BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF SUSTAINABLE DEVELOPMENT

RESEARCH TOPIC: ASSESSING THE CURRENT STRATEGIES USED IN REDUCING TEENAGE MATERNAL MORTALITY RATE IN WARD 3 MUZARABANI DISTRICT

NOMATTER NOMSA JOFIRISI

B210973B

DISSERTATION SUBMITTED TO BINDURA UNIVERSITY IN PARTIAL FULFILMENT OF BACHELOR OF SCIENCE EDUCATION HONOURS DEGREE IN DEVELOPMENT STUDIES

SUPERVISOR: DR. P. MUKWENYI

2025

Declaration

I, Nomatter Nomsa Jofirisi, hereby declare that the research project titled Assessing current strategies used in reducing teenage maternal mortality rates in Ward 3 Muzarabani District is my original work and has been conducted under the guidance of my supervisor Dr Mukwenyi. This project has not been submitted for any other degree or qualification, nor has it been published or disseminated elsewhere.

Dedication

This research is dedicated to my mother and my sisters Audrey and Natasha. A special dedication to the loving memory of my late father. May his soul continue to rest in internal peace.

Acknowledgement

Firstly, I would like to thank the Lord Almighty for a gift of life and guiding me throughout my education so far. I also would like to thank Him for affording me the opportunity, making me meet the right people and paving my way into a bright future in my life. Thank you Lord and I will always keep the faith. To the Bindura University, I am grateful, my sincere appreciation to the Department of Sustainable Development for granting me the opportunity to reveal the scholarly skills they have imparted to me.I would like to extend my sincere appreciation to my mother who brought me up through all hardships and who taught me the value of handwork and love. Thank you for motivating me to pursue this degree. To my friends in DS, Joyline, Primrose and Brendon your positive attitude was extremely contagious and without your knowledge would have been impossible. May the Lord continue to bless them!

I owe special thanks to the respondents of the survey who made this research project a success by answering my questionnaires. Many thanks go to my dissertation supervisor and my line manager at work for their guidance was excellent to me. You sharpened my thinking capacity during lecturing time and supervision. May God bless you so much!

Above all glory to God who makes all things possible!

Abstract

Teenage maternal mortality remains a pressing public health concern in developing nations, especially in rural areas such Ward 3 in Muzarabani District, Zimbabwe. The rate of maternal deaths among teenagers presents rather serious problems despite several national and local attempts. With an emphasis on detecting strengths, weaknesses, and possibilities for enhancement, this study was conducted to assess the effectiveness of current programs meant to lower teenage maternal mortality in Ward 3. This study is significant since it might help to guide more context-specific and effective health strategies. Though many studies have looked into maternal health on a country level, few have looked only into adolescent mothers in rural Zimbabwe. By offering local perspectives on how well existing methods are working in a poor, high-risk environment, this study answers this need. A mixed-methods method was used combining qualitative interviews with teenage moms, community health workers, conventional leaders, and local healthcare providers with quantitative data from neighborhood health clinics. The research examined community attitudes, awareness levels, access to maternal health services, and the influence of educational and support networks on maternal results. Although various tactics including adolescent-friendly clinics, community outreach efforts, and village health workers are in place, key results showed that stigma, poor resources, inadequate transportation infrastructure, and insufficient follow-up care impede their efficacy. Many teenage mothers, according to the study, also lacked thorough understanding of reproductive health, therefore delaying their healthcare seeking behavior. Policymakers, healthcare professionals, and neighborhood leaders should draw significant ramifications from this study. The research suggests focused interventions including better school-based reproductive health education, better transportation to health facilities, and training more youth-specific healthcare staff by highlighting the particular obstacles teenage mothers in Ward 3 experience. The ultimate beneficiaries of this research are adolescent girls, local health professionals, teachers, and policy makers trying to lower maternal mortality and improve teen reproductive health results.

Acronyms

WHO World Health Organisation

ZNSF Zimbabwe National Family Planning Strategy

NGO Non-Governmental Organization

HBM Health Belief Model

UNICEF United Nations International Children's Emergency Fund

ASRH Adolescent &Youth Sexual &Reproductive

ANC Antenatal Care

UNESCO United Nations Educational Scientific and Cultural Organization

MNHR Maternal & Neonatal Health Roadmap

LMIC Low & Middle Income Countries

List of tables

List of figures

List of appendices

Table of Contents

CHAPTER 1

1.1Introduction

Teenage maternal mortality remains a pressing public health issue in many developing countries, including Zimbabwe. The rural area of Muzarabani faces unique challenges regarding maternal health, influenced by socio-economic factors, cultural norms, and inadequate healthcare infrastructure. This exploratory study aims to identify and evaluate the current strategies employed to reduce teenage maternal mortality in Muzarabani, assessing their effectiveness and proposing recommendations for improvement.

1.2 Background of the study

Global Perspectives on Teenage Maternal Mortality

Globally, teenage pregnancy significantly contributes to maternal mortality. The World Health Organization (WHO) underscores that adolescents face heightened risks during pregnancy and childbirth due to a blend of biological, social, and economic factors (WHO, 2021). Effective strategies to combat these issues include comprehensive sex education, access to reproductive health services, and community involvement. Evidence suggests that comprehensive sex education can reduce teenage pregnancy rates. Programs that encompass information about contraception, healthy relationships, and life skills have proven effective, particularly in Western nations Graham et al. (2022).Providing adolescents with access to reproductive health services is crucial. Research indicates that countries prioritizing adolescent health through youth-friendly services experience a decline in teenage maternal mortality Adelekan et al., (2020). Community involvement in health initiatives has shown promising results in reducing maternal mortality. Mabala, (2023), mention that programs engaging local leaders and focusing on culturally sensitive approaches have been particularly successful in areas with high teenage pregnancy rates.

African Context

In Africa, the challenges associated with teenage maternal mortality are intensified by socio-economic factors, cultural norms, and healthcare inadequacies. A review by Chandra-Mouli et al.

(2019) highlights several effective strategies such for governments to enact policies that support adolescent health, such as raising the legal age for marriage and promoting educational opportunities for girls. Enhancing healthcare infrastructure and training providers to cater to the needs of adolescents can significantly reduce maternal mortality (Osei et al., 2021).Peer Education Programs initiatives utilizing peer educators to disseminate information on sexual and reproductive health have been effective across various African nations according to Kumar et al., (2020).

Zimbabwe's Approach

Zimbabwe has taken steps to address teenage maternal mortality through multiple initiatives. The Zimbabwe National Family Planning Strategy emphasizes youth participation and access to contraceptives (ZNSF, 2020). However, challenges persist, including cultural stigma surrounding contraceptive use and limited access to quality healthcare. The establishment of youth-friendly health services has been critical in meeting the needs of adolescents Mavhandu &Mudzusi et al., (2021). These services aim to be accessible and non-judgmental. Ndlovu et al., (2022) mentions that National campaigns aimed at raising awareness about the risks associated with teenage pregnancy and the importance of maternal health have been launched, although their impact varies across regions.

Muzarabani District Ward 3

Muzarabani located in the northern part of Zimbabwe, is a predominantly rural district characterized by high poverty levels, limited healthcare infrastructure, and traditional gender norms that often place young girls at heightened risk of early pregnancy. The issue of teenage maternal mortality is a critical public health challenge, especially in rural regions such as the Muzarabani District Ward 3. Studies indicate that high maternal mortality rates among adolescents result from several interconnected factors including inadequate access to healthcare services, cultural influences (socio cultural norms), child marriages and insufficient reproductive health education.

Several strategies are currently in place to address teenage maternal mortality rates in Muzarabani, including community outreach programs, improved access to health services, policy interventions and school based education programs. Despite the above-mentioned efforts, teenage maternal

mortality rates in the district remain a significant concern and it is crucial to analyze whether existing interventions are effective in lowering maternal mortality rates. Research will explore how deeply cultural beliefs the efficacy of public health initiatives aimed at teenagers and local health facilities capacity to support adolescent pregnancies and provide proper care is important for identifying gaps in service delivery. Research findings can assist policymakers in developing more tailored interventions that effectively address the specific needs and circumstances found in Muzarabani. Empowering CommunitiesGaining a better understanding of the challenges linked to teenage pregnancy enables communities to build support systems that empower young girls and their families, fostering informed decision-making.

To significantly reduce the rates of teenage maternal mortality, investing in healthcare infrastructure is essential to ensure the availability of skilled healthcare providers and emergency obstetric care services that specifically accommodate adolescents. Also building partnerships with local leaders, parents, and faith organizations can help to challenge and transform harmful cultural practices, creating a more supportive atmosphere for young women. Economic empowerment initiatives such as programs that offer vocational training and opportunities for income generation can help reduce economic dependency, which often leads to early marriage and childbearing. It is important to strengthen policy implementation by enforcing existing laws against child marriage and ensuring effective implementation mechanisms are essential for safeguarding the rights and well-being of young girls.

