of two school heads and eight parents/guardians were purposively sampled to participate in detailed interviews. Purposive sampling was also done in order to find respondents for the focus group discussions, and the researcher came up with ten teachers and ten form three girls. The school heads and parents/guardians were interviewed because of their expertise, knowledge and experience in dealing with teenage girls from different backgrounds in schools. The school heads participated also as critical sources of information on the history, policy, and the academic cultures of the schools concerning teenage pregnancies. The teachers

were crucial to this study because of their expertise in dealing with pupils from different backgrounds also, before and after they come to school.

Bernard (2012) applauded purposive sampling because of its flexibility which ensures that there is no cap on how many informants that should make up a purposive sample as long as the needed information is obtained. This is why Campbell (2006) points out that, this method is good and useful when there are not enough funds and other resources available to carry out research. Purposive sampling was found to be more realistic than other sampling method in this study in terms of time, effort and cost needed in finding informants.

Given the above advantages, it was crucial to choose the purposive sample, for the quality of the data gathered in this study thus considering the reliability and competence of the informants since they were drawn from those with defined qualities.

4.7 Data Gathering Tools

Research data for this study was collected through instruments, namely, in-depth interviews, and focus group discussions. Creswell (2008:213) postulates that "in qualitative research, we identify our participants and research sites based on places and people that can help us understand our central phenomenon." Thus, greater access to the research sites was important because data for this research was collected through interacting with informants, talking to them and recording their responses at their schools. Collecting credible data is a tough task and one method of data collection is not inherently better than another (O'Leary 2012). Therefore, which data collection method to use would depend upon the research goals and the advantages and disadvantages of each method (O'Leary 2012). In this research study, semi-structured in-depth phenomenological interviews and focus group discussion were used.

4.7.1 Interviews

Interview as a way of getting data about people by asking them, rather than observing and sampling their behaviour (Tuckman 2012). The interview approach makes it possible to

measure the thinking of a person, his/her attitudes and beliefs (Kitchin & Tate, 2010). Through interviews as a way of collecting data, the researcher gained knowledge from individuals. Kvale (2006) regards interviews as an interaction process to interchange views between two or more people on a topic of mutual interest. There is the centrality of human interaction for knowledge production and emphasises of the social situations of research data. Interviews are therefore ways for the participants to get involved and talk about their views (Chinyoka, 2013). Collecting of data about life or situations is not simply the interviews concerned but it is part of life itself, its human embeddedness is inescapable (Cohen et al., 2011).

From the two schools studied, the researcher used a semi-structured interview to solicit information from two school heads and eight parents/guardians. Interviews were conducted until the topic was exhausted or saturated, as evidenced when the interviewees no longer introduced new perspectives on the topic. Semi-structured interviews were used in this study as supported by Kyle & Brinkman (2009), and also Marshall & Rossman (2010). Interviews allowed the researcher to address the phenomenon profoundly, providing a space or aperture for the informants to express in detail and approach reality as faithfully as possible. The detailed descriptions or interpretations brought by the participants in the phenomenological interviews were as representative of their experienced reality as possible. The main focus of the phenomenological interview was the description of the meanings of phenomena (Rubin & Rubin, 2012). Face-to-face in-depth interviews generated deeply contextual, nuanced and authentic accounts of participants' outer and inner worlds, that is, their experiences and how they interpreted those (Schultze et al, 2010).

In-depth interviews were carried out to collect data based on individual expertise, experiences, beliefs and behaviour on intervention mechanisms to minimise teenage pregnancies among secondary school girls. The argument in favour of interview research (qualitative research) is that it operates from the perspective that knowledge is situated and contextual (Flick, 2002).

Therefore, the purpose of the current interviews was to ensure that relevant contexts were brought into focus so that situated knowledge could be produced.

The interviews involved data collection through direct verbal interaction between the interviewees and the interviewer. In-depth information was obtained concerning the selected participants' beliefs, thoughts, knowledge, reasoning motivation and feelings on the topic of teenage pregnancies.

Generally, interviews are good at measuring attitudes and other content of interest as they are carried out to collect data based on individual experiences. Interviews allow probing, posing and follow-up questions by the interviewer; therefore, can provide information about participants' internal meanings and ways of thinking (Flick, 2002). Through probes, interviews shed light on the details of a particular response; hence in-depth information can be obtained. There is a high response rate as there is direct feedback from the respondents. As a result, one is assured that the responses are from the intended persons. This is why interviews were used in this research.

However, interviews have their drawbacks. They can lack anonymity; therefore, the interviewed officials may not reveal some valuable information to the researcher if not comfortable. To cater for this problem, the researcher assured the respondents that their responses were to be treated with strict confidentiality. This is why Maree (2007) suggests that for any interview to be successful, the interviewer must tell the interviewees about the aim of the study, and about the information he or she wants to gather from them. He or she should also verify if they were willing to be interviewed.

The interviewer and interviewees in this study were able to discuss their perceptions and interpretations with regards to the mechanisms to minimise teenage pregnancies. The researcher and the respondents came together and agreed on times to meet for discussions in

the two schools. The purpose, the role of the respondents and how the research would be conducted was clearly outlined by the researcher to the respondents. This is why Cohen, et al. (2011) contend that the rationale of explaining the purpose, aim, objectives and the role of the subjects is to remove suspicion during the research process and to establish a relationship between the researcher and the respondents.

The researcher and the respondents agreed on the ground rules during the discussions, such as repeating a misunderstood question, and clarifying unclear concepts and issues. The interviews were mostly done during lunch hours and after hours with the heads of schools and parents/guardians respectively.

Dunnie, Pryor & Yates (2010) indicate that interviews are a vehicle to access the mind of the participants, which is expressed in their responses, without the researcher's influence. This result to a situation where the researcher asks a question, pauses, and then allows the research respondents to express their opinions. This procedure gives the researcher the privilege and an account in trying to reach to the truth by uncovering the facts about the mechanisms to minimise teenage pregnancies among girls in secondary schools Dunnie, Pryor & Yates (2010). There was no strict adherence to time limit for the interviews since the researcher was prepared to listen to the research respondents' accounts in depth and detail. The whole process was interesting and interactive with the choice of the questions used as well as the size; scope and focus of the study considering what would be justified and reflected upon during and after the study.

During the interviews, the researcher took down some notes, recorded and guided the interviews. This was done to avoid digressions, irrelevant detail and re-visiting and listening to the audios. It was also important for the researcher to alert the respondents that their contributions were taken down and recorded. This made the data-collection process to be ethical and helped to maintain a good relation between the researcher and the respondents

(Cohen, et al., 2011). The researcher paid close attention during the interviews in order to take note of non-verbal language as well, such as the use of the hands, facial expressions, and any other emotional or physical representations which showed pity, emphasis, pain, agony, or even pleasurable moments (Chinyoka, 2013).

Borg & Gall (2009) and Willig & Rogers (2008) indicate that interviews should be timed to make them yield meaningful discussions. While the timing was not strictly controlled, lengthy and irrelevant discussions were avoided by wrapping up, summarising and giving important points from the discussions. The researcher also redirected discussions to areas of interest/concern and focus. This helped in controlling repetitions and digressions. Hammersley (in Willig & Rogers, 2008) further asserts that interviews produce the best and detailed data if the researcher listen attentively to the accounts and use other supporting psychological behaviours of a good listener. It was important to acknowledge and use well-ventilated rooms or areas, comfortable seats and a relaxed environment to reduce interference and keep the respondents' attention (Willig and Rogers, 2008). The interviews were thus carried out in relaxed environments, thus in the rooms and even outside where there were no disturbances.

The interview questions have the dual purposes of motivating the respondents to give full and precise answers while avoiding biases stemming from social desirability, conformity, or other constructs of disinterest (Hoyle, Harris & Judd, 2010).

In the interview guides, questions were structured in a way that captured and solicited a variety of perceptions from each interviewee on teenage pregnancy and the reducing mechanisms. This researcher designed interview guides with questions set sequentially to help dig deeper in both the verbal and the emotional elements of the respondents. It was observed that the use of interview guides assisted the researcher to conduct relevant interviews, thereby reducing unnecessary departures from the objectives and direction of the study. According to Borg and Gall (2009), an interview guide lists the questions that are to be asked during the interview in

their desired order, and it provides guidelines to the researcher regarding what to say at the opening and closing of the interviews. Some open-ended questions in the semi-structured interview guide were deliberately repeated and asked in different ways at intervals to determine if the respondents were consistently truthful to their responses.

The interviews were not tightly structured but were flexible in nature to allow for the collection of as much relevant information as possible. This is supported by Borg and Gall (2009) when writing about unstructured interviews asserting that have great flexibility and freedom. This idea was borrowed and blended in the semi-structured interviews used in this study. Therefore, relevant issues which arose during the process of interviews conduction were explored and noted in impromptu supplementary questions although they were not included in the interview guides. This was in line with the flexibility of qualitative research (Yin, 2012). Follow-ups and probing questions were asked for elaboration or in order to seek clarification to the issues under discussion. New paths which were not initially considered could be explored through probing by the interviewer (Gray, 2011). In this study the researcher observed that repetition of questions to enhance understanding were allowed because of the interviews. The use of aided recall questions was possible resulting in more questions asked and non-verbal responses observed and noted. It can be noted that interviews assisted in identifying other sources of evidence and data not available in observations (Chinyoka, 2013).

In this research study the semi-structured interviews used were non-standardised and were frequently used in qualitative analysis. The order of the questions was not all that important such that it was changed, depending on the direction of the interviews and the cropping up issues in line with the research and additional questions were then asked. The wording of the questions was left to the interviewer's discretion within each topic. Therefore, the researcher was free to conduct the conversation as thought fit and to ask the questions deemed appropriate in the words considered best to give explanations. If the answers given were not clear the

researcher would ask for clarification and prompt the respondent to elucidate further if necessary. Additional questions which were asked were questions that were not anticipated at the beginning of the interviews. The above analysis is plausible to conclude that the researcher conducting semi-structured interviews had a bit more freedom than the one conducting a structured interview (Mitchell, 2012). This is why Borg and Gall (2009) contend that interviews, if well-organised and timed, can be a very good strategy of data collection.

The main challenge experienced in this research was in respect of finding the most suitable times for the interviews. Lunch, break and after school were some of the times used, but these did not provide ample time to finish the interviews as some proceeded into the lesson times. After school hours proved the best time, especially for the teachers, school heads and parents/guardians. Borg & Gall (2009) purports that, personal interviews are time-consuming, and generally fewer interviews are conducted because of the cost and time constraints, and the possibility of gathering biased data is introduced by the influence of the interviewer.

Despite the above constrain, the interviews remained the best method to collect the data and to gain knowledge from individuals. Qualitative research interviews could also be objective, in the sense of letting the interviewee speak, in expressing the real nature of the phenomenon. Kvale (2006) indicates that, the interview as such is neither an objective nor a subjective method, since its essence is inter-subjective interaction.

There are many valid reasons why this researcher used interviews for collecting the data and using them as a research instrument. The researcher could prompt and probe deeper into the given situations of the teenage girl learners because of interviews. In addition, the researcher explained or rephrased the questions when the respondents were unclear about the questions because of the flexibility nature of the semi-structured interviews used. The strengths of semi-structured interviews were that no restrictions were placed on the questions and their order. Questions were useful and flexible, thereby allowing the researcher to investigate mechanisms

to minimise teenage pregnancies among teenage girls in secondary schools without challenges. Interview guide questions are in appendix 11.

4.7.2 Focus Group Discussions

Focus group discussions are defined as carefully planned series of discussions designed to obtain perceptions in a permissive, non-threatening environment as alluded to by Chinyoka (2013). Focus group discussions can be defined as a form of group interview that capitalises on communication between research participants in order to generate data (Bell, 2012).

A focus group discussion is therefore a data collection-procedure in the form of a carefully planned group discussion among a group of people, plus a moderator and observer, in order to obtain different ideas and perceptions on a topic of interest in a relaxed environment that fosters the expression of different points of view, with no pressure for consensus (Bernard, 2012; Bell, 2012). Data can be collected from several people simultaneously in a quick and convenient way through group discussions. Focus group discussions are a qualitative data collection method, meaning that the data is descriptive and cannot be measured numerically (McMillan & Schumacher, 2010). This shows that the appropriate use of focus group discussions leads to high quality information obtained for high quality decision-making.

In the focus group discussions, selected 'O' Level girls were asked open-ended questions that allowed open-ended responses. This helped the researcher to get more in-depth information on their perceptions, insights, attitudes, experiences or beliefs regarding the intervention strategies to curb the problem of teenage pregnancies among secondary school girls. The focus groups had the advantage that the group dynamics enabled provision of useful information that individual data collection methods might not. Focus group discussions also enabled gaining insight into the topic as compared to other data collection methods. It was again quick and relatively easier to set up in the selected schools and enabled the collection of qualitative data.

The ‘O’ level teenage girls were placed in discussion groups of six (6) and four (4) in schools A and B, respectively. Teachers were placed in groups of six (6) in school A and four (4) in school B. At the beginning of each focus group discussion, it was helpful to let everyone know the procedures to make sure the discussion proceeds smoothly and respectfully for all the participants. Free and friendly environments were established in the discussions.

Ground rules were put up before the start of the discussions, for example, total member involvement and no wrong or correct answers. Bernard (2012) noted that, it is important for the researcher to hear all sides of an issue, both the positive and the negative comments or ideas. In these group discussions ground rules were presented to the groups. In addition to these ground rules, which were established prior to the discussions, the participants established their own ground rules or guiding principles for the discussions and they were co-opted with the prior laid guidelines.

Above all, the right atmosphere was established as the participants sat in circles and discussed issues in relaxed, freely and comfortable settings facing each other. The sessions lasted for at most two hours or extended a bit in some cases. Disagreements within the groups were capitalised to encourage the participants to elucidate their points of view and to clarify why they thought as they did and raised new important questions or issues. The researcher encouraged all participants in order to prevent the dominance of the discussions by vocal members, which is one of the weaknesses of focus group discussions.

Focus group discussions are also susceptible to facilitator bias, which could undermine the validity and reliability of the study as pointed out by Chinyoka (2013). The use of interviews helped to improve the qualitative data collected and curbed facilitator bias for focus group discussions.

In this study the prolonged interaction and relaxed settings in the focus groups led the participants to behave naturally. This meant that instead of the researcher asking each person

to respond to a question in turn, the ‘O’ Level girl learners and teachers were encouraged and motivated to talk to one another, asking questions and commenting on each other's experiences and points of view. This method was particularly useful for exploring the ‘O’ Level girl learners and the teachers’ knowledge and experiences, and was used to examine, not only what the discussants thought but why they thought that way. The idea behind the focus group method was that group processes could help the ‘O’ Level girls and teachers to explore and clarify their views on the mechanisms to minimise teenage pregnancies in secondary schools in ways that would be less easily accessible in a one-to-one interview. This showed that focus group discussions are particularly appropriate when the interviewer has a series of open-ended questions and wishes to encourage the participants to explore the issues of importance to them, in their own vocabulary, generating their own questions and pursuing their own priorities (Chinyoka, 2013).

The ‘O’ Level girls’ discussants could challenge each other on contradictions between what they professed to believe, and how they actually end up reaching to an agreement.

The focus group discussions were recorded, and notes were written by the researcher with the consent of the participants. The researcher made sure that written notes were extensive, and accurately reflected the content of the discussion, as well as any salient observations of non-verbal behaviour, such as facial expressions, hand movements, and group dynamics. The researcher to collect the opinions and ideas of teachers and ‘O’ Level girls at the same time in their focus group discussions as this is possible in group discussions. In cases where some of the respondents were talking a lot, preventing others from contributing their thoughts, and limiting the usefulness of the focus group discussion, the researcher controlled the situation and made certain that all the participants had the opportunity to give their points and views, even if they seemed reluctant at first, or insisted that what was being said by the others reflected what they would have said. It was the duty of the researcher to intervene and control during the

focus group discussions if someone was dominating the conversation, so as to obtain a variety of perspectives, and to hear the views of others as well. The participants were kept focused, engaged, motivated, attentive and interested in the course of the discussions. The researcher monitored the time and ensured that it was used effectively. Prompts and probes were used by the researcher to stimulate discussion. Probes and clarification of questions were an important part of the interviews and had two main purposes, namely, to help clarify what a respondent said, and to help get more detailed information from the respondents. Probes allowed the respondents to provide more than just a one-sentence or one-word answer to the question asked. They were encouraged to elaborate their viewpoints in the discussions as pointed out by Chinyoka (2013).

Having the advantages of the probes and clarifications as given by the researcher during the focus group discussions, interruptions to the respondents was also as little as possible. Interrupting the respondent could influence how they answer the research questions. When a respondent strayed off the course, the researcher encouraged her to finish their thought. After they had expressed their thought completely, the researcher then could bring them back to the question asked to make sure that they answered it completely.

The researcher also made use of the focus group discussion guide to effectively ensure that all topics were covered, diplomatically and politely enforcing the ground rules. Bell (2012) says the focus group discussion guide is a series of questions and prompts for the facilitator to use. Typically, the researcher asked the group questions and allowed time for the participants to respond to each other's comments. The focus group discussion guide served as a 'road map' and memory-aid for the facilitator (Willig & Rogers, 2008).

The researcher made use of group interviews as a collective data-gathering procedure, especially where the 'O' Level girls did not have much time. The majority of the girls (respondents) who participated in the group discussions volunteered a lot of data in their

responses. Denzin and Lincoln (2008) contend that group interviews can be a good form of data-collection if well-planned and the members give detailed and coherent data with a view to construct knowledge about themselves. Group members had the opportunity to volunteer detail, and filled the gaps left during interview discussions.

During the focus group discussions questions were rephrased and rebranded or made clear to give focus and more understanding to the area under investigation. Another advantage of focus group discussions, as noted by this researcher, was that the environment created by the facilitator encouraged the participants to share their perceptions and points of view freely and willingly. Also, group dialogue generated rich information, as the participants' insights triggered the sharing of others' personal and lived experiences and perspectives. Focus group discussions, in a way, brought in associate and group reactions (Denzin, 2012). In cases where sorrow, sympathy and empathy were expressed, during the process of giving an account, the researcher was in a position to observe the sorrowful faces. This helped the researcher to achieve the truth about the effect of teenage pregnancy on the girl learners. The focus groups were found to be quick and relatively easy to set up in the two schools with the help of the heads. The group dynamics provided useful information that individual data collection could not provide, since the participants were motivated by each other in sharing the information. The focus group discussions were also useful in gaining insight into the mechanisms to minimise teenage pregnancies which could be more difficult to gather by means of other data-collection methods or instruments.

During the four focus group discussions, the researcher displayed actions that signal non-verbal signs of active listening. Being a good listener meant being an interested listener (Rukuni & Makore, 2011). The researcher did this to demonstrate that he was paying attention and interested in what the participants were sharing, staying neutral and impartial, and practicing appropriate silence (Morgan, 2010). To show that the researcher was more engaged he showed

some indications or displayed such behaviour including leaning forward slightly, looking directly at participants while they were speaking, or nodding at appropriate times. This behaviour not only indicated that the researcher was attentive and interested but also helped to maintain the engagement of the participants themselves.

If the participants suspect that the researcher is not listening to them with great care, they could take their role of sharing expert knowledge less seriously and, therefore, may not elaborate on or provide much detail in their answers (Dooley, 2010). This is why researcher made sure that throughout the discussions; attention was paid, taking note of verbal and non-verbal signs, although silence at times encouraged the elaboration by the participants, because it gave them a chance to think about what they wanted to say. More often than not, the participants filled the silence with more information. However, it was important to strike a balance between keeping the conversation moving and allowing the participants adequate time to share and process the ideas.

Time management can be one of the most challenging aspects of conducting the focus group interviews (Dooley, 2010). It is always important that the interviewer and the interviewee agree upon the amount of time they are going to spend on the interview, and that time is managed appropriately so that all the topics may be covered (Chinyoka, 2013). Likewise, the researcher and the participants agreed on the time frames of the interviews.

It can be noted that focus group interviews generate important information; however, such information can often have limited generalisability to a whole population (Morgan, 2010). Focus group interviews can also not provide valid information at the individual level, and the information is not representative of other groups. The analysis of the data is again time-consuming and need to be well-planned in advance.

In this research study the weaknesses were overcome by using interviews, since the weaknesses of one research instrument could be complemented by the strengths of other instruments. The focus group discussion guide questions are in appendix 11.

4.8 Data Analysis

Qualitative data analysis involves organising, accounting and explaining data (Bhebhe, 2014). For this study, information from interviews and focus groups was organised into themes and analysed accordingly. Thematic analysis illustrates the data in great detail and deals with diverse subjects via interpretation (Sammuel, 2017). The coding or indexing framework was developed using the Grounded theory data analysis steps (data collection, coding of data, organising data around concepts, forming categories of related concepts, elaborating patterns and linkages between categories and developing a theoretical explanatory model/ mechanisms). According to Tesch's model, once the list of themes has been compiled, the next step is to give each of these themes a code by which it can be recognised. According to this model of content analysis the researcher gave each theme a heading or title, which described the content or nature of the theme. These themes were critically scrutinised, analysed and discussed (Marshall & Rossman, 2011).

4.9 Data Trustworthiness

4.9.1 Validity and Reliability in Qualitative Research

Any qualitative researcher should be concerned about validity and reliability factors when designing a study, analysing the results, and judging the quality of the study according to Patton (2012).

The validity and reliability of this study hinged on its true value, its transferability, and the consistency. The researcher aimed for credibility and confidence in the truth of the data, and presenting findings that are convincing and believable.

Validity is the term that indicates whether the item measures or gives a description of what it is supposed to measure (Bell, 2012). Validity also refers to the trustworthiness of the inferences drawn from the data. In other words, it is the correctness or credibility of a description, conclusion, explanation, interpretation or other sort of account (Creswell, 2010). It is also concerned with measuring what one thinks and wants to measure, possibly some content, construct, or predictions.

