RESEARCH REPORT

AN INVESTIGATION ON THE DETERMINANTS OF TEENAGE PREGNANCIES: A CASE STUDY OF FURAMERA VILLAGE IN CHIHOTA RURAL AREA, MARONDERA.

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A dissertation submitted to the Department of Social Work, Bindura University of Science Education in partial fulfillment of the requirements for the Bachelor of Social Work Honours Degree

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APPROVAL FORM

Supervisor

I certify that I have supervised…………………………………………………………………for this research entitled, “An investigation on the determinants of teenage pregnancies: A case of Furamera Village in Chihota Rural Area, Marondera” in partial fulfilments of the Bachelor of Science Honours Degree in Social Work and recommend that it proceeds for examination.

Supervisor Name ........................................ Signature ..............................

Date .........................................

Chairman of Department Board of Examiners

The Department Board of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by .................................titled: “An investigation on the determinants of teenage pregnancies: A case of Furamera Village in Chihota Rural Area, Marondera.
RELEASE FORM

I Furamera Tatenda studying for the Bachelor of Science Honours Degree in Social Work, hereby declare that the work presented in this dissertation represents my own work and has not been presented for any other degree or diploma.

I further declare that all the sources used in this dissertation has been highlighted and acknowledged accordingly by means of complete references. The dissertation was prepared taking into cognizant of the facts that plagiarism is a serious academic offence.

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Abstract

Recently, the occurrence of teenage pregnancy has been very high in Zimbabwe. This study investigates the determinants of teenage pregnancies based on a case study of Furamera Village in Chihota. The target population were pregnant teenagers below the age of 19. A total sample of nine (9) pregnant teenagers was used to gather data using in-depth interview instrument. Three (3) key informants were also used in data collection. The study revealed that poverty, poor family structure, lack of sexual knowledge, peer pressure, age at marriage, alcohol and drug abuse, low educational ambitions and media are some of the causes of teenage pregnancy. The study findings also revealed that pregnant teenagers are vulnerable to financial difficulties and stigma, face family rejection and medical complications and drop out of school. Teenagers managed these challenges by avoiding interactions that causes stress, seeking Godly counselling and saving money to pursue further education. The study recommended career development of female teenagers and sex education on teenagers in rural areas.
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DEDICATION

This study is dedicated to my parents, Mr and Mrs Furamera who supported me even financial and encouraging me in time of hardships. They are the pillars of my strength.
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CHAPTER ONE: INTRODUCTION

1.0 Introduction

Teenagers are far more sexually active than ever before, and this usually results in unplanned pregnancies. Generally, teenage pregnancy can be viewed as pregnancy of a woman of less than nineteen years. New Dictionary of Social Work (1995, P.65) defines teenage pregnancy as pregnancy of unmarried person below the age of eighteen. Early childbearing is linked to various health problems such as infertility, risk of death and exposure to sexually transmitted disease (World Health Organization, 2004). Teenage pregnancies reduce the chance and opportunity for a girl to complete education and acquire human capital skills required for gainful employment in the labor market. In many African societies, teenage pregnancy is characterized with shame, disgrace and sometimes end of the individual’s dreams of achieving higher pursuits (Yambolskya, Brown and Greenbaum, 2002). Macleod (1999) asserts that teenage pregnancy is one of the major factors contributing to population growth. The increase in the population in the developing countries like Zimbabwe represents a major challenge to the economic development of a country. The Centre for Disease Control and Prevention, the leading national public health institute of the United States of America, notes that babies born to teenagers may have weaker intellectual development and lower set scores at kindergarten.

1.1 Background of the Study

There is a growing concern in the whole world about the alarming rate of teenage pregnancies
and the consequences that these pose to the society (WHO, 2008). Zimbabwe is one of the countries affected by teenage pregnancy. Lee (2002) highlights that age at first intercourse is reducing, suggesting that young adults in the current generation are becoming sexually active at younger age. Much effort has been directed to sex education and promotion of safer sex programmes to reduce teenage pregnancy. However, according to Pogoy, Verzosa, Coming and Agustino (2014) it seems adolescents lack knowledge on access to conventional methods of preventing pregnancy, as they may be afraid to seek such information. Teenage pregnancy in developed countries is usually outside of marriage and associated with social stigma in several communities. In developing countries, teenage pregnancies are often associated with social issues including lower educational levels, higher rates of poverty and family rejection (Melvin, Ayatunde and Mustapha (2009).

Globally, one in every five girls have given birth by the age of 18, while in the poorest regions of the world this figure rises to over one in three girls (World Health Organization, 2004). The United Nations Population Fund (2013) reports that limited availability to youth-friendly and sexual reproductive health services contributes in many young people engaging in sexual behaviours that put them at high risk of HIV infection. In 2014, the World Health Organization reported that about 16 million women aged between 15-19 years old give birth each year with 95% of these births occur in middle income countries (WHO, 2014). In some developed countries, the rate of teenage pregnancy is slightly low except United States of America. Kost and Henshaw (2012) postulated that in United States of America, approximately 67.8 per 1000
women aged 15-19 years or 750,000 American teenagers become pregnant each year. Out of 750,000, 82% of these pregnancies are unintended (Finer and Zolna, 2011).

Sub-Saharan Africa had the highest prevalence of teenage pregnancy in the world in 2013 (United Nations Population Fund, 2013). Births to teenage mothers in this region are estimated at 101 births per 1000 women aged 15 to 19 years. Approximately 95% of teenage pregnancies occur in developing countries (United Nations Population Fund, 2013). Loaiza and Liang (2013) assert that the majority countries in Sub-Saharan Africa have teenage pregnancy levels of above 30%. For example, a study conducted in South Africa shows that 30 to 40% of 19-year-old girls had given birth at least once. Another research done in South Africa indicated that rural adolescents tend to start childbearing earlier than urban adolescents (National Department of Health, 2002). This clearly shows that the rate of teenage pregnancy is high in Africa.

Statistics obtained from the United Nations Population Fund (UNFPA, 2014) in Zimbabwe indicates that child pregnancy for the past five years has sharply increased with most pregnancies being recorded in rural areas. The UNFPA (2014) further indicates that fertility rate among teenage girls aged 15-19 years increased from 99 per 1000 girls to 115 per 1000 in the last five years. Reports from the United Nations Population Fund (2014) revealed that 92% of all sexually active women aged 15 to 19 years are in some form of marriage, and 28% of who first had sex before age report that the sex was forced and against their will. Girls living in rural areas are twice as much affected by teenage pregnancies as statistics show that 144 per 1000 in rural areas fall pregnant as compared to 70 per 1000 urban girls (UNFPA, 2014). In Zimbabwe, about a quarter of all maternal deaths are adolescent girls aged 15-19 years. Teenage pregnancy also
violates a girl’s rights as it often means an abrupt and to childhood, a curtailed education and lost opportunities (Rufurwadzo, 2013). According to the Zimbabwe Demographic Health Survey (2010/11), teenagers living in the lowest wealth quintile tend to start child bearing earlier than their earlier than the peers.

The Bulawayo Municipality highlights that in 2013 more than 300 abortion cases were recorded in its antenatal clinics. Unspecified number of teenage girls was treated for post-abortion trauma and severe abdominal pain. Health campaigners in Zimbabwe say the death of teenagers in a Bulawayo highlights the inadequate sexual and antenatal health care available to girls, whose parents are unwilling to accept they are sexually active. In an effort to lessen teenage pregnancy, the then Education Minister, Dr Lazarus Dokora earlier this year revived the suggestion that contraceptives should be made available in schools (Southern Eye, 2015). The proposal was met with resentment by many parents, and both sides have failed to reach a consensus. Campaigners say up to 70 000 illegal abortions are carried out annually in Zimbabwe, despite the risk of a five years jail term.

Traditionally teenage pregnancies were rare in Zimbabwe owing to strong cultural value systems reinforced by patriarchy. With the evolving socio-economic circumstances, the attitudes and beliefs that characterized these value systems have changed especially in regards to teenage pregnancies. This was characterized by increase in number of teenage pregnancies in Sub-Saharan Africa.

1.2 Statement of the Problem
There is a noticeable sharp increase in the number of teenage pregnancies and this has shown to have far reaching consequences on the affected teenagers. Evidence of older men who are seeking young girls as sexual partners especially in developing nations like Zimbabwe is increasing and chances of contracting HIV and Sexual Transmitted disease are high. This can lead to infertility and death. A variety of research studies and programs were formed and implemented to investigate the issues of teenage pregnancy in Zimbabwe. Some of these studies played a vital role in bringing a better understanding of the nature of teenage pregnancy and its problems. Much emphasis has been put into educating teenagers on sex and how to use modern methods of preventing pregnancy, for example, use of contraceptives. These methods have worked to some extend especially in urban areas where there are more resources to support programs but not much has improved in rural areas as the rate of teenage pregnancy continue to increase. It seems that the knowledge and awareness of adolescents with regards to the consequences of teenage pregnancy are inadequate and more detailed research is deemed necessary.

1.3 Justification of the Study

Empirical findings of the research could assist in formulation of policies. The guidelines will strengthen the knowledge base and empower health care providers to effectively improve health services delivery to this population. Rate of teenagers who drop out of school because of pregnancy and cases of baby dumping could be reduced. The rate of teenagers who commit suicide due to pregnancy is increasing. Social work, as a profession also dealt with teenagers
some of whom are pregnant. Therefore, carrying out this research would probably allow social workers to gain insight into the phenomenon which will enable them to respond effectively in assisting adolescents in preventing and dealing with teenage pregnancies.

1.4 Aim of the Study

To explore factors which lead to teenage pregnancy.

1.5 Objectives

- To identify the causes of teenage pregnancies.
- To identify challenges faced by pregnant teenagers.
- Outline the coping mechanisms in response to the challenges of teenage pregnancy

1.6 Research Questions

What are the causes of teenage pregnancies?

What are the challenges associated with teenage pregnancies?