1.3 Problem Statement

In several areas, including Ward 3 of Muzarabani District, support networks, healthcare access, and educational programs exist to handle teenage pregnancy and maternal health in still, the success and execution of these plans might differ widely. Normal circumstances usually include some degree of knowledge and availability of healthcare resources such prenatal care, maternal education, and emergency obstetric services. In Ward 3 of Muzarabani District, teenage maternal mortality rates still somewhat high even with these averages in place. Contributing elements include poor access to medical facilities, socio-cultural obstacles, ignorance of reproductive health, and inadequate community support. Also absent are focused treatments targeting the particular requirements of pregnant youngsters, which results in deaths that could be avoided. This implies that present approaches either are poorly applied or ineffective, therefore contributing to high maternal mortality rates among teenagers continuing. Adolescents in these areas often enter into

early marriages, have limited access to sexual and reproductive health education, and lack contraceptive options Makamure(2023).

This study seeks to methodically evaluate the present approaches used in Ward 3 to lower adolescent maternal mortality rates, point out obstacles and gaps in successful implementation, and assess the situational elements causing the continuous problems. This study aims to spot successful practices, draw attention to areas needing improvement, and recommend tailored, evidence-based interventions that specifically meet the needs of teenage mothers in the locality by gathering qualitative and quantitative data from healthcare providers, adolescent mothers, and community stakeholders. The study aims to ultimately support informed policy-making and improve maternal health results for teenagers living in Muzarabani District. Adolescents in Muzarabani, like many rural districts, are often excluded from formal education due to early marriage, economic hardship or patriarchal cultural beliefs that devalue girls' education Muchabaiwa et.al (2012). Even when adolescents remain in school, sexual health education is either insufficient or entirely absent, leaving teenagers ill-equipped to make informed decisions about their reproductive health Camacho & Michaud (2013). In particular, many adolescents in rural areas lack knowledge about contraception and safe sexual practices, leading to high rates of unplanned teenage pregnancies. Studies have shown that in communities like Muzarabani, cultural taboos and misconceptions about contraception, such as fears that contraceptive use leads to infertility, further reduce the likelihood that adolescents will seek out or use family planning services Makamure (2020). This educational gap is exacerbated by the absence of youth-friendly healthcare services, which should ideally provide adolescents with non-judgmental, confidential, and accessible reproductive health care Chandra-Mouli et al. (2015).The study will assess whether the educational interventions and healthcare services currently provided in Muzarabani are meeting the needs of teenage mothers and will investigate cultural, logistical, and systemic barriers that prevent adolescents from accessing crucial healthcare resources.

1.4Research objectives

- To identify the current strategies implemented in Muzarabani ward 3 aimed at reducing teenage maternal mortality.
- To explore the socio-cultural factors influencing teenage pregnancies and maternal health in Muzarabani Ward 3.

- To propose actionable recommendations based on findings to improve current strategies in Ward 3.

1.5 Research questions

- What strategies are currently in place to reduce teenage maternal mortality in Muzarabani?
- What role do socio-cultural factors play in teenage pregnancies in Muzarabani?
- How can existing strategies be improved or adapted to better serve the community?

1.6 Significance of the study

1.6.1 Policymakers and Government Health Officials

Policymakers and government health officials at both the local and national levels are among the primary beneficiaries of this research. The findings will provide them with evidence-based insights into the current state of teenage maternal health in rural areas like Muzarabani. Additionally, the dissertation has policy implications. Findings from this study can inform local and national maternal health policies by identifying gaps in service delivery and recommending targeted, culturally sensitive interventions. For instance, programs that address early marriage and increase adolescent access to contraceptives have been shown to reduce teenage pregnancies, but their acceptance and impact vary across communities Chigwedere et al.,(2021). By exploring how these strategies function in Muzarabani, the research can guide policymakers in designing interventions that are both effective and contextually appropriate.

1.6.2 Healthcare Providers

Healthcare providers including doctors, nurses, midwives and community health workers will benefit from the study by gaining a deeper understanding of the challenges teenage mothers face in accessing maternal healthcare services. It will help them by identifying gaps in the current healthcare system, healthcare providers can work to improve the quality and accessibility of youth-friendly services, ensuring that adolescent mothers receive the care they need throughout pregnancy and childbirth.The research will shed light on the cultural and social factors that influence teenage pregnancy and maternal health in Muzarabani. This knowledge will allow

healthcare providers to offer culturally sensitive care and increase community trust in health services. Healthcare providers will be able to use the findings to advocate for additional training, particularly in areas such as adolescent sexual and reproductive health, ensuring that they are equipped to handle the unique needs of teenage mothers.

1.6.3 Non-Governmental Organizations (NGOs) and International Agencies

The study will provide NGOs and international agencies working in the fields of maternal health and adolescent wellbeing with critical information to guide their interventions. These organizations often serve as key partners in implementing health programs and will benefit in different ways. The research findings will help NGOs tailor their programs to address the specific needs of teenage mothers in rural settings. This could include designing more effective sexual health education campaigns, improving access to contraception, or expanding maternal health services in underserved areas. NGOs and international agencies can use the data from the study to advocate for increased funding and resources to support maternal health initiatives. The findings will provide a strong evidence base for lobbying governments and donors to prioritize teenage maternal health in rural Zimbabwe. The study will encourage collaboration between NGOs, government bodies, and local communities. By identifying the key challenges and opportunities for intervention, the research will facilitate partnerships that leverage the strengths of each stakeholder to reduce maternal mortality.

1.6.4. Adolescent Mothers and Their Families

The adolescent mothers who are at the heart of this study stand to benefit directly from the findings. By identifying gaps in sexual and reproductive health education, maternal healthcare services, and community support, the study has the potential to improve the lives of teenage mothers in Muzarabani in several ways. The study's recommendations could lead to better access to maternal healthcare services, including prenatal care, safe delivery options, and postnatal care. This would significantly reduce the risks of pregnancy-related complications and maternal deaths among adolescent mothers. By addressing the educational gaps, the research will help ensure that adolescent girls receive comprehensive sexual health education, equipping them with the knowledge to make informed decisions about their reproductive health and reduce the likelihood of early pregnancy. The study’s focus on addressing socio-cultural barriers will contribute to

empowering adolescent mothers and their families by fostering a supportive environment in which young mothers can access the care and resources they need without fear of stigma or discrimination.

1.6.5. Local Communities

Communities in Muzarabani including traditional leaders, educators and families, will also benefit from the study. The research will provide them with important insights into the risks associated with teenage pregnancy and maternal mortality and offer recommendations for community-based interventions. Specifically communities will benefit from awareness about the importance of maternal health and the dangers of early pregnancy. This could lead to shifts in cultural practices and attitudes that currently contribute to high rates of teenage pregnancy, such as early marriage or resistance to contraceptive use. Local communities will be encouraged to take an active role in promoting the well-being of adolescent mothers. By collaborating with healthcare providers and NGOs, communities can help create a supportive environment that prioritizes the health and education of young girls.

1.6.6. Academic and Research Community

Lastly, the academic and research community stands to benefit from the study, as it will contribute to the growing body of knowledge on maternal health, adolescent pregnancy, and rural healthcare challenges. By focusing on teenage maternal mortality in a rural district of Zimbabwe, the research will fill existing knowledge gaps, particularly in relation to the effectiveness of current strategies in reducing maternal deaths among adolescent mothers in underserved areas. The findings will provide a foundation for future research on adolescent maternal health in rural settings, highlighting areas where further investigation is needed and offering recommendations for improving maternal health outcomes in similar contexts.

1.7Assumptions of the study

Cultural and social factors play a major role in teenage maternal mortality. Healthcare infrastructure in rural areas like Muzarabani is underdeveloped and the strategies currently in place are designed to reduce teenage maternal mortality. Teenage maternal mortality is a significant public health issue in Zimbabwe. Data collected from stakeholders will be reliable and reflective of real world experiences

1.8 Limitations of the study

Methodological Constraints

If qualitative methods (interviews) were used, the subjective nature of responses may affect the reliability of the data. Conversely, if a quantitative approach is taken, it may overlook personal and contextual factors influencing maternal health. Cultural beliefs and practices surrounding maternal health may not be fully explored, potentially leading to an incomplete understanding of the factors influencing teenage maternal mortality. Challenges in accessing data from healthcare facilities or community organizations may limit the comprehensiveness of the information gathered. Additionally, participant recall bias may affect the accuracy of reported experiences.