In this study strategies to counteract validity threats were applied. Information that was obtained from the focus group discussions and interview settings were cross-checked and verified, using different sources of information as pointed out by Conrad & Serlin (2012). The interviews were recorded, and the researcher made some notes. This strategy helped to eliminate the problem of inaccuracy or the incompleteness of the data which, according to Maxwell (2006), is the main threat to a valid description of what the researcher saw or heard. It was also critical to employ this approach so that anyone assessing this investigation could access the evidence to authenticate the accuracy of the accounts given. In order to attain interpretive validity, the researcher constantly asked what was supposed to be measured was intended to be measured. Throughout the study, the participants' verbatim accounts were recorded. Validating the content of the interviews and focus group discussions was necessary to check whether each question was made to the stipulated research questions.

The researcher solicited feedback on the data and the conclusions made from the research participants, as suggested by Creswell (2010) in order to achieve member-checks or respondent validation. The research transcripts were returned to the participants for their own verification and perceptions. The respondents were still in their settings by the time the researcher had completed the data collection, so it was possible to take the research findings back to them.

The views of the participants were validated and presented as reflected in the transcripts, on their responses to mechanisms that can be used to minimise teenage pregnancies in secondary

schools. The researcher tried to remove bias by being conscious of personal attitude, opinions, experience, and expectations as an educator (Cohen, et al., 2011). The data-collection and analysis were logical, traceable and well-documented (White, 2012). The prolonged engagement in the field, detailed field notes, high-quality audio-recordings, and the use of multiple data sources improved the credibility and trustworthiness of the study.

Reliability in research refers to the degree to which procedures give results of the same kind under constant conditions on all occasions (Bell, 2012). Reliability is an indication of the extent to which a measure contains variable errors, that is, errors that differ from observation to observation during the measuring stance (Nachmais and Nachmais, 2008). To be more specific with the term reliability in qualitative research, Lincoln and Guba (2010) posits that, the use of dependability in qualitative research is more closely and corresponds to the notion of reliability in quantitative research. They further emphasise inquiry audit as one measure which might enhance the dependability of qualitative research. Inquiry audit was used to examine both the process and the product of the research for consistency (Hoepfl, 2007). In the same vein the concept of dependability with the concept of consistency or reliability in qualitative research is endorsed by Clont (2002) as well as Seale (2009). Patton (2012) also stated that reliability was a consequence of the validity in a study. The steps in this research were verified by means of the examination of such items as raw data, data reduction products, and process notes in this study to achieve the consistency of the data (Campbell, 2006). It is crucial to have the examination of trustworthiness in order to ensure reliability in qualitative research.

This study was qualitative in nature such that it did not require statistical reliability computations though the aspect of using reliable instruments remained a pre-requisite

Visiting schedules were prepared for each school and community and issued in advance so that the respondents were not rushed into the procedures for data-collection. For the ‘O’ Level girl learners the afternoons were mainly used at each school to make sure that the respondents were

not disturbed their lessons and exposed to similar situations as for the interviews participants as these were not directly influenced by too many external variables.

Credibility, transferability, dependability and confirmability were considered in order to ensure and promote confidence in the data to be collected. Member checking, as one of the ways to ensure the credibility of the research was done. Participants were allowed to review, critically analyse and comment on their statements as a way of verification and to ensure accuracy. Member checking sought to improve the accuracy, credibility and validity of the data obtained through interviews and focus group discussions (Barbar, 2001; Byrne, 2001; Doyle, 2007). In this study, member checking (cross checking the given data/information) was done on the spot, in the course and at the end of the data collection dialogues in order to confirm credibility (Creswell, 2007; Lincoln & Guba, 1985). Member checking allowed the researcher the opportunity to verify the accuracy and completeness as well as the validity of the findings on teenage pregnancies and intervention strategies from the participants in schools in Gweru (Cohen & Crabtree, 2006). If accuracy and completeness are affirmed, the study could be said to have credibility (Creswell, 2007).

The dependability of the study was assured by the use of different methods such as focus group discussions and interviews with a detailed report at the end. The in-depth interviews and focus group discussions in this research ensured the confirmability of the study. At the same time the aim of this study was to have it applied to a wider population and not only in the one district under study. Hence, transferability was also one of the focus points in this study.

4.10 Ethical Considerations

In this study ethics referred to moral standards and how they affect the conduct of a system. Moral principles govern the appropriate conduct of a person or a group as pointed out by Creswell (2008). Ethics, therefore, refers to a moral philosophy that deals with making judgements, good or bad, proper or improper, approval or disapproval, right or wrong as

posited by Mugweni (2012). In other words, ethics are guidelines for professional conduct or behaviour.

Ethical considerations were strictly followed. The clearance from the University, permission from the Ministry of Primary and Secondary Education and schools, consent forms and assent forms were used for ethical considerations.

An application for clearance from the Midlands State University was made to seek permission to carry out the research. Formal permission to carry out the research was obtained from the Permanent Secretary of the Ministry or Primary and Secondary Education, the Provincial Education Director (PED), the District Education Inspector (DSI) and the heads of selected schools. Permission was also sought from the parents of the selected the Form three girl learners, the teachers and the parents/guardians who took part in this study. The Form three girls signed assent forms to show their approval to participate in the research, while the teachers, parents/guardians and the heads signed the consent forms. They all agreed to participate in the research out of their own free will. Written consent was preferred in this study; hence the assent and consent forms were signed by participants.

The consent notes clearly outlined that the participant in the research was willing and was free to withdraw at any time if he/she so wished. Consent forms were given to adult participants to be involved in the research. Learners were given the assent forms to complete in agreement to participate in the research. Their parents or guardians were asked to also sign the forms in agreement with the assent forms.

The purpose and confidentiality of the study were fully explained to participants before the commencement of data collection. It was explained that the study was meant for educational purposes only. This included enhancing the development of beneficial policies, programmes and intervention mechanisms designed to minimise the teenage pregnancies in secondary

schools. All participants were assured that any data collected was confidential and there was to be anonymity in the research data collection and write up. Actual names were not going to be used.

The respect of human rights was considered as pointed out by Chikoko and Mhloyi (2005). Fairness, objectivity, honesty, respect for the integrity and dignity of individuals who participated in the study was highly valued. In this research, the principle, the best interests of the participant rather than the best interests of the researcher guided the researcher. Respondents were not forced to respond to questions on their private lives as the purpose of the study was explained. Voice recordings were done with the consent of the interviewees to ensure full ethical considerations were followed.

In this study it was important to consider other people's rights, especially the rights of the child, in particular the 'O' Level girls. Creswell (2021) posit that, every person has the right to privacy and dignity of treatment. It was therefore important for the researcher to explain fully to all the participants the major aims of the study so as to maintain the right to privacy and dignity.

It was also crucial that the participants understood that their participation in this study was voluntary, and that there were no problems for refusing to take part in the study, or to answer specific questions. The researcher explained the nature of the study openly and honestly, and in a way that was understandable to all the participants. The researcher also ensured that the participants understood the nature of the research, its purpose, the potential risks which were not anticipated, and the benefits to the participants, and the fact that they were free to withdraw from participating at any time during the course of the research. It was also helpful to ensure that there was adequate time to answer any questions the 'O' Level girl learners had before and during the focus group discussions sessions. When the respondents seemed confused or withdrawn, the researcher asked them if they had any questions before proceeding. If the girl learners did not want to talk about a topic, this researcher respected that (Kvale, 2007). The

researcher communicated to all the participants that the information obtained during the focus group discussions and interviews would be used for academic purposes.

The ethical issues such as informed consent, confidentiality and consequences for the interviewee were taken into account; hence confidentiality was assured. The respondents were also assured that they would not be harmed in any way by the research. Throughout the interviews and focus group discussions, the researcher provided guidance and counselling to especially the girl learners who, through opening-up could became affected socially and emotionally. In such cases the researcher did not misrepresent or misuse his expertise. The researcher considered the rights of learners and respected their dignity and worth including all the participants, and their different opinions.

The identity of the participants was protected in this research study as there was the sharing of valuable and sometimes sensitive information with the researcher, and they needed to trust the researcher (Dooley, 2010). It was important that only the researcher coordinating and conducting the focus group discussions and interviews knew the names of the participants.

To conduct the research following ethical considerations is a primary consideration in any research study. Letting the participants know that the purpose for the research is to document their opinions. While there are instances where covert observation methods are appropriate, these situations must be few. McMillan and Schumacher (2010), as well as Borg and Gall (2009), advised that the researcher should take down field-notes openly to reinforce what the researcher was doing and collecting data for research purposes. When the researcher met the form three girl learners, their teachers, heads and parents/guardians for the first time, he informed them of the purpose of being there, that is sharing information about the problem of the teenage pregnancy in secondary schools and the need to sort for mechanisms to minimise the demise so that their questions about the research and the researcher's presence may be put to rest.

Another ethical responsibility that was adhered to be the anonymity of the participants in the final write-up and in the field-notes to prevent them being identified, should the field-notes be subpoenaed for inspection (McMillan & Schumacher, 2010). Their individual identities were described in ways that the other pupils and teachers from the two schools would not be able to identify them.

There exists ethical concern regarding the relationships established by the researcher when conducting participant observation (Lincoln & Guba, 2010). This researcher developed close relationships with the participants, although those relationships were difficult to maintain when the researcher had gone. Marshall and Rossman (2011) suggested that the research findings be shared with the community to ensure the accuracy of the findings. This researcher availed copies of the thesis to the Ministry of Primary and Secondary Education and the Midlands State University library for the benefit of all the participants, scholars, concerned and interested people.

4.11 Chapter Summary

The chapter explained the intepretivist research paradigm that was used in this research. The qualitative research approach was followed, and the phenomenological research design was used. The population of the research totalled 302 comprised of 150 Form three girls, 50 teachers, 2 heads of schools and 100 parents/guardians. A sample of thirty participants was purposively and randomly selected to come up with 10 ‘O’ Level girls, 10 teachers, 2 heads of schools and 8 parents/guardians. In-depth interviews and focus group discussions were used as the data-gathering tools in this research. Thematic analysis was used, following the grounded theory’s data analysis steps. Data trustworthiness was ensured through the consideration of credibility, transferability, dependability and confirmability. Member checking was done to ensure data trustworthiness. Under ethical considerations, clearance from the University was sought, permission to carry out the research from the Ministry of Primary and Secondary

Education was also sought, and consent and assent forms were also signed. Confidentiality, anonymity and purpose of the study were considered in this research so as to ensure compliance with ethical considerations.

CHAPTER FIVE

5. PRESENTATION OF DATA, ANALYSIS AND DISCUSSION

5.1 Introduction

The main purpose of this chapter is to present, analyse and discuss the data that was collected through interviews and focus group discussions. The main informants were ten "O' level girls, ten teachers, two heads of schools and eight parents/guardians from two secondary schools (A and B high schools) in Gweru district. Background information on the respondents is given before analysing the suggested intervention mechanisms to minimise incidences of teenage pregnancies among secondary schools in Gweru district.

To make sense of the collected data, the researcher applied Tesch's open coding method of data-analysis to identify the themes and categories. Open coding is the initial step in grounded theory research where you analyse data to identify and develop concepts that emerge from the information collected (Bricks &Mills, 2024) The data analysis, presentation, and discussion are in the form of detailed descriptions, using narrative vignettes and direct quotes from interviews and focus group discussions. English was used as the medium of communication during the focus group discussions and interviews with the teachers and school heads, respectively. Shona and English languages were used in the focus group discussions with the 'O' level girl learners and with parents/guardians during the interviews. The data codes and significant ideas were singled out systematically and arranged in themes and categories for thematic discussions.

The discussion of the findings was done in line with the research questions and themes derived from the study. The themes were evaluated and measured against the Ecological theory, the Liberal Feminist theory and the literature review.

5.2 Codes for Individual Interviews:

Table 5. 1: Heads of Schools

Code	Explanation
HSA	Head School A
HSB	Head School B

Table 5. 2: Parents/Guardians

Code	Explanation
P/G1SA up to P/G4SA	Parent/Guardian 1 School A up to Parent/Guardian 4 School A
P/G1SB up to P/G4SB	Parent/Guardian 1 School B up to Parent/Guardian 4 School B

5.3 Codes for Focus Group Discussions

Table 5. 3: Form Three Girls

Code	Explanation
FGDGSA	Focus Group Discussion Girls School A
FGDGSB	Focus Group Discussion Girls School B

Table 5. 4: Teachers

Code	Explanation
FGDTSA	Focus Group Discussion Teachers School A
FGDTSB	Focus Group Discussion Teachers School B

5.4 Demographic Data as Extracted From the Interviews and Focus Group Discussions

Table 5. 5: Heads of Schools, Parents/Guardians and Teachers

Participants	Sex	Numbers		
		School A	School B	TOTAL
Heads of Schools	Males	1	1	2
Parents/ Guardians	Males	2	2	4
	Females	2	2	4
Teachers	Males	3	2	5
	Females	3	2	5
TOTALS		11	9	20

Table 5. 6: Number of 'O' level girls

Age	Number of 'O' Level girls		
	School A	School B	Total
16 Years	2	1	3
17 Years	3	1	4
18 Years	1	2	3
TOTALS	6	4	10

Participants who were interviewed included two (2) school heads, HSA and HSB as shown in Table 5.1. There were eight (8) parents/guardians, four (4) from each school who participated as interviewees. These were P/G1SA up to P/G4SA and P/G1SB up to P/G4SB as indicated in Table 5.2. Selected teachers and 'O' level girls participated in focus group discussions. Ten teachers were involved with six (6) teachers from school A and four (4) teachers from school B (FGDTSA and FGDTSB) respectively (See Table 5.4). Three male

and three female teachers were from school A while two male and two female teachers were from school B as shown in Table 5.5. A total of ten 'O' level girls were involved with six (6) girls from school A (FGDGSA) and four (4) girls from school B (FGDGSB) as shown in Table 5.6 and Table 5.3, respectively. Three (3) girls were sixteen (16) years of age, four (4) were seventeen (17) years of age, and three (3) were eighteen (18) years of age as shown in Table 5.6 and in the pie chart below. A total of ten (10) participants took part in this research as interviewees and twenty (20) participated in focus group discussions, to give a grand total of thirty (30) participants.

Table 5. 7: Number of 'O' Level Girls and their Age Groups

Age (years)	16	17	18
Number of girls	3	4	3

The table 5.7 above shows that the selection done on 'O' level girls that gave the required number of girls (10) within the age range of sixteen (16) years to eighteen (18) years purposively selected. In this research a balanced view of the teenage girls was achieved.

Table 5. 8: Gender Representation in the Research

Participant	Female	Male
Parents	4	4
'O' Level girls	10	0
Heads of schools	0	2
Teachers	5	5

In terms of gender representation, the table 5.8 shows that there were a total of nineteen (19) female participants and eleven (11) male participants. This was done to target the most affected group in terms of teenage pregnancies such that mechanisms to minimise teenage pregnancies could be generated and embraced by the owners.

5.5 Primary Data Collected

This section presents the primary data collected from the participants (that is, two school heads, eight parents/guardians, ten teachers and ten 'O' level girls) through interviews and focus group discussions. The responses addressed the questions for this research:

1. What are the main causes of teenage pregnancies among girl learners in Gweru?

2. Which intervention mechanisms are currently being used to minimise teenage pregnancies among secondary school girls in Gweru?

3. How effective are the intervention mechanisms implemented to minimise teenage pregnancies in Gweru?

4. What are the perceptions of teen pregnancies among secondary school girls in Gweru?

5. Which intervention mechanisms can be proposed to minimise incidences of teenage pregnancies among secondary school learners in Gweru?

This section attempts to address the above critical questions, and the suggested responses from the data collected:

5.5.1 THEME 1: What are the Main Causes of Teenage Pregnancies among Girl Learners in Gweru?

Table 5.9: Main Causes of Teenage Pregnancies from the Research Findings

Cause	Description		
	Urban school	**Rural school**	**Both schools**
Poverty	Lack of accommodation		Shortage of basic needs (food, clothing, money, sanitary wear, stationery, uniform, and fees)
Parents absent from home			- Child headed families (orphans, marriage break-ups, family break-ups and parents in the Diaspora) - Need for paternal love
Peer pressure	VUZU parties		- Indulgence in drugs - Adolescence and puberty stages
COVID– 19	- Extra lessons - Increase in internet use		- Long period away from school
Rape cases	- Code of dress/fashion - More unemployed school leavers - No street lighting in urban areas	- Long distance to and from school	

Cultural and religious beliefs	- Dressing	- Cultural values degradation - Misplaced religious beliefs	
Lack of interest in school			Personality
Age difference in classes	Older and younger learners' experiences		
New curriculum and technological advances	- Internet provision - Use of cell phones - No family time		- CALAs
Contraceptives	- Misuse of morning-after pills		- Misuse of family planning pills - Misuse of condoms

5.5.1.1 Common Issues that Emerged from the Interviews

Both school heads (HSA and HSB) and parents (P/G1SA up to P/G4SA and P/G1SB up to P/G4SB) concurred that poverty was the main cause of teenage pregnancies. Parents who were neither formally employed nor working may fail to provide pocket money for their girl children who may become vulnerable to *combi* or commuter omnibus drivers, conductors. It was felt that *mahwindi* or the touts at both public buses and pirate taxis *(mushikashika and Honda fit*

drivers), tended to take advantage of the girls, luring them with some money and food stuff. This often led to love affairs and the resultant teenage pregnancies. The teenage girls were therefore taken advantage of, sexually, because they were tempted with the food, money and drinks that could not be available at home. Lack of clothing and sanitary wear could also force the girls to indulge in promiscuous behaviour that resulted in unwanted pregnancies.

Participants also felt that abuse by stepmothers and fathers or relatives living with the teenage girls also forced some female learners to look for love outside the home where they end up with teenage pregnancies. These relatives may not be giving the teenagers adequate food, clothing, and sanitary wear at home. Girls from poverty-stricken homes can decide to look for these things from outside the home and mostly from males. Responses showed that participants felt that orphanhood causes child-headed families and forces children to live with relatives, mostly grandparents and increase teenage pregnancies. They believed that grandparents or relatives had little or no control over the young orphan girls' behaviour.

They also indicated that some parents of some girls may both be in the Diaspora seeking employment, working or pursuing their education while their children are either alone, with maids or relatives. Such children are more or less living like orphans since they experience the same situations experienced by orphans, thereby increasing the incidences of teenage pregnancies. Some parents have a tendency of sending money from abroad for the upkeep of the children. However, that money may be misused by the persons living with the children. Other parents may not be sending enough money, which leads to shortages in the home. In some extreme cases, more than adequate money could be sent, which causes the teenage girls to indulge in VUZU parties, for example, and getting into night clubs or travelling to different places. This often results in increased teenage pregnancies among the school-going, teenage girls. In this case, therefore, lack of parental care or control was identified as one of the major

causes of teenage pregnancies. It was thought that schoolgirls who did not live with their parents tend to be promiscuous, thus resulting in teenage pregnancies.

Family breakups were also noted as a contributing factor, especially with some parents in the diaspora. In some cases, where the father might have gone abroad, the wife might be left at home struggling to fend for the family. Some respondents (P/G1SA, P/G3SA, P/G1B) said that some such mothers may indulge in love affairs to fend for the family. This could result in some teenage girls copying their mothers' behaviour or being recruited by them, which could lead to teenage pregnancies among secondary school girls.

Both parents and heads of schools concurred that the COVID-19 pandemic increased the prevalence of teenage pregnancies among girls in secondary school. During the COVID-19 pandemic period girls were mostly left idle at home, which encouraged promiscuous behaviour among girls and resultant teenage pregnancies. The COVID-19 lockdown regulations promoted an increase in extra lessons that were conducted privately in homes and during the night due to the fear of the COVID-19 lockdown restrictions. Such arrangements left some of the teenage girls prone to sexual abuse either by their teachers, tutors or other boys. In the interviews, school heads also pointed out that peer pressure is one of the common causes of teenage pregnancies.

5.5.1.2 Common Issues that Emerged from the Focus Group Discussions

It emerged in focus group discussions that poverty or low socio-economic status, lack of guidance by parents, staying with grandparents because parents were not available or around, and child-headed families, peer pressure and the COVID-19 pandemic were some of the contributing causes of teenage pregnancies. These responses echoed those in the interviews above. However, the teachers and the 'O' level schoolgirls had their common causes of teenage pregnancies. They both identified drug abuse by teenage girls as one of the major causes. Girls were said to indulge in drugs such as *mutoriro* (crystal meth), alcohol, *mbanje* or marijuana

and many others at parties such as VUZU parties. All these increased incidences of teenage pregnancies.

The long distances to and from schools was seen as a major cause of teenage pregnancies, especially in the rural areas. This is because there was more time to meet with the boys, especially the school leavers. Rape cases could also occur as the girls walked those long distances to and from school. It was also said that girls fell victim to strange well-wishers who offered girls transport to school or back from school. These relationships often resulted in teenage pregnancies.

Respondents also said religious and cultural beliefs caused most teenage girls to get pregnant. They bemoaned the fact that some church leaders or family elders forced some teenagers into marriages, according to their beliefs. It was also noted that lack of interest in schoolwork and failure among the girls may result in compensatory behaviour which leads to teenage pregnancies. Age difference was also raised as another cause of teenage pregnancies. Older girls and boys may concentrate on love affairs at the expense of schoolwork, which may, again, cause an increase in teenage pregnancies among teenage secondary school girls.

The girls' personalities and issues such as mini dressing, tight dressing and wearing bum-shorts were identified as often exacerbating teenage pregnancies among girls. Some teenage girls have personality challenges evident in self-pride, a false sense of beauty and maturity, which negatively affects the zeal to learn or even focus on schoolwork. This may result in a change in the way the girls walk, talk and behave. This kind of pornographic behaviour results in an increase in teenage pregnancies among secondary school girls.