What are the coping mechanisms used by teenagers to deal with challenges of teenage pregnancy?
1.7 Assumptions

- Participants will answer questions accurately and in an honest manner.
- Teenagers’ views will improve the methods of prevention.
- Teenage pregnancy is preventable with proper methods of intervention.

1.8 Definition of Key Terms

Investigate

According to Oxford Dictionary (2015), to investigate is to carry out a systematic or formal inquiry to discover and examine the facts of an incident or allegation so as to establish the truth.

Teenager/ Adolescent

The term teenager is often used synonymously with adolescent. The World Health Organization (2014) considers adolescence as the period from ages 10-19 years. World Health Organization (1981) in Isa and Gani (2012) also views adolescence as a period between the ages of 10 and 19 in which the individual progresses from the initial appearances of secondary sexual characteristics to full sexual maturity and during which psychological and emotional processes develop from those of a child to those of an adult. In simple terms it is the process of developing from a child into an adult.

Pregnancy

The Bailliere’s Nurses Dictionary (1996) defines pregnancy as a condition from conception to
the expulsion of the foetus. Pregnancy can be generally viewed as a state of carrying a developing embryo or foetus within female body.

**Determinant**

Determinant is generally defined as a factor that influences the outcome of something. In this research, the term determinant(s) represents all the factors that decisively affects or influence the outcome of teenage pregnancy.

**Teenage Pregnancy**

Akella and Jordan (2011) define teenage pregnancy as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant (UNICEF, 2008).

World Health Organization (2004) defines adolescent pregnancy as pregnancy as pregnancy in a women aged 10-19 years. In simple terms it is the process of developing from a child into an adult.

Teenage pregnancy may be viewed as pregnancy among teenage females’ ages 15-19 (The Guttmacher Institute, 2006).

**1.9 Conclusion**

This chapter addressed the background of the study, statement of the problem, justification of the study, aim of the study, objectives, research questions, assumptions and definition of key terms.
CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter will review the literature and debates issues surrounding teenage pregnancy. The study adopts two theories that will assist to understand the determinants of teenage pregnancy. These are the social conflict theory by the Marxists and the evolutionary theory by Dr Belsky. Causes of teenage pregnancy, challenges faced by pregnant teenagers and coping mechanisms implemented to deal with those challenges will be analyzed the chapter progress. Case studies of both developed and developing countries will be included. Legal frameworks that guide teenagers will be included. Children are seen as a blessing from the almighty God, but for some, they are regarded as a mistake especially when they are not planned for. Singh (2005) asserts that teenage pregnancy is a universal problem that affects all the communities. Teenage pregnancy is not a new phenomenon, but the waste part is the fact that it is still persist in the current generation regardless of the new methods of preventing pregnancy that have been discovered in the last decade and sexual knowledge acquired by these teenagers.

2.1 Theoretical Framework

The Social Conflict Perspective

The social conflict theory is a Marxist- based theory and it claims human behaviour in social contexts result from conflicts between compete groups. The Marxists view teenage pregnancy as
a result of the conflict between the parents of the teenagers and the teenagers themselves (Shai-
Ann Karyo, 2012). Parents want obedience and control from their kids, while kids want freedom
from their parents. To the Marxists, teenage pregnancy can be a form of rebellion (Shai-Ann
Karyo, 2012). A lot of parents kick their children out after finding out their child is pregnant, or
refuse to help financially support the child. The conflict theory further highlights that some
parents forced their children into abortion against the teenager’s will which can lead to
resentment (Chegg, 2012).

In addition, the conflict theory states that teenage pregnancies are more likely to include poorer
parents (Chegg, 2012). Correspondingly parents are less likely to have higher paying jobs later
due to familial obligations, splitting of a family unit. The result is a population that can be easily
controlled from the rich. Similarly, teenagers may indeed want to be pregnant as a way to rebel
against the oppressive forces of a different generation. This creates conflicts between these two
groups. To the Marxists, early reproduction may represent a balanced response to a tense social
period.

**Evolutionary Perspective**

Dr Belsky’s evolutionary perspective views teenage pregnancy as a result of an adaptive
response of an evolved reproductive strategy to conditions of risk and uncertainty, that having
children at an earlier age may promote lineage survival when personal future is uncertain
(Goleman, 1991). The theory adds that young mothers are responding to evolution that induces
people growing up in extremely stressful circumstances to bear early and often. The theory is of
the view that teenagers who grow up in extreme conditions are primed to boost the chances of
having their genes survive into the next generation by choosing earlier sex. In stressful conditions, Dr Belsky said, evolution has primed human to pursue a “quantity, rather than quality, reproductive strategy. Earlier pregnancy is party of this plan. Dr Belsky in Goleman (1991) said “when a child learns that the world is insecure and risky, the biological response is to get into reproduction sooner. Because the danger is that if you don’t, you won’t reproduce at all”.

One prediction of the theory is that girls who grow up in households where there is great emotional stress, and especially where the father is absent, will undergo puberty at an earlier age than other girls (Johns, Sahah and Dickins et al, 2011).

2.2 Causes of Teenage Pregnancy

Causes of teenage pregnancies are multifaceted with complex interplay of social, lifestyle and wider determinants influencing risk. Some causes are similar among countries of the same region but tend to differ at international level due to various reasons. In developed countries adolescent pregnancy is seen as a social issue and most early child bearing occurred outside wedlock (Sawhill, 2000). Characteristics such as family structure, age at first intercourse, career goals, and child sexual abuse have been associated with adolescent pregnancy in USA (Farber, 2003). Contrary, in developing countries pregnant teenagers are often married, and their pregnancy may be welcomed by family and society though they could face stigma from the society. The emergence of teenage pregnancy in Africa has been attributed to various factors such as early marriages, age at marriage, poverty, cultural factors, media, peer pressure and adolescent sexual abuse among others. These causes will be discussed as the section progress. Case studies of
USA, South Africa, Nigeria and Zimbabwe will be included.

A research done in USA has shown that family structure is strongly correlated with teenage pregnancy (Langille, Flowerden and Andreou, 2004). Rosen (1997) in Domenico and Jones (2007) noticed an increase in a number of American female teenagers who lived in relatively unstable family situations and became sexually intimate for a short term sense of comfort. Dittus and Jaccard (2000) assert that the connection between family structure and adolescent sexual behavior has been attributed to single or divorced parent leading to lesser parental supervision and motoring. Singh (2005) articulates that teenagers who live in incomplete families are more likely to be sexual active earlier than those who come from two parent households. However, there is evidence of teenagers who are raised by single parents and are not indulging in early sexual activities. International studies revealed that strong relationships and two parent families have found to lower the incidence of adolescent pregnancy (Weisfeld and Woodward, 2004).

Berglas, et al (2003) identifies consistent parental values as a crucial factor that influences later sexual debut and reduces the risk of unintended pregnancies. Teenagers whose parents are clear about the values of delaying sex are less likely to have intercourse at an early age (Blum and Rinehard, 1998). However, parents who are lenient about premarital sex or those that have negative attitudes about contraception have teenagers who are more likely to have unsafe sex and become pregnant (Dittus and Jaccard, 2000). Family members serve as role models to their children. Research done in South Africa have shown that teenagers are more likely to initiate sex and become pregnant if their parents or other family members have sex outside marriage or are cohabitating with a sexual partner (Panday, Makiwane and Ranchod et al, 2009). This shows that
family structures influences teenage pregnancy in both developed and developing nations.

McCullough and Scherman (1991) assert that parental rejection or lack of warmth also led adolescents to seek relationships outside the family to boost their self-esteem. Contrary, teenagers whose parents provided a warmth, loving and nurturing environment are less likely to engage in sex (Cox, 2007). Several studies review that parent-child connectedness decrease the risk of teenage pregnancy by influencing adolescent sexual and contraceptive behaviors (Miller, et al, 2001). However, overly strict and authoritarian parenting style is associated with great risk of teenage pregnancy (Miller, 1998). Teenagers who describe their relationships with their parents as coercive or conflictual are more likely to be involved with deviant peer groups. Conversely, studies have shown that parental regulation can delay sexual debut (Huebner and Howell, 2003).

Parent-adolescent communication on issues of sexual behavior and childbearing has received considerable attention (Camlin and Snow, 2008). Studies done in USA revealed that teenagers whose parents communicated strong disapproval of sexual activity exhibited fewer risk-taking behaviors and were likely to delay sex until a later age (Manlove et al, 2002). This has been supported by Dittus and Jaccard (2000) who assert that positive, open and frequent communication about sex is linked to postponement of sexual activity, increased contraceptive use and fewer sexual partners. Many teenagers agree that it would be easier for them to avoid teenage pregnancy if they were able to have more open and honest conversations about these topics with their parents (Albert, 2004).

Low educational ambitions were mentioned as another cause of teenage pregnancy. A study done
in USA revealed that teenagers who become pregnant are already experiencing academic difficulties in school and have low educational expectations (Coles, 2005). Rothenberg and Weissman (2002) in Domenico and Jones (2007) added that pursuing higher education is not reasonably within their reach, and they may experience feelings of hopelessness or helplessness regarding their future. Brindis and Philliber (2003) further highlights that some female teenagers viewed tertiary education as unattainable hence they drift into pregnancy as this appears to be their best option. However, these researchers did not consider some of the teenagers who were brilliant at school but fell victims of teenage pregnancy.

Inadequate knowledge about safe sex has been highlighted as another cause of teenage pregnancy. A study conducted in Cebu City, Philippines revealed that most adolescents are unaware of safe sex (Pogoy, Verzosa and Coming, et al, 2014). They probably have no access to the traditional method of preventing teenage pregnancy or fear to seek information about it (Ehlers, 2003). Miller (2006:38) stated that the lack of education on safe sex, either on the parents or the educators, may lead to teenage pregnancy. Most adults believed that sex education is dangerous and premature for susceptible teenagers and may lead to indiscriminate promiscuity (Conger, 1991). Furthermore, most adults believe that parents should teach sex education in the privacy of their homes. In contrary, teenagers felt that sex education should be taught in school as a course on its own (Conger, 1991). However, there is strong evidence that school based sex education can both delay and promote safe sex.