1.9 Delimitations

This study is geographically limited to the Muzarabani District in northern Zimbabwe. While teenage maternal mortality is a nationwide issue, the study focuses specifically on this rural district due to its high maternal mortality rates and unique socio-cultural and healthcare challenges. This delimitation excludes urban areas and other rural districts, meaning the findings may not directly apply to regions with different healthcare infrastructures or socio-economic conditions. However, the study's conclusions may offer insights for similar rural settings in Zimbabwe. While maternal mortality affects women of all ages, this study is limited to adolescent mothers, who face distinct biological, social, and economic challenges. As a result, the study does not explore maternal mortality in older women, nor does it address maternal health issues related to women in their twenties or beyond. The decision to focus on teenage mothers is based on the higher risks associated with early pregnancies and the specific interest in reducing maternal mortality within this demographic.

The study is delimited to an exploration of current strategies in place to reduce teenage maternal mortality. These include government policies, healthcare interventions, NGO programs, and community-based efforts. The research does not aim to develop new strategies or interventions, but rather to assess the existing ones and identify potential gaps or areas for improvement. This focus allows the study to critically evaluate what is currently being done rather than proposing entirely new solutions. While teenage maternal mortality is often intertwined with broader maternal health issues, this study specifically excludes unrelated maternal health problems such as those experienced by non-teenage mothers, non-pregnancy-related health concerns, and non-

reproductive health issues. The study remains focused on maternal mortality as it relates to pregnancy and childbirth complications among teenage mothers, without addressing other health concerns that may affect women in this age group.

The study focuses primarily on the perspectives of teenage mothers, healthcare providers, and community leaders, including traditional leaders and women's groups. While men, particularly fathers and male community leaders, may play a role in influencing teenage pregnancy rates and maternal health practices, their perspectives are not the primary focus of this study. This delimitation is based on the specific interest in understanding the challenges faced by teenage mothers and the healthcare strategies intended to support them.

1.10 Definition of key terms

1. Maternal mortality refers to the death of a woman during pregnancy, childbirth or within 42 days of the termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes World Health Organization (2019).
2. Maternal healthcare refers to the health services provided to women during pregnancy, childbirth, and the postnatal period, aimed at ensuring both the mother's and the baby's health Campbell & Graham, (2006).
3. Teenage maternal mortality is defined as the death of adolescent mothers, typically aged 15-19 years due to pregnancy-related complications during pregnancy, childbirth or postnatal care Camacho & Michaud (2014).

1.11Summary of the chapter

This exploratory study aims to contribute to the understanding of teenage maternal mortality in Muzarabani by evaluating current strategies and their effectiveness. The findings will provide valuable insights for policymakers, healthcare providers, and community leaders to enhance maternal health outcomes for teenagers in the region. Teenage maternal mortality is a significant public health challenge in many low- and middle-income countries. Different nations have adopted various strategies to reduce maternal deaths among adolescent mothers, addressing both healthcare access and socio-cultural factors. Several key strategies can be applied to Muzarabani, Zimbabwe, based on the experiences of other countries. African continent and Zimbabwean region have implemented successful strategies to reduce teenage maternal mortality, including expanding

healthcare access, offering sexual education, addressing cultural barriers, and empowering adolescent girls. These approaches could be adapted to the context of Muzarabani to improve maternal health outcomes and reduce teenage maternal deaths. This paves way for chapter two which is literature review and the rest of the research.

CHAPTER 2: REVIEW OF THE RELATED LITERATURE.

2.1 Introduction

This chapter seeks to provide a thorough review of the literature related to the current strategies used in reducing teenage maternal mortality rate in Muzarabani District, Zimbabwe. It aims to identify effective strategies, key theories, analyze policy implications and methodological approaches that are relevant to the research. The review seeks to provide gaps of the existing research on teenage maternal health and to inform future efforts to combat teenage maternal mortality. The chapter is structured into several sections including theoretical framework guiding the study, background information on the topic and a detailed review of relevant literature. This approach will ensure a thorough understanding of the subject matter and set the stage for the subsequent analysis and discussion of research findings.

2.2Theoretical framework

The theoretical basis for this study centers on the Health Belief Model (HBM). This framework serve as essential tool for investigating the various strategies employed to mitigate teenage maternal mortality in Muzarabani, a rural district in Zimbabwe. The issue of teenage maternal mortality is intricate and shaped by economic, social, cultural, and health care system influences. Utilizing this theory, this study intends to examine the fundamental causes and evaluate the effectiveness of existing interventions aimed at tackling these challenges.

2.2.2Health Belief Model (HBM)

This research aims to evaluate the present approaches used to lower teenage maternal mortality rates in Muzarabani Ward 3 District, will be guided theoretically by the Health Belief Model (HBM). Originally created in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels, the HBM is a psychological paradigm that seeks to predict and explain health behaviors by means of an emphasis on individual attitudes and beliefs Rosenstock, (1974).Teenage mothers in Muzarabani encounter specific hurdles, such as limited awareness about maternal health risks,

fear of social repercussions, and misconceptions concerning antenatal healthcare services. Glanz et al., (2011) argues that the HBM suggests that people are more inclined to engage in health-promoting behaviors when they recognize a significant personal risk, believe in the efficacy of the available interventions, and feel empowered to take action. This framework is beneficial for assessing initiatives such as health education campaigns and peer support programs. For instance, programs designed to increase knowledge about maternal health risks for teenagers can lead to a notable decline in mortality rates Madziyire & Magwali, (2016). Moreover, the HBM serves as a foundation for examining whether current efforts in Muzarabani effectively address psychological barriers and encourage health-seeking behaviors among adolescent mothers.

2.2.3 Justification of Theories.

This Health Belief Model also fits the function of outside motivations, such health education campaigns, peer influence, and community health worker visits, which can trigger actions change. Furthermore pertinent for teenagers who may have restricted autonomy or decision-making authority in reproductive issues is the idea of self-efficacy that is, one's confidence in their capacity to take health related actions. Since the HBM directly applies to individual level behavior change, this guides the choice to use it over other theoretical paradigms. The Theory of Planned Behavior Ajzen, (1991) addresses attitudes and intentions as well, but it lacks the subtle emphasis on perceived barriers and does not adequately handle context-specific problems experienced by rural adolescents.

Similarly, the Social Cognitive Theory stresses observational learning and environmental interaction, but it is less concerned with internal belief systems directly affecting health-seeking behavior. Moreover, although useful for large scale policy work, broader ecological models may not offer the detailed attention required to evaluate the success of particular plans carried out at the local level. Adoption of the HBM will allow this study to methodically evaluate whether present plans fit the beliefs and motivations of teenage mothers. It will also highlight areas where interventions might not be targeting the basic psychological or structural elements limiting health-seeking behavior. Thus, this structure not only helps to understand the problem holistically but also directs the creation of more responsive and efficient health plans designed to meet the needs of at risk teenagers in the area.

2.3REVIEW OF RELATED LITERATURE

Europe generally reports lower teenage maternal mortality rates compared to other regions, largely due to established healthcare systems and preventive measures. However, disparities persist among specific populations, particularly low-income groups and immigrants. Strategies here focus on preventive healthcare, including sexual education and reproductive services. Sexual education and access to contraceptives across Europe, comprehensive sexual education is integrated into school curricula, particularly in countries like the Netherlands and Sweden. These initiatives educate adolescents about contraception and reproductive rights, contributing to lower teenage pregnancy rates and associated maternal mortality. Research indicates that access to effective contraceptive methods is critical in preventing unwanted pregnancies that elevate maternal mortality risks Stover (2010). Countries such as Denmark and Norway emphasize early prenatal care for pregnant teenagers, allowing for close monitoring and early detection of complications. This proactive approach has been shown to reduce maternal deaths among adolescents Romadlona &Besral (2021). Despite advancements, certain groups, including recent immigrants and low-income populations, encounter barriers in accessing healthcare services. According to Thida (2018), language difficulties and socio-economic challenges hinder their integration into national healthcare systems, which must be addressed to further reduce teenage maternal mortality.

In addition, Asia teenage maternal mortality is often linked to early marriages and cultural expectations surrounding childbearing. While governments and NGOs have made progress, significant challenges remain, especially in rural and conservative areas. Various countries, including India, Bangladesh, and Nepal, have launched community-based health initiatives that educate adolescents on reproductive health and provide access to contraceptives. These programs, often backed by organizations like UNICEF, have successfully reduced teenage pregnancies and improved maternal health outcomes by ensuring access to antenatal care Sahoo et al., (2017). Legal reforms aimed at preventing child marriage are essential in countries like India and Bangladesh. While these laws are crucial, inconsistent enforcement, particularly in rural areas, remains a challenge Singh & Samari, (2017). Nations such as Pakistan and Indonesia are enhancing healthcare infrastructure by increasing the availability of skilled birth attendants and emergency services, particularly in rural regions. Cultural attitudes towards contraception often limit the effectiveness of these initiatives. Bhandari & Dangal (2021) mentions that, in conservative regions,

stigma surrounding contraceptive use can deter teenage girls from seeking maternal healthcare, perpetuating high maternal mortality rates

Sub-Saharan Africa continues to grapple with high teenage maternal mortality rates due to poverty, early marriages, and inadequate healthcare access. However, several countries are making strides by adopting community-based healthcare models and enacting policy reforms. Countries like Kenya, Uganda and Tanzania have integrated community health workers into their healthcare systems, particularly in rural areas. These workers deliver health education, antenatal care, and referrals to facilities for teenage mothers, effectively reducing maternal mortality rates Kahabuka et al., (2017). Legal changes in countries such as Ethiopia and Malawi have targeted child policy reforms on child marriage and promoted contraceptive use. These reforms, alongside public awareness campaigns about the risks of early pregnancy, have successfully decreased teenage pregnancies and maternal deaths Melesse et al., (2021). In regions with limited healthcare infrastructure, mobile health clinics are providing essential services. For instance, in Nigeria and Ghana, these clinics offer prenatal check-ups and skilled birth assistance, significantly reducing maternal deaths by improving access to care Nanda et al., (2020).Geographic and economic challenges continue to impede the effectiveness of these strategies, especially in rural areas. Cultural stigmas surrounding teenage pregnancy further discourage young mothers from seeking necessary care, highlighting the need for targeted interventions Muthengi et al., (2019).