Some families, especially in urban areas live in single rooms that are only divided by curtains, with boys and girls sleeping on one side and the parents on the other side. These housing challenges in urban areas result in little secrecy regarding the goings on in the parents'

'bedroom'. Teenage girls are tempted to practise what they see or hear from their parents, resulting in an increase in the numbers of teenage pregnancies among secondary school girls. The girls' poor background, abuse and orphan hood increase the chances of getting pregnant at an early age. Staying with sex working mothers and fathers presents bad examples which the teenage girls can copy, resulting in teenage pregnancies.

Most 'O' level girls from both schools raised the fact of having day scholars and boarding school learners at one school is another factor that caused more teenage pregnancies at school. Boarding schoolboys tend to attract female day scholars using some of the pocket money given by their parents. After the girls fall in love with them that could result in teenage pregnancies.

5.5.1.3 Different Issues Raised in Interviews.

Parents pointed out that teenage girls need fatherly love. If the father is not around as a result of either death, working outside the country or separated from marriage, girls tend to look for this fatherly love from older males who may not even be their relatives. This makes them prone to teenage pregnancies. The family set up distortions such as in single parents' relations or in situations where there are no parents to take care of the children, the latter end up suffering from teenage pregnancies. Children need both parents to discipline them in most cases. If parents disagree on how to discipline the girl child, especially in her presence, this may increase the chances of the girl becoming promiscuous. Parent's educational status has a bearing on teenage children's pregnancies. Girls can create errands and pretend to be going to school. For example, they may pretend to be going to research for CALAs while they are going to meet their boyfriends instead.

Nowadays, parents are mostly fully occupied at work the whole day. When they get home, they get glued to their WhatsApp and have no time to talk with their families nor counsel their children. There is no time for sex education in the family. Respondents also showed that some parents view sex education as taboo in the family. In such cases, then, the teenagers discover

sex related issues on their own. The family's aunties are no longer there for the girl-child. Family break ups caused by either migration, the rural and urban settings and parents working in different towns or countries may be fertile ground for teenage pregnancies.

The degradation of social values, norms and ethos in communities were also cited as fuelling teenage pregnancies among secondary school girls. Today, unlike in the olden days, no parent can discipline another parent's child. Back then, there was oneness in the community where children considered every parent or elder as responsible for correcting their misbehaviours.

School heads interviewed pointed out that lack of family time to discuss sex education was one of the causes of teenage pregnancies among secondary school girls. The non-inclusion of the boy-child in the discussions about teenage pregnancies also worsened the teenage pregnancies problem. Non-Governmental Organisations (NGOs), for example, were cited as mainly focusing on the girl-child to the exclusion of the boy child. Not involving the teenage boy in their programs worsens the challenge instead of minimising it.

The falling social/ethical values in societies have exacerbated the problem of teenage pregnancies in secondary schools. This was seen in the less to no role played by aunts, uncles, grandfathers and grandmothers in guiding young boys and girls in issues of sex education in the current days. The breaking up of extended families' relations and cohesion as a result of western educational factors, relocations or migrations in search of greener pastures has caused family distortions. For instance, the immediate parents in the nuclear family unit may fail to talk about sex education to their children, a thing which could be done easily by other parents in the extended family. When relatives meet, they can have very little or no time to talk about sex education with their teenage children. This means absence of empowerment toward the reduction of teenage pregnancies.

Teenage girls were getting access to information on pregnancy prevention methods (contraceptives). They were also accessing family planning and morning after pills but failing

to use them properly in most cases as a result of a lack of proper education on how to use them. This is because no one gives the adolescents the knowledge they might need due to fear. This may cause pregnancies among secondary school teenagers to increase.

5.5.1.4 Different Issues that arose from Focus Group Discussions

Teachers in the focus group discussions raised the issue of social media (Internet Browsing, WhatsApp, Twitter, and Instagram) and the music that the youths listened to as fuelling the teenage pregnancies in secondary schools. The internet was singled out as one of the major causes of the increase incidences of teenage pregnancies in secondary schools. Most teenagers spend much of their time watching pornography on the internet using their computers, tablets and cell phones.

Dressing was also blamed for causing an increase in teenage pregnancies. This was seen to be increasing rape cases and attraction of the males to girls. It was noted that most of the girls' dressing exposed the girl child's body and that they walked about almost naked. This type of dressing was even being seen in the school grounds with most of the teenage girls wearing mini-skirts or skimpy dresses.

Some discussants also mentioned excitement during family gatherings such as at Christmas and other holidays as also contributing to the increased risks of teenage pregnancy. Some teenage girls fell prey to being drugged or become drunk after taking wine and different types of alcohol drinks. They may end up being taken advantage of in that state thereby getting pregnant.

Lack of knowledge of the causes and effects of teenage pregnancies can result in more teenage pregnancies in secondary schools. This point was raised by the 'O' level girls from school A. They expressed concern that there was no effective teaching about the issues of teenage pregnancies either from home or at school. The girls from school B pointed out that there was very little counselling from parents and elders at home. They complained that parents had very

little or no time with their children since they would be busy with work the whole day. Some of them came late from work and would be too tired to spare time for their children. This has been worsened by the hard economic situation being faced by most parents.

The adolescence stage, especially the puberty stage (sexual maturation period) causes most teenagers to be excited and fall into the trap of becoming pregnant, especially at Ordinary level. These teenage girls fall in love with older males, especially school leavers or the working class 'sugar dads', as they call them. This results in more teenage pregnancies in secondary schools. Absence of streetlights and lighting in urban areas may result in rape cases that could also affect teenage girls, who may fall pregnant. The use of shortcuts while walking to school, following the railway tracks, walking through bushy areas and crossing the Gweru River alone, for example, often resulted in some girls falling prey or to indulge in sex, and others being raped. All these factors contribute to the high cases of teenage pregnancies.

Participants also noted that teenage girls' easy access to morning after pills increases the risk of them getting pregnant since some may skip taking them as a result of becoming too obsessed with sex. It was also noted that some girls led the boys into indulging in unprotected sex, hence more teenage pregnancies.

5.5.2 THEME 2: Which Intervention Mechanisms are currently being used to Minimise Teenage Pregnancies among Secondary School Girls in Gweru?

The intervention mechanisms which were currently in operation that were discussed in the teachers' focus group discussions include: guidance and counselling (G & C), foster mothers in the schools, helping the needy girls with school uniforms and other needs, effective communication between the school and home, role modelling, recommendations to safety nets such as BEAM and other NGOs.

Guidance and Counselling, as a subject in schools, was timetabled and being taught. However, it was noted that it was not being taught by specialist G & C teachers. Most of the times, it was

not taken seriously as it was not an examinable subject. While marking class registers the form/class teachers often gave guidance and counselling tips to their learners, which sometimes touched on how to minimise teenage pregnancies in schools.

Girl children were given the chance to select their foster mothers in schools such that they can share a mother and daughter relationship at school. Teachers play the role of mothers and aunts while upbringing the teenage girls. These teenagers can be helped in their areas of need, hence minimising the chances of the girls to misbehave while away from home and parents.

Effective communication between the school and home was said to bring the true picture of the girl-child's environment and areas of need can be identified and thus can be addressed correctly. Teachers also play a role modelling purpose which can be emulated by the teenagers in order to avoid teenage pregnancies.

Schools also play a part in the selection of the needy girls to be helped by NGOs and through the government's BEAM programme, for example. Schools make referrals to the social welfare and other NGOs for the payment of the girls' school fees. NGOs like JHWO and HIGHER LIFE were already doing this in Gweru District. Referrals to Child line and the police's child friendly units also help in reducing incidences of teenage pregnancies among secondary schools.

As a Christian school, in school A they had what are called progressive classes. In these progressive classes, both boys and girls are trained to be upright or disciplined children. The learners are empowered with skills to work and earn a living. They also offered spiritual programmes including weeks of prayer which give guidance to the teenagers for them to avoid indulging in sex.

The focus group discussions with 'O' level girls concurred with their teachers, where they also noted that G & C played an important role as intervention mechanism for minimising teenage pregnancies in their schools. They added to the list, the role of clubs at school and the presence

of school guards at the gate. According to the learners, clubs help to inculcate the knowledge on the effects of teenage pregnancies. The guards manning the school gates help by reducing movement of students out of the school without permission. This means that the girls cannot just be picked out of school by the male commuter drivers or the *mushikashika* drivers, or any other males during school hours.

Punishment for boys and girls who would have been involved in sexual love affairs at school was also pointed out as another intervention mechanism that can help to minimise the rates of teenage pregnancies among secondary school girls. The girl-discussants were even advocating for the use of corporal punishment in order to deter learners from being involved in love affairs whilst in school.

The school heads identified consultations as a way of reducing pregnancies in schools. They said that when parents visit schools and have time to interact with the teachers they talk about the learner's performance and behaviour. Such interactions may help curb misbehaviour among teenage girls who are advised to focus on schoolwork.

School heads also stated that early dismissal of those learners who travel long distances to and from school was an important way of reducing teenage pregnancies. The girls would travel and get home before dark, thereby reducing the chances of misbehaviour or being sexually abused by males.

Parents interviewed also pointed out that nothing seemed to be happening in schools to minimise teenage pregnancies following the banning of corporal punishment. They referred to their olden days when they were still at school and teachers would be respected, feared, and listened to because of the whip or corporal punishment.

5.5.3 THEME 3: How Effective are the Intervention Mechanisms that have been Implemented to Minimise Teenage Pregnancies among Secondary School Girls in Gweru?

While there are some mechanisms that have been implemented in schools to reduce teenage pregnancies there were still weaknesses or shortfalls which participants in both focus group discussions and interviews raised.

For example, it was noted that G & C was being taught casually and not seriously. The reason was that G & C was not examinable, and that there were no specialist teachers in the area or very few of them, if any. In some schools, G & C was not even on the time table and teachers did not even scheme for it. School heads pointed out that they put more emphasis in subject areas where national examinations were set. In the Form/class teacher's period, there was often little time to guide and counsel learners adequately. Some learners arrived late or missed the Guidance and Counselling lesson periods.

Some teachers acted as foster parents, but others were not involved. Hence, there was little attention that could be given to the affected teenage girls. The help which could be extended by teachers to the needy girls might not be enough as raised in the teachers' focus group discussions. Sometimes, teachers did not have adequate resources that the teenage girls required to deter them from indulging in love affairs and soliciting for the needs.

The 'O' level girls focus group discussions raised the issue that in most cases the teachers were not presenting proper role models to be emulative. Some male teachers turned out to be the culprits who fuelled the problem of teenage pregnancies in the secondary schools. Some lady teachers indulged in promiscuous behaviour which negatively influenced female learners.

Recommendations to BEAM, the social welfare and organisations which provide help were made but not all girls were absorbed, and a number were left out. Not all needs of the orphaned

girl-child were catered for compared to those ones whose parents are alive. BEAM, for example, was singled out as a programme that promised to pay school fees but this was hardly done. There was no provision of stationery and uniforms for the child. Food was also not provided. All these showed the shortfalls of the BEAM facility.

The 'O' level girls pointed out that early dismissals were done to give long distance travellers enough time to get home. However, most of the learners still found excuses to delay themselves on their way home and took that time as an opportunity to indulge in promiscuous behaviour which ended in teenage pregnancies.

While consultations were being done, some parents still had negative attitudes towards teachers such that they do not listen to the advice given concerning their children. In some of these cases, they took the side of their children, resulting in the children not listening to their teachers. This was pointed out in the girls' focus group discussions. Some parents do not even come for consultations. This would mean there was no effective communication between the parents and the school, hence no solution to the problem of teenage pregnancies.

The issue of progressive classes was seen as an effective one in few Christian schools as it was not practised in other schools. Most schools are secular schools where progressive classes do not apply. These methods of minimising teenage pregnancies were therefore not very effective.

FGDGSB noted that the community internet cafes which were built by the government to help learners to access the internet in their learning process had become the hub of all promiscuity for the 'O' level girls. They said that teenagers downloaded pornographic material which boys and girls viewed together and then ended up practising what they saw. Others, on the pretext of researching on their projects would take this as an opportunity to see their boyfriends and sugar daddies, which ended up increasing teenage pregnancies. The FGDTSB concurred on the

view that some learners lied that they would be researching homework while they would actually be at their boyfriends' residences or somewhere else.

5.5.4 THEME 4: What are the Perceptions about Secondary School Teenage Pregnancies in Gweru?

FGDTSA pointed out that a pregnant teenager should transfer to another school and should not be allowed to return to the original school. The reasons given were that the teachers themselves might not have fully embraced the situation and might not fully support the idea of the pregnant teenager learning together with her former peers. There was the fear that this could lead to a decline in the moral values and that other girls might copy her behaviour knowing very well that even if they fall pregnant, they will be allowed back in school. Teachers showed that they were totally unhappy and were against allowing the pregnant girls to influence other learners.

In their response to the parents' perceptions, the teachers opined that parents were totally against and unhappy about teenage pregnancies. They indicated that parents mostly did not want the pregnant girl-child to return to school. Rather, she should be married although still young. Teachers felt that parents should send the pregnant teenager to the boy's home or parents and wait for the payment of *lobola* and damages.

Low perception was also observed in the FGDTSB. The teachers did not readily accept teaching the pregnant teenage girls. Generally, acceptance of pregnant girls back into the same school was not accepted. Teachers pointed out that they were simply following the education policy of allowing back the pregnant girls into the school, but it was against their will. They even gave some examples of girls who had been denied the opportunity to come back to school, but who were, instead, sent away from home and got married. Thus, the FGDTSB concurred with the FGDTSA.

Both school heads agreed that teenage pregnancies among secondary school girls were on the increase. They also agreed that it had become difficult to accept the situation of teenage pregnancies at school. It was even worse where teenagers would come pregnant to school. Heads said they would only be fulfilling their duty to follow the Education policy. Most learners would also shun, stigmatise and isolate pregnant teenagers for fear of being associated with them. The school heads pointed out that, from their experience, poor performance would often be the result in most cases.

P/G1SA up to P/G4SA and P/G1SB up to P/G4SB strongly condemned teenage pregnancies stating that they were pained by it and would not easily accept teenage pregnancies. Few parents can allow the teenage who is pregnant back to school, they said. P/G2SB said that he could only allow the pregnant teenager back to school in order to avoid possible suicide. Otherwise, most parents, because of their upright personalities, remain resolute against teenage pregnancies among secondary school girls. Therefore, parents are generally against the acceptance of leniency towards pregnant teenage learners.

Both FGDGSA and FGDGSB pointed out that they do not accept the idea of learning together with their pregnant peers. They raised the myth that pregnant counterparts might cause others to sleep in class. The girls in the focus group discussions also pointed out that other students might emulate their pregnant teenagers and fall prey to the same dangers. Both groups agreed that it would be better to enrol the girl later, after she has given birth and also at a different school. If the boy responsible for the pregnancy was also a fellow-student, he should also not be allowed at school until the girl child gives birth. They would both be enrolled at a different school. The ‘O’ level girls were totally against teenage pregnancies among secondary school girls. It was unanimously agreed that falling pregnant disadvantages the girl-child more than the boy-child. Policies must be set to ensure equity in this challenge facing the teenage girl.

5.5.5 THEME 5: Which Intervention Mechanisms can be Proposed to Minimise Incidences of Teenage Pregnancies Among Secondary School Learners in Gweru?

Specialist G & C Teachers

The issue of G & C specialist teachers was raised since they could assist to minimise occurrences of teenage pregnancies in secondary schools. G & C should be taught by specialist teachers and that G & C be considered an examinable subject just like any other subject in the curriculum. Quality G & C can be given to teenagers before they get pregnant. FGDTSA suggested that proper Guidance and Counselling lessons could be taught by qualified government employed teachers like any other subject. Guidance and Counselling centres/clinics or referrals could be provided in each school or at cluster level for a start.

Needs Provision

Government, through the social welfare department, should provide all that the girl-child needs, be it sanitary wear, food, school fees, pocket money, uniforms, stationery, shelter or housing and many others. This could mean that there would not be any needs gap left to be felt by the girl-child, especially the orphan. FGDTSB raised the issue of the Social Welfare department which could widen its net and help the orphan girls so that all their needs are addressed. School heads, just like the parents, opined that the Social Welfare Department, through BEAM, should support and provide all the needs of the selected vulnerable learners. Provisions of stationery, food, uniform, and sanitary ware must be available, especially for the teenage girl in order to reduce cases of teenage pregnancies in secondary schools.

Free education must be provided to reduce the wider gap between the ‘haves’ and the ‘have-nots’. Given equal opportunity to go to school, girls could be empowered even to resist falling prey to teenage pregnancies.

Clubs, Games, Peer Education and Empowerment

Clubs such as the progressive classes should be incorporated into the education curriculum such that social, moral, ethical and spiritual values are taught to both the boy and girl learners. Peer education programs should also be offered in schools. FGDTSA suggested that experienced peers could be used as facilitators testifying their experiences to other teenagers.

Empowering the girl with knowledge of the causes and effects of teenage pregnancies should be done in all schools. This should be done through comprehensive sex education programmes. The empowerment of boys together with the girls is also needed in the fight against teenage pregnancies through sex education rather than focusing on girls only. Parents interviewed also concurred with the view that boys should also be included in the empowerment programmes so as to minimise the incidences of teenage pregnancies.

Comprehensive Sex Education

FGDGSA concurred with the FGDGSB that sex education should be taught in schools. This can be done by trained personnel or by NGOS visiting schools. Health lessons could be started as early as form one, emphasising on sex education. Lessons on sexual reproduction could also be integrated into other subjects as a cross-cutting theme. Sex education was suggested to be enforced by teachers, parents, and peers. The teenagers themselves stressed the need for abstinence. They called for more homework and community programmes to disseminate sex education through clubs, peer education, and counselling sessions by older people, the NGOs and the police child-friendly unit. FGDTSB differed with FGDTSA in that they advocated for school children to be given contraceptives in order to minimise teenage pregnancies among secondary schools. HSA was against the provision of contraceptives in schools while HSB considered them a measure to minimise teenage pregnancies among secondary school girls. The teenage participants also agreed that visiting their aunts during the school holidays could

assist in attaining some sex education like what used to happen before. Parents interviewed were against the provision of contraceptives to teenagers in secondary schools. They rather advocated for community sex education to be provided by grandparents, aunts, elders or leaders such as Chiefs and headmen in the community. They thought that the provision of sex education from as early as Form One could help reduce teenage pregnancies. Abstinence, more homework, and biological parents having more time with their children can help reducing teenage pregnancies as pointed out by the 'O' girls.

Cultural Dimension

The teaching of cultural values (*unhu/ubuntu*) and involvement of community discipline without segregation or selection on the actual maternal/paternal child can help reduce incidences of teenage pregnancies among secondary school teenagers. Co-operation between parents and the community was identified as an important solution and also that parents should have more counselling sessions with their children at home. The introduction of '*dare'* for boys and aunts counselling girls could help reducing the rate of teenage pregnancies.

The issue of the hidden curriculum was also raised, with participants proposing the teaching of *unhu/ubuntu* in schools. Teenage girls must be taught about self-respect and the value of self in schools and at home. Increased teacher/parent interaction could also be increased by having more consultations in schools as a policy in the education sector.

DREAMS (Determined, Resilient, Empowered, AIDS Free, Mentored and Safe) Programmes.

The DREAMS programmes should also be enforced in schools such that teenage pregnancies can be prevented. An early warning system can be put in schools with the Attendance Behaviour Course performance (ABC) concept being implemented. Each school could carry

out risk mapping in order to have a risk map that shows the dangerous places which can lead to teenage pregnancies. These areas such as secluded places must be kept under guard. The FGDGSB suggested that risk areas (hot spots) should be guarded by the police. Such places include the internet cafes, bushy areas on the way to school, and dark places. Fixing of streetlights in urban locations was seen as a solution that could reduce teenage pregnancies.

Uniform Dress Code

There should be a policy on uniform dress code in order to prevent teenage girls from wearing of mini uniforms in the secondary schools. They also pointed out that this could help revive the moral values that are being eroded by fashion. Rape cases could also be reduced this way as the girls' bodies would not be exposed as they come to school. Parents, like the 'O' level girls also pointed out that a uniform dress code was needed as a matter of policy.

Foster Mothers/Parents

The idea of foster mothers/parents in schools should be enforced through policy in the education system. This would help with immediate solutions to the needs of the girl-child at school. Foster parents can be practiced even at community level involving community leaders, relatives, the extended family, aunts, and grandparents, especially to cater for orphans. Caring and counselling of teenage girls can be effectively done at community level.

Policy Changes

1. Corporal Punishment

Both teachers' focus groups proposed the return of corporal punishment as a behaviour-control measure that would check against teenage pregnancies in secondary schools. The removal of corporal punishment in schools was a thorny issue. The parents who were interviewed said corporal punishment should be reintroduced in the schools since, in their days, it helped. It

could still help to control teenagers' behaviour. They also said both the father and the mother should cooperate in the promotion of the teenagers' discipline at home. Cooperation could avoid the situation whereby a child can take sides with either parent. There was a general agreement by the heads that corporal punishment should be returned to schools so as to protect both the teenager and the teacher. Heads of schools said that, without corporal punishment teachers find it very difficult to handle the teenagers, who sometimes actually abuse the teachers.

2. Religious Practises

Policy formulation specifically focussing on the religious groups which practise teenage marriages must be put in place to deter them from doing it. This may include the teaching the children about their sex rights and protection in the churches.

3. Accommodation

The parents interviewed were totally against those who live with their family in single rooms whether in the urban or rural areas. However, this case was said to be more common in urban areas, hence policy control was advocated for.