Another cause of teenage pregnancy is physical and sexual abuse. Sexual abuse can modify perceptions about sexual behavior, leading an abused teenager to initiate sex at an earlier age
(Saewyc, Magee and Pettingell, 2004). Studies conducted in USA have shown that an extremely large number of pregnant teenagers report a history of past sexual and physical abuse (Pallitto and Murillo, 2008). Although the majority of adolescent females claimed their first sexual experience was voluntary, Farber (2003) found about 40% of girls who first had intercourse at age 13 or 14 indicated involuntary or unwanted intercourses with an older partner. Herman-Giddens et al (1998) reported that females who were sexually abused as children were three times more likely to become pregnant during their teenage years. Teenagers with a history of child sexual abuse have experienced a violation of their most intimate boundaries and this can lead to a sense of powerlessness in relationships (De Bellis, 2001). McCullough and Scherman (1991) concluded some teenage pregnancies possibly resulted from unresolved feelings and behaviors associated with earlier sexual abuse.

Similarly, physical and sexual abuse is also viewed as a cause of teenage pregnancy in developing nations such as South Africa (SAFAIDS, 2011). Physical and sexual abuse is common in South Africa. According to Richter and Dawes (2008), it is difficult to detect the extent of the abuse because of its hidden nature and differences in community understanding. For the year 2004-2005, children were victims of almost half of all incidents assaults (48.2%) (Richter and Dawes, 2008). A study conducted in South Africa in 2005 revealed that over half of the sample (57%) had smacked their child in 2004 and of these 3 out 5 used belt or another object to beat their child. Traumatized teenagers turn to prostitution and substance use increasing chances of early pregnancy (Saewyc et al, 2004). Conversely, not all teenagers experience child abuse become pregnant as teenagers.
Culture was pointed by various scholars as one of the major causes of teenage pregnancy especially in African countries. In certain African cultures, teenage pregnancy is accepted and welcomed, and this could impact teenagers’ attitudes towards pregnancy (Kirby, 2002). Research studies done in Uganda revealed that cultural norms in Uganda encouraged marriage and childbearing at an early age (Gedion, 2004). As such female adolescents in Uganda face cultural and social pressure from their families to marry young and begin childbearing early (Sekiwunga and Whyte, 2009). This has been supported by Macleod (1999) who says some cultures forces the teenagers to fall pregnant and accept them as women only if they have proven their fertility. Contrary, report by Marule (2008) noted that most adolescents irrespective of their culture are sexually active before the age of twenty. Macleod (1999) further highlights that sexual control practices like initiation ceremonies, vaginal inspection and supervision of marriage by kinfolk are no longer done. These practices are believed to have collapsed due to urbanization, destruction of the patriarchal structure of the family and formal schooling that has taken away education from the control of parents. Consequently, young people have become sexually permissive when compared to traditional teenagers.

The major emphasis placed on fertility in many African communities is believed to be pressurizing young people to conceive so as to escape the reputation of being infertile. In this context, child bearing is perceived as an essential part of being a women and achieving success on a women (Macleod, 1999). Contrary, anecdotal evidence suggests that pre-marital pregnancy is not accepted among Indians and White South Africans teenagers (Jewkes and Christofides, 2008). Due to the high levels of stigma as well as the higher incentive to continue education and
achieve financial aspirations as well as better access to reproductive health services, most Whites and Indian adolescents avoid pregnancy. Research conducted among black teenagers in South Africa has pointed towards substantial power imbalances in sexual relationships between men and women (Eaton, et al, 2003). A substantial discourse on the influence of African culture, particularly constructions of femininity and masculinity as display of love, womanhood and fertility, and virility respectively, dominated reasons for teenage pregnancy in South Africa (Jewkes, et al, 2001). Having an early pregnancy is regarded as poor female decorum and subject to severe stigma by family and friends.

Poverty is another cause of teenage pregnancy especially in Africa countries. A study conducted in South Africa revealed that teenagers who live in poverty are often exposed to more live sexual activity because families are required to live in small houses where there is distinct lack of privacy for the parents (Bezuidenhout and Joubert, 2008). Branch (2006) asserts that pregnant teenagers are more likely to have been brought up in less-disadvantageous social environments. Studies conducted by Hallman (2004) found that socio-economic disadvantages significantly increased the likelihood of a range of unsafe sexual behaviors and experiences, especially for females. Poverty raises young women’s chances of experiencing coerced sex at sexual debut and during their lifetime. Hallman (2004) analysis also revealed lower socio-economic status reduces the odds of communicating with one’s partner about safe sexual practices for both males and females. However, it is important to that not all poor teenagers are involved in early sexually activities but rather they will continue with their education until they achieved specific goals.

Research done by Mutanana and Mutara (2015) in Hurungwe district revealed that the socio-
economic background is a major contributing to teenage pregnancies in the rural community in Zimbabwe. These findings agree with the observations by Joubert (2008) who stated that the economic challenges in developing nations means that those who live in poverty are exposed to more live sexual activity because families are required to live in small houses were there is distinct lack of privacy for the parents, Teenagers who grow up under such conditions Joubert (2008) argued can easily engage themselves in sexual activity as soon as they entered the puberty.

Use of drugs and alcohol may possibly encourage unintended sexual activity (SAFAIDS, 2011). It is common in both developing and developed nations. Often when teenagers are drunk, they forget to use protection. Many studies have shown for example the co-occurrence of substance use and sexual activity (Flisher et al, 2000). Alcohol and drug use increases an adolescent’s chances of unprotected sexual intercourse and in turn, pregnancy (Limmer, 2008). Studies done by SAFAIDS in 2011 revealed that young people are twice as likely to have unprotected sex whilst under the influence of alcohol or drugs compared to when they are sober. This often results in the girls becoming pregnant and also exposing them to the risks of HIV infection (SAFAIDS, 2011). Studies in USA report that between a third and half of teenage pregnancies are the result of alcohol use (The National Center on Addiction Substance Abuse, 2002).

Several studies have reported that between 6-12% of teenagers have used drugs in their lifetime (Brook, Morojele and Zhang et al, 2006). A significant proposition of sexually active learners in South Africa also report using alcohol or drugs before sex (Reddy et al, 2003). In fact, data from Cape Town in South Africa has shown that when learned uses drugs they are more likely to have
anal, vaginal and oral sex as well as to be pregnant (Pluddemann et al, 2008). Studies have shown that when young women initiate sex with a steady boyfriend and someone they know for a while, they are less likely to experience an early pregnancy (Jewkes et al, 2001). According to Morejele, Brook and Kacheng’a (2006) the psychoactive effects of alcohol and drug use are thought to increase sexual arousal and desire decrease inhibition and tenseness, diminish decision-making capacity, judgment and sense of responsibility, and generally disempower women to resist sex. Studies have reported on the increased risk of forced sex and the decreased likelihood of using condoms when under the influence of alcohol (Morojele et al, 2006). While the association between alcohol and sexual risk behavior has long been established, few studies have investigated the direct links between and pregnancies (Alcohol concern, 2002).

Research done in South Africa revealed that over a half of young teenagers in South Africa does little to prevent pregnancy. Over two thirds of young women who reported ever being pregnant in the 2006 Kaiser/SABC study, identified failure to use contraception as the main reason for pregnancy. Although poor knowledge is often cited as a reason for ineffective or non-use of contraceptives (Arai, 2003), studies have shown that most young people are well informed about modern methods of contraception. The 1998 SADHS reported almost universal knowledge of modern methods of contraception among unmarried sexually active women. Similarly, qualitative research among young mothers in Soweto reported that lack of education on sexuality and information on contraception could not be used as a legitimate reason for pregnancy as these were widely available (Kaufman, et al, 2001).

Conover and Chaudry (2008) postulate that although teenagers have high levels of knowledge
about contraceptive methods, gaps exist in the accuracy of their knowledge or skill regarding correct use of contraception. Incorrect usage can lead to tears in condoms and missed closes of birth control pills can lead to ovulation. Research done in Limpopo province revealed that due to poor education by health staff, girls reported only using half the number of pills to reduce weight gain or stopping contraceptive use altogether due to side effects such as amenorrhea (Wood and Jewkes, 2006). These errors can decrease the effectiveness of the contraceptive method and increase chances of experiencing a pregnancy (Conover and Chaudry, 2008). But data from the 2003 RHRU survey has shown that when young people feel confident about their ability to use condoms, they are more likely to use them (Hendriksen, et al, 2007). Sexuality education that reaches beyond awareness raising to improve accuracy and completeness of knowledge about contraception as well as condom use self-efficacy can play a critical role in encouraging safe sexual behavior. Negative perceptions about contraception play a significant role in whether adolescents will use them. Such perceptions often arise from false beliefs about contraception such as a condom could slip of slip off during intercourse and be left inside women’s vagina (Wood and Jewkes, 2006).

Age discrepancy can also be a factor that leads to teenage pregnancy (SAFAIDS, 2011). Lesser et al (2001) in Helen, Holgate and Francisco (2006) asserts that in the age-differential relationships in which the female is the younger partner, male power and control may undermine the woman’s ability to negotiate sexual intercourse and the use of contraception. An older partner may pressurize the adolescents into participating in unprotected sexual activities, basing the encounter on ideas of trust and fidelity. A study carried out in Kavango, a region in northern
Namibia revealed that a teenager might wish to abstain from sex or use contraception but lacks boldness or negation skills to make her wishes respected by her sexual partner (Enyegue and Magazi, 2011). In that case, the initiation and frequency of sex as well as the use of contraception would reflect the preferences of the sexual partner than the teenager’s own wishes. SAFAIDS (2011) asserts that adolescent girls in relationships with older boys, and in particular adult men, are more likely to become pregnant than teenage girls in relationships with boys of their own age. In other words, teenagers are unable to assert their sexual preferences when dealing with sexual partners who are older or wealthier. Alternatively, their lack of assertiveness may reflect a culture that prescribes submissive roles for women Enyegue and Magazi (2011).