In Zimbabwe, particularly in rural areas like Muzarabani, teenage maternal mortality is a serious issue and the government has taken steps to address teenage maternal mortality through multiple initiatives. The Zimbabwe National Family Planning Strategy emphasizes youth participation and access to contraceptives Mavodza et al (2023). The government, alongside local and international organizations, has implemented various strategies to tackle this problem, focusing on enhancing healthcare infrastructure, community outreach, and educational initiatives. Maternal and Neonatal Health Roadmap (2017–2021) outlines a comprehensive approach to improving maternal health outcomes, specifically for teenage mothers. It emphasizes increasing access to skilled birth attendants and emergency obstetric care in rural regions where services are often lacking.

In Muzarabani, community health workers are crucial for improving maternal health outcomes. They provide antenatal care, educate young mothers about pregnancy risks, and facilitate referrals to healthcare facilities for delivery. Their community-based efforts have significantly contributed

to lowering maternal mortality rates Mashapa, (2021). Cultural and educational campaigns designed to alter cultural perceptions around early marriage and teenage pregnancies are being implemented. Mdege (2024), mentions that collaborating with local leaders, these initiatives aim to challenge traditional norms and promote family planning among young women. She indicates that one in three girls in Zimbabwe become pregnant before the age of 18, with early marriage being a significant contributing factor. The authors assert that rural areas, such as Muzarabani, experience particularly high rates of teenage pregnancies, largely due to limited healthcare access and entrenched cultural norms.

Strategies to address teenage maternal mortality in Zimbabwe to combat maternal mortality, Zimbabwe has introduced several programs and policies aimed at improving adolescent health. These initiatives are supported by both national strategies and international collaborations. Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy (2016–2020) program seeks to broaden access to reproductive health resources for adolescents, with an emphasis on family planning and contraceptive education. Maternal and Newborn Health Roadmap (2017–2021) developed by Zimbabwe's Ministry of Health, this plan focuses on improving healthcare services and training healthcare personnel to reduce maternal mortality. Community health workers provide antenatal care and maternal health education to rural populations, including teenagers.

Muzarabani, a rural area in Zimbabwe, faces distinct challenges that contribute to high teenage maternal mortality rates. Limited access to healthcare facilities, prevailing cultural beliefs regarding early marriage and inadequate educational resources pose significant barriers. "The deployment of community health workers to educate and support young mothers has emerged as an effective strategy in Muzarabani. These workers help bridge the gap between healthcare services and the community", Chibanda et al, (2023). Several case studies highlight successful community-based interventions. For instance, a program in rural Zambia demonstrated that training community health workers significantly improved antenatal visit rates among teenage mothers Chanda et al., (2023). Such programs emphasize the importance of culturally sensitive approaches that resonate with local communities. Grassroots initiatives that involve local stakeholders in tackling teenage pregnancy and maternal health issues are essential.

The district is marked by high poverty rates, poor infrastructure, and limited healthcare access, all of which contribute to the high prevalence of teenage maternal mortality. Geographical isolation makes it difficult for teenage mothers to access healthcare services. Many rely on traditional birth attendants, increasing the risk of maternal complications. The district struggles with shortages of healthcare professionals and inadequate facilities, leaving teenage mothers without critical antenatal care. Norms that encourage early marriage and childbearing remain prevalent, with little emphasis on delaying pregnancy or using modern healthcare. Current strategies include mobile health services, community outreach programs and NGO support.

Despite the various strategies and programs in place, significant challenges persist in reducing teenage maternal mortality in Muzarabani. Zimbabwe faces on going challenges in its healthcare system, including shortages of healthcare workers, limited medical supplies, and inadequate facilities in rural areas like Muzarabani. These systemic issues make it difficult to provide consistent and high-quality maternal care Kanengoni (2019). Efforts to reduce maternal mortality must contend with deep-rooted cultural practices, such as early marriage and traditional birthing methods, which can undermine modern healthcare interventions.

2.4 Research Gap

Despite studies on the current strategies to address teenage maternal mortality, there may be limited understanding of how local cultural beliefs and practices influence teenage maternal health and the acceptance of current strategies. A closer examination of how culture impacts health-seeking behavior among teenagers could provide insights into the effectiveness of existing interventions. While there may be studies on general healthcare access, there is insufficient research focused specifically on barriers faced by teenagers, such as geographical distance, availability of adolescent-friendly services and transportation issues in Muzarabani. The impact of reproductive health education initiatives on teenage maternal mortality rates may not be adequately assessed. A detailed investigation into which educational programs are most effective and how they can be improved is needed.

2.5 Summary

This chapter reviews literature on strategies to reduce teenage maternal mortality in Muzarabani District, Zimbabwe, focusing on effective interventions, theoretical frameworks, policy implications, and research gaps. The study is guided by the Health Belief Model (HBM) this

framework provide a comprehensive understanding of maternal health challenges and interventions. Teenage maternal mortality remains a critical issue, particularly in low and middle-income countries (LMICs), where factors such as poverty, early marriages, and insufficient healthcare access persist. Sub-Saharan Africa, including Zimbabwe, has the highest maternal mortality rates, with rural areas disproportionately affected. In Muzarabani, high rates of teenage maternal mortality are linked to limited healthcare facilities, cultural practices promoting early marriage, and geographic isolation. Current strategies include deploying community health workers, mobile clinics, and cultural education campaigns to address these challenges. However, systemic barriers like shortages of healthcare workers and entrenched cultural norms continue to hinder progress. The chapter identifies gaps in understanding the cultural influences on health-seeking behaviours, barriers specific to teenagers, and the effectiveness of reproductive health education programs. Addressing these gaps could improve interventions and reduce teenage maternal mortality in Muzarabani.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The methodology for this study is designed to provide an in-depth, comprehensive exploration of the strategies currently being implemented to reduce teenage maternal mortality in Muzarabani, Zimbabwe. Given the complex and multifaceted nature of the issue, the research adopts a mixed-methods approach that integrates both qualitative and quantitative research designs. This approach allows for a thorough analysis of statistical trends while incorporating the lived experiences, perceptions, and cultural dynamics of the study population. The combined use of these methods is supported by scholars such as Creswell and Clark (2017), who emphasize that mixed-method approaches contribute to a more holistic understanding of social issues. This chapter explains the population sample of the research, data collection methods as well as the ethical consideration to be done when collecting data.

3.1.2 Study Area

Muzarabani District is located in Mashonaland Central Province and relatively close to urban centers, including the provincial capital Bindura and the largest city of Harare which is about 200

kilometers to the south-east. Agriculture is the backbone of Muzarabani District although there are some mining activities. The district particularly Ward 3, has been identified through health surveillance reports and community health records as having one of the highest incidents of teenage pregnancies and maternal health complications in Mashonaland Central Province. Also the district's remote and predominantly rural setting presents challenges in terms of access to, healthcare, education and reproductive information. These conditions offer a valuable perspective for understanding the gaps in existing interventions and identify community specific barriers and enablers to maternal health among teenage girls also providing a practical opportunity to engage stakeholders and evaluate present strategies in implementation.