4. Pregnant Teenage Girls' Enrolment

The policy of allowing pregnant teenage girls back to school was seen as encouraging the increase in the rate of teenage pregnancies in secondary schools. The school heads concurred that it would be better to allow the teenager girl to return to school after delivery, but to a different school other than the one she was enrolled. This could somewhat deter other teenagers from falling pregnant while at school. In the case of the teenagers getting pregnant while still at school, the FGDGSA was strongly against the Zimbabwe 2020 Education policy which mandated the return of the pregnant teenagers to school. They argued that there should be

actually a deterrent measure in place such that other learners learn and henceforth become very cautious not to fall pregnant while at school. They saw returning the pregnant teenager to school as encouraging others to become pregnant while at school. They said it would be a bad influence on non-pregnant girls in the secondary schools.

5. Mixed Schools

The idea of having gender mixed schools was discussed as a solution to reduce teenage pregnancies among secondary schools by the 'O' level girls. They argued that boys or girls only schools were helping to increase the rate of teenage pregnancies, especially when the learners finally meet during the school holidays after having spent three months separated from either gender.

6. Health Care Provision

The FGDGSA also raised the point that in case of rape cases, all teenage girls should be advised of the available facilities in the form of the 72-hour help clinic and the child-line 116 that they can call. These heath care facilities must be readily available to the abused girls. Parents were encouraged to be friendly to their teenage children as well as share all important sex information with their children.

7. Parent/Child Relations

Parents also encouraged other parents to lead by example, especially not to show promiscuous behaviour before their teenage children. In the interviews with school heads, common solutions were suggested. They raised the issue that parents should have more time with their families and talk to their children. Interviewees noted that parents should realise that to just leave the children with maids was bad and should, therefore, be discouraged. Bad values, bad morals and negative influences could be picked by teenagers who are left unattended. It was also

observed that the use of cell phones and WhatsApp in the home or after work should be discouraged since it took away the time family members could actually interact or receive counselling. Parents were encouraged to discuss sex education with their teenage children as a way of reducing the potential of teenage pregnancies.

It was also suggested that in the home, parents should watch movies together with their teenage children so that they analyse them, draw some lessons from them in order to discourage teenage pregnancies. Parents were also expected to take over the roles of uncles and aunts. This was so because the extended family, which could have assisted in moulding children, had virtually broken down as a result of varied reasons including economic, social, education, migration and many others. Nowadays, parents are supposed to constantly check their children's phones and laptops for hidden pornographic material.

5.6 Discussions

This section focuses on the discussion of the common themes raised during the data collection process through the use of focus group discussions and interviews. The themes are derived from the research questions and responses of the data collected.

5.6.1 THEME1: Main Causes of Teenage Pregnancy

From table 5.7, teenage pregnancies can occur as a result of poverty affecting both the rural and urban schools. Lack of basic needs for the teenage girl was raised as the most challenging factor in increasing teenage pregnancies in secondary schools. In urban schools, lack of accommodation resulting in families living in the same room divided by curtains was pointed out as the biggest cause of teenage pregnancies. This results from poverty which affects girl's psychosocial development across multiple contexts, including the home and family as pointed out by Chinyoka (2013). Brothers and sisters end up impregnating each other because of sleeping in the same room or on one side of the curtains all resulting from poverty/ not having

enough shelter. On the other hand, poverty seemed to be hitting hard in rural areas resulting in high rate of teenage pregnancies. This is why in the study carried out by UNFPA (2020) it is pointed out that teenage pregnancy rates are five times higher among girls in poverty than in the wealthiest quintile.

Broken homes, separation of couples, single parents and death of parents came up as the other causes of increase in teenage pregnancies in secondary schools in both the rural and the urban schools. Peer pressure or influence was noted in both areas. Drug abuse, alcoholism, adolescence and puberty stages were common and the occurrences of VUZU parties were mainly noted in the urban sector. Lust, religious beliefs and practices, rape and sexual abuse, lack of knowledge or ignorance, environmental influence (social norms and values in the community) were raised by the rural school, and pornography was mainly from the urban school. The same causes of teenage pregnancy were raised by Slutty, 2017; Maxwell, 2018; UNFPA, 2019 & the World Health Organization, 2020 pointing out that teenage pregnancy can occur as a result of, among other things; poverty, broken homes, separation of parents, single parenting, death, peer pressure or influence, lust, religious beliefs and practices, rape and sexual abuse, alcoholism and drug abuse, lack of knowledge or ignorance, environmental influence and pornography.

External (environmental factors): social support, social norms, availability of programmes and services and opportunities for youth development could be seen playing a bigger role in differentiating the rate of teenage pregnancies in urban and the rural schools, hence, the intervention mechanisms (personal, inter-personal, and/or environmental) are to be directed according to the differences in locations (Brindis, Sattley & Maino, 2005).

COVID-19 came out to have more effect in urban areas through extra lessons and increased use of cell phones and internet. However, the long period away from school affected both

areas. The immediate environment **(**microsystem**)** in which the teenager lives, such as, the home, school, peer group or community environment according to Bronfenbrenner (2006) has a bearing on teenage pregnancies. There are factors that may cause the increase and risks of teenage pregnancies such as little supervision for teenagers such as the home environment unlike the school environment (Kirby, 2007; Miller, 2008).

Rape cases were pointed out to be occurring more in the urban schools as a result of the code of dress/fashion exposing the girls' body through mini-dressing, skin tights, see through and other forms of dress which leaves the sexual parts of the body exposed mainly worn by the urbanites. More unemployed school leavers and no street lighting in urban areas also increased the cases of teenage pregnancies. In the rural school rape cases could occur because of long distances travelled to and from school and in most cases through forests.

In the rural environment cultural values degradation and misplaced religious beliefs were also cited as the major causes of teenage pregnancies while dressing was affecting the urban areas. This is why socio-cultural and religious norms and community values which undermine Adolescent Sexual and Reproductive Health and Rights (ASRHR) and perpetuate adolescent pregnancies in communities should be addressed. UNFPA (2016) pointed out that, this can be attained by promoting dialogue on adolescent/teenage fertility and on harmful socio-cultural and religious beliefs and practices. Religious and traditional dialogue and engagement can be done through social mobilisation and advocacy (UNFPA, 2016).

Lack of interest in school or personality towards schoolwork was observed to be another cause of teenage pregnancies in secondary schools in both areas. Therefore, there is need to address personal factors (Internal): such as knowledge, skills, attitudes, beliefs, values, intent and motivation need to in order to minimise teenage pregnancies in secondary schools

Age difference in classes was noted to be affecting the urban schools more than in rural areas. Older learners tented to influence the younger ones with their sexual experiences causing an increase in teenage pregnancies rate. It was increased by the coming in of the heritage-based curriculum and technological advances through internet provision, use of cell phones and computers in the learning process which exposed the teenagers to sexual abuse and caused no family time in most families (UNESCO review, 2020). The introduction of CALAs in the curriculum resulted in learners pretending to be researching on internet while they download sexual materials. In the urban areas it was pointed out that the internet cafes were the meeting places for boys and girls resulting in increasing teenage pregnancies. On the other hand, parents have little time to talk and counsel their children as most of the time they were said to be on social platforms such as WhatsApp, Facebook, Instagram, TikTok and others while at home after work.

Misuse of contraceptives such as morning-after pills, family planning pills and condoms were pointed out as affecting both the urban and the rural schools increasing the rate of teenage pregnancies. This situation concurred with the UNESCO review which showed that by 2011, most life skills education curricula in some ten East and Southern African countries still lacked information about the use of condom and contraceptives, basic aspects of sexual health and sex, gender issues, and the framed sexuality in negative light (Network for Adolescent and Youth of Africa-NAYA, 2011).

It was noted that high rates of teenage pregnancies were linked to Zimbabwe's high rates of child marriage, barriers to sex education and related geographic and economic inequalities as pointed out by UNFPA (2015). In rural areas pregnancy rates among girls was at 40.2% which is three times higher than those among their urban counterparts (Zimbabwe Demographic and Health Survey, 2015).

5.6.2 Theme 2: Intervention Mechanisms Currently Being Used

The results collected through interviews and focus group discussions focused on the intervention mechanisms that were currently being used to minimise cases of teenage pregnancies among secondary school learners. These were identified as; foster mothers/parents, needs provision, BEAM, effective communication between home and school, clubs at school, early dismissals from school, safety nets, role modelling and G & C. These are shown in FIG 5.2 on page 156:

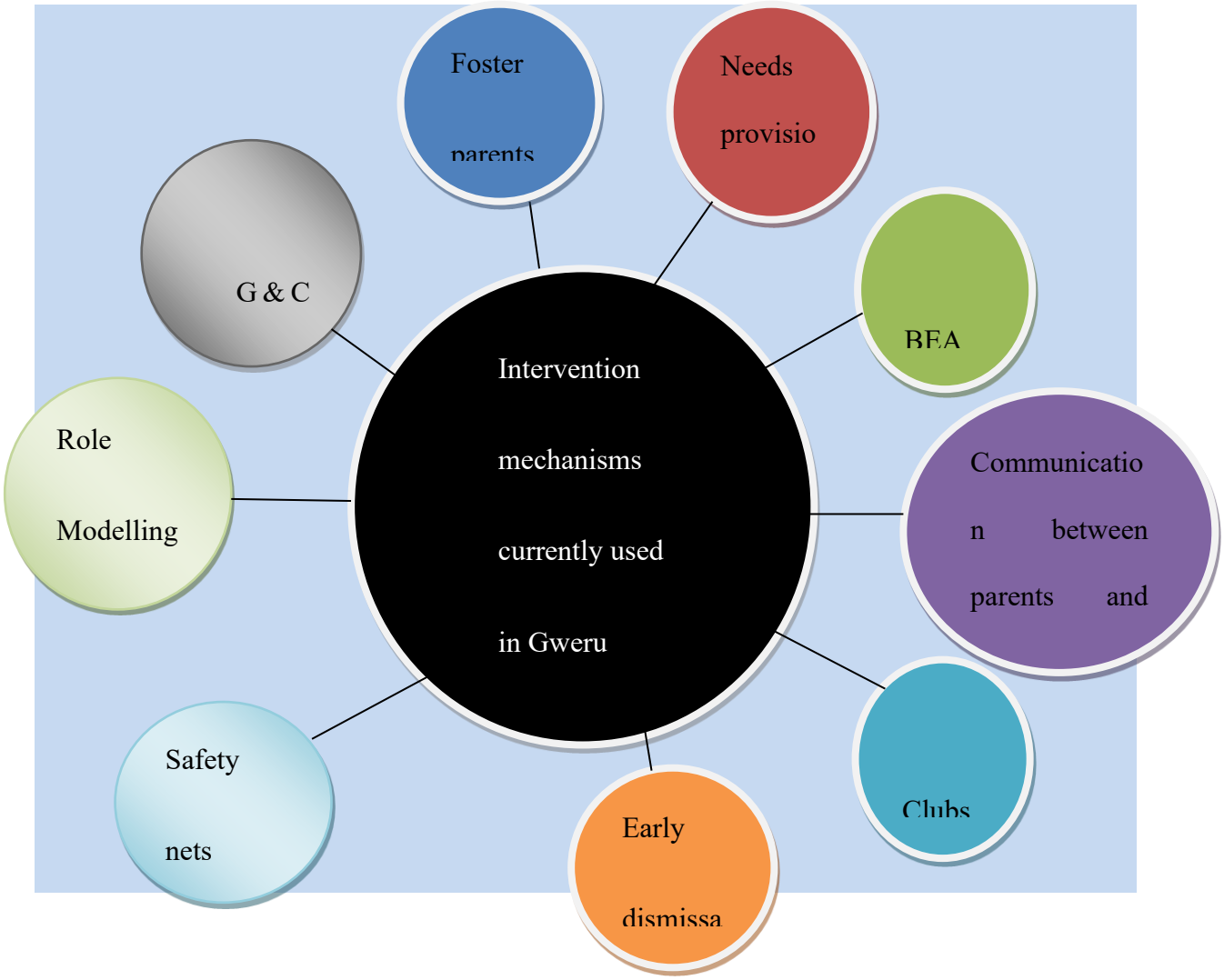

Fig 5. 1: The Intervention Strategies Currently Used in Secondary Schools to Minimise Teenage Pregnancy (Homela, 2023).

The intervention mechanisms while present, they failed to address the issues of equality among boys and girls following the liberal feminism theory which considers women to be essentially

the same as men based upon the principle of equality, opportunity and freedom for all (Pedersen, 2019). Liberal Feminism also emphasises equal individual rights and liberties for women and men and downplays sexual differences (Pedersen, 2019). The aspect of all stake holders (the ecological system) involvement as pointed out by Bronfenbrenner, (2006) could be noticed such as the microsystem (foster mothers, role modelling and clubs), mesosystem (G & C and early dismissal), exosystem (needs provision), and the macrosystem (safety nets and BEAM). The chronosystem is the only one that could not be noticed.

5.6.3 Theme 3: Implementation of Intervention Mechanisms

5.6.3.1 Foster Parents

The focus groups for teachers raised the issue of foster mothers as one way of trying to reduce teenage pregnancies in secondary schools. Most teachers felt that the foster parents' method failed to provide all the needs of the teenage girl. One of the participants in FGDTSB said:

> *Yes, foster parents can help in a small way but teachers in Zimbabwe are already overwhelmed considering the inadequate salaries viz-a-vis all the expected duties.*

The teachers in FGDTSA pointed out that teachers were also parents in their own right. Indeed, some teachers had large numbers of children to take care of, and extended families to look after. It was, therefore, be very difficult to overload the teachers considering the little salary they were getting. In other words, very little could be spared from the salary for the provision of the real needs of the poor teenage girls. Foster parents should routinely initiate discussions with youth around issues related to sexuality, including self-image, relationships, goal setting, planning and decision making, and protection from STIs, unwanted pregnancy and exploitation. To do this, foster parents need training in how to have these regular discussions as pointed out by Nyahunda & Tirivangasi (2021). This could be why some girls were driven into looking for help from older males. The end result was, sadly, sexual abuse and teenage

pregnancies while at school. From FGDTSB it was raised that teachers might play the foster parent role in social matters but not in material provisions. This leaved the teenage girls with little or no option, but to look for satisfaction of their material needs from somewhere.

The involvement of caring adult foster mothers brings in parenting skills that help in the provision of information about reproduction and contraceptive services (Moore, 2015). Foster mothers can offer parental supervision, hold strong opinions about the value of abstinence (or protected intercourse), and offer supportive family relationships (connectedness) to the teenage daughters, as stated by Miller (2018).

5.6.3.2 Needs Provision

'O' Level girls pointed out needs provision as a method to minimise teenage pregnancy. FGDGSA pointed out that teenage girls need eats and drinks and things such as cascade drinks, burgers, HELOs, chicken, pocket money, free transport, cell phones and airtime. One of the girls in FGDGSA said:

> *If you bring diluted mazoe drink to school other girls will laugh at you and they can give you a derogatory nick name.*

Besides food items, teenage girls also desired nice fashion clothing, sanitary wear, and school stationery such as books, covers, pens, pencils, rulers, mathematical sets and calculators. The Feminist Theory sheds light on social problems, trends, and issues that are otherwise overlooked or misidentified by the historically dominant male perspective within social theory (Crossman, 2018). This was raised by the FGDGSB concurring with FGDGSA but further pointed out a sad situation where some teenage girls are said to be using cow dung as sanitary wear during their menstrual periods. This, however, is a serious pull factor for men who can provide such needs, which mostly result in teenage pregnancies. It was also pointed out that teenagers were too shy to come to school wearing old or torn school uniforms. They thus

resorted to asking their boyfriends and older men to buy them new uniforms. A participant from FGDGSA pointed out that:

> *Teenagers tend to desire and look for food items which may be in short supply at home such as sugar, bread and even mealie meal. Some need body lotion, nice bathing soaps and perfumes.*

This show that the needs vary with the environment or the situation the teenager is in. It therefore points to the need to change the teenager's environment as a mechanism to minimise teenage pregnancies. Being exposed to a school environment where teenagers can get pregnant while at school and negatively influence other teenagers. Intervention mechanisms to ease these problems need also to come from these environments. The teenager's education can be influenced by the home, the school, the community, the extended family, the larger neighbourhood peers, the church, and the cultural values or beliefs and inequalities in the environments. This is consolidated by the liberal feminism theory and the ecological systems in the Ecological Theory.

5.6.3.3 Viable Basic Education Assistance Module (BEAM)

The idea of the BEAM facility is good, but its shortcomings are that the Government sometimes failed to pay the school fees to schools in time such that schools suffered. Schools stopped recommending all the needy learners to be helped through BEAM. Some schools asked the affected learners to pay school fees and levies such that refunds were to be made after BEAM funds are received, which in most cases never materialised or only come very late after some teenagers could have resorted to other means of getting money. This in other words increased the cases of teenage pregnancies among secondary school learners. The BEAM programme seemed to have failed to provide teenage girls other needs besides school fees. Teenage girls needed sanitary wear, stationery, uniforms, clothing, food, shelter and many other things which

make the teenage girls contented. If these items are provided, teenage girls may turn away from the behaviour that leads to teenage pregnancies. HSA pointed out that:

> *BEAM is just a monster because it is causing much suffering to schools in terms of finances. The school last received BEAM funds in 2018 and by then school fees and levies were very low such that if the money is to be given now it has lost its value completely.*

In other words, the Social Welfare Department was not doing justice to the BEAM facility in schools. The idea looked so good and in line with the Zimbabwean Education Amendment Act of 2020 on its "basic state education" which means (a) education from early childhood, education up to form four; or (b) adult education up to form four; or (c) any other category as may be declared as such by the Minister by notice in the *Gazette* from time to time. Learners shall not be required to pay fees or levies. It is the State that shall provide them with learning and teaching material, facilities, infrastructure and resources subject to the provisions of section 75 of the Constitution of Zimbabwe (Zimbabwe Education Amendment Act, 2020: 622).

5.6.3.4 Effective Communication between Home and School

The idea of ensuring effective communication between the school and home is supported by the Ecological model which posits that the girl-child's development occurs within an interactive system of nested influences between the child and the environment. The teenage girl-child develops within a complex system of relationships that are affected by multiple levels of the surrounding community (Chinyoka, 2013). Dickens and Allison, 2013 points out that, teenage pregnancies are, in part, the failure of society, the home, school, church, and health community (Ecological systems of the Ecological Theory) to adequately teach sex education. Prevention begins with understanding and knowledge from the community (Dickens & Allison, 2013).

In Denmark, South Carolina the community ran programmes intended to minimise girl pregnancies, especially the churches, the business community and parents (Think Progress, 2020). The school environment must, therefore, interact effectively with the home environment in order to shape or mould the teenage girls with good moral values that help them respect their bodies and be on the same platform with their counterparts (boys).

Environmental factors-external (peers, neighbourhood playground, day-care facility, religious organisations, health services, family and school) can be seen to influence the teenagers as shown in the microsystem. The P/G2SB stated that in order to curb peer pressure influence, the community must be involved. Peers can influence teenagers to indulge in drugs, and through attending VUZU parties which may end up causing teen pregnancies. At adolescence and puberty stages, teenagers can be easily influenced by peers, hence the need for counselling from adults to reduce of peer pressure. Engaging in sporting activities which can keep the teenagers occupied as well as by allowing health professionals to offer community sex education that could reduce the negative influence from peers.

Youth development programmes focus on supporting and encouraging young people and providing them with skills that will help them succeed as adults. Such programmes also help the youth to form meaningful relationships with adults and older peers.

Young girls need the opportunities to acquire a broad range of skills and to build connections within their communities. Improving girls' education and life options are correlated to reduced pregnancies and birth rates. Critical elements of a youth development programme include the following characteristics: being responsive to the needs and interests of the youth and their communities, staff that is knowledgeable about adolescent development and are trained to work with youth, young people who are regarded as resources in planning and programme development, and the program which should collaborate with community organisations,

government agencies, schools and families (Carriegie, 2006). Youth development programmes can focus on supporting and encouraging the young people and providing them with skills that might help them succeed as adults. Such programmes also focus on helping the youth to form meaningful relationships with adults and older peers, hence minimising teenage pregnancies among secondary school girls. The teenage girls, therefore, live and interact in a microenvironment that involves the home, school and peers, some of which cause teenage pregnancies among teenage schoolgirls.

HSB posited that:

> *Bad influence may emanate from the home, depending on the nature of parents, that is, the home environment. Some parents do not want their teenage girls to be reprimanded at school such that some even go to the extent of visiting the school to scold teachers or school heads.*

In this case, the home and school environments seemed divorced. In such cases, the teenage girl may end up behaving anyhow that she feels is good. It may thus be difficult for teachers to guide her. The pregnancy rates in such cases become difficult to minimise.

5.6.3.5 Clubs

Brindis, Sattley & Maino, (2005) posit that there is need for programmes that include peer support and connections with mentors and other adults such as through clubs. In this research it was noted in FGDGSA that clubs as a method to minimise teenage pregnancies in schools can only be effective if those clubs are effective as found in progressive classes of school A. Teenagers learnt about the value of their bodies. They were also empowered by work, respect and the spiritual aspects. In other words, the teenager could become socially, mentally, physically and spiritually empowered by such clubs. There may also be absence of disease as teenagers engage in many exercises as well as health temperance exercises. Clubs also feature

peer education which involves both boys and girls. Hence, equity can be realised as supported by the Feminist theory, which enlightens on social problems, trends and issues that are otherwise overlooked or misidentified by the historically dominated male perspectives within social theory (Crossman, 2018). In Denmark, older teenagers were encouraged to serve as mentors to their younger peers in order to reduce teenage pregnancies (Think Progress, 2020). There was encouragement of mentoring as peer educators were trained, and teenagers listened to messages about safe sex from peers. This could be shared in clubs at school. The challenge was that these clubs were not very effective in most schools, hence did not have much significance in minimising teenage pregnancies in secondary schools.