Power imbalance play role in women’s ability to negotiate safe sex. In a context of high levels of sexual coercion, women seldom have the power to negotiate sex or condom use in relationships (Wood and Jewkes, 1998). In the Khutsong study, male participants referred to tricking women into having sex, lying about using condoms and forcing women to have sex with groups of friends (MacPhail and Campbell, 2001). Varga (2003) reported that avoiding conception has come to be defined as part of female sexual respectability and attractiveness in KwaZulu-Natal. There is general consensus that women hold responsibility for contraception in the relationship although there is little space for open discussion about contraceptive choices with male partners. Contraceptive use is still a stigmatized practice bearing negative social connotation of being promiscuous. Women also have little room to suggest condom use as it is considered inappropriate and indicative of sexual permissiveness (Varga, 2003).

Media has been noted as another cause of teenage pregnancy. Media perpetuates teenage
pregnancies as it gives teenagers easy to pornographic, adult television programmes and multimedia text messages. Singh (2005) asserts that media describes the beautiful side of sex in such a way that teenagers identify sex as something in fashion. Love Life Report (2007) indicates that watching lots of sex television can influence teenager to have sex at earlier ages. Television shows that highlight the positive aspects of sexual behavior without the risks can also lead teenagers to have unprotected sex. According to Guttmacher Institute (2006) sex at a very early age is a norm across the world as most countries accept sexual relationship among teenagers and provide comprehensive balanced information about sexuality without warning them about sexuality without warning them about sexuality risks of such act.

Peer Pressure can also cause teenage pregnancy. A study conducted in Kavango, a region in Northern Namibia revealed that teenagers are drawn into sexual activities by refined or overt pressure peers who decide abstinence and delayed sexual activity (Enyegue and Magazi, 2011). The region has the highest rate of teenage pregnancy approximately 34% among 15 to 19 year olds. In Kavango, teenage pregnancy can be seen as an undesired by product of teenagers’ attempts to fit in and their inability to overcome the perceived pressure from peers (Enyegue and Magazi, 2011). Peer attitudes, norms and behavior as well as perceptions of norms and behavior among peers have a significant and consistent impact on adolescent sexual behavior. Studies have shown that when teenagers believe that their friends are having sex, they are more likely to have sex and when a positive perception about condom use is perceived among peers, teenagers are more likely to use condoms and contraceptives (Kirby, 2002). Another study carried out in Cape Town, South Africa revealed that sex often happened because most adolescents perceived
that people of their age were sexually active (Jewkes, et al, 2001). Girls often feels pressure from friends to maintain multiple sexual partnerships as a means to gain peer group respect (Kaufman, et al, 2001).

Adolescent girls often face peer pressure from their boyfriends and social networks to engage in sexual intercourse (SAFAIDS, 2011). Early sexual debuts have become a trend in most societies and this often pressurizes adolescent girls to indulge in sexual intercourse because of fear of being stigmatized by their peers (SAFAIDS, 2011). Varga (1999) asserts that peer pressure has multiple dimensions. The stronger desire of many young people to be like their admired age-males and part of the group can lead them to engage in the sexual behaviors, and express the sexual attitudes (Moore and Rosenthal, 1993). In addition, Moore and Rosenthal (1993) highlight that peers today have become more important in forming teenager’s beliefs and regulating their behavior. Bezuidenhout and Joubert (2008) note that parents spent more time at work and tend to neglect their children needs and development. This often leads to children spending more time with their peers and thereby copying them.

UNICEF (2011) views adolescent sexual behavior as another factor that promotes teenage pregnancy. Adolescence marks the beginning of sexual maturity and most young people started to do experiments at this stage (SAFAIDS, 2011). In most Southern African countries female teenagers experience sexual intercourse for the first time between 15-19years which is earlier than their male counterparts who often experience it at age 20. This makes the girls vulnerable to pregnancy if they do not have enough sex education and are not aware of the pregnancy prevention measure (SAFAIDS, 2011). Early dating, as early as 12years of age, is another cause
of teenage pregnancy.

Age at marriage is an important factor determining the age at which the first pregnancy occurs (WHO, 2004). Marriage generally occurs earlier in developing countries than in developed countries. The age which 50% of girls are married ranges from 17 in Sub-Saharan Africa, 18 in Western Asia and 19 in Northern Africa (Fathalla, 1994). Marriage often translates into immediate child bearing as women and their families are anxious to prove the fertility of the newlywed. Although marriage at an early age provides social recognition and approval of a sexual relation of a pregnancy, it is very clear that marriages and pregnancies among very young girls involve great disadvantages for their education and psychological development, and are harmful to their health (WHO, 2004). In those countries where early marriage is common, a pregnancy soon after marriage is often considered desirable.

2.3 Challenges of Teenage Pregnancy

Teenage pregnancy is a serious issue that may seriously impact the future of young women. It brings detrimental socio-economic and psychological consequences for a pregnant girl and nation at large (UNICEF, 2011). According to Williams (2005:75) adolescents generally encounter several challenges during pregnancy than older women. Challenges associated with teenage pregnancy include financial difficulties, social stigma, medical challenges, depression, Isolation from friends, lack of moral support and stoppage of education.

In many societies, a teenager who becomes pregnant is deemed to have put the last nail on the
coffin in regard to getting an education. Research done in USA indicates that teenage pregnancy has been associated with less formal education, often leading to poverty (Meade and Ickovics, 2005). Hao and Cherlin (2004) posit that pregnant can pose major challenges to school attendance and completion, and it is one of the reasons why students drop out of school. The dual role of being a mother and a learner becomes so stressful to the teenager that she ends up quitting. According to Koshar (2001), balancing school, a job and childcare is often overwhelming for female adolescent parents and consumes time and energy they could otherwise spend on school.

In United States of America (USA), less than one-third of female adolescents who give birth before age 18 completed high school. Additionally, for these pregnant teenagers, the prospect of high school graduation is improbable (Meade and Ickovics, 2005). Clarke (2005) supports this view when he states that teenage mothers are less likely to complete their school education. Most scholars fail to consider the implications that teenage pregnancy has on the family of the pregnant teenager. Further, they ignore the fact that if the teenage mother drops out of school, it is going to worsen poverty and dependency of the family for financial support.

Moyo (2014) agrees that education may be put on hold when a teenager becomes pregnant. Teenagers who were planning to attend college in the future may put off that experience after becoming pregnant. Domenico and Jones (2007) argued that some adolescent females first drop out of school and then become pregnant. Academic success and a bonding to school have been associated with reduced adolescent pregnancy rates (Yampolskaya, Brown and Vargo, 2004). Uncertainty about their future may arise when a teenager is pregnant. Most of them have poor
attendance at school (Helen and Francisco, 2006). Nevertheless, it should be noted that although the girls’ education is interrupted by their pregnancies, there are still opportunities for those who would go back to school after giving birth and they might still become more successful in their career sometimes than those who were not pregnant.

Fergusson and Woodward (2000) postulated that the challenges of teenage pregnancy on young women’s educational achievement are driven by the timing of the pregnancy and the manner in which the young woman and her family respond to the pregnancy. If the family gave the teenager strong support she will have courage to go back to school after giving birth. This has been supported by Cassell (2002) who says lack of parental support and lack of support from the peers contribute to high dropout rates. The disruption that pregnancy inflicts on the educational and occupational outcomes of young mothers both maintains and aggravates poverty. Hoffman (2006) highlights that due to larger families and low education, the labor force earnings of mother who are teenagers or who had an early teenage pregnancy are not satisfactory.

Studies done in USA revealed that many pregnant teenagers possess lower career aspirations, attain less prestigious occupation, and experience less satisfaction with career progress, feel their future job choices limited when compare to their non-pregnant peers (Domenico and Jones, 2007). They were less likely to get a job or attend tertiary education. Due to lack of education, adolescent mothers often experienced lack of meaningful and equal career opportunities leading to high rate of unemployment (Merrick, 1995). According to Bissel (2000), early childbearing has been found to reduce a female’s career opportunities to mostly non-professional occupations. Having positive attitudes about education and clear educational goals was associated with fewer
incidences of adolescent births (Manlove et al, 2002).

Stewart (2003) asserts that adolescent females with high career aspirations may postpone early motherhood to focus on their educational and career goals. This view has been supported by Young, Turner, Denny, and Young (2004) who reported that adolescent with a high self-esteem and a belief they had future goals were less likely to experience an early pregnancy. Pregnant teenagers represent the portion of at-risk youth that commonly fall into occupations for which there is an oversupply of workers (Drummond and Hansford, 1992). However, to a teenager with a vision, she can proceed with school after giving birth until she reached tertiary level. This will help a teenage mother to acquire a better job.

Sawhill (2000) observed that adolescent mothers who did work were less competitive in the workforce, and many struggled to survive with low-wage jobs. In addition, adolescent mothers often lack work experience, educational skills, and job training. Hence their future employment levels and earnings are minimal. Majority men responsible for children born to adolescent mothers provide little or no child support. Thus a large number of teenage mothers have remained excessively poor and also depending on public assistance to support them economically (Rothenberg and Weissman, 2002).

There is a debatable issue on the health risks associated with teenage pregnancy. Some scholars suggest that pregnancy before 20 carries more risks than the pregnancies at older age while others suggest that great risk are for those at younger ages (National Research Council and Institute of Medicine, 2005). International Research done by UNICEF (2011) indicates that pregnant teenagers are less likely to receive prenatal care, often seeking it only in the third
trimester. As a result of insufficient prenatal care, the global incidence of premature births and low birth weight is amongst teenage mothers. Further, Genobaga (2004) asserts that pregnant teenagers are more likely to get complications during pregnancy such as pre-eclampsia, increase in blood pressure and early labor. The risk of maternal death is twice as high for girls aged 15 to 19 than for women in their 20s and five times higher for girls aged 10 to 14 years (UNFPA, 2007). Complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 in developing countries (UNICEF, 2011). However, note much has been covered on the reasons why these complications cause more death in developing nations than developed countries.