Ward 3, Muzarabani District Map

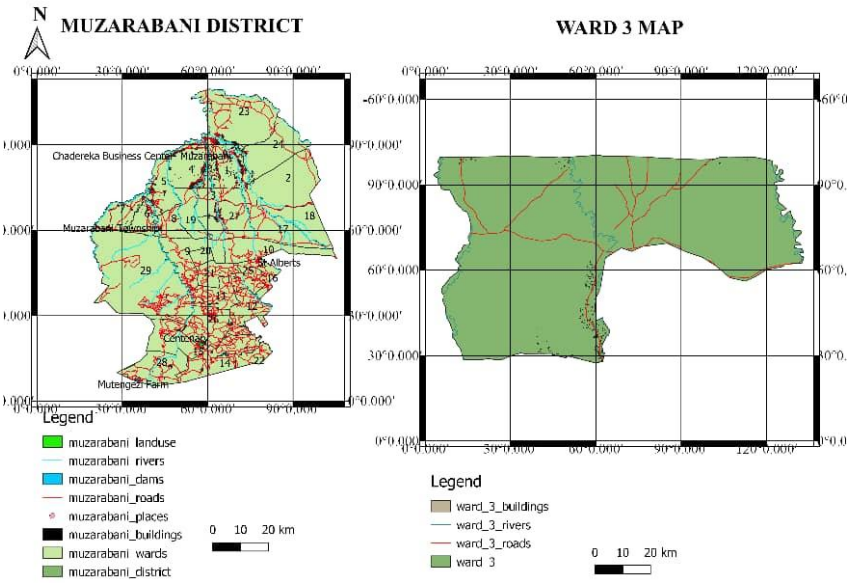


Figure 3.1 shows Muzabani District Map

3.2 Research Paradigm

It covers assumptions about reality, knowledge and the strategies employed to compile and examine data. It assumes that reality is subjective and socially constructed, hence participants'

experiences, beliefs and interpretations highly influence knowledge formation. Given that teenage maternal mortality is a very social and cultural issue influenced by beliefs, values, access to services and personal choices, interpretvism is suitable in your topic. This framework enables a subtle investigation of how teenage mothers, families and healthcare professionals view and interact with the policies now in place. Indeed, several studies on public health, maternal health, adolescent reproductive rights, and rural healthcare access have employed the interpretivist paradigm. Makombe (2017) employed interpretive techniques, interviews and focus groups, to investigate the attitudes of adolescent parents towards antenatal care in Zimbabwean areas.

On research paradigm participant is centered for example in a culturally sensitive environment like Muzarabani, this focus on the voice and lived experiences of participants is essential for grasping adolescent maternal health. It allows for flexibility, which is perfect when evaluating the success of several approaches in a complicated social environment. This approach is ideal for revealing cultural sensitivities and hidden obstacles that quantitative approaches could miss. The framework lets the researcher understand why some approaches succeed while others fail by interpreting the meaning behind actions and attitudes. Teenage maternal death reflects societal and cultural concerns in addition to being a medical one. Strategies should be reviewed not only for their clinical efficacy but also for how well they fit the intended audience. Quantitative information by itself cannot explain the understated reasons teenage girls may reject clinics, distrust health personnel, or lean on traditional practices.

Research Approach

The research will adopt a mixed-methods approach, which combines both quantitative and qualitative research methodologies. This approach is particularly effective in understanding complex issues such as teenage maternal mortality, as it allows for a comprehensive exploration of statistical trends alongside personal experiences and perceptions. Structured surveys will be administered to gather numerical data on the prevalence of teenage maternal mortality, associated risk factors, and the effectiveness of current strategies in place. Interviews and focus group discussions will be conducted to capture the lived experiences of teenage mothers and healthcare providers, providing context to the quantitative findings.

3.3 Research Design

To address the research objectives, the study employs a case study design, which is particularly well suited for examining complex phenomena in specific, localized contexts. Yin (2018) argues that a case study design allows researchers to investigate contemporary issues in depth while taking into account the context in which they occur. Qualitative research interviews or focus groups with healthcare personnel and teenage mothers help to understand obstacles to maternal care access. For example, research in areas with comparable demographic difficulties could use qualitative designs to evaluate community attitudes of maternal health services, or quantitative designs to measure the efficacy of certain health campaigns. The research design would include mixed methods, qualitative interviews, questionnaires, and statistical analysis of pre-existing health data in relation to evaluating approaches to lower teenage maternal mortality rates in Muzarabani.

Using numerous research methods, several studies examine that maternal health and measures to address teenage maternal mortality. The selected research approach controls the sorts of questions that may be asked, the data that could be gathered, and the interpretation of results, hence influencing the study. A mixed-methods approach, for instance, could urge the investigation of both personal stories and statistical trends, therefore providing a more complete picture of the causes of teenage maternal. Especially in difficult societal problems such as maternal mortality, mixed methods are especially valuable since they can offer vital insights that could be missed in either purely quantitative or qualitative approaches.

3.4 Targeted Population and Sample

3.5. Target Population

Researchers often define a target population, which is the specific subset of the population that meets the criteria relevant to the research objectives and is the focus of data collection efforts Casteel and Bridier, (2021). The target population for this study includes 25 teenage mothers' aged 13-19 who have experienced pregnancy or childbirth in Muzarabani and 10 healthcare professionals involved in maternal health services, including midwives, nurses, and community health workers.

3.5.1Sample

Quantitative

The sample consist of at least 15 teenage mothers was recruited for the quantitative survey to ensure statistical significance and representativeness. Ten healthcare providers were selected for qualitative interviews to gain insights into the challenges and strategies in maternal health service delivery. With assistance from nearby health officials and school administrators, a sampling frame was constructed using school enrollment lists and existing community health records. Using a random number generator, a sample 15 teenage mothers was drawn from a sample size of 350 from a total population of ward 3.The sample size was calculated using Yamane's formula. With this method, organized questionnaires allowed the gathering of numerical data on levels of awareness, access to maternal health services, and perceived effectiveness of current interventions.

Qualitative

Participants for in-depth interviews were chosen for the qualitative strand using convenience sampling. This approach called for selecting people according to their availability, interest for participation, and relevance to the research subject. Participants consisted of health experts, community leaders, parents or guardians of teen females. Through local NGOs, youth support organizations working in Ward 3, and community health centers, these people were contacted. Because of the exploratory nature of qualitative research, which seeks to collect rich, detailed insights rather than generalized data, convenience sampling was suitable here. This approach's adaptability let the researcher connect with subjects who had personal encounters with teenage pregnancy and maternal health services, hence offering insightful narratives to go with the quantitative results.

3.5.2 Sampling procedures

Purposive sampling will be employed to select participants who have relevant experiences and knowledge about teenage maternal health. This method ensures that the sample includes individuals who can provide rich, detailed information. Random sampling will be used to ensure representation across different socio-economic backgrounds, geographic locations, and levels of healthcare access within Muzarabani. This approach will help capture a diverse range of experiences and perspectives. Participants will be approached through local health clinics, schools, and community organizations. Informational sessions will be held to explain the study's purpose and procedures, and interested individuals will be invited to participate. All participants will be

provided with detailed information about the study, including its purpose, procedures, potential risks, and benefits. Informed consent will be obtained prior to participation, ensuring that participants are fully aware of their rights and the voluntary nature of their involvement.

3.6 Data Collection Instruments

The research will employ two main instruments for data collection:

Quantitative structured questionnaires will be distributed to teenage mothers, healthcare providers, and community health workers. Taherdoost (2021) noted that data collection refers to the process of collecting information from various sources to address a research problem .The surveys will include both closed and open-ended questions to collect data on healthcare access, antenatal care attendance, and utilization of reproductive health services. This approach aligns with the recommendations of Bryman (2016), who emphasizes the importance of structured tools in capturing quantifiable data. The questionnaire will consist of a demographic information will include questions about age, education level, socio-economic status, marital status, and number of pregnancies. Health service utilization question will assess the frequency of healthcare visits, types of services accessed for example prenatal care, delivery services and barriers to accessing care. Then the knowledge and attitudes section will evaluate participants' knowledge of maternal health issues, awareness of available services, and attitudes toward healthcare providers.

3.6.1Pilot testing the instrument

A pilot test was conducted with a small group of participants 10 teenage mothers and 5 healthcare providers to refine the survey instruments and interview guides. Feedback from the pilot was used to make necessary adjustments to improve clarity, relevance, and cultural appropriateness of the questions

3.6.2 Validity of instruments

Experts in maternal health will review the survey and interview questions to ensure they adequately cover the constructs being studied. Factor analysis will be conducted on the quantitative data to confirm that the survey item measure the intended constructs related to teenage maternal mortality.

3.6.3 Reliability of instrument

The reliability of the quantitative data will be ensured through the use of validated instruments. A test-retest reliability method will be employed, where the same survey will be administered to a

subset of participants at two different times to assess consistency. For qualitative data, multiple researchers will code the interviews to ensure consistency in the interpretation of themes.

3.7 Data collection procedures

Research tools will be created based on an extensive review of existing literature and validated instruments in the field of maternal health. This will ensure that the questions are pertinent and culturally suitable for the target demographic. Prior to the main data collection, the instruments was pilot tested with a small group of participants around 15 teenage mothers and 10 healthcare providers to identify any issues related to clarity, relevance, or cultural appropriateness. Feedback from this pilot will be used to make necessary adjustments. The study was focused on teenage mothers aged 13-19 years who have experienced pregnancy or childbirth, as well as healthcare providers involved in maternal health services. Participants were recruited through local health clinics, community centers, schools, and youth organizations in Muzarabani. Informational materials and community meetings will be utilized to inform potential participants about the study and encourage their involvement. Informed consent was obtained from all participants before data collection begins. Participants will receive detailed information about the study's objectives, procedures, potential risks, and benefits. For minors, parental consent will also be required.