5.6.3.6 Early Dismissals

Early dismissals were said to only help those long-distance travellers who were morally upright. To some, it became an opportunity to have more time with their boyfriends as they walked home. This would result in more pregnancies taking place. One 'O' level girl pointed out that:

> *Early dismissal is like giving some of the teenage girls enough time to meet their lovers on their way home.*

FGDTSA and FGDTSB agreed that most of the teenage girls who would have been dismissed from school early were seen boarding *mushikashika* cars and commuter omnibuses. Others would be seen loitering in town and business shops where they would have ample time to chat with men and boys (school leavers). In other words, they misused the good gesture that was given to them to travel home early before dark in the desire to minimise the chances of teenage pregnancies.

5.6.3.7 Safety Nets

Some provisions for teenage girls came through from NGOs such as JHWO, HIGHERLIFE and DREAMS who serviced some Gweru secondary schools. Like the BEAM case, these NGOs fail to provide 100% of the girls' needs and all schools such that some gaps are left open. The teenagers then will try to supplement and fix those gaps on their own. In the case of teenagers who are living in single rooms, for example, there is need for more accommodation provisions. Most of these safety nets mostly focused on school fees, but teenagers cannot come to school on empty stomachs. However, FGDTSA pointed out that:

> *HIGHERLIFE is now bringing some groceries to the selected learners. These include mealie meal, sugar, toothpaste and green bar soaps. JHWO also came in with the same items for the selected girls, but it has now stopped, and the learners are said to have been absorbed into the BEAM facility.*

The school fees and levies which used to be received from JHWO had stopped coming to schools but the little support in terms of groceries, stationery and sanitary pads was still coming to schools. Appropriate use of this support can reduce the rates of teenage pregnancies among secondary school girls. The provision of safety nets if properly done can help to reduce gender disparities at all levels of education according to the Human Rights Watch (2017) which agrees with the Federal Feminist idea of gender equality.

5.6.3.8 Role Modelling

Most of the 'O' level girls in the focus group discussions strongly agreed that not all teachers portrayed good role models. They believed that some teachers were, indeed, the culprits who caused teenage pregnancies and others exhibited promiscuous behaviour that left teenagers without positive role models. One girl from FGDGSB said:

Some teachers propose love to teenage girls and make them pregnant. The situation is now worse as a result of the CALAs which were introduced. Girls need teachers' help on CALAs and end up being pregnant.

It was noted that some teachers were drunkards who did not feel ashamed to misbehave or do bad things in the presence of teenage girls, thus portraying the wrong models.

It was raised in the FGDTSA that role modelling was not very effective as teachers were no longer being valued as they used to be. One of the teachers in FGDTSB said:

Teachers do not have enough money to buy formal clothing that would make teenagers emulate them. The teachers' meagre salaries are always being published in the media and very few teenagers would want to be teachers after school. In some schools, learners drive to school and offer transport to some of their teachers. In such cases it becomes difficult for teachers to present themselves as role models. Their diminished influence may make it difficult for teachers to have impact in minimising incidences of teenage pregnancies among secondary school girls.

The need to improve the teaching service is so glaring if the country is to effectively use role modelling as a way to minimise teenage pregnancies among secondary school girls.

5.6.3.9 Guidance and Counselling

One of the schools' heads, HSA, pointed out that:

The subject G & C has no value attached such that learners do not take it seriously. It is also trashed because it is taught by non-specialist teachers,

The above idea was also presented by the teacher-participants in the focus group discussions (FGDTSA and FGDTSB). One participant summed it by saying:

Specialist teachers are needed for counselling to be effective.

The idea strongly proposed for the education policy to look into the training and employment of Guidance and Counselling teachers as specialists in G & C, a stand-alone subject which can be examined. This may force the teenager learners to take the subject seriously. In other words, its teaching was casual and ineffective in the face of rising cases of teenage pregnancies in secondary schools. Through G & C, comprehensive sex education can be taught to all students for them to make healthy choices about their physical relationships. Also, teenage pregnancies are not just an issue for teenage girls; both boys and girls must learn the curriculum together (Think Progress, 2020). There was also the proposal that the G & C subject must be examined so that it can be taken seriously in schools. One teacher from FGDTSB pointed that out that:

> *Unless the G & C subject is taken as an examinable subject it won't be taken seriously and teachers won't waste time on something which is not tested, and worse being taught by laymen.*

In other words, for G & C to be an effective mechanism to minimise teenage pregnancies the Ministry of Primary and Secondary Education have to employ trained counsellors in the schools. The Ministry should also take seriously the idea of examining the subject at the end of the secondary educational course.

5.6.4 Theme 4: Perceptions on the Teenage Pregnancies

5.6.4.1 Teacher's Perceptions

Teachers showed that they were not fully behind the idea of the Amended Education Act of 2020 which posits that pregnant teenagers should be admitted back in school and be given maternity leave when about to give birth. They argued that such an instruction encouraged those who were not yet pregnant to also try and experiment with sex. In other words, more

teenagers can become pregnant because, as it stood, there seemed to be no deterring measures to scare other teenagers. One teacher from FGDTSA observed that:

> *It is better for the pregnant teenager to be admitted at a different school after giving birth than to bring her back into the same classroom.*

Both teachers' focus group discussions agreed that pregnant teenagers disturbed the learning processes, especially in cases of pregnancy complications. It is even worse in schools that are far away from health facilities and in those schools where the pregnant students walk long distances to and from school. In most cases, pregnant teenagers are isolated from other learners, and they tend to fall in their performance.

A participant from the FGDTSB commented:

> *Pregnant teenagers may need special treatment and cannot participate fully in activities like sports. This special need gives teachers more work such that they end up not offering that special attention. Sometimes the services of health specialists may be required at school*.

In other words, teachers were generally not impressed by the Ministry's policy of readmitting the pregnant teenagers, especially at the same school. Their attitude towards pregnant teenagers was again negative as they showed that they were not happy about the pregnancies at school.

5.6.4.2 School Heads

Both school heads interviewed pointed out that their hands were tied by the Education policy which had embraced the idea of enrolling the pregnant teenagers into school again. HSA mentioned that:

Otherwise, the ideal situation is not to enrol the pregnant teenager together with the boy 'father', unless it is after the delivery of the child. The enrolment could be done in a different school so as to avoid labelling and isolation.

HSB pointed out that:

The pregnant teenager will need special treatment, looking at special starting time, sporting activities, length of learning periods and workloads. This is in the context of the recently introduced CALAs projects. Otherwise, stress can build, which can cause many more complications to these pregnant teenagers.

School heads expressed similar sentiments and perceptions with teachers.

5.6.4.1 'O' level Girls

'O' level girls in both focus group discussions agreed that the pregnant teenagers disturbed them in class. One of the girls repeated one of the myths where she said:

If one is pregnant in the class, the whole class will have a problem of sleeping.

They all agreed that no one wants to be associated or play with the pregnant teenagers. In FGDGSA it was agreed that these pregnant teenagers should have their own special class rather than enrolling them in the normal formal classes. The focus group, thus, agreed with the idea of the Government to have non-formal learning. However, that would mean more work for the teachers and the Government may need to employ more teachers to cater for these extra classes.

5.6.4.4 Parents/Guardians' Perception on Enrolment of Pregnant Teenage Girls in Schools

Parents interviewed were unhappy about the issue of teenage girls getting pregnant while at school. Out of eight parents interviewed only one embraced the idea of letting the pregnant

teenager attend school. Parents have strongly disapproved the idea of enrolling the pregnant girls back into their classes and schools as stated in the amended Education Act of 2020. One parent said:

> *I do not waste my money on someone who wants to be married. It is good that the new husband should send his wife to school and also pay damages.*

Parents who were against the idea of sending the pregnant teenager back to school were of the idea that the girl child should proceed to be married if she is aged sixteen (16) years and above. The researcher realised that in all the parents' interviews, parents showed anger and bitterness over the increasing teenage pregnancies. From the ideas pointed out by heads, teachers, leaners and parents' perceptions it showed that the ecological systems do not embrace the pregnant teenagers back into the class while pregnant. Re-enrolment must be at a different school altogether after giving birth which is a bone of contention on the girl part.

A look at other countries shows that Uganda, like Botswana, has a disciplinary policy of suspension, expulsion and re-entry at a different school. Tanzania has expulsion and very limited opportunity for re-entry. In Malawi, there is one-year suspension and re-admission at the beginning of the next academic year following the girls' suspension. Counselling services are provided to both the girl and the boy responsible for the pregnancy (Population Council UNESCO, 2015). Gabon and Kenya, like Malawi, have applied "continuation" on re-entry policies and strategies to ensure that pregnant girls can resume their education after giving birth (Human Rights Watch, 2017). In this case, it becomes a controversial issue whether to readmit the pregnant teenage girl or not admit her while still pregnant. Denying the teenage girl the opportunity to continue with her education because of pregnancy again will be against the liberal feminist theory of equal opportunity with boys. In other words, positive perception is

needed first in the community in order to have effective mechanisms to minimise teenage pregnancies among secondary schools.

5.6.5 Theme 5: Proposed Intervention Mechanisms

5.6.5.3 Comprehensive Guidance and Counselling

There is need for teenage occupation and family time/parenting. The COVID-19 pandemic period caused the teenagers to have too much time away from school, which resulted in an increase in teenage pregnancies among secondary school girls. It was reported from the parliamentary discussion of 14 October 2022 that during the pandemic period about 55000 teenage girls got pregnant per month and 10000 girls dropped out of school at the same rate.

Findings of the current research study indicated that teenagers should not be left idle. Parental involvement is required such that parents can assume the role of the teachers even at home. More time is required for parents and their children as a family interacting and passing time together. Home or family counselling was encouraged. It should focus on sex education. Such efforts could help reduce the cases of teenage pregnancies in secondary schools. The parents and school heads interviewed in this study agreed that parents had a big role to play in reducing teenage pregnancies among secondary school girls. From the microsystem in Fig 5.4 it can be seen that the family has an influence on the child at the centre. Generally, therefore, parents and the family have an important influence in the prevention or perpetuation of teenage pregnancies.

Good parent/child relationships and more guidance were called for in order to minimise the cases of teenage pregnancies. Parents could help influence their teenage children to avoid teenage pregnancies by offering the following: higher education and high-income jobs, parental supervision, instilling strong moral values and discipline as well as advising them on abstinence

(or protected intercourse). This means that teenagers need supportive family relationships (connectedness) (Miller, 2018).

Training and employment of specialist Guidance and Counselling (G & C) teachers is needed. These teachers could guide and counsel the teenagers professionally and correctly unlike the general teachers who do not have the knowhow in terms of professional counselling. Proper guidance can help to minimise teenage pregnancies in secondary schools. G & C also need to be treated like all other examinable subjects. This can help in having it being taught seriously as the results or grades will be expected at the end.

There is need for the provision of G & C clinics or centres in schools or at cluster centres, to start with. Teenagers could receive help quickly in these clinics and pregnancies could be prevented. Counselling services are to be provided to both girls and boys who can be responsible for the pregnancies (Population Council UNESCO, 2015). In this case boys and girls would have equal opportunity and are considered essentially the same according to the liberalist feminist theory which is based upon the principle of equality, opportunity and freedom for all (Pedersen, 2019).

5.6.5.4 Construction of more Secondary Schools

From the research findings from both interviews and focus group discussions it was noted that the long-distance learners travel to and from school, more unemployed school leavers, and no street lighting in urban areas were some of the factors which caused an increase in the occurrences of rape cases, which sometimes result in teenage pregnancies. Some of the mechanisms mentioned to minimise this include increasing the nature of policing on the routes to and from school, having street lights on always in the evenings and nights, and the Government building or helping other stakeholders to construct more secondary schools in order to reduce the distances travelled by learners.

More schools can be built to have at most three kilometres longest walking distance to school. This arrangement might prevent or reduce the chances of rape cases and promiscuity along the way to and from school especially in rural areas. The problems with early dismissals could be eliminated and the early dismissal itself might be a thing of the past. Surveillance and security could be easy to increase in shorter road distances to schools so as to reduce cases of rape and possible teenage pregnancies among secondary school girls.

5.6.5.5 Safety Nets

Poverty was considered to be one of the major causes of lack of accommodation, and shortage of basic needs such as food, clothing, money, sanitary wear, stationery, uniform, and fees. Poverty acts as a push factor to increased incidences of teenage pregnancies. Teenage pregnancies can occur as a result of the following: poverty, a broken home, separation of a couple, single parenting, death, peer pressure or influence, lust, religious beliefs and practices, rape and sexual abuse, alcoholism and drug abuse, lack of knowledge or ignorance, environmental influence (social norms and values in the community), and pornography among other factors (Slutty, 2017; Maxwell, 2018; UNFPA, 2019; World Health Organization, 2020). However, poverty should be eradicated in order to prevent or minimise incidences of teenage pregnancies among secondary school girls. It was also suggested that the government should provide houses to the poor. The Social Welfare Department should take an active role in the provision of basic needs for the teenage girls.

Safety nets like BEAM can be improved to provide all the girl learners' needs such as school fees and levies, food, sanitary wear, stationery, uniforms, shelter, some pocket money and transport to and from school, especially in urban areas. That way the teenage girl would be left with very little chances to feel unprovided for in terms of basic commodities. NGOs also need to further cater for all basic needs of the teenage girl such as the basics needs needed at home like shelter, blankets and food. The provision of all basic needs will not leave the girl child

with any loophole to try and fend for herself. Enforcement of free primary and secondary education in practice is needed. This could allow every teenager to access education with little or few needs to be catered for as fees and levies would be provided in the free education policy provision. In other words, if the poverty is totally addressed among teenage girls, teenage pregnancy would have been addressed also.

5.6.5.6 Uniform Dress Code

The parents interviewed in this study stressed the necessity of adopting a standard code of dressing or a school uniform which does not expose the girl child's body. Establishment of a policy on standard uniform dress code in terms of specific length on girls' skirts or dresses. This could prevent girls from wearing miniskirts or mini dresses for example. The teenage girls' bodies should not be exposed such that they do not attract boys and men. Like teachers who have the dress code according to the circular number 10 of 2006 stating that women for example, must not wear miniskirts, sleeveless dresses or blouses, strapped dresses or blouses, tops that have low neck less and see through garments (Public service of Zimbabwe standard of dress, 2006). Learners also need to have the same control on the way they dress their uniforms. This might contribute in the reduction of sexual abuse. *Unnhu/ ubuntu* could also be promoted so that girls value their bodies. This could also reduce promiscuity and teenage pregnancies among secondary schools.

5.6.5.7 Comprehensive Sex Education

There is need to establishment comprehensive sex education in schools. Comprehensive Sexuality Education (CSE) is the education that emphasises a holistic approach to human development and sexuality (UNESCO, 2018). This can help both boys and girls to have knowledge of the effects of teenage pregnancies to the girl child, the boy child, the community, the country and the world at large. In other words, both girls and boys should be empowerment on handling the problem of teenage pregnancies. Age-appropriate, culturally relevant approach

to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information has been found to boost adolescents' decision-making skills and to contribute to the prevention of unintended pregnancy, violence and abuse, and gender-based violence (UNESCO, 2016). Comprehensive sex education needs to be part of the school curriculum, and this could help minimise teenage pregnancies among girls in secondary schools. The girl-child becomes equipped with the knowledge, skills and values to make responsible choices about sexual and social relationships (UNESCO, 2018). A holistic approach should be taken to teach both boys and girls comprehensive sex education taking into consideration the idea of equality approach in accordance with the feminist theory.

CSE can also be taught in the home environment which is part of the ecological system as stated by Ecological theory. Community programmes on sex education and teenage pregnancy awareness inculcating *unhu/ubuntu* in teenagers could be established. Chiefs, headmen, kraal heads and other community leaders and elders could be involved in controlling the teenagers by running these community programmes.

5.6.5.8 Hidden Curriculum

Hidden curriculum can be enforced in schools and at home where cultural values, morals and ethics are taught. Inculcation of values and good morals in teenagers might help minimise cases of teenage pregnancies among girls in secondary schools. Social mobilisation and advocacy on socio-cultural and religious issues that contribute to adolescent pregnancies prevention are encouraged. Faster and greater community dialogue and engagement together with mobilisation of local traditional and religious leaders to address socio-cultural and religious drivers of adolescent fertility could also help address the problem. Parent to child communication on sexuality, sexual and reproductive health issues should be encouraged (UNFPA, 2016).

5.6.5.9 Early Warning Systems

Early warning systems can be enforced in schools. This is a process of detecting the change in the child's behaviour which can be caused by peer pressure, puberty stage or adolescent stage. The child can start being involved in sexual activities or boy/girl relationships; this causes a change of behaviour. Teachers can assess these changes of behaviour early and quickly control it through G & C. The child can be referred to the G & C specialists or the G & C clinics at school. This network of monitoring the child's behaviour and noticing it early is the early warning system. The intelligent girl child can start to decline in performance, to be quiet in the class, becoming moody or over excited, showing signs of withdrawal as examples of changes in behaviour when the girl child starts to be involved in love affairs. Risk mapping could also be done to come up with very high-risk areas, risk areas and safe areas. Learners themselves can draw the risk areas at schools as there are the ones involved in promiscuity behaviour in these areas. There is need to guard, monitor and protect teenage girls from these risk areas, hence, minimising teenage pregnancies at school.

This idea of early warning systems came from the teachers' focus group discussions and school heads' interviews. Warning signs on teenage girls appear in the form of moody behaviour, restlessness, talkativeness, extra smartness, not writing work in class and many more. These could be identified, the cause(s) noted and appropriate action taken. In most cases, these changes in behaviour among teenage girls indicate that they could be considering a love relationship or that they were already in one or more. Counselling should be started early before teenagers can fall pregnant.

Teenage girls must be empowered to say NO to sex. In other words, they must be determined, resilient, empowered, AIDS free, mentored and safe (DREAMS- mechanism). Changes in school attendance patterns are a sign or indication of a potential drop out. If a learner used to come to school regularly and all of a sudden start to absent herself, it's a good sign that one

can drop out of school and the potential cause in teenage girls is most likely being the involvement in love affairs. FGDTSB agreed that the attendance register helps a lot to track on this effect. In other words, attendance (A) monitoring needs to be effective in schools in order to curb the teenage pregnancies. Behaviour (B), some changes in behaviour patterns of girls are also a sign for involvement in love affairs. This can be noted when girl teenagers start to paint their nails and lips, cutting short their skirts, restlessness, always talking or playing with boys, absconding lessons, changes in walking styles and many others. FGDTSA noted the change of behaviour as a greater sign of promiscuity. Course performance(C) was noted also to be important in monitoring girl learners' involvement in men. A learner who used to do well in schoolwork may suddenly start to perform dismally or even decrease in performance to an unexpected level. This is a great indicator of the teenage girl being involved in sexual activities. In other words, progress records help to check on promiscuity also. This 'ABC' approach (mechanism) needs to be effective in secondary schools to monitor and reduce teenage pregnancies using the early warning system method.

5.6.5.10 Policy Changes

According to the National Health Strategy for Zimbabwe 2016-2020; the Zimbabwean policies have done little to address the issue of child pregnancies. During the same COVID-19 pandemic period there was an increase in the number of extra lessons being done secretly in the homes and other hide outs. Such lessons exposed the teenage girls to much abuse in the makeshift schools, which resulted in an increase in the number of teenage pregnancies. A strong government policy and monitoring system was called for. Another problem was the advocacy to use the internet to augment learning. This use of the internet ironically exposed the teenage girls to bad influence. Parents were encouraged to buy smart phones for their children. However, these teenagers tended to abuse the phones and downloaded phonographic materials, sharing them with their boyfriends instead of concentrating on schoolwork. It was,

therefore, raised in this research that parents should closely monitor what their children are doing on the internet.

Policy on foster mothers in schools can be encouraged. Teachers could operate within the policy framework to help the teenagers. Progressive classes or clubs should be put into practice in schools as a policy. If peer education is established and behaviour change established in teenagers, it would help to minimise incidences of teenage pregnancies among girls in secondary schools.

There should be an introduction of a policy that monitors notorious churches which practise child marriages. There is need to curb the child marriage practices caused by religious beliefs. Faster and greater community dialogue and engagement together with mobilisation of local traditional and religious leaders to address socio-cultural and religious drivers of adolescent fertility could also help address the problem (UNFPA, 2016).

The policy whereby pregnant girls are allowed back in school should be revised. Both the pregnant teenager and the boy responsible for the pregnancy should not be allowed back in the same school. Rather, they could be enrolled at a different school in order not to influence the other peers.

Also, a policy to enforce that parents must have more time with their families and children and not to always leave them with maids or helpers. Parents should ensure that their teenage children are taken care of even when they are abroad or away. A policy framework can be crafted to deal with negligent parents who abuse their children and sometimes leave them unattended. Parents should also monitor what their children view on internet. There is also need to watch what the teenagers see together with them so as to counsel them.

It was observed that there are religious organisations which influence the child. Teenage pregnancies can result from misplaced religious beliefs that cause early marriages such as those

whereby the leaders or the prophets force these teenage girls into marriage on the pretext that a holy spirit had wished that. In the same vein, some cultural beliefs can promote teenage pregnancies.

There is also cultural values degradation which can be seen in the teenagers getting out of control and not cooperating with parents. The children may dress the way they like and parents, may, between themselves fail to work together in disciplining the teenagers. This was pointed out in parent/guardians' interviews. The Liberal Feminist theory helped to explain how cultural norms, access to care, and inequalities in educational and other community resources contributed to the increase in incidences of teenage pregnancies or could help to curb them. This is because the Liberal Feminist theory believes that all people are created equal. That is, women are essentially the same as men and therefore the principle of equality of opportunity and freedom should be upheld (Pedersen, 2019). It is, therefore, prudent for the Government to come up with a better policy which considers cultural values, ethos and beliefs.