Annually, up to 70 000 15-19 years old girls die due to pregnancy and childbirth related complications (UNFPA, 2007). The consequences of teenage pregnancy are 600 times higher in Sub-Saharan Africa than in developed countries (Blum, 2007). UNICEF (2011) highlights that young woman under 20 faces a higher risk of obstructed labor, which if caesarean section is not available can cause an obstetric fistula, a tear in the birth canal that creates leakages of urine and faeces. The health outcomes of teenage pregnancy are worse for women aged 15 to 19 because they do not know when and where to seek help and may necessary family support (UNFPA, 2007). Though antenatal care has been available to pregnancy women in the past few years, the embarrassment and discrimination faced by young women within the health care system is a deterrent to seeking care early in their pregnancy (Varga, 2002).

Genobaga (2004) asserts that teenagers are more likely to have poor diet and that makes them less likely to gain the proper weight during their pregnancy. Due to poor nutrition they are more
likely to have anemia and low bone mineral content, which can lead to weak bones in later life. Low birth weight is associated with negative outcomes later in life such as cognitive physical disabilities and lower educational attainment (De Villiers, 2004). Studies in the United States of America have indicated that women with mistimed and unwanted pregnancies are less likely to breastfeed (Chandra et al, 2005). This clearly shows that teenage pregnancy is associated with various medical complications.

Harare-based gynecologist and Obstetrician, Dr Robson Masuro, said pregnancy-related complications and child birth were the biggest teenage killers in Zimbabwe. He said the proportion of still births and deaths women under 20 (Chidavaenzi, 2015). This was confirmed by the International Centre for Research on Women (ICRW), which noted that girls who marry between the age of 10 and 14 are five times likely to die during pregnancy or childbirth as women are in their early 20s. Marry off teenagers to older men, who often have more sexual experience, can also pose a major health challenge to the younger wife who risks contracting sexually transmitted infections (Chidavaenzi, 2015). Married girls are more likely to be infected with HIV or STIs than unmarried girls because they are often married to older men with more extensive sexual histories, and they lack the education or rights to have any control over their sex lives. Zimbabwe demographic and Health Survey (ZDHS) cited lack of adequate, medically accurate information on as leaving young people dependent on uninformed peer sources for information.

In many cultures in Africa, a teenager who becomes pregnant is faced by stigma. According to Goffman (1963) stigma represents the phenomenon whereby an individual with an attribute is
deeply discredited by his/her society or rejected as a result of the attribute. In a similar vein, Jones et al (1984) as cited in Link and Phelan (2001) construed stigma as a relational attribute stereotyped to produce a mark that links a person to an undesirable characteristics or result in discrimination. Studies done in Yoruba culture, Southwestern Nigeria revealed that within their culture, there is high premium on fertility within marriage, while pre-marital fertility among adolescent is abhorrent (Melvin, Ayotunde and Mustapha, 2009). Largely societal norms and values govern the reality of fertility. The Yoruba culture also has some derogative words used in describing adolescent pregnancy like oyin eje (Bird pregnancy), oyin eleya (Shameful or embarrassing pregnancy). Such negative meanings may be functional in society as a deterrent to unintended pregnancy, but dysfunctional to adolescent parents and their off springs. Negative messages may affect the self-perceptions, outlook of already pregnant and parenting adolescents, as well set them on the path of failure (Lewis, Scarbororough, Rose and Quirin, 2007).

Adolescents who become pregnant are highly visible in the community, in school and to families (Wierrmann et al, 2005). Stigma can lead to depression, social exclusion, low self-esteem and poor academic performance affecting the prospects of employment in the future (Abe and Zane, 1990). In South Africa, for example, girls report the trauma, fear, shame and embarrassment of having to reveal an early pregnancy to family, partners and peers. Varga (2003) argues that even though girls are legally allowed to attend school during and after pregnancy in South Africa, they are often confronted by the stigma of teachers and peers in the school. Teenage pregnancy also affects the marriage prospects of young women. Studies carried out in the United States have reported that pregnant teenagers are more likely to become single and if married to experience
high divorce rates (Ashcraft and Lang, 2006). However, acknowledgement of paternity is critical to reduce stigma of early pregnancy.

Financial difficulties may arise during a teenage pregnancy making it difficult for a pregnant teenager to meet basic needs (Mubaiwa-Makuvatsine, 2015). It is expensive to raise the child. Teenagers who do not have full time employment may struggle to cover the basic expenses of life upon having a baby. This stops adolescents from seeking prenatal or antenatal care (Mubaiwa-Makuvatsine, 2015). In addition, the political and economic crisis of the last decade has brought widespread poverty and disruption of health and education services. Engage in risky transactional sex as a means to food, clothes, school and security (Moyo, 2014). Due to economic implications tied to rearing children, most parents and guards default to forcing girls prematurely into marriage so as to avoid being liable for the upkeep of the baby.

2.4 Coping Mechanisms

Coping strategies are defined by Lazarus and Folkman (1984) as constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of a person. Coping describes the transactional processes through which people deal with actual problems in their everyday lives (Skinner and Zimmer-Gembeck, 2007). Thinking positively, support groups, educating schools to allow the girl to get back to the classroom after giving birth are some of the coping strategies in response to teenage pregnancy challenges.
Career development is a priority for helping teenagers to make the transition from adolescence to economic independence (Mutanana and Mutara, 2015). Gyan (2013) says attention should be given to the building of their concepts and support systems, learning how to give and receive emotional support and enhancing interpersonal communication and relationships. Adolescent mothers cope up in their depressing situation by looking forward towards things that they could do to support their child’s needs. Low performing students took the role of taking care of their children and gave the financial responsibility to their husband. They managed their failure by putting this right in taking the great responsibility of rearing their children (Pogoy et al, 2014). Empowering the girl child through education is vital especially to those who lack information about sexuality.

Provide moral support to pregnant teenagers (Mbayiwa-Makuvatsine, 2015). Pregnancy is a life changing occurrence that will affect the teenager, family members and friends. The girl needs to be offered moral support instead of being treated like an outcast. Voluntary groups, Church groups, learning organizations, as well as Non Profit Organisations need to be encouraged to stand by the girl through thick and thin. In many communities, a girl is treated like a social outcast simply because it is taboo to become pregnant at an early age. Civil education and support is the best way to deal with this.

2.5 Legislation and Policies

The different legislations that have a bearing on teenage pregnancies are the Marriage Act (Chapter 5:11), Customary Marriage Act (Chapter 5:07) and Children’s Act (Chapter 5:06).
Marriage Act

Marriage Act (Chapter 5:11) provides that a girl between the age of 16 and 18, with the joint consent of her parents, enter into a civil marriage. This study views teenager as a person below 19 years. Therefore, one might argue that the act encourages teenage pregnancy as it legalizes marriage of teenagers between 16 and 18 years.

Children’s Act

Children’s act defines a child as a person under the age of 16, thus giving freedom to teenagers who are 16 years and above to do what they want. World health organization (2014) defines teenager as a person between 13 and 19. Hence the Act allows teenagers below 19 years to have more freedom including sexual activities.

2.6 Summery

Teenage pregnancies in Zimbabwe have become one of urgent social problems. Two theories that is conflict and evolutionary theories were adopted to try and explain determinants of teenage pregnancy. Teenage pregnancy is linked to low educational ambitions, family structure, inadequate knowledge about safe sex, sexual abuse, age at first intercourse, Cultural factors, Poverty, role of drug and alcohol use, age discrepancy and adolescent sexual behavior among others. Teenage mothers face challenges in rearing the child, financial difficulties, stigma, and stoppage of education, lack of moral support, depression, poverty, isolation and medical complications. Creation of support groups and also providing civil education to the whole community to reduce stigma, setting up homes where young pregnant girls seek refuge to deal
with challenge of forced marriage are some of the coping strategies to counter challenges of teenage pregnancy. This chapter thus identified various causes and challenges of teenage pregnancies at global, regional and local level, as well as coping mechanisms of teenage pregnancy in general.
CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter gives an overview of the research design and methodology used to conduct the research process. The study population, sample and sampling techniques to be used in the study, data collection methods, tools and procedures to be employed, and data analysis will be presented. Various ethical considerations and limitations of the study will also be addressed.

3.1 Research Design

Burns and Grove (2001:223) define research design as a clearly defined structure within which the study is implemented. To investigate the determinants of teenage pregnancy, the researcher will adopt the qualitative research approach. The researcher employed a case study in this study. Yin (2009:18) views a case study as “an empirical inquiry that investigates a contemporary phenomenon in-depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident”. Case study enables a phenomenon to be studied over a period of time and great insight can be gained by looking at a phenomenon over a year or longer. The objective of this case study is to unfold factors that lead teenage pregnancy. Major criticism leveled at case study is that it lacks objectivity and rigor (Remenyi et al, 1998).
Location of the Study

The study will be carried out in Furamera Village in Chihota rural area, located in Marondera West Rural District in Mashonaland East Province, in the Eastern part of Zimbabwe. It is located approximately 50 kilometers by road south eastern part of Harare, Capital City of Zimbabwe. Furamera is a low-income, densely populated community. It has 215 households and relies on market gardening for survival.

3.2 Target Population

Polit and Beck (2004) defines target population as the aggregate or totality of those conforming to a set of specifications. The target population of this study is 30 female teenagers within the range of 13-19 years who became pregnant in the period from August 2014-August 2015. The list of pregnant teenagers was obtained from the Village Head. The researcher selected 3 key informants for the study, the Village Head, the traditional midwife and a School teacher within the community.

Sample

Polit and Beck (2004:731) defines a sample as a subset of a population selected to participate in the study.
Sample Size

Creswell in Leedy and Ormrod (2005) notes that typical sample in qualitative research ranges from 5 to 25 individuals, all of whom have direct experience of the phenomenon. The sample size of this study is 9 which is equivalent to 30% of female teenagers who became pregnant in the period from August 2014- August 2015. The research study used 3 key informants; the Village Head, the traditional midwife and a school teacher.