The structured questionnaire was administered either in person or online, depending on the preferences and accessibility of participants. The quantitative data was entered into statistical software (s Excel) for analysis, with double-checking to ensure accuracy. Interviews were taken place in a private and comfortable setting to foster open and honest communication. All collected data was securely stored, with access limited to the research team. Identifiable information was b removed to protect participants' privacy. After data collection, quantitative data will be prepared for statistical analysis, while qualitative data will be organized for thematic analysis.

3.8Data Presentation, interpretation and analysis plan

Data presentation is the process of showing the gathered data such that analysis and understanding come naturally. For numerical data, show vital statistics in tables, charts and graphs for examples pie charts show the relative amounts of various contributors to maternal death and tables to sum up health services availability or demographic data. As for quantitative statistical analysis the study will use Excel typical methods for mean, median, mode, frequencies. For instance, compare

qualitative descriptions of community attitudes towards seeking care with statistical data on lack of access to health resources. The study will use both qualitative and quantitative data to interpret results in order to obtain a whole picture of the causes driving teenage maternal mortality rates.

3.9Ethical considerations

Ethical approval will be sought from the relevant institutional review board (IRB) and local authorities in Muzarabani. The study was adhere to the ethical principles outlined by World Health Organisation (2017), including informed consent participants will be provided with detailed information about the study's objectives and procedures. Consent will be obtained before participation. Personal information was anonymised to protect participants' identities. Participation was entirely voluntary, with no coercion or penalty for withdrawal. Special attention was given to teenage mothers as a vulnerable population, ensuring that their participation is handled with sensitivity and respect.

3.10 Summary of the chapter

The study aims to comprehensively explore strategies to reduce teenage maternal mortality in Muzarabani, Zimbabwe, using a mixed-methods approach that combines qualitative and quantitative research. This methodology facilitates a detailed analysis of statistical trends alongside the lived experiences and perceptions of the population affected. Guided by a pragmatic research paradigm, the study embraces flexibility in utilizing various methods to address complex public health challenges. The research follows a case study design focused on Muzarabani District, allowing for an in-depth examination of maternal health interventions in this specific context. The target population includes teenage mothers aged 13-19 who have been pregnant or given birth, and healthcare providers involved in maternal health services. A sample of approximately 15 teenage mothers will be recruited for quantitative surveys and 5 healthcare providers will participate in qualitative interviews. Data will be collected through structured surveys and semi-structured interviews, exploring demographic information, healthcare utilization, and knowledge attitudes toward maternal health. Observational methods will also be integrated to understand healthcare intervention implementation. Validity and reliability will be ensured through expert reviews, pilot testing of instruments, and consistency checks in coding qualitative data. The study followed

ethical guidelines by obtaining informed consent, ensuring confidentiality, and respecting the voluntary nature of participation, particularly given the vulnerability of the teenage mothers involved. The next chapter present the findings derived from the data collected.

CHAPTER 4: DATA PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 INTRODUCTION

This chapter presents the findings from both quantitative and qualitative data collected in Muzarabani District Ward 3. The study involved 15 teenage mothers who responded to structured questionnaires and 5 healthcare workers who participated in semi-structured interviews. The analysis is structured according to the four research objectives: current strategies, their effectiveness, socio-cultural influences, and proposed improvements. Quantitative data were analyzed using descriptive statistics, while qualitative data were examined thematically.

4.2 Participant Demographics

The response rate shows the level of respondents achieved in the research. Out of targeted sample size of 25 respondents, a total of 15 participants took part in the research. This represents a response rate of 60%, as shown in Fig 4.2 below.

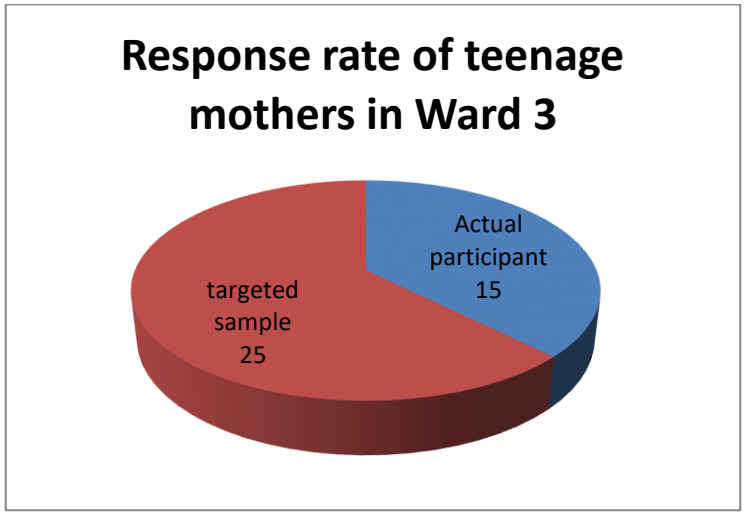


Fig 4.2 response rate

4.2.1 Demographic characteristics of participants

This section presents the demographic characteristics of the research participants in assessing current strategies used to reduce teenage maternal mortality rate in Ward 3, Muzarabani District.

Table4. 1. Demographic characteristics of study participants

Characteristic factor	Category	Number of respondents	Percentage (%)
Age	15-16 years	5	33.3%
	17-18years	7	46.7%
	19years	3	20%
Marital Status	Single	9	60%
	Married	6	40%
Educational Level	Primary education	6	40%
	Some Secondary education	9	60%
Number of pregnancies	First pregnancy	10	66.7%
	Two or pregnancies	5	33.3%

4.3Presentation of findings

4.3.1 Objective 1: To identify the current strategies implemented in Muzarabani aimed at reducing teenage maternal mortality.

Participants were asked about their awareness and use of maternal health strategies. The table below summarizes their response.

Table 4.2: Awareness of maternal health strategies among teen mothers (n=15)

Strategy Known or Used	Yes (%)	No (%)
Youth friendly corners at clinics	9 (60%)	6(40%)
Community health outreach programs	12(80%)	3(20%)

Mobile health services for pregnant teens	6(40%)	9(60%)
School-based reproductive education	7(47%)	8(53%)

Qualitative insights

These results suggest that while awareness of some strategies such as outreach programs is relatively high, other like mobile clinics and school based education are less known and accessed. Interview responses from healthcare workers revealed that the most common strategies in place include health education sessions during antenatal visits, community based peer educators, engagement with traditional leaders to discourage early marriage. One nurse commented

> *"We try to reach teens through school visits and village health workers, but many still come late in the pregnancy, if at all".*

This indicates a gap between program availability and actual engagement by adolescents.

4.3.2 Objective 2: Evaluating the effectiveness of these strategies

Teenage mothers were asked about the timing of their first antenatal visit and whether they delivered at a health facility

Table 4.3: Health service utilization among teenage mothers

Indicator	**Number (%)**
First antenatal visit in 1st trimester	4(27%)
Delivered in a health facility	10(67%)
Received counseling on birth preparedness	6(40)
Reported complications during pregnancy	5(33)

These figures show moderate engagement with formal maternal health services but also highlight critical gaps, particularly in early antenatal care attendances and counseling. On the qualitative

insights healthcare workers expressed concern that many teenagers seek care only during labour or complication. A midwife noted

> *"We have had cases where girls deliver at home or with untrained or with untrained relatives. The youth corners are helpful, but stigma and distance limit their use."*

Overall, effectiveness is hampered by logistical barriers, community attitudes, and the timing of care-seeking.

4.3.4 Objective 3: Exploring socio-cultural influences

Teenage mothers were asked to rate factors influencing their pregnancy and maternal health decisions.

Table 4.4: Socio-cultural influences

Factor	**Yes (%)**	**No (%)**
Early marriage arranged by family	8(53%)	7(47%)
Fear of stigma from clinic staff	9(60%)	6(40%)
Religious\cultural beliefs on child birth	10(67%)	5(33%)
Parental support during pregnancy	5(33%)	10(67%)

These findings illustrate that religious and cultural beliefs significantly shape teenage girls' health-seeking behaviors. Fear of stigma from clinic staff was reported by 60% of participants, suggesting that emotional barriers are as influential as logistical ones. Additionally, only one-third of teenage mothers reported receiving parental support, leaving many to navigate pregnancy with limited guidance.