If parents are perennially absent from home this could lead to child-headed family scenarios. Parents may not be at home because of reasons such as marriage break-up, family break-up and parents being in the Diaspora. There can be little or no control on the teenage girls, which might lead them to indulge in sex, thus causing teenage pregnancies. The teenage girls' need for fatherly love can also result in these girls falling in love with older men who might make them pregnant.

Little supervision for teens, strict/overly controlling parents, low socio-economic status, single parenting, older parents, sexually active siblings or pregnant/ parenting teenage sisters can also contribute to the increase in the chances of getting teenage pregnancies (Kirby, 2007; Miller, 2008). Addressing these factors could work as a mechanism to reduce the cases of teenage pregnancies. It was observed that it was necessary for parents to have more time with their

teenage girls, offering them enough family time, guidance and counselling and also offering them sex education.

5.6.5.11 Youth Empowerment/Financial Support

The participants also raised the importance of creating employment opportunities and supporting school leavers. Youth empowerment could help reduce idleness among the youth such that they would not have time to be engaged in activities that could lead to early marriages and teenage pregnancies. The programmes that were thought to reduce teenage pregnancies among the USA youths included academic enrichment, job training, sports, mentoring, community service, service learning, and leadership development (Moore, 2005). Availability of such programmes, services and opportunities for youth development can help minimise the incidences of teenage pregnancies among secondary school girls.

5.6.6 Chapter Summary

This chapter discussed the causes of teenage pregnancies raised in this research which are varied. Intervention strategies in Gweru district to minimise teenage pregnancies among secondary school girls were looked at such as foster mothers, BEAM, communication between the school and the community and G & C among others, these methods however have a lot of short comings in their implementation prompting the suggested intervention mechanisms to curb teenage pregnancies. Proper guidance and counselling, building of more schools, improved safety nets, uniform dress code, comprehensive sex education, hidden curriculum, early warning systems and some policy changes in the education system were suggested.

CHAPTER SIX

6. SUMMARY, SYNTHESIS OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This concluding chapter establishes whether the data collected answered the research questions outlined in Chapter One. The chapter also presents a summary of findings on the mechanisms to minimise teenage pregnancies among secondary school learners. It also confirms whether the research problem has been addressed, and the aim of the research achieved. The chapter also looks on the conclusions drawn from the theoretical framework, the literature reviewed, the methodology and the qualitative data presented and discussed in chapter five. New knowledge from this study is put forward. The recommendations which emanated from these findings are proffered for future research on mechanisms to minimise teenage pregnancies. It is hoped that the recommendations would greatly assist the government, NGOs, teachers, parents, girl children, religious and cultural leaders, and all interested parties to make informed decisions when dealing with girl pregnancies in secondary schools. Matters requiring further research are also raised in this chapter.

6.2 Summary

This study explored the mechanisms to minimise teenage pregnancies among secondary school learners in Gweru, Zimbabwe. The researcher discussed the summaries of the five chapters in this research, drawing out salient issues that were of significance in the research study.

Chapter one (1) presented the context of the problem, focusing on the background to the study, the statement of the problem, the research questions and the significance of the study. The chapter highlighted and expounded on the definitions of key terms in the study. This was the introductory chapter. In chapter two (2) which is the theoretical framework that informed the study was outlined. The study was informed mainly by the Liberal Feminist theory and the

Ecological systems theory. Liberal Feminist theory is the branch of theory within sociology that states that men and women should be equal, politically, economically and socially (Macleod, 2014). This equality could be affected by teenage pregnancies in secondary schools; hence the research used the Feminist theory to come up with mechanisms to minimise incidences of teenage pregnancies among secondary school girls.

Feminist perspectives offer various and sometimes competing, "social constructionist" explanations for the pervasiveness of relationships of domination and subordination between men and women (Lewis, 2019). The main source of gender inequality was rooted in the "process of socialization" that is the learning process by which one acquire the knowledge, skill and motivations required to participate in social life. The circumstances that shaped women's lives were the laws and prejudices shared by men and women excluded women from the public sphere and from the right to earn their living on an equal footing with men. As a result of teenage pregnancies, some women would struggle to attain the right to enter into higher education and other professions, the right to own property and hold public office, and for suffrage, which is the right that comes symbolically with full citizenship (Lewis, 2019).

The chapter demonstrated that the goals of Liberal Feminism included equality in workplaces, in education and political rights. The theory is also concerned with how private life impedes or enhances public equality. The chapter noted that the primary goal of Liberal Feminism was gender equality in the public spheres such as access to education, equal pay, ending job segregation by sex, and better working conditions (Lewis, 2019). From this standpoint, legal changes would make these goals possible. Liberal feminists believe that they want the same things men want such as to get an education, to make a decent living and to provide for one's family, all of which can be hampered by teenage pregnancies. The theory enabled a decision on the means and methods of minimising cases of teenage pregnancies such as encouraging educational institutions to end all forms of past and current gender discriminations.

Education was seen as the solution to these inequalities. Since education removes individual ignorance, the laws and the prejudices that underwrote them would gradually be replaced by extending equality of opportunity to women and the girl child (Lewis, 2019). However, if teenage girls are deprived of the opportunity to acquire education due to teenage pregnancies, they might continue to be behind their male counterparts, hence the need for the Feminist theory in this research.

The Ecological systems theory suggests that a child's surroundings, (the ecological systems) includes the home, school, workplace, church, neighbourhood, culture and government which all influence the way the child develops (Witt, 2012; Donald, et al., 2010:38; Berk, 2007). Bronfenbrenner (2008) suggested that the development of the individual is a culmination of many direct and indirect influences, which either facilitate or impede an individual's potential and influence the character resulting in promiscuity behaviour and teenage pregnancies. The chapter discussed that the model consists of five nested structures, namely, microsystems, the mesosystem, exosystem, macrosystem and the chronosystem. The chapter showed that the theory has provided the researcher with the ability to see how the girl children's lives were balanced in every aspect of their environment. Educators could, therefore, also use this model to come up with mechanisms to minimise teenage pregnancies among secondary school girls with the aid of rebalancing their environment.

Chapter three (3) is on the literature review and it explored the literature on the mechanisms to minimise teenage pregnancy incidences among secondary school girls. Several authorities and research studies were consulted to explore these mechanisms in Zimbabwe and the world over.

The chapter highlighted that worldwide, about seven hundred and fifty thousand teenage girls get pregnant every year. These young mothers have to grow up quickly, change the course of their lives and live solely around the needs of their babies (Slutty, 2017). Many teenage girls may end up dropping out of secondary school. Less than one-third of teenage mothers that have

babies before the age of eighteen do not finish their studies (Slutty, 2017). This makes it nearly impossible for young teenagers (girls) to obtain higher education, thus affecting their chances of employment and social class (Baek, Min, Lee & Kim, 2019). Lack of child support can be the result in most cases, causing depression, poverty, suicide and possibly the death of the newborn child (United Nations Population Fund-UNFPA, 2019).

On the African continent countries in Africa in general lack policies related to the treatment of teenage pregnancies in schools. However, these countries impose heavy penalties and punishments on girls and women who are reported to have had sexual relationships outside wedlock (Human Rights Watch, 2017). In Morocco and Sudan, for example, adolescent girls are charged with adultery, indecency, or extra-marital sex (Human Rights Watch, 2017). Equatorial Guinea, Sierra Leone and Tanzania have the policy of expelling pregnant girls from school and deny them the right to study in public schools. But this policy does not apply to boys (Human Rights Watch, 2017). In Cameroon which is in West Africa, reproductive health and family planning services target to have the policy under married women only. Girls or adolescents often remain largely overlooked (Cameroon Demographic Health Survey, 2011).

Looking at the Zimbabwean perspective, according to a study by the National Teenage Fertility Study (2017), Zimbabwe has the highest teenage fertility rate in Sub-Saharan Africa. Culture and religious practices have been blamed for this. The NTFS Report noted that a greater number of teenagers fall pregnant every year, with 20% of the pregnancies in this group being a result of early child marriages. Teenage pregnancies remain high at 22% despite the Government's target to reduce the rate to 12% by 2020 (Newselay, 2018). In 2017, the Midlands province was on the fifth position provincially in Zimbabwe, with a teenage pregnancies' prevalence of 24% (UNFPA, 2020). According to the National Adolescent Fertility Study, the Midlands province had a teenage pregnancies prevalence rate of 17.7% by 31 January 2020 (UNFPA, 2020).

Clinic-based, school-based and school-linked interventions or community programs were used to reduce teenage pregnancies. Shared common characteristics, longer appointments and individual counselling, confidential services, contraceptives educational programs, free cost and low-cost services, active outreach and referrals also helped in the reduction of teenage pregnancies (Suellentrop, 2010). To a large extent, these efforts to minimise teenage pregnancies worldwide, continentally and nationally fall far too short of the rate at which the teenage pregnancies are occurring.

Chapter four (4) looked at the research approach, the research design, the population, the sample, sampling techniques, the instruments used to collect the data, and the data analysis procedures used in the research. The qualitative phenomenological research design was selected for use in this study because of its flexibility. The design was considered good for surfacing deep issues and making voices the teenage girls heard (Maxwell, 2006). It was, thus, found suitable to explore the mechanisms to minimise teenage pregnancies among secondary school girls in Gweru.

The study was carried out in two secondary schools in Gweru district. The target population comprised of 'O' level girls, school heads, teachers and parents/guardian. The target population was three hundred and two (302). A sample of ten (10) 'O' level girls, six (6) from school A and four (4) from school B; two (2) school heads, one (1) from each school; ten (10) teachers, six (6) from school A and four (4) from school B, and eight (8) parents/guardians, four (4) from each school were drawn.

The data was collected by means of four focus group discussions, and four interviews. During the course of interviews and the focus group discussions, recordings were done and non-verbal responses were also observed and noted. Several questions were asked, aided recall questions were allowed, and follow-up and probing questions were also asked to enhance elaboration, clarification and flexibility in the research. The researcher also explained or rephrased the

questions if the respondents seemed unclear about them. In order to make sense of the collected data, the researcher identified themes to analyse the data collected. The themes were identified, and they provided depth to the insights and understanding of the individual views of the 'O' level girls, school heads, teachers and parents/guardians. Data analysis, the presentation and discussion were in the form of detailed descriptions, using narrative vignettes and direct quotes from the interviews and focus group discussions. Member-checking was used to overcome the threat of misinterpretation of the data. Responses of the participants in the interview and the tentative interpretations were taken back to the participants to confirm their thoughts and views. This was done in order to make the results plausible (Holloway, 2011; Mitchell, 2012).

The permission to carry out the research was sought from the Midlands State University's Department of Education, and the Ethics Committee. Further permission to conduct the study was secured from the Ministry of Primary and Secondary Education in Zimbabwe, the Midlands Provincial Education Director, Gweru District Schools Inspector, as well as from the school heads of the two selected schools, the teachers, parents/guardians of the selected 'O' level girl learners, the 'O' level girls, and the parents/guardians involved in the research. Anonymity in the research report was assured to the participants. They also signed consent forms and assent forms for learners and were informed that their involvement in the study was voluntary. The findings and discussions were done following the dictates of the research questions in chapter five (5). The data analysis yielded five themes, that is; main causes of teenage pregnancy, intervention mechanisms currently being used, implementing of intervention mechanisms, perceptions on the teenage pregnancies and proposed intervention mechanisms.

The findings of this research were discussed in relation to the literature that was reviewed and the theoretical frameworks which informed the study (Liberal Feminist theory and the Ecological systems theory).

From the findings of the study the heritage-based curriculum and technological advances were seen to have adverse effect on teen pregnancy. Zimbabwean heritage-based curriculum emphasises technology and brought in new things like CALAs, internet provision, and the use of cell phones in the education system. While this appears good, it has compromised family time and togetherness since the internet and cell phones ironically keep family members 'away' from each other. The internet has robbed the time parents could use to guide and counsel their children. Parents are now very much behind their children. Teenagers tend to learn bad things from the internet and their behaviour is negatively influenced, which might lead them to indulge in sexual activities that might also lead to the increase in the cases of teenage pregnancies among secondary school girls.

Misuse of morning-after pills, family planning pills and misuse of condoms by the teenagers have often resulted in more teenage pregnancies. Instead of getting information on sex issues from their parents or adults, teenagers trust the internet, the latter of which exposes them to explicit information that led them to sexual indulgence. The participants involved in this research also pointed out that it was necessary for parents, teachers and school heads to monitor what their children view on the internet, both at school and at home. The 'O' level girls further said that the internet service centres that the government provided must be monitored. The learners who come to use them should be monitored as well to see what they view and download on the internet.

Personal factors (Internal) were also seen to affect girls on the rate of teen pregnancy. Personal factors include knowledge, skills, beliefs, attitudes, values, intent and motivation. Lack of interest in school and poor personality in school work, for example, can lead to misbehaviour that may result in teenage pregnancies. Age differences among

learners and their experiences may promote experimenting in sex between teenagers and older peers, which might result in teenage pregnancies.

From the findings of this study, it is important to recognise whether the intervention mechanism is directed towards internal or external factors, or both. For example, if many teenagers or girls in a community become sexually active at an early age and have poor education and social outcomes, the desired programme outcomes should be to increase the number of teenagers who remain abstinent and increase the school graduation rates. The programme planners must then consider, 1) when and how often to intervene at what age or grade in school, 2) the type of curriculum and/or other intervention(s) needed and the requisite level of reinforcement, and 3) the level at which the intervention(s) (personal, inter-personal, and/or environmental) is/are directed (Brindis, Sattley & Maino, 2005).

6.3 Synthesis of the Findings

This section of the study provides the synthesis of the mechanisms to minimise teenage pregnancies among secondary schools. A model on intervention mechanisms to mitigate teenage pregnancies is proposed together with suggested intervention mechanisms which can be implemented form the findings.

6.3.1 Mechanisms to Minimise Teenage Pregnancies among Secondary School Girls

6.3.1.1 Microsystem Solutions (Environmental Factors-External)

Peers, neighbourhood playground, day-care facility, religious organisations, health services, family and school can be seen to influence the teenagers. The P/G2SB stated that in order to curb peer pressure influence, the community must be involved. Peers can influence teenagers to indulge in drugs, and through attending VUZU parties which may end up causing teen pregnancies. At adolescence and puberty stages, teenagers can be easily influenced by peers,

hence the need for counselling from adults to reduce of peer pressure. Engaging in sporting activities which can keep the teenagers occupied as well as by allowing health professionals to offer community sex education that could reduce the negative influence from peers.

Youth development programmes focus on supporting and encouraging young people and providing them with skills that will help them succeed as adults. Such programmes also help the youth to form meaningful relationships with adults and other peers.

Young people need opportunities to acquire a broad range of skills and to build connections within their communities. Improving girls' education and life options are correlated to reduced pregnancies and birth rates. Critical elements of a youth development programme include the following characteristics: being responsive to the needs and interests of the youth and their communities, staff that is knowledgeable about adolescent development and are trained to work with youth, young people who are regarded as resources in planning and programme development, and the program which should collaborate with community organisations, government agencies, schools and families (Carriegie, 2006). Youth development programmes can focus on supporting and encouraging the young people and providing them with skills that might help them succeed as adults. Such programmes also focus on helping the youth to form meaningful relationships with adults and other peers, hence minimising teenage pregnancies among secondary school girls.

6.3.1.2 Teenage Occupation and Family Time/Parenting

The COVID-19 pandemic period caused the teenagers to have too much time away from school, which resulted in an increase in teenage pregnancies among secondary school girls. It was reported from the parliamentary discussion of 14 October 2022 that during the pandemic period about 55000 teenage girls got pregnant per month and 10000 girls dropped out of school at the same rate.

Findings of the current research study indicated that teenagers should not be left idle. Parental involvement is required such that parents can assume the role of the teachers even at home. More time is required for parents and their children as members of the family interact and pass time together. Home or family counselling was encouraged. It should focus on sex education. Such efforts could help reduce the cases of teenage pregnancies in secondary schools. The parents and school heads interviewed in this study agreed that parents had a big role to play in reducing teenage pregnancies among secondary school girls. From the microsystem it can be seen that the family has an influence on the child at the centre. Generally, therefore, parents and the family have an important influence in the prevention or perpetuation of teenage pregnancies.

During the same COVID-19 pandemic period there was an increase in the number of extra lessons being done secretly in the homes and other hide outs. Such lessons exposed the teenage girls to much abuse in the makeshift schools, which resulted in an increase in the number of teenage pregnancies. A strong government policy and monitoring system was called for. Another problem was the advocacy to use the internet to augment learning. This use of the internet ironically exposed the teenage girls to bad influence. Parents were encouraged to buy smart phones for their children. However, these teenagers tended to abuse the phones and downloaded phonographic materials, sharing them with their boyfriends instead of concentrating on schoolwork. It was, therefore, raised in this research that parents should closely monitor what their children are doing on the internet.

Good parent/child relationships and more guidance were called for in order to minimise the cases of teenage pregnancies. Parents could help influence their teenage children to avoid teenage pregnancies by offering the following: higher education and high-income jobs, parental supervision, instilling strong moral values and discipline as well as advising them on

abstinence. This means that teenagers need supportive family relationships (connectedness) (Miller, 2008).

6.3.1.3 Government Policy on Cultural and Religious Beliefs

There are religious organisations which influence the child. Teenage pregnancies can result from misplaced religious beliefs that cause early marriages such as those whereby the leaders or the prophets force these teenage girls into marriage on the pretext that a holy spirit had wished that. In the same vein, some cultural beliefs can promote teenage pregnancies.

There is also cultural values degradation which can be seen in the teenagers getting out of control and not cooperating with parents. The children may dress the way they like and parents, may, between themselves fail to work together in disciplining the teenagers. This was pointed out in parent/guardians' interviews. The Liberal Feminist theory helped to explain how inequalities in educational, cultural norms, access to care, and other community resources contributed to the increase in incidences of teenage pregnancies or could help to curb them. This is because the Liberal Feminist theory believes that all people are created equal. That is, women are essentially the same as men and therefore the principle of equality of opportunity and freedom should be upheld (Pedersen, 2019). It is, therefore, prudent for the Government to come up with a better policy which considers cultural values, ethos and beliefs.

6.3.1.4 Presence of Parents at Home (Family)

If parents are perennially absent from home this could lead to child-headed family scenarios. Parents may not be at home because of reasons such as marriage break-up, family break-up and parents being in the Diaspora. There can be little or no control on the teenage girls, which might lead them to indulge in sex, thus causing teenage pregnancies. The teenage girls' need for fatherly love can also result in these girls falling in love with older men who might make them pregnant.

Little supervision for teens, strict/overly controlling parents, low socio-economic status, single parenting, older parents, sexually active siblings or pregnant/parenting teenage sisters can also contribute to the increase in the chances of getting teenage pregnancies (Kirby, 2007; Miller, 2008). Addressing these factors could work as a mechanism to reduce the cases of teenage pregnancies. It was observed that it was necessary for parents to have more time with their teenage girls, offering them enough family time, guidance and counselling and also offering them sex education.

6.3.1.5 Eradication of Poverty

Poverty was considered to be one of the major causes of lack of accommodation, and shortage of basic needs such as food, clothing, money, sanitary wear, stationery, uniform, and fees. Poverty acts as a push factor to increased incidences of teenage pregnancies. Teenage pregnancies can occur as a result of the following: poverty, a broken home, separation of a couple, single parenting, death, peer pressure or influence, lust, religious beliefs and practices, rape and sexual abuse, alcoholism and drug abuse, lack of knowledge or ignorance, environmental influence (social norms and values in the community), and pornography among other factors (Slutty, 2017; Maxwell, 2018; UNFPA, 2019; World Health Organization, 2020). However, poverty should be eradicated in order to prevent or minimise incidences of teenage pregnancies among secondary school girls. It was also suggested that the government should provide houses to the poor. The Social Welfare Department should take an active role in the provision of basic needs for the teenage girls. The BEAM facility could expand its provisions to include school stationery, food and uniforms.

6.3.1.6 Prevention of Rape Cases

From the research findings through both interviews and focus group discussions it was noted that long distance learners travel to and from school, code of dress/fashion, more unemployed school leavers, and no street lighting in urban areas were some of the factors which caused an

increase in the occurrences of rape cases, which sometimes result in teenage pregnancies. Some of the mechanisms mentioned to minimise this include increasing the nature of policing on the routes to and from school, having streetlights on always in the evenings and nights, and the Government or other stakeholders to construct more secondary schools in order to reduce the distances travelled by learners. The parents interviewed in this study stressed the necessity of adopting a standard code of dressing or a school uniform which does not expose the girl child's body.

The participants also raised the importance of creating employment opportunities and supporting school leavers. Youth empowerment could help reduce idleness among the youth such that they would not have time to be engaged in activities that could lead to early marriages and teenage pregnancies. The programmes that were thought could reduce teenage pregnancies among the USA youths included academic enrichment, service learning, sports, mentoring, job training, community service, and leadership development (Moore, 2005). Availability of such programmes, services and opportunities for youth development can help to minimise the incidences of teenage pregnancies among secondary school girls.

6.3.1.7 The Heritage-Based Curriculum and Technological Advances

Zimbabwe's education curriculum emphasised technology and brought in new things like CALAs, internet provision, and the use of cell phones in the education system. While this appears good, it has compromised family time and togetherness since the internet and cell phones ironically keep family members 'away' from each other. The internet has robbed the time parents could use to guide and counsel their children. Parents are now very much behind their children. Teenagers tend to learn bad things from the internet and their behaviour is negatively influenced, which might lead them to indulge in sexual activities that might also lead to the increase in the cases of teenage pregnancies among secondary school girls.

Misuse of morning-after pills, family planning pills and misuse of condoms by the teenagers have often resulted in more teen pregnancies. Instead of getting information on sex issues from their parents or adults, teenagers trust the internet, which exposes them to explicit information that led them on to sexual indulgence. The participants involved in this research also pointed out that it was necessary for parents, teachers and school heads to monitor what their children view on the internet, both at school and at home. The 'O' level girls further said that the internet service centres that the government provided must be monitored. The learners who come to use them should be monitored as well to see what they view and download on the internet.