3.3 Sampling Techniques

Random sampling technique was used in selecting respondents for the study. Keppel (1991) in Creswell (2009) views simple random sampling as a sampling procedure that gives every element in the target population an equal chance of being selected. The number representing each element in the study population was placed in chips. The chips were then placed in a container and thoroughly mixed. The chips were blindly selected from the container until the desired sample has been obtained. Simple random sampling provided the researcher with a sample that is highly representative of the pregnant teenagers. It allows the researcher to make generalizations from the sample to the population. However, the technique required the list of all elements which was difficult from the Village Head.

The study used purposive sampling technique to select key informants who provided information on the determinants of teenage pregnancy. Patton (2002) defines purposive sampling as a technique widely used in qualitative research for the identification and selection of information-
rich cases for the most effective use of limited resources. Marshall (1996) views a key informant as an expert or a source of information in a community. The study will make use of 3 key informants; the Village Head, traditional midwife and a School teacher. The Village Head works directly with families of these teenagers and has knowledge of pregnant teenagers in his area. The traditional midwife has a list of some teenagers who needs help in time of delivery. A teacher has more knowledge about the study population as she worked with some of them before they became pregnant.

3.4 Data Collection Methods

There are various methods that can be used to collect data in research. These include in-depth interviews, focus group discussions and observations. In-depth interviews were applied in this study as a method of collecting data from pregnant teenagers and key informants.

In-depth Interviews

The researcher conducted interviews with pregnant teenagers in Furamera Village. Interviews were used because they contain open-ended questions which allow the researcher to be flexible in the research process. Phellas, Bloch and Seale (2012) assert that presence of an interviewer allows for complex questions to be explained, if necessary to the interviewee. There is scope to ask open questions since respondents do not have to write in their answer and the interviewer can
pick up on non-verbal clues that indicate what is relevant to the interviewees and how they are responding to different questions (Phellas et al., 2012). The interviewer can control the context and the environment in which the interview takes place. There are however some problems with face-to-face approaches. The cost associated with face-to-face interviews can limit the size and geographical coverage of the survey. Interviews are time consuming and they are resource intensive (Kvale, 1996).

**Key Informants**

The researcher also conducted in-depth interviews with key informants. Interviews with key informants helped the researcher to acquire information directly from knowledgeable people. According to Marshall (1996), key informant interviews are cheap and simple to use. They can provide flexibility to explore new ideas and issues not anticipated during planning. However, key informants are susceptible to interviewer biases and it may be difficult to prove validity of findings.

**3.5 Research Tools**

Interview guide with open-ended questions was used by the researcher to collect data. The interview guide was constructed in line with the aim and objectives of the study so as to acquire desirable results. Interviews guides were used for both pregnant teenagers and key informants.
3.6 Data Analysis

Thematic content analysis was used to gain more insight on determinants of teenage pregnancies. Braun and Clarke (2006) define thematic analysis as a method for identifying, analyzing and reporting patterns within data. Data were analyzed thematically and illustrated with verbatim quotes from respondents. A set of categories were established and the information that fell into specific categories were compiled. The data was codified and arranged according to the relevant themes.

3.7 Ethical Considerations

Every researcher has a responsibility to protect the participants in an investigation. Newman (2000) asserts that every researcher should be ethically sound in order to protect the participants from any physical or psychological harm and treat participants with respect and dignity. These ethical issues include informed consent, confidentiality, voluntary participation, honesty and integrity.

Informed Consent

Creswell (2003) stipulates that a critical issue in every research is that the participants should grant informed consent before participating in the study. The researcher explained to the
participants on the purpose of the study, the risk involved and the demands placed upon them as a participant (Best and Kahn, 2006). The participants were also informed that they have the right to withdraw from the study at any time.

Confidentiality

Confidentiality is another ethical consideration that was upheld by the researcher. According to Wiles, Crow and Heath et al (2008), confidentiality means not disclosing any information gained from an interviewee, deliberately or accidentally in ways that might identify an individual. Researcher used pseudo names for the purpose of confidentiality.

Voluntary Participation

Voluntary participation entails that people should not be coerced into participating in research. Researcher informed the participant before the research that they are free to withdraw from the study at any time.

Feasibility

The researcher obtained a letter from University Authorities requesting to carry out a study on determinants of teenage pregnancy in Furamera Village. The student was granted permission by
Furamera Village Head who puts a stamp on the letter from the University.

3.8 Study Limitations

The study is likely to suffer from methodological limitations especially the sample size. The study will focus on one Village, which is Furamera Village in Chihota. Looking at the sample size, results are likely to be generalized. The research topic is sensitive in nature and some teenage mothers were not comfortable to divulge their personal experiences and to answer the questions honestly.

3.9 Conclusion

The study outlined the research design and methodology that was employed to carry out the study. Target population, sample size, sampling techniques, data collection methods and tools, and data analysis were discussed. Finally, ethically considerations such as informed consent, confidentiality and voluntary participation as well as the study limitations were highlighted.
CHAPTER FOUR: PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.0 Introduction

The chapter presents, analyze and discusses data gathered by the researcher from the in-depth interviews with pregnant teenagers and key informants during the study.

Table 1: Socio-Demographic Characteristics of the Respondents

<table>
<thead>
<tr>
<th>Demographic Factor</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum 15years</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Maximum 19years</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Mean 17years</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Mode 17years</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>5</td>
<td>55.5</td>
</tr>
</tbody>
</table>
A total of 9 pregnant teenagers in Furamera Village participated in this study. The respondents’
age ranges from 15 to 19 years, with 15 years being the minimum age equivalent to 33.3% of the sample size. The maximum age of respondents was 19 years (n=1) with 11.1% of the sample size, the average age was 17 years with (n=3) constituting 33.3% of sample and most respondents were those at the age of 17 years (n=3) giving it a 33.3% of the sample size. Table 1 highlighted the marital status of these pregnant teenagers. Five (55.5%) were married, 1 (11.1%) was single, 1 (11.1%) was divorced while 2 (22.2%) were cohabiting. Table 1 further provides information on teenagers’ level of education. One (11.1%) went up to form 2, 2 (22.2%) went up to form 3, 5 (55.5%) went up to form 4 and 1 (11.1%) went up to form 6. Most teenagers were subsistence farmers 4 (44.4%), 1 (11.1%) was formally employed, 2 (22.2%) were unemployed and 2 (22.2%) were engaged in various types of jobs.

4.1 Causes of Teenage Pregnancy

Identifying causes of teenage pregnancy was one of my objectives, and the respondents have cited different causes in engaging in teenage pregnancy. Some causes mentioned were similar to the other teenagers’ responses but poses different challenges in their lives. Table 2 shows causes of teenage pregnancy as highlighted by the respondents. These causes were categorized into eight themes namely poverty with 55.5% respondents, (n=5), poor family structure constituting 33.3% of respondents, (n=3), Lack of sexual knowledge 11.1%, (n=1), peer pressure 22.2%, (n=2), Age at marriage 22.2%, (n=2), Alcohol and drug abuse 11.1%, (n=1), Low educational ambitions 11.1% and Media 22.2%, (n=2). These study findings are in line with Akella and Jordan (2011) who articulates that single parent homes, poverty, family reactions, peer pressure
and lack of sexual knowledge influences teenage pregnancy. Therefore, living in rural areas contributed much in all factors that leads to teenage pregnancy.

**Table 2: Causes of Teenage Pregnancies**

<table>
<thead>
<tr>
<th>Themes (Causes)</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>5</td>
<td>55.5</td>
</tr>
<tr>
<td>Poor family structure</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Lack of sexual knowledge</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Age at marriage</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Alcohol and drug abuse</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Low educational ambitions</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Media</td>
<td>2</td>
<td>22.2</td>
</tr>
</tbody>
</table>
Research findings revealed that poverty is the major cause of teenage pregnancy. Respondents highlight that poverty can expose teenagers into the risk of becoming pregnant as it limits their right to choices. Some of the teenagers especially those who come from low income families tend to engage themselves in sexual activities for survival. One respondent, Mrs Kwaramba:

“Vaisandipa mari yekutenga chikafu kuchikoro saka ndakangoitawo zvandaifunga kuti zvakandinakira” (“They were not giving me money to buy food at school so i did what i think was good for me”).

A key informant, Mrs Mpofu added that:

“Kushaya chaiko ndokunonyanya kuvadariso. Vamwe vana vanouya kuchikoro vasina kana chekuda. Havadzokere kunodya masikati nekuti chikafu kunenge kusina. Ndinofunga kuti ndozvinoita kuti vazoita zvevakomana kuti vawane chikafu mumashure mezvo vakomana ava voda kurara navo.....” (“Poverty is the major cause of teenage pregnancy. Some children come to school without food. They don’t even go for lunch because of food shortage. I think thus why
they engage boyfriends who can buy them food during break and lunchtime at school but in return demanding sex....”.

Similarly, research done by Hallman (2004) revealed that poverty can significantly increase the likelihood of unsafe sexual behaviors in female teenagers. This finding also agrees with remarks made by Bezuidenhout and Joubert (2008) that in developing nations, teenagers who live in poverty are often exposed to more live sexual activity because families are required to live in small houses where there is distinct lack of privacy for the parents.

**Poor Family Structure**

Research findings revealed that poor family structure causes teenage pregnancy. Growing up in an incomplete family increased risk of teenage pregnancy. One respondent, Mrs Mhizha said:

“Vabereki vangu vakarambana ndichiri mudiki, kubva ipapo…” (“My parents divorced when i was young, since then...”).

Many studies done by Langille et al (2004) showed that family structure correlates with teenage pregnancy. Teenagers who live in a single parent home are at a higher risk of getting pregnant earlier than those with both parents.

Furthermore, the findings revealed that poor parent-child relationship and strict parenting style increased chances of teenage pregnancy. The second respondent, Mercy said:
“Vabereki vangu vaigara vachingorwa nekupopotedzana zvikurusei kana baba vangu vauya vakadhakwa. Mai vangu vaive nehasha uye vakaomarara zvekuti ndaisafarira kuvaudza nezvemukomana wangu nekuti ndaiziva kuti vanotsamwa vondirova. Ndosaka mumwe musi manheru ndisina kudzokera kumba ndakaenda nemukomana wangu….” ("My parents were always fighting and quarreling especially when my father was drunk. My mother was harsh and strict to the extent that i was not comfortable to tell her about my boyfriend because I knew she would get angry and beats me. That’s why one day i decided to go with my boyfriend....")