Qualitative Insights

Healthcare workers described several socio-cultural factors impeding efforts to reduce teenage maternal mortality. In certain communities, there are norms encouraging early childbearing as early motherhood is seen as a marker of adulthood. Also there are taboos around contraceptive use which remain sensitive, with some parents forbidding their daughters from accessing family

planning services. Traditional birth practices are still widely respected, often leading to delayed or avoided facility-based deliveries. A community health officer remarked

> "*It's difficult to convince a girl to come to the clinic when her whole family believes childbirth is natural and doesn't require medical intervention unless there's a crisis."*

These complex socio-cultural dynamics must be addressed if strategies aimed at reducing teenage maternal mortality are to succeed.

4.3.5 Objective 4: Proposing actionable recommendations

Both teenage mothers and healthcare workers provided valuable suggestions for improving maternal health outcomes. Teenage mothers recommended that policy makers should expand school based education programs by incorporate reproductive health into the school curriculum from earlier grades and increase access to mobile health services so that more frequent mobile outreach would bring services closer to remote communities. They also recommend improving staff attitudes by training healthcare workers to be more empathetic, patient and non-judgmental toward teenagers. Healthcare workers recommended that government and policy makers should prioritize community sensitization campaigns where they engage parents, religious leaders and traditional authorities in promoting adolescent reproductive health. Capacity building for peer educators helps strengthen the skills and reach of community peer educators to better support pregnant teenagers. The merging of suggestions from both groups underscores the importance of a multi-faceted approach that addresses both service delivery and community engagement.

4.4 Discussion of Findings in relation to literature

4.4.1 Discussion of Objective 1

Although teenage mothers in Muzarabani are slightly aware of plans like community outreach programs and youth-friendly corners, they are less familiar with mobile health services and school-based reproductive health education. These results align with those noted by FHI 360 (2019) in rural Zimbabwe, where community health outreach was recognized as the most obvious maternal health campaign because of its grassroots approach. Likewise, a 2015 Sub-Saharan Africa study by Chandra-Mouli et al. found that youth-friendly services are sometimes available but

underutilized because of stigma and inadequate dissemination. Healthcare workers in Muzarabani verified the existence of these services, but noted poor community involvement and operational limitations as major challenges. Unlike urban-oriented research like Baird et al. (2024) in Malawi, which underlined the success of school-based reproductive initiatives, the present study shows that such programs are either irregularly applied or underwhelming attended in rural Zimbabwe. The accessibility of schools in far off locations and variances in educational infrastructure could explain the difference.

4.4.2 Discussion of Objective 2

Maternal health programs in Muzarabani seem to have little impact. Although only 27% of teenage mothers went to antenatal care (ANC) during the first three months, 67% delivered at medical facilities, only 40% received counseling on birth preparedness. These results reflect those of the Zimbabwe Demographic and Health Survey (2015), which found low early ANC attendance rates among rural teenagers. Similar studies in Bangladesh and Ethiopia Loaiza & Liang, (2013) found that the implementation of adolescent-specific services resulted in notable increases in maternal health outcomes. Better resource allocation and more rigorous program monitoring in those nations may help to explain the contrast with Muzarabani. While UNESCO (2018) found great success with youth-friendly health corners in Southeast Asia, the Muzarabani research indicates limited impact resulting from low accessibility and hostile staff attitudes. Variations in health system training, cultural openness and the possibility of investment in youth health initiatives could help to explain this inconsistency.

4.4.3 Discussion of Objective 3

Teenage maternal health practices were strongly influenced by socio-cultural dynamics in Muzarabani. Early arranged marriages, anxiety of embarrassment by clinic personnel, and a preference for conventional delivery methods are three important elements here. These results reflect those of Mudzimu (2021), who discovered that early childbearing is frequently seen as normal and that rural Zimbabwean societies prized traditional knowledge above biomedical means. The findings also fit those of Chandra-Mouli et al. (2013), who stressed that stigma and cultural taboos restrict teenage use of reproductive treatment in many African contexts. By contrast, however, research conducted in Latin America and sections of South Asia (UNFPA,

2022) have revealed rising parental support and community openness toward adolescent contraception instruction, hence helping to lower teenage maternal death rates. Limited public health campaigning and ingrained patriarchal standards in rural Zimbabwe could explain the gap between Muzarabani and these more progressive environments. Moreover, geographic isolation slows the spread of contemporary health messages that might dispute old ideas.

4.4.4 Discussion of Objective 4

Teenage mothers as well as healthcare professionals recommended more mobile services, better attitudes among healthcare workers, and more community participation Incorporating youth-friendly services with community-based education and transportation answers as recommended by WHO (2020) helps to align these ideas with worldwide best standards. Loaiza and Liang (2013), the research emphasizes the need of customizing programs to regional circumstances. Studies, for example, stressed on mobile clinics and peer educators as indispensable tools, but Muzarabani's geographic difficulties such distant to clinics and inadequate road networks might help to explain why other places have had more success with similar approaches. The suggestion to raise staff empathy shows a major departure. In Kenya and Rwanda, mentored training sessions have greatly lowered adolescent stigma Baird et al (2021). Muzarabani, on the other hand, seems to be still battling apparent judgmental attitudes from medical personnel. Inadequate training resources, lack of monitoring, or the absence of performance-based incentives for healthcare employees in rural Zimbabwe might explain this variation.

4.5 Implications of the findings

The results of the research might either confirm or contradict current health behavior theories, including the Health Belief Model. The emphasis on perceived risks and advantages in impacting adolescent conduct about sexual and reproductive health could help to highlight the need. The research pressure the influence of family and community on adolescent maternal health, it could strengthen the ecological model, which holds that interventions should cover individual, interpersonal, community and policy levels of influence. The findings could shed light on how power dynamics and gender norms affect teenage pregnancy and maternal health, therefore offering insights for feminist and gender theories connected to health disparities.

The results might help shape the design and execution of targeted programs meant to lower teenage pregnancies and enhance maternal health, such as mentored programs, comprehensive sex education, and contraceptive availability. Raising awareness, lowering stigma and creating supportive environments for teenage mothers and their families depend on increased community involvement and mobilization, therefore practical approaches could include this community engagement. Results suggest the need of educating healthcare practitioners on adolescent-friendly health services so that teens may access care without judgment.

4.5.1 Policy Implications

The results emphasize the need of policies changes to support adolescent reproductive health, such as the addition of health services catered to the needs of young women and the funding for programs aimed at adolescents. Results may urge legal reform in order to protect teenage mothers' rights, guarantee access to healthcare, and remove obstacles to reproductive health services. The findings might point to the need of an integrated approach coordinating among different sectors including education, health and social services to establish a full support system for at risk teenagers. Monitoring and evaluation points out shortcomings in current approaches, it might support strong monitoring and evaluation systems to evaluate the success of initiatives intended to lower adolescent maternal death and so adapt those programs.

4.6 Chapter Summary

This chapter discovered the research findings and discussion based on the study objectives. The discussion reveals that while strategies such as community outreach and youth-friendly corners exist in Muzarabani, their reach and impact are uneven. The results closely align with national trends but diverge from international successes, particularly in areas where cultural resistance, poor infrastructure, and limited youth engagement persist. The discussion compared these findings with the existing literature, showing similarities and differences. Understanding these contextual differences especially cultural and geographic factors is crucial for adapting and improving maternal health strategies in rural Zimbabwe.

CHAPTER 5: Summary, Conclusion and Recommendation

5.1 Introduction

This chapter hopes to give an overview of the results of the studies on the Muzarabani initiatives carried reduce teenage maternal mortality rates. Ward 3 provides an overview of the research including the stated goals, methodology used, and major conclusions attained. The chapter also presents general conclusions derived from the data analysis and reviews particular, practical recommendations designed for practitioners, legislators, and interested parties handling teenage maternal health issues.

5.2 Study Summary

Particularly in Muzarabani Ward 3, where socio-cultural interactions, economic constraints, and healthcare access significantly affect the well-being of teenagers, this study acknowledged the urgent public health catastrophe of teenage maternal mortality. The main objective was to assess the present approaches meant to lower teenage maternal mortality and identify the obstacles stopping their effectiveness. A mixed-methods strategy was used to achieve this, so combining qualitative insights gleaned from interviews with healthcare workers, impacted teenagers, and local community leaders with quantitative analysis of health records and demographic data.

This dual approach gave a thorough understanding of the usefulness of current resources while revealing actual life experiences and difficulties youth encountered. These programs appeared promising in an increasing contraceptive usage, braising awareness and improving access to reproductive health care. Still, despite these initiatives, several ongoing obstacles limited the efficacy of these approaches. Common were cultural elements including traditional views about gender roles and stigmatization of teenage pregnancies. Furthermore, adolescents clearly lacked thorough understanding of reproductive health; this often results from insufficient educational resources. Particularly in remote areas where transportation and financial limitations restricted access to essential services, healthcare facilities remained a major problem. Moreover, healthcare

practitioners frequently lacked education on how to interact successfully with young women, therefore adding to the stigma around teenage healthcare demands. Qualitative information revealed a gap between actual adolescent needs and the delivery of services. Many young people said they felt apprehensive and uncomfortable when they went to receive care because of critical attitudes from healthcare workers. When visiting medical institutions, they frequently noted a lack of privacy and respect, which discouraged them from using necessary services.