6.3.1.8 Personal Factors (Internal)

Personal factors include knowledge, skills, beliefs and values, attitudes, intent and motivation as pointed out earlier. Lack of interest in school and negative personality in schoolwork, for example, can lead to misbehaviour that may result in teenage pregnancies. Age differences among learners and their experiences may promote experimenting in sex between teenagers and older peers, which might result in teenage pregnancies.

6.4 Mechanisms to Minimise Teenage Pregnancies Model Approach (Homela, 2023)

From the research study, the researcher put forward a mechanism model approach in dealing with teenage pregnancies in secondary schools as shown in Fig 6.1 on page 193

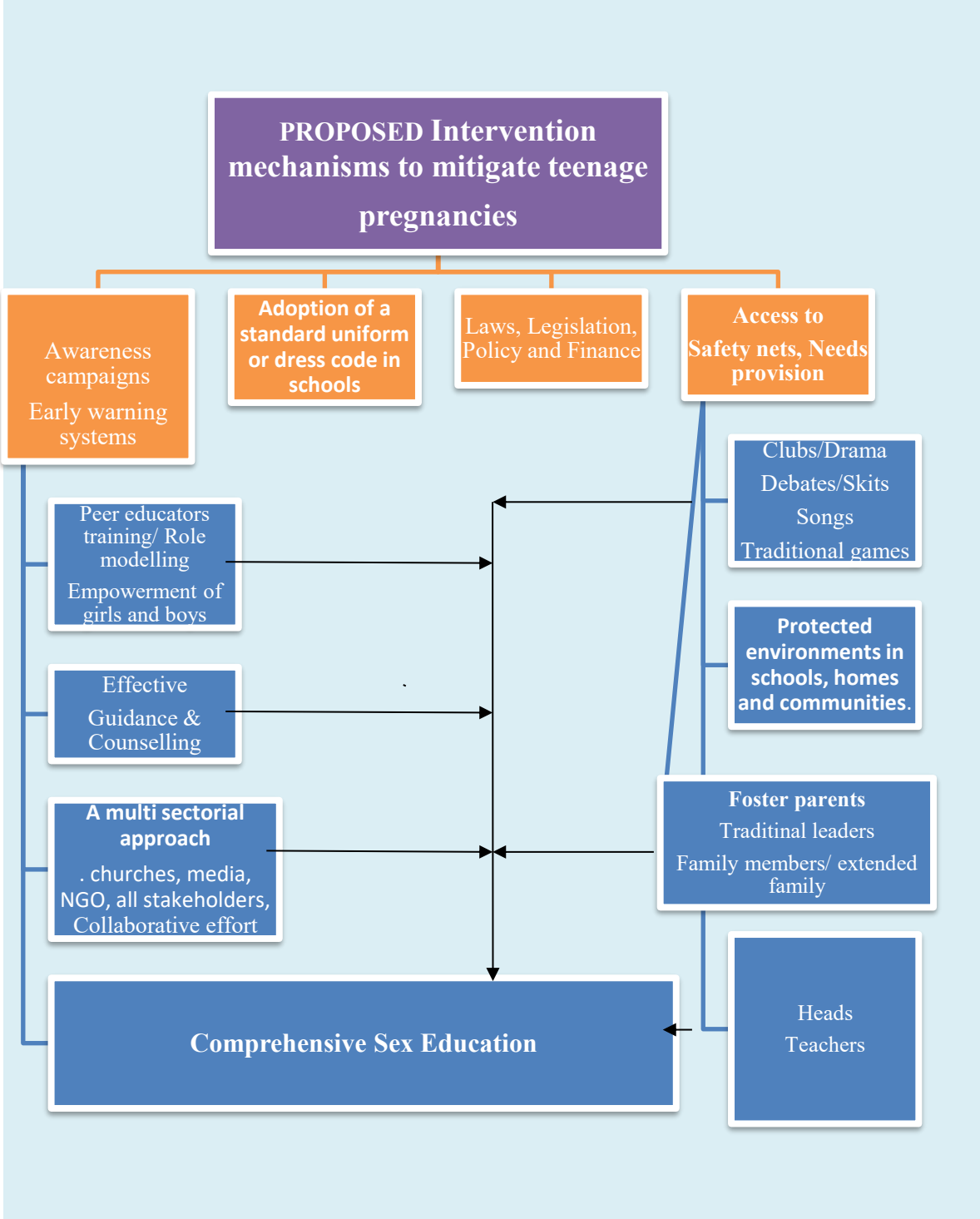

Fig 6. 1: Proposed Model on Intervention Mechanisms to Mitigate Teenage Pregnancies

6.5 Intervention Mechanisms which can be implemented

From the findings and the model proposed in this study, the following intervention mechanisms are suggested:

6.5.1 Comprehensive Guidance and Counselling.

This can be attained by training and employment of specialist Guidance and Counselling (G & C) teachers. These teachers could guide and counsel the teenagers professionally and correctly unlike the general teachers who do not have the knowhow in terms of professional counselling.

Provision of G & C clinics/centres in schools or cluster centres, to start with. Teenagers could receive help quickly in these clinics and pregnancies could be prevented.

6.5.2 Effective Safety Nets.

BEAM could improve by providing all the girl learners' needs such as school fees and levies, food, sanitary wear, stationery, uniforms, shelter, some pocket money and transport to and from school, especially in urban areas. That way the teenage girl would be left with very little chances to feel un-provided for in terms of basic commodities.

6.5.3 Free Education

Enforcement of free primary and secondary education could allow every teenager to access education with little or few needs to be catered for as fees and levies would be provided in the free education policy provision.

6.5.4 Policy Interventions in the Education System

Establishment of a policy on uniform dress code in terms of specific length on girls' skirts or dresses. This could prevent girls from wearing miniskirts or mini dresses. The teenage girls' bodies should not be exposed such that they do not attract boys and men. This might contribute in the reduction of sexual abuse. *Unnhu/ ubuntu* could also be promoted so that girls value their bodies. This could also reduce promiscuity and teenage pregnancies.

Policy on foster mothers in schools to be encouraged. Teachers could operate within the policy framework to help the teenagers.

There should be introduction of a policy that monitors notorious churches which practise child marriages. There is need to curb the child marriage practices caused by religious beliefs.

The policy whereby pregnant girls are allowed back in school should be revised. Both the pregnant teenager and the boy responsible for the pregnancy should not be allowed back in the same school. Rather, they could be enrolled at a different school in order not to influence the other peers.

6.5.5 Establishment of Comprehensive Sex Education in Schools and the Community

There is need for both boys and girls to have knowledge of the effects of teenage pregnancies to the girl child, the boy child, the community, the country and the world at large. In other words, both girls and boys should be empowerment on handling the problem of teenage pregnancies. This could help minimise teenage pregnancies among girls in secondary schools.

Hidden curriculum can be enforced in schools where cultural values, morals and ethics are taught. Inculcation of values and good morals in teenagers might help minimise cases of teenage pregnancies among girls in secondary schools. Community programmes on sex education and teenage pregnancy awareness inculcating *unhu/ubuntu* in teenagers could be established. Chiefs, headmen, kraal heads, churches and other community leaders and elders could be involved in controlling the teenagers by running these community programmes establishing the culturally based or ethical intervention mechanism.

The *nhanga/gota* approach of the Zimbabwean's first lady Doctor Auxillia Munangagwa is a good example which can be followed by the community leaders. Boys and girls can be taught sex education through the *nhanga/gota* system.

6.5.6 Early Warning Systems.

Risk mapping can be done in both schools and the community to come up with very high-risk areas, risk areas and safe areas in schools. These areas can be guarded or monitored, thus protecting teenage girls from the risk areas where teenage pregnancies can occur.

6.5.7 Progressive Classes or Clubs

These should be put into practice in schools. If peer education was established and behaviour change established in teenagers, it would help to minimise incidences of teenage pregnancies among girls in secondary schools.

Surveillance and security should be increased in schools, and the roads to schools so as to reduce cases of rape and possible teenage pregnancies among secondary school girls.

6.5.8 Parents/Child Relationship

Parents could have more time with their families and children and not to always leave them with maids or helpers. Parents should ensure that their teenage children are taken care of even when they are abroad or away. A policy framework can be crafted to deal with negligent parents who abuse their children and sometimes leave them unattended. Parents should also monitor what their children view on internet. There is also need to watch what the teenagers see together with them so as to counsel them. Parents must have time with their children and avoid what is depicted in fig 6.2 which is the scenario in most homes today.

Fig 6. 2: A drawing of Parent/Child Relationship at Home

The situation in fig 6.2 is that everyone is with their gadgets, very close to each other but far away from each other. Nobody knows what the other is doing, this system of life brings far away people close to you and take the nearby far away. The family no longer sits and have a close heart discussion. Parents do not care what the teenagers are doing on their phones even at tender ages. Parents are carried away by a virtual life on the internet that might not even exist neglecting their immediate responsibility for sex education. Parents have to adjust their ways life and live a much more matured, real and responsible life before the advent of social media

6.5. 9 Youth Empowerment.

Having DREAMS programmes and effective ABC monitoring approach in schools. School leavers to be empowered such that they are occupied and will not disturb the school girls.

6.6 Conclusion

This study presented evidence to answer the main research question on the mechanisms to minimise teenage pregnancies among secondary school girls. Teenage pregnancy has varied causes and secondary schools in Gweru District had their own mechanisms to minimise teenage pregnancy among secondary school girls but with a lot of shortfalls to curb the menace. Parents, Heads of schools, teachers and schoolgirls had negative perception on pregnant teenage girls. The study came up with suggested viable educational policies, measures and intervention mechanisms to minimise teenage pregnancies among secondary school girls. It was established that teenage pregnancies affect the girl child's educational carrier across multiple contexts including the family, the home, the neighbourhood, the school, the country and the world at large and also had detrimental effects on her socio-economic status.

The study was informed by two theories, the Liberal Feminist theory and the Ecological systems theory. From the findings from both interviews and group discussions used in this research the proposed mechanisms to minimise teenage pregnancies were pinned on the environmental (external) factors and personal (internal) factors.

6.7 Recommendations

The recommendations from this research study can be summarised using the ecological systems perspective as shown in Fig 6.3 on page 203 focusing on the roles which can be played by each ecological system sector in order to have teenage girls at the same level with boys in secondary schools according to the liberal feminism approach.

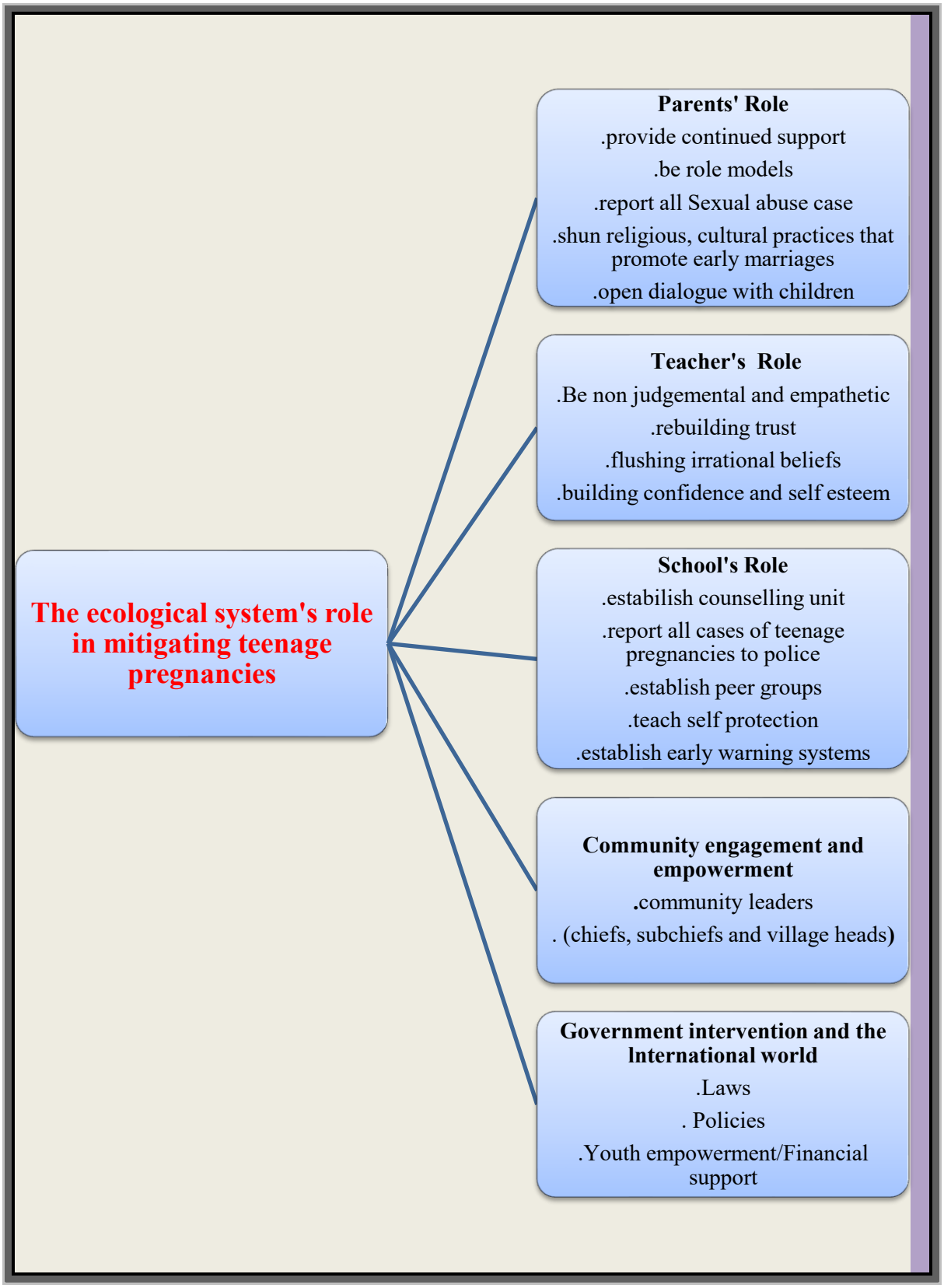

Fig 6.3: The Ecological Systems' Role Model in Preventing Teenage Pregnancies (Homela, 2024)

Fig 6.3 shows a holistic approach that brings together parents, heads of schools, teachers, learners, education officials, law enforcement agents and the civil society in preventing teenage pregnancy and making communities safe environments for children. Sexually abused children should be offered counselling services by qualified personnel. They should also be referred to the police friendly units and the social welfare for assistance. The school should encourage the children to join peer education clubs such as master guides and pathfinders as pointed out in one of the schools. The police on the other hand, should be informed of cases that come through the school. The schools should teach all learners to protect themselves from abuse. There is dire need to provide opportunities in the classroom for the children to disclose their experiences by means of creative writing for example.

The teachers must assist the learner to flush out irrational beliefs and replace them with rational ones for self-actualisation to take place. In cases where counselling is needed, arrangements should be made by the teachers to help the child get it. It should be noted that teachers lack counselling ethics, techniques, skills and the theoretical framework, unlike professional counsellors, hence they need training. There is therefore need to refer sexually abused children to professional counsellors. Taylor and Stewart (2012) suggest that successful intervention should be sought in the lives of abused children and involvement of their families is important. Parental involvement at school is also beneficial because the families and the schools establish appropriate behaviour that is reiterated to children at home and at school (Juma, Simatwa & Ayodo, 2012; Hill &Taylor, 2004:161; Bonga, 2010**).** From teachers' responses none indicated that they would consult parents of the child and work closely with them to help the child. This suggests that teachers and parents sometimes do not communicate on sensitive matters concerning the child, maybe because of fear of a direct confrontation. In the end it is the child who continues to suffer in silence. Teachers therefore must play an active role and display a

positive attitude which will help them to understand sexually abused children's past history/background. This will help them to understand how the past is affecting the present.

6.8 Recommendations for Further Study

Based on the findings, further research is recommended in respect of the following areas:

6.8.1 There is need to research on how the boy's engagement in the teenage pregnant empowerment programmes could help reduce cases of teenage pregnancies among secondary school girls.

6.8.2 There is also need to research on the ways boys could be involved in minimising cases of teenage pregnancy among secondary school girls.

6.8.3 There is need to research on how economic empowerment of teenagers can help to reduce teenage pregnancies.

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APPENDICES: APPENDIX 1

Gunde High School

P Bag 9072

Gweru

30/05/22

The Permanent Secretary

Ministry of Primary and Secondary Education

P.O BOX CY 121

Causeway, Harare

Zimbabwe

Dear sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH ON THE TOPIC: INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCY AMONG SECONDARY SCHOOL LEARNERS IN GWERU: ZIMBABWE.

The above refers. I am a **PhD student in the Department of Educational Foundations, Primary Education and Pedagogy** of Midlands State University. I am requesting for your permission to conduct the above titled research in **Gweru District** in two schools namely **Mambo High School and Gunde High School**. The funding of this research is self funding.

Your permission is most welcome.

Yours Faithfully

Homela Simbarashe (student ID R182151W)

APPENDIX 2

MIDLANDS STATE UNIVERSITY
Research and Postgraduate Studies
P. Bag 9055
Gweru
Zimbabwe
Telephone: (263) 54 260416/7, 260331
Fax: (263) 54 260388
guyou@staff.msu.ac.zw

RESEARCH & INNOVATION

28 April 2022

Mr Simbarashe Homela
Midlands State University
Faculty of Education
P Bag 9055
Senga
GWERU

Dear Mr Homela

RE: APPROVAL FOR ETHICAL CLEARANCE "INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMOUNG SECONDARY SCHOOL LEARNERS IN GWERU: ZIMBABWE"

Reference is made to the above.

I am pleased to inform you that your application for ethical clearance of the above mentioned study was approved based on the recommendation of the Faculty Research Ethics Committee.

The ethical clearance is valid for the duration of study.

Yours sincerely

Dr D. K. Nyahunzvi
Chairperson - Research Ethics Committee

APPENDIX 3

All communications should be addressed to
"The Secretary for Primary & Secondary Education"
Telephone: 794895
Telegraphic address : "EDUCATION"

ZIMBABWE

Reference: C/426/3
Ministry of Primary and
Secondary Education
P.O Box CY 121
Causeway
HARARE

06 June 2022

Simbarashe Homela
Gunde High School
P Bag 9072
Gweru

RE: PERMISSION TO CARRY OUT A RESEARCH IN MIDLANDS PROVINCE: GWERU DISTRICT: MAMBO AND GUNDE HIGH SCHOOLS

Reference is made to your application to carry out research from the above-mentioned district schools on the research title:

"INTERVENTION MECHANISM FOR MINIMISING TEENAGE PREGNANCY AMONG SECONDARY SCHOOL LEARNERS IN GWERU, ZIMBABWE."

Permission is hereby granted. However, you must liaise with the Provincial Education Director of Midlands Province, who is responsible for the schools you want to involve in your research. You should ensure that your research work does not disrupt the normal operations of the schools. Where students are involved, parental consent is required.

You are also required to provide a copy of your final report to the Secretary for Primary and Secondary Education.

PP T Thabela (Mrs)
SECRETARY FOR PRIMARY AND SECONDARY EDUCATION

APPENDIX 4

All communications should be addresse
"The Provincial Education Director"
Telephone:054- 222460

Fax: 054- 226482

Ministry of Primary and Secondary Education
P.O Box 737
GWERU

13 June 2022

Simbarashe Homela
Gunde High School
P. O. Box 9072
Gweru
Dear Sir

APPLICATION FOR PERMISSION TO CARRY OUT A RESEARCH AT MAMBO AND GUNDE HIGH SCHOOLS IN GWERU DISTRICT : MIDLANDS PROVINCE

Permission to carry out a Research on:-

"INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCY AMONG SECONDARY SCHOOL LEARNERS IN GWERU: ZIMBABWE"

In the Midlands Province has been granted on these conditions.

1. That in carrying out this you do not disturb the learning and teaching programmes in schools.
2. That you avail the Ministry of Primary and Secondary Education with a copy of your research findings.
3. That this permission can be withdrawn at anytime by the Provincial Education Director or by a higher officer.

The Education Director wishes you success in your research work.

MACHIMBIRA J.
ACTING PROVINCIAL EDUCATION DIRECTOR: MIDLANDS PROVINCE

APPENDIX 5

PARENT/GUARDIAN INFORMED CONSENT FORM

TITLE: INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU DISTRICT, ZIMBABWE.

As a parent/guardian you are informed that your child has been selected to participate in a research study conducted by Mr Homela Simbarashe a PhD student (Registration Number R182151W), from the Department of Educational Foundations, Primary Education and Pedagogy at Midlands State University. This study is conducted as part of the thesis to be submitted to the university.

The participation of your child in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether your child can participate or not.

Your child has been selected to participate in this study because she is a teenage girl child at secondary school level where most teenage pregnancies are occurring. This study will be

having a total of 10 teenage girls' participants from the age of 16 to 18 who are in Form 3 and 4.

• PURPOSE OF THE STUDY

This study is designed to examine the mechanisms which can minimise teenage pregnancy among secondary schools.

• PROCEDURES

If you allow your child to participate in this study, she will be asked to do the following things:

1. To participate in focus group discussions at her your school.
2. All focus group discussions and interviews will be audio taped and digitally recorded without the use of actual names with the consent of the learners.