Several studies done by Miller et al (2001) revealed that parent-child connectedness decrease the risk of teenage pregnancy by adolescent sexual and contraceptive behaviors. Contrary, Cox (2007) highlights those teenagers whose parents provided better care and love are less likely to engage in sex. Therefore, parents should maintain good relationship with their children.

Lack of Sexual Knowledge

Study findings show that lack of sexual knowledge causes teenage pregnancy. One respondent, Lillian said:

“Ini pachezvangu handina kumbobvira ndadzidza nezvazvo kuchikoro uye ndanga ndisingazvizive. Ndaingonzwawo zvakarerekera ikoko ndobva ndazvifarira...” ("Personally, i never learned about sex at school and i didn’t know much about it. I used to hear something related to sexuality and got interested....")
Studies done by Ehlers (2003) showed that some teenagers have no access to both traditional and modern methods of preventing teenage pregnancy probably because they are either embarrassed or fear to seek information about it.

**Peer Pressure**

Peer pressure is another cause of teenage pregnancy mentioned by the respondents. Some respondents highlight that pressure from friends to have boyfriends at school affected them and that it was not in line with their plans to indulge into sexual activities at a tender age. One respondent, Mrs Chikowore said:

“*Asi ndainge ndisingade kuzviita. Mukomana wangu ndiye akandimanikidza*”. ("But i didn’t want to do it. My boyfriend pressurized me").

Similarly, a key informant, Mr Mukova had this to say:

“*Vamwe vacho vanomanikidzwa neshamwari dzavo zvino nekutya kutarisirwa pasi nevamwe vavo vanozongoitawo zvepabonde izvozvo*. ("Some of them are forced by friends and because of the fear of being stigmatized by their peer, they indulge in sexual activities").

Study done by Enyegue and Magazi (2011) revealed that teenagers are drawn into sexual activities by refined or overt pressure peers who decide abstinence and a delayed sexual activity. Jewkes et al (2001) postulated sex often happened because most adolescents perceived that people of their age were sexually active.
Age at Marriage

Study findings proved that age at marriage is another factor that leads to teenage pregnancy as it determines age at which the first pregnancy occurs. This was verified in the following response by Mrs Hove:

“Sekuziva kwako hanzvadzi kana musikana akaroorwa anenge oda kuratidza vanhu kuti anozvara here, anechibatsiro here zvisinei nekuti uchiri mudiki kana kwete. Saka ndozvandakaita” (“As you know my brother when a girl is married, she will be eager to prove her fertility and importance regardless of her age. That’s exactly what i did”).

This finding agrees with observations by WHO (2004) stated that age at marriage is an important factor determining the age at which the first pregnancy occurs. WHO (2004) highlights that marriage often translates into immediate child bearing as women and their families are anxious to prove the fertility of the newlywed.

Alcohol and Drug Abuse

Study findings indicated that alcohol and drug abuse can cause teenage pregnancy. One respondent acknowledged the influence of drug abuse to unprotected sexual activities. One respondent, Ms Muchineripi had this to say:

“Doro rakaipa mumwe wangu. Ndanga ndakadhakwa musi wacho, mukomana wangu ndokutora
mukana….Hazvisizvo zvandanga ndakaronga. Ndaida kutanga ndapedza chikoro changu” (“Alcohol is very dangerous my dear. I was really drunk that day and my boyfriend took advantage and….That was not my plan. I wanted to finish my education first”).

Similarly, a key informant, Mr Murefu highlighted: “Vasikana vechidiki ngavasiyane nezvinodhaka nekuti vanotadza kuzvidzora kana vadhakwa. Hunhu ihwohwo hautenderwe. Ndosaka vamwe vavo vachizoita pamuviri vari vadiki, hava...” (“These young girls should stay away from alcohol and other dangerous substances because they become loose and can find it difficult to control themselves when they are drunk. That behavior is not acceptable. That’s why some of them become pregnant at a tender age, they don’t...”).

Studies done by SAFAIDS (2011) revealed that teenagers are twice as likely to have unprotected sex whilst under the influence of alcohol or drugs compared to when they are sober. Morejele et al (2006) postulated that the psychoactive effects of alcohol and drug abuse are believed to increase sexual arousal and desire decrease inhibition and tenseness, weakening decision-making capacity, judgment and sense of responsibility, and generally disempower women to resist sex.

**Low Educational Ambition**

Study findings shows that low educational ambition contributed to early teenage pregnancy. Teenagers who face academic challenges usually became pregnant early as this seems to be their best option. One responded, Mercy said:
“Zvechikoro zvaindinetsa ini ndosaka ndakafunga kuroorwa, pamwe ndingangoedza zvekurima muriwo nemadomasi kana ndasununguka” (“I was not good at school that’s why i got married early, maybe i will try farming- market gardening after delivery”).

This finding agrees with the observations by Cole (2005) when he highlighted that teenagers who become pregnant are usually already experiencing academic difficulties in school and are not confident that they will graduate from high school. Rothenberg and Weissman (2002) added that pursuing higher education is not within their reach.

**Media**

Media has been highlighted by two respondents as another cause of teenage pregnancy as it gives teenagers access to sex movies and naked pictures. One respondent, Mrs Kwaramba acknowledged this by saying:

“*Taigara tichizviona neshamwari dzangu kuchikoro saka ndakange ndoda kumbozvinzwavo kuti zvinodii*” (“We used to watch sex movies with my friends at school and i was eager to experiment...”).

Studies done by Singh (2005) revealed that media portrays the glamorous side of sex in such a way that teenagers perceive sex as something in fashion. Love Life Report (2007) indicates that watching lots of sex on televisions and phones can influence teenager to have sex at earlier age, and that televisions explore the good side of sexual behavior neglecting the risk part of it.
Respondents highlight various causes of teenage pregnancy. These include poverty, poor family structure, Lack of sexual knowledge, peer pressure, age at marriage, alcohol and drug abuse, low educational ambition and media.

4.2 Challenges faced by Pregnant Teenagers

There are several challenges that can be faced by pregnant teenagers. Table 2 below shows challenges faced by pregnant teenagers as highlighted by the respondents. These challenges were grouped into five themes namely stigma with 66.6% of respondents, (n=6), school dropout constituting 33.3% of respondents, (n=3), financial difficulties with 55.5% of respondents, (n=5), rejection by the family with 22.2 of respondents, (n=2) and contraction of HIV/AIDS and STIs constituting 11.1% of the respondents.

Table 3: Challenges faced by pregnant teenagers as highlighted by the respondents (n=9)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma</td>
<td>6</td>
<td>66.6</td>
</tr>
<tr>
<td>School drop out</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>5</td>
<td>55.5</td>
</tr>
</tbody>
</table>
Rejection by the family | 2 | 22.2
Medical Complications | 1 | 11.1

(n=9)

NB: Numbers do not add up to 9 as some respondent mentioned more than one challenge

**Stigma**

Study findings revealed that pregnant teenagers were stigmatized by other peers at school. Zimbabwean society disapproves pre-marital fertility among teenagers. One of the respondents, Mrs Chikowore commented:

“Vandaidzidza navo pavakaziva kuti ndave nepamuviri vese vakashanduka. Hapana ainge achiri kuda kufambidzana neni” (“When my classmates discover that I’m pregnant they suddenly changed. None of them would love to associate with me anymore”)

Similarly, a key informant, Mr Murefu had this to say:

“Tsika yedu semaShona haitendere kuti musikana asiri muwanano aite pamuviri. Vanhu
vemunharaunda vanotanga kukutarisira pasi”. (“Our culture as Shona people does not allow pre-marital fertility among teenagers. She will be rejected by the society. The society will look down upon you, including your family...”)

This finding agrees with observation done by Wiemann et al (2005) who stated that teenagers who become pregnant are highly visible in the community, in school and to families. Wiemann et al (2005) further highlights that adolescent pregnancy is often associated with stigmatization.

**School Drop Out**

School dropout is another challenge faced by pregnant teenagers. Teenagers drop out of school because of the fear and embarrassment of their peers. One respondent, Mrs Masiiwa said:

“Handimbokanganwa musi wandakanyadziswa nemurairidzi wechidzidzo chekusona paakafumura kuti ndine nhumbu pane vamwe vana vechikoro. Kubva zuva iroro ndakabva ndarega kuenda kuchikoso ” (“I will never forget the day i was humiliated by my fashion and fabric teacher when she exposed to the school that i was pregnant...I decided to drop out of school because other students were laughing at me”)

Studies done by Hao and Cherlin (2004) indicate that teenage pregnant can pose major challenges to school attendance and completion, and it is one of the reasons why students drop out of school. Clarke (2005) supports this view when he states that teenage mothers are less likely to complete their school education.
Financial Difficulties

Study findings indicate that some respondents are facing financial difficulties. This has been confirmed when one of the respondents, Mrs Chakari:

“Chokwadi chaicho ndechekuti mari ikundinetsa kuti ndifanotengawo zvinhu zvemwana nguva ichipo uye...” (“Honestly i am facing financial challenges because i need money to prepare for the child in advance but....”).

The findings agree with Mbayiwa-Makuvatsine (2015) remarks that teenagers who do not have full time employment may struggle to cover basic expenses of life upon having a baby. This stops teenagers from seeking prenatal and antenatal care.