• POTENTIAL RISKS AND DISCOMFORTS

In this study there are no foreseeable physiological, social, legal, financial and psychological risks or discomforts that might result from participating in the research. Discussions will be done on agreed times so as not to inconvenience anyone. In the event of physical and/or mental injury resulting from participation in this research project, Midlands State University does not provide any medical, hospitalisation or other insurance for participants in this research study, nor will Midlands State University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

• POTENTIAL BENEFITS OF THIS STUDY

The participants will not benefit directly from participating in this research. The study on intervention mechanisms of reducing teenage pregnancy in secondary schools can help teenagers (girls) who face all kinds of punishments, including discrimination practices that

deny girls the enjoyment of their right to education. Morbidity, health and social problems from teenage pregnancy cannot be overemphasised. The study can also help to improve the gender equity in the education system in Zimbabwe as less number of girls can drop out of school as a result of intervention mechanisms in place to minimise teenage pregnancy among the school girls. This study can again help to improve parental care and education on the importance of the girl child education in the society. Cultural beliefs which are barriers to the education of the girl child can also be reduced.

Educational policies can be influenced positively towards minimising teenage pregnancy. The reduction if not the stoppage of teenage pregnancy among secondary schools can be the result. The study can also contribute to the literature in the area of study and to National and International debates on this controversial topic.

- CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of anonymous names. Data collected will be in a thesis report kept at Midlands State University. After data analysis all recordings and audio tape will be destroyed.

- RIGHTS IN THE STUDY

You can choose whether or not your child to be in this study. It is voluntary to be in this study, your child may withdraw at any time without consequences of any kind or loss of benefits to which the child is otherwise entitled. Your child may also refuse to answer any questions she does not want to answer. There is no penalty if the child withdraws from the study and she will not lose any benefits to which you are otherwise entitled.

• IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about this research, please contact the researcher at any time Mr Homela S on 0772998309/0712090026.

The Midlands State University Review Board has reviewed my request to conduct this project. If you have any concerns about the child's rights in this study, please contact Professor K Chinyoka on 0773551922 or kchinyoka@gzu.ac.zw.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree that my child participate in this study. I have been given a copy of this form.

_____

Printed Name of Parent/Guardian

_____ Date _____

Signature of Parent/Guardian

_____

Signature of Witness

_____ Date_____

APPENDIX 6

LEARNER'S ASSENT FORM TO PARTICIPATE IN THE RESEARCH

TITLE: INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU DISTRICT, ZIMBABWE.

1. My name is **Mr Homela Simbarashe**. I am from Midlands State University.

2. I am asking you to take part in a research study we are trying to come up with mechanisms that can minimise teenage pregnancy among secondary schools.

3. If you agree to be in this study you are going to take part in the focus group discussions.

4. There are no known risks in participating in this research.

5. There no direct benefits of this study to you but it will help the girl child in general.

6. Please talk this over with your parents before you decide whether or not to participate. Your parents should agree for you to take part in this study. Even though your parents said "yes," you can still decide not to do this.

7. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.

8. You can ask any questions that you have about the study. If you have a question later that you do not think of now, you can call me at any time on **0772998039/0712090026** or ask me next time.

9. Signing your name at the bottom means that you agree to be in this study. _____

Signature of Learner

Name: _____

APPENDIX 7

PARENT/GUARDIAN CONSENT TO PARTICIPATE IN THE RESEARCH

Details of the researcher and the research study

TITLE: INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU DISTRICT, ZIMBABWE.

The above titled research will be conducted by Mr Homela Simbarashe a PhD student (Registration Number R182151W), from the Department of Educational Foundations, Primary Education and Pedagogy at Midlands State University. This study is conducted as part of the thesis to be submitted to the Midlands State University.

You are requested to take part in this study, and your participation is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because of your maturity and experience with the girl child in the home environment as a parent/guardian. This study will be having a total of 2 parents/guardians' participants randomly sampled.

- **PURPOSE OF THE STUDY**

This study is designed to examine the mechanisms which can minimise teenage pregnancy among secondary schools.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

1. Parents/Guardians will be interviewed.
2. All interviews will be audio taped and digitally recorded without the use of actual names.
3. You can tick in any one box below weather you want to be interviewed without audio taping or with audio taping.

Audio taping	**Without audio taping**

- **POTENTIAL RISKS AND DISCOMFORTS**

In this study there are no foreseeable physiological, social, legal, financial and psychological risks or discomforts that might result from participating in the research. Discussions will be done on agreed times so as not to inconvenience anyone. In the event of physical and/or mental injury resulting from participation in this research project, Midlands State University does not provide any medical, hospitalisation or other insurance for participants in this research study,

nor will Midlands State University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

- **POTENTIAL BENEFITS OF THIS STUDY**

The participants will not benefit directly from participating in this research. The study on intervention mechanisms of reducing teenage pregnancy in secondary schools can help teenagers (girls) who face all kinds of punishments, including discrimination practices that deny girls the enjoyment of their right to education. Morbidity, health and social problems from teenage pregnancy cannot be overemphasised. The study can also help to improve the gender equity in the education system in Zimbabwe as a smaller number of girls can drop out of school as a result of intervention mechanisms in place to minimise teenage pregnancy among the schoolgirls. This study can again help to improve parental care and education on the importance of the girl child education in the society. Cultural beliefs which are barriers to the education of the girl child can also be reduced.

Educational policies can be influenced positively towards minimising teenage pregnancy. The reduction if not the stoppage of teenage pregnancy among secondary schools can be the result. The study can also contribute to the literature in the area of study and to National and International debates on this controversial topic.

- **ETHICAL CONSIDERATIONS**

➢ CONFIDENTIALITY AND ANONYMITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of anonymous names. Data collected will be in a thesis report kept at Midlands State University. After data analysis all recordings and audio tape will be destroyed.

- **RIGHTS IN THE STUDY**

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer or answer part questions. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

If you have any questions or concerns about this research, please contact the researcher at any time Mr Homela S on 0772998309/0712090026.

The Midlands State University Review Board has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact Professor K Chinyoka on 0773551922 or on kchinyoka@gzu.ac.zw.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Printed Name of Parent/Guardian

_____ Date _____

Signature of Parent/ Guardian

_____

Name of Witness

_____ Date _____

Signature of Witness

APPENDIX 8

TEACHER'S CONSENT TO PARTICIPATE IN THE RESEARCH

Details of the researcher and the research study

TITLE: INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU DISTRICT, ZIMBABWE.

You are asked to participate in a research study conducted by Mr Homela Simbarashe (Registration Number: R182151W), from the Department of Educational Foundations, Primary Education and Pedagogy at Midlands State University. This study is conducted as part of the thesis to be submitted to the university.

Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether to participate or not to participate.

You have been asked to participate in this study because you work and interact with the girl child at school. This study will be having a total of 10 teachers participating.

- **PURPOSE OF THE STUDY**

This study is designed to examine the mechanisms which can minimise teenage pregnancy among secondary schools.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

1. Teachers will participate in focus group discussions at your school.

2. All focus group discussions and interviews will be audio taped and digitally recorded without the use of actual names. You may agree or disagree with audio taping. Can you indicate your opinion by ticking in one of the boxes below:

Audio taping (agree)	**Without audio taping (disagree}**

- **POTENTIAL RISKS AND DISCOMFORTS**

In this study there are no foreseeable physiological, social, legal, financial and psychological risks or discomforts that might result from participating in the research. Discussions will be done on agreed times so as not to inconvenience anyone. In the event of physical and/or mental injury resulting from participation in this research project, Midlands State University does not provide any medical, hospitalisation or other insurance for participants in this research study, nor will Midlands State University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

- **POTENTIAL BENEFITS OF THIS STUDY**

The participants will not benefit directly from participating in this research. The study on intervention mechanisms of reducing teenage pregnancy in secondary schools can help

teenagers (girls) who face all kinds of punishments, including discrimination practices that deny girls the enjoyment of their right to education. Morbidity, health and social problems from teenage pregnancy cannot be overemphasised. The study can also help to improve the gender equity in the education system in Zimbabwe as a smaller number of girls can drop out of school as a result of intervention mechanisms in place to minimise teenage pregnancy among the schoolgirls. This study can again help to improve parental care and education on the importance of the girl child education in the society. Cultural beliefs which are barriers to the education of the girl child can also be reduced.

Educational policies can be influenced positively towards minimising teenage pregnancy. The reduction if not the stoppage of teenage pregnancy among secondary schools can be the result. The study can also contribute to the literature in the area of study and to National and International debates on this controversial topic.

ETHICAL CONSIDERATIONS

CONFIDENTIALITY AND ANONYMITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of anonymous names. Data collected will be in a thesis report kept at Midlands State University. After data analysis all recordings and audio tape will be destroyed.

- **RIGHTS IN THE STUDY**

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer or answer part questions. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

If you have any questions or concerns about this research, please contact the researcher at any time Mr Homela S on 0772998309/0712090026.

The Midlands State University Review Board has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact Professor K Chinyoka on 0773551922 or on kchinyoka@gzu.ac.zw.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Printed Name of Teacher

_____ **Date** _____

Signature of Teacher

_____

Name of Witness

_____ **Date** _____

Signature of Witness

APPENDIX 9

HEAD'S CONSENT TO PARTICIPATE IN THE RESEARCH

TITLE: INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN GWERU DISTRICT, ZIMBABWE.

You are asked to participate in a research study conducted by Mr Homela Simbarashe a PhD student (Registration Number: R182151W), from the Department of Educational Foundations, Primary Education and Pedagogy at Midlands State University. This study is conducted as part of the thesis to be submitted to the university. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because you are working in a school with the girl child. This study will be having a total of 2 Heads, 10 Teachers, 10 teenage girls aged 16 to 18 and 2 parents/guardians to participate. Heads are purposively sampled

- **PURPOSE OF THE STUDY**

This study is designed to examine the mechanisms which can minimise teenage pregnancy among secondary schools.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

1. Heads will be interviewed.

2. All interviews will be audio taped and digitally recorded without the use of actual names. You may choose to agree or disagree with audio taping, please indicate your opinion in any one of the boxes below:

Audio taping (agree)	**Without audio taping (disagree}**

- **POTENTIAL RISKS AND DISCOMFORTS**

In this study, there are no foreseeable physiological, social, legal, financial and psychological risks or discomforts that might result from participating in the research. Discussions will be done on agreed times so as not to inconvenience anyone. In the event of physical and/or mental injury resulting from participation in this research project, Midlands State University does not provide any medical, hospitalisation or other insurance for participants in this research study, nor will Midlands State University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

- **POTENTIAL BENEFITS OF THIS STUDY**

The participants will not benefit directly from participating in this research. The study on intervention mechanisms of reducing teenage pregnancy in secondary schools can help teenagers (girls) who face all kinds of punishments, including discrimination practices that deny girls the enjoyment of their right to education. Morbidity, health and social problems from teenage pregnancy cannot be overemphasised. The study can also help to improve the gender equity in the education system in Zimbabwe as a smaller number of girls can drop out of school as a result of intervention mechanisms in place to minimise teenage pregnancy among the schoolgirls. This study can again help to improve parental care and education on the importance of the girl child education in the society. Cultural beliefs which are barriers to the education of the girl child can also be reduced.

Educational policies can be influenced positively towards minimising teenage pregnancy. The reduction if not the stoppage of teenage pregnancy among secondary schools can be the result. The study can also contribute to the literature in the area of study and to National and International debates on this controversial topic.

- **CONFIDENTIALITY AND ANONIMITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of anonymous names. Data collected will be in a thesis report kept at Midlands State University. After data analysis all recordings and audio tape will be destroyed.

Rights in the study

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer.

There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

If you have any questions or concerns about this research, please contact the researcher at any time Mr Homela S on 0772998309/0712090026.

The Midlands State University Review Board has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact Professor K Chinyoka on 0773551922 or kchinyoka@gzu.ac.zw my supervisor.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Printed Name of Head

_____ **Date** _____

Signature of Head

_____

Name of Witness

_____ **Date** _____

Signature of Witness

APPENDIX 10

1. **SEMI-STRUCTURED INTERVIEW GUIDE FOR HEADS**

INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN MIDLANDS; ZIMBABWE.

I wish to start by expressing my gratitude towards your acceptance to take part in this interview. I am a **PhD student in the faculty of education** in the school of Educational Foundations and Primary Foundations of Midlands State University.

I am carrying out a research study on the topic; **Intervention mechanisms for minimising teenage pregnancy among secondary school learners in Midlands; Zimbabwe**. All your responses will be solely used for academic purpose.

Section A: Biographical data

Gender: male ☐ female ☐

Age Range:

30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐

Experience in years:

0-5yrs ☐ 6-10yrs ☐ 11-15 ☐ 20+ ☐

Academic qualifications

Degree ☐ Masters ☐ PhD ☐ Other ☐

Section B: Questions

I. What intervention mechanisms for minimising teenage pregnancy are in operation in Gweru District of Zimbabwe?

II. How effective are the present intervention mechanisms in minimising teenage pregnancy among secondary schools in the District?

III. Why are these intervention mechanisms for minimising teenage pregnancy chosen to be used in the secondary schools in Gweru District?

IV. Which intervention mechanisms for minimising teenage pregnancy can be used by urban and rural secondary schools in the District?

1. (i) Do you record teenage pregnancies at your school each academic year?

   (ii) How many teenage girls fall pregnant on average each year at your school?

   (iii) What level do you mostly record these teenage pregnancies?

   (iv) What social background does theses teenage girls who fall pregnant have?

   (v) What can you say are the most contributing factors to teenage pregnancy among secondary schools?

   (vi) In order to have equality in education are their intervention mechanisms for minimizing teenage pregnancy among secondary schools in Gweru District?

   (vii) Can you give the intervention mechanisms which are being used by your school.

2. (i) How are these intervention mechanisms helping in minimizing teenage pregnancy among secondary schools in the District?

   (ii) What can you say about the effectiveness of these intervention mechanisms?

3. (i) What do you think were the reasons for choosing these mechanisms?

   (ii) What other better intervention mechanisms which can be used in Gweru District?

4. Which mechanisms are best suitable for.

   (i) Urban secondary schools and

   (ii) Rural secondary schools?

2. SEMI-STRUCTURED INTERVIEW GUIDE FOR GUARDIANS/PARENTS

INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN MIDLANDS; ZIMBABWE.

I wish to start by expressing my gratitude towards your acceptance to take part in this interview. I am a **PhD student in the faculty of education** in the school of Educational Foundations and Primary Foundations of Midlands State University.

I am carrying out a research study on the topic; **Intervention mechanisms for minimising teenage pregnancy among secondary school learners in Midlands; Zimbabwe**. All your responses will be solely used for academic purpose.

Section A: Biographical data

Gender: male ☐ female ☐

Age Range:

30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐

Section B: Questions

I. What intervention mechanisms for minimising teenage pregnancy are in operation in Gweru District of Zimbabwe?

II. How effective are the present intervention mechanisms in minimising teenage pregnancy among secondary schools in the District?

III. Why are these intervention mechanisms for minimising teenage pregnancy chosen to be used in the secondary schools in Gweru District?

IV. Which intervention mechanisms for minimising teenage pregnancy can be used by urban and rural secondary schools in the District?

1. (i) What do you think are the intervention mechanisms used for minimizing teenage pregnancy among secondary schools in Gweru District?
   (iii) What measures do you have at home or communities (ecological systems) to minimize teenage pregnancy among secondary schools?
   (iv) Which level at secondary school do you think we have the highest number of pregnancies?
2. As parents/guardians what role do you have to enhance the effectiveness of these intervention mechanisms?
3. What do you think are the reasons for using the present intervention mechanisms if any to prevent teenage pregnancy among secondary school girls?
4. How best can we improve the urban and rural environments that surround the teenage girls for them not to fall pregnant while at secondary school level?

3. FOCUS GROUP DISCUSSION GUIDE FOR TEACHERS.

INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN MIDLANDS; ZIMBABWE.

I wish to start by expressing my gratitude towards your acceptance to take part in this interview. I am a **PhD student in the faculty of education** in the school of Educational Foundations and Primary Foundations of Midlands State University.

I am carrying out a research study on the topic; **Intervention mechanisms for minimising teenage pregnancy among secondary school learners in Midlands; Zimbabwe**. All your responses will be solely used for academic purpose.

Welcoming remarks by the researcher as the facilitator:

The sessions will be relaxed. A comfortable setting, refreshments, and sitting round in a circle will help to establish the right atmosphere. The sessions may last from 30 minutes to one hour. Disagreements within the members of the group could be used to encourage the participants to elucidate their point of view, and to clarify why they think. All answers are accepted as correct answers. Every member is encouraged to participate or contribute freely.

Ground rules:

The following are some recommended guidelines or ground rules used by the researcher to help to establish the group norms:

- Only one person talks at a time.
- Confidentiality is assured; what is shared in the room stays in the room.
- There are no right or wrong answers to any questions. The respondents merely give ideas, experiences and opinions, which are all valuable.

- The researcher will listen to all sides of an issue, both the positive and the negative.
- English, Shona and Ndebele are allowed.
- Responses will be recorded and also notes taken by the assistant researchers.
- The group will be given room to add any other accepted ground rule(s)

In this research study these ground rules will be presented to the group, and displayed throughout the discussion on a flip chart that will be hung on a wall in a clearly visible location.

Questions that will guide the researcher

Section A: Biographical Data

Gender: Total male ☐ female ☐

Experience in years:

0-5yrs ☐ 6-10yrs ☐ 11-15 ☐ 20+ ☐

Level of Education:

PhD_____ Masters_____ Degree_____ DipEd_____ Other_____

Section B: Questions for discussions

I. What intervention mechanisms for minimising teenage pregnancy are in operation in Gweru District of Zimbabwe?

II. How effective are the present intervention mechanisms in minimising teenage pregnancy among secondary schools in the District?

III. Why are these intervention mechanisms for minimising teenage pregnancy chosen to be used in the secondary schools in Gweru District?

IV. Which intervention mechanisms for minimising teenage pregnancy can be used by urban and rural secondary schools in the District?

1. FOCUS GROUP DISCUSSION GUIDE FOR FORM THREE GIRLS.

INTERVENTION MECHANISMS FOR MINIMISING TEENAGE PREGNANCIES AMONG SECONDARY SCHOOL LEARNERS IN MIDLANDS; ZIMBABWE.

I wish to start by expressing my gratitude towards your acceptance to take part in this interview. I am a **PhD student in the faculty of education** in the school of Educational Foundations and Primary Foundations of Midlands State University.

I am carrying out a research study on the topic; **Intervention mechanisms for minimising teenage pregnancy among secondary school learners in Midlands; Zimbabwe**. All your responses will be solely used for academic purpose.

Welcoming remarks by the researcher as the facilitator:

The sessions will be relaxed. A comfortable setting, refreshments, and sitting round in a circle will help to establish the right atmosphere. The sessions may last from 30 minutes to one hour. Disagreements within the members of the group could be used to encourage the participants to elucidate their point of view, and to clarify why they think. All answers are accepted as correct answers. Every member is encouraged to participate or contribute freely.

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- The researcher will listen to all sides of an issue, both the positive and the negative.
- English, Shona and Ndebele are allowed.
- Responses will be recorded and also notes taken by the assistant researchers.
- The group will be given room to add any other accepted ground rule(s)

In this research study these ground rules will be presented to the group and displayed throughout the discussion on a flip chart that will be hung on a wall in a clearly visible location.

Questions that will guide the researcher

Section A: Biographical Data

Gender: Total_____

Ages

15 Years ☐ 16Years ☐ 17Years ☐

Section B: Questions for discussions

I. What intervention mechanisms for minimising teenage pregnancy are in operation in Gweru District of Zimbabwe?

II. How effective are the present intervention mechanisms in minimising teenage pregnancy among secondary schools in the District?

III. Why are these intervention mechanisms for minimising teenage pregnancy chosen to be used in the secondary schools in Gweru District?

IV. Which intervention mechanisms for minimising teenage pregnancy can be used by urban and rural secondary schools in the District?

APPENDIX 11

MIDLANDS STATE UNIVERSITY
Research and Postgraduate Studies
P. Bag 9055
Gweru
Zimbabwe
Telephone: (263) 54 260416/7, 260331
Fax: (263) 54 260388
guyou@staff.msu.ac.zw

RESEARCH & INNOVATION

28 April 2022

TO WHOM IT MAY CONCERN

RE: ETHICAL CLEARANCE NUMBER PHDED/001/22

This letter serves to confirm that Mr Simbarashe Homela is a DPhil candidate at Midlands State University in the Faculty of Education and his research topic entitled **"Interventions Mechanisms for Minimising Teenage Pregnancies among Secondary School Learners in Gweru: Zimbabwe"**, went through the Research Ethics clearance process and it was found to meet the minimum requirements as prescribed in the Research Ethics Policy.

May you kindly assist him with information relating to his study.

Yours Sincerely

Prof. U. Guyo
Acting Executive Director

MIDLANDS STATE UNIVERSITY
RESEARCH & POST GRADUATE STUDIES
28 APR 2022
PRIVATE BAG 9055,GWERU
TEL:054 -260575 FAX: 054 - 260068

APPENDIX 12

28425 Hillside Extension Hillside, Mucheke, Masvingo, Zimbabwe +263 772 973 022

jairosgonye@gmail.com

jgonye@gzu.ac.zw

TO WHOM IT MAY CONCERN

Re: Confirmation of Editing of HOMELA SIMBARASHE (Registration Number: R182151W) Doctoral Thesis

This is to certify that I, Jairos Gonye (National Identity Number 27-049723-X-27), have edited **Simbarashe Homela's** Doctoral thesis with the title I**ntervention Mechanisms for Minimising Teenage Pregnancies among Secondary School Learners in Gweru, Zimbabwe** to be submitted to the **Midlands State University** of Zimbabwe in terms of the requirements for the attainment of a **Doctor of Philosophy in Educational Foundations and Administration.**

My qualifications are as follows: PHDA (English) (University of Venda); MA (English) (University of Zimbabwe); BA (Hons) (English) (University of Zimbabwe) and Graduate Certificate in Education (Grad.CE) (University of Zimbabwe).

Thank you

Date: 02/08/2023