Rejection by the Family

Study findings indicated that some respondents are facing family rejection especially those who are cohabiting. This is because the Shona culture does not allow pre-marital fertility and the system of cohabiting. One respondent Ms. Mutivi said:

“Baba vangu munhu aiziva kuchengetedza tsika dzedu. Pavakaziva kuti ndine pamuvi ri vakabva vandidzinga vakaedza kuda kundirova neshamhu hombe inokuvadza. Ndotenda Mwari kuti ndakagona kupunyuka” (“My father was too cultural. He chased me away and tried to hit me with a large stick. Thank God I manage to escape...”)
Medical Complications

Study findings revealed that teenagers are likely to face medical complication during pregnancy. Some do not know where and when to seek help. Complications during pregnancy and delivery may cause death for young girls in developing nations. One respondent, Mrs Hove said:

“Kungogarwadziwa nemusana. Apa handisati ndamboendawo kuchipatara nekushaya mari” (“Always experiencing back pain. I had never visited the Clinic for prenatal and antenatal care because of financial problem”).

This agrees with Genobaga (2004) observations that teenagers are more likely to get complications during pregnancy such as pre-eclampsia, increase in blood pressure and early labor. UNICEF (2011) notes that complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 years in developing countries.

Respondents mentioned various challenged associated with teenage pregnancy. These include stigma, school drop-out, financial difficulties, rejection by the family and medical complications.

4.3 Coping Mechanisms
Coping mechanisms are strategies or actions used by people to deal with actual problems in their daily life. Respondents mentioned some of the mechanisms they are using to cope with teenage pregnancy. Religious measures, avoidance of distressing interactions and saving money to pursue further studies are some of the coping strategies mentioned.

**Avoiding interactions that causes distress**

Study findings indicate that some respondent tend to avoid other people who causes distress as a way of coping. One respondent, Mrs Mutero had this to say:

“Pane vanwe vanhu vasingafarire zvakanaka zvaunenge waita. Kungozvipedza kusiyana navo”
(“There are some people who cannot acknowledge the good thing that you do. The best way is to avoid them”).

The above statement indicates that some respondents do not want to interact with people who bring stress upon their lives.

**Seeking Godly Counseling**

Study findings revealed that sharing the information with a Christian counselor or your Pastor is vital to a pregnant teenager. Five respondents highlight that sometimes you may need someone who is equipped with wisdom and knowledge to deal with emotions with your Pastor most
preferable. One of the respondents, Ms. Mutivi said:

“It is better to share problems with my Pastor because she understands me better than my relatives”).

Another respondend, Mrs Hove had this to say:

“Since then, I gave my life to Jesus. I started to live a Christian life”).

This finding agree with Melvin et al (2009) observations that personal resolutions such as religious measures and little support from some caring significant others are coping strategies used by pregnant teenagers.

**Saving Money to Pursue Further Studies**

Some respondents who want to proceed with their education after delivery were saving money for fees. One respondent, Mercy said:

“Currently I am saving money so that I can continue with my studies after delivery”).

This finding is similar to that obtained by Pogoy et al (2014) who highlighted that higher
preforming students plan to save money so that they can proceed with their studies.

Respondents highlighted various strategies used to cope with teenage pregnancy. These include avoiding interactions that causes stress, seeking Godly counseling and saving money to pursue further studies.

4.4 Support Services

Study findings revealed that there are few supportive services for pregnant teenagers in the area. Respondents admitted that they get social support and financial assistance from family and friends. One respondent, Mrs Chakari had this to say:

“Vabereki vangu neshamwari dzangu vanonditsigira, vanondida kunyange hazvo ndakavakanganisira” (“My family and friends are very supportive; they loved me though I disappointed them…”).

Research findings also revealed that pregnant teenagers get support from the church. Some teenagers admitted that they received donations of food and clothes from the church and other voluntary women in the society. Respondents said there are no donors in Chihota and are not aware of any service provided at new hospital, Mahusekwa Hospital.

4.5 Conclusion
This chapter presented the study findings obtained in the field. The results suggest that teenage pregnancy is caused by poverty, poor family structure, lack of sexual knowledge, peer pressure, age at marriage, alcohol and drug abuse, low educational ambitions and media. Challenges faced by pregnant teenagers include financial difficulties, school dropout, and rejection by family, stigmatization and medical complications. In order to cope with challenges of teenage pregnancy, respondents tend to avoid interactions that cause stress, living Christian life and saving money to pursue further studies.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter has a brief discussion of the study findings and establishes the correlation between research findings and theoretical base of the study. The chapter also gives the conclusion to the study of the determinants of teenage pregnancies in Furamera Village in Chihota. The chapter finally highlights recommendations to policy makers and stakeholders that would help to reduce the occurrence of teenage pregnancy.

5.1 Summary

Chapter one of this study focused on the background of the study, statement of the problem, justification of the study, aim and objectives of the study, research and assumptions of the study. Chapter two mainly focused on reviewing the literature of the past studies that is related to the determinants of teenage pregnancy. Literature was reviewed based on the objectives of the study. Causes of teenage pregnancy were analyzed at global, regional and local level. Challenges faced by pregnant teenagers and coping mechanisms were analyzed. The chapter also covers theoretical framework that includes the social conflict perspective and evolutionary perspective. Chapter three covers methodology of the study which includes target population, sample size and sampling techniques, data collection methods and research instruments as well as the ethical considerations that should be observed during the study. Chapter 4 of the study mainly focused on data presentation, analysis and interpretation basing on the study findings. Finally, chapter 5
highlights on the summary, conclusion and recommendations of the study.

5.2 Conclusion

The study established that poverty is the major cause of teenage pregnancy of teenage pregnancy. Teenagers indulge in unprotected sex to get food. Growing up in an incomplete family increases risk of early pregnancy. The study findings further indicate that growing in a complete family with both parents helps to strengthen parental supervision and thereby reducing the risk of early pregnancy. Lack of sexual knowledge, peer pressure, age at marriage, alcohol and drug abuse, low educational ambition and media are some of the causes of teenage pregnancy highlighted by the respondents in the study.

The study findings conclude that stigma from other peers is the major challenges faced by pregnant teenagers and usually this may lead to school dropout. Pregnant teenagers face school dropout usually because of the embarrassment and fear of their peers. Apart from that, these teenagers are more vulnerable to financial difficulties. Fertility outside marriage is not acceptable hence pregnant teenagers may face family rejection. Teenage pregnancy is also associated with various medical complications that may cause death to some teenagers.

The research findings highlight some coping mechanisms used by pregnant teenagers to deal with challenges of teenage pregnancy. Pregnant teenagers avoid interactions that cause stress, seek Godly counseling and save money to pursue further studies.
5.3 Recommendations

Basing on the findings of the study, the following recommendations were made:

- Career development should be prioritized in helping this group to make informed decisions about their lives and to reduce economic dependence.

- Incorporating sex education in school curriculum helps to empower teenagers with sexual knowledge they require to make informed decisions regarding sexual relationships. Increasing access to sex education and birth control measures is of great importance in reducing teenage pregnancy.

- Girls in rural areas should be empowered economically to reduce and thereby reducing financial difficulties that are causing challenges to pregnant teenagers.

- Government should strengthen families so as to increase its capacity to provide the needs of these teenagers.

- Laws should be set to deal with issue of family rejection as this could worsen the challenges of teenage pregnancy.
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APPENDICES

APPENDIX 1: INTERVIEW GUIDE FOR PREGNANT TEENAGERS

My name is Tatenda Furamera and I am pursuing a Bachelor of Science Hon. Degree in Social Work at Bindura University of Science Education. I am carrying out a study to investigate determinants of teenage pregnancies in Furamera Village. I am interested in investigating the subject area because there has been little research regarding determinants of teenage pregnancy. It is hoped the findings will help in reducing these teenage pregnancies and their associated problems. I am therefore kindly asking you to participate in my study. Your participation in this study is voluntary and you have the right to withdraw at any time. All data will be secure and will not be shared with any other person without your permission. The whole process will take about 15-20 minutes.

1 What is your name?

2 How old are you?

3 Are you married?

4 Are you still going to school?

5 Are you employed?

6 At what age did you have first pregnancy?
7 What caused you to be impregnated at a tender age?

8 How do you feel when you realized that you are pregnant?

9 What challenges are you facing since you became pregnant?

10 How are you managing to address these challenges?

11 In your own view what do you think should be done to reduce the rate of teenage pregnancy?
APPENDIX 2: INTERVIEW GUIDE FOR KEY INFORMATS

My name is Tatenda Furamera and I am pursuing a Bachelor of Science Hon. Degree in Social Work at Bindura University of Science Education. I am carrying out a study to investigate determinants of teenage pregnancies in Furamera Village. I am interested in investigating the subject area because there has been little research regarding determinants of teenage pregnancy. It is hoped the findings will help in reducing these teenage pregnancies and their associated problems. I am therefore kindly asking you to participate in my study. Your participation in this study is voluntary and you have the right to withdraw at any time. All data will be secure and will not be shared with any other person without your permission. The whole process will take about 15-20 minutes.

1 Who are you?

2 What is your position in the Village?

3 How long have you been in that position?

4 What do you think are the causes of teenage pregnancy?

5 What do you think are the challenges faced by pregnant teenagers?

6 What are some of the coping strategies that pregnant teenagers may use to deal with challenges of teenage pregnancy?

7 What are some of the supportive services offered to pregnant teenagers?
8 What do you think should be done to address teenage pregnancy in rural areas?

9 What are the supportive services provided to pregnant teenagers in your area?
APPENDIX 3: Informed Consent

My name is Tatenda Furamera and I am pursuing a Bachelor of Science Hon. Degree in Social Work at Bindura University of Science Education. I am carrying out a study to investigate determinants of teenage pregnancies in Furamera Village. I am interested in investigating the subject area because there has been little research regarding determinants of teenage pregnancy. It is hoped the findings will help in reducing these teenage pregnancies and their associated problems. I am therefore kindly asking you to participate in my study. Your participation in this study is voluntary and you have the right to withdraw at any time. All data will be secure and will not be shared with any other person without your permission. The whole process will take about 15-20 minutes.

I……………………… (Use initials only) have read and fully understood the conditions of participation of participation in a research study carried out for the Bindura University of Science Education.

Respondent’s Signature……………………………………………Date……………………………………

Interviewer’s Signature……………………………………………Date……………………………………