5.3 Summary of the study

This study shows in essence that although there are currently plans to lower teenage maternal mortality in Muzarabani Ward 3, their impact is greatly reduced by different socio-cultural and institutional obstacles. The main research questions were thoroughly answered, resulting in the following conclusions that although there are youth-friendly services and community health education, they are erratically applied and often fell short of adequately satisfying the particular needs of teenagers. Significant obstacles to effectively lowering teenage maternal mortality rates were a variety of barriers including stigma, restricted healthcare access, lack of reproductive health education and socio-cultural norms.

The results highlight the need of a comprehensive and coordinated approach to improving current ones. To modify initiatives resonant with local realities, this strategy should give top importance community involvement, young participation, and evidence-based approaches. By acknowledging these problems, stakeholders can appreciate the complexity of teenage maternal health and find directions for significant change.

5.4 Recommendations

1. Increase Community Education Opportunities

Create and carry out thorough, culturally relevant sexual and reproductive health education curricula targeted at teenagers as well as their parents or caregivers. These initiatives ought to concentrate on clarifying teen pregnancy, stressing preventative measures, and encouraging honest discussions on sexual health. Getting community leaders involved in these projects will help to build support and lower stigma.

2. Enhance Availability of Youth-appropriate Medical Care

Create and improve youth-friendly health care clinics in the neighborhood that provide secret services tailored particularly to the requirements of teenagers. This includes teaching healthcare professionals to guarantee their young patients receive empathy, respect, and non-judgmental treatment. Furthermore essential in encouraging usage is rising knowledge of these services among teenagers.

3. Involve Neighborhood Participants

Encourage close cooperation among local health agencies, community groups, schools, and youth programs to provide a consistent strategy for addressing teenage maternal health. Encourage the participation of young people in planning and execution of health projects; this will help to guarantee that their particular requirements and points of view are considered.

4. Legislative protection policy advocacy

Support legislation safeguarding adolescent mothers' rights and guaranteeing their unhindered access to reproductive health care. This might include legal measures guaranteeing safe and respectful treatment of teenagers inside medical environments as well as policies providing thorough sex education in schools.

5. Research and Assessment Structure

Create a thorough monitoring and evaluation system to regularly evaluate the efficacy of applied approaches. This system ought to have qualitative and quantitative measures to measure patient outcomes, community perceptions, and needs more research. Consistent evaluations can guarantee that initiatives are changed in light of evidence and comments from the community.

6. Handle Socioeconomic Obstacles:

Working together with local government and social services, tackle more general socio-economic elements that help to teenage pregnancies. Programs such vocational training, educational scholarships, and youth employment chances will greatly relieve the economic strain young women and their families experience.

7. Establish Peer Support Networks.

Create peer support networks for teenagers to help them talk about reproductive health, relate experiences, and offer one another support. By providing youngsters a safe environment to express their worries and learn from one another, this can help to encourage better behaviors and decision-making.

REFERENCE

Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179-211.

Alam, N., Roy, S. K., Ahmed, T., & Ahmed, A. S. (2010). Nutritional status, dietary intake, and relevant knowledge of adolescent girls in rural Bangladesh. Journal of health, population, and nutrition, 28(1), 86.

Aryanty, R. I., Romadlona, N., Besral, B., Panggabean, E. D. P., Utomo, B., Makalew, R., & Magnani, R. J. (2021). Contraceptive use and maternal mortality in Indonesia: a community-level ecological analysis. Reproductive Health, 18, 1-9.

Banteyerga, H., Kidanu, A., Conteh, L., & McKee, M. (2011). Ethiopia: placing health at the centre of development. 'Good health at low cost'25 years on, 83.

Bewa, J. M. (2021). School closures and teenage pregnancy. Bull World Health Organ, 99, 6-7.

Bryman, A. (2016). Social research methods. Oxford university press.

Chanda, S., Kumar, R., Singh, A. K., & Mishra, S. (2023). Explainable Intelligence Enabled Smart Healthcare for Rural Communities. In Explainable Artificial Intelligence for Biomedical Applications (pp. 289-307). River Publishers.

Casteel, A., & Bridier, N. L. (2021). Describing populations and samples in doctoral student research. International journal of doctoral studies, 16(1).

Ferreira, S. M., Muthengi, K., Mohale, M., & Mokhameleli, S. (2024, June). Empowering Lesothos Tomorrow: Touth Driven Innovation in Preventive Healthcare. In Proceedings of the Global Public Health Conference (Vol. 7, No. 1, pp. 27-45).

Taherdoost, H. (2021). Data collection methods and tools for research; a step-by-step guide to choose data collection technique for academic and business research projects.

Filippi, V., Ronsmans, C., Campbell, O. M., Graham, W. J., Mills, A., Borghi, J., ... & Osrin, D. (2006). Maternal health in poor countries: the broader context and a call for action. The Lancet, 368(9546), 1535-1541.

Glanz, K., Burke, L. E., & Rimer, B. K. (2011). Health behavior theories. Philosophies and theories for advanced nursing practice, 247-270.

Glanz, K., Burke, L. E., & Rimer, B. K. (2011). Health behavior theories. Philosophies and theories for advanced nursing practice, 247-270.

Glaser, B., & Strauss, A. (2017). Discovery of grounded theory: Strategies for qualitative research. Routledge.

Kahabuka, T. providers’ views on for adolescent girls and young women in Tanzania.

Kanengoni, B., Andajani-Sutjahjo, S., & Holroyd, E. (2019). Women's experiences of disrespectful and abusive maternal health care in a low resource rural setting in eastern Zimbabwe. Midwifery, 76, 125-131.

Kiranka, K. N. (2023). Relationship between task shifting and service delivery in informal settlements: a case of community health volunteers in Kibra (Doctoral dissertation, Strathmore University).

Krueger, R. A., & Casey, M. A. (2015). Focus group interviewing. Handbook of practical program evaluation, 506-534.

Makombe, G. (2017). An expose of the relationship between paradigm, method and design in research. The qualitative report, 22(12), 3363-3383.

Malhotra, A., & Elnakib, S. (2021). 20 years of the evidence base on what works to prevent child marriage: A systematic review. Journal of Adolescent Health, 68(5), 847-862.

Marmot, M., & Wilkinson, R. (Eds.). (2005). Social determinants of health. Oup Oxford.

Mavodza, C. V., Bernays, S., Mackworth-Young, C. R., Nyamwanza, R., Nzombe, P., Dauya, E., ... & Busza, J. (2023). Fidelity, Feasibility and Adaptation of a Family Planning Intervention for Young Women in Zimbabwe: Provider Perspectives and Experiences. Global implementation research and applications, 3(2), 182-194.

Mdege, N. (2024). Women and Power in Zimbabwe: The Need for Feminist Approaches in Considerations of Political Elites. Open Research Europe, 4, 22.

Mekonnen, T., Dune, T., & Perz, J. (2019). Maternal health service utilisation of adolescent women in sub-Saharan Africa: a systematic scoping review. BMC pregnancy and childbirth, 19, 1-16.

Melesse, D. Y., Cane, R. M., Mangombe, A., Ijadunola, M. Y., Manu, A., Bamgboye, E., ... & Boerma, T. (2021). Inequalities in early marriage, childbearing and sexual debut among adolescents in sub-Saharan Africa. Reproductive health, 18, 1-15.

Mhlanga, M., Mangombe, A., Karumazondo, J. J., & Yohannes, T. (2024). Improving access to sexual and reproductive health services among adolescent women in Zimbabwe. Reproduction and Fertility, 5(4).

Morgan, D. L. (2014). Pragmatism as a paradigm for social research. Qualitative inquiry, 20(8), 1045-1053.

Motuma, A., Syre, T., Egata, G., & Kenay, A. (2016). Utilization of youth friendly services and associated factors among youth in Harar town, east Ethiopia: a mixed method study. BMC health services research, 16, 1-10.

Muchabaiwa, L., & Mbonigaba, J. (2019). Impact of the adolescent and youth sexual and reproductive health strategy on service utilisation and health outcomes in Zimbabwe. PloS one, 14(6), e0218588.

Nahar, K., Talha, T. U. S., Nessa, A., Putra, I. G. N. E., Ratan, Z. A., & Hosseinzadeh, H. (2021). Use and acceptability of birth spacing contraceptive among multiparae in Bangladesh. European Journal of Clinical Medicine, 2(6), 36-40.

Nove, A., Matthews, Z., Neal, S., & Camacho, A. V. (2014). Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. The Lancet Global Health, 2(3), e155-e164.

Para, S., Singh, P., Malik, R., & Nanda, S. (2020). Maternal mortality trends in "Tropical Country". Parity, 30(11), 9-4.

Plano Clark, V. L. (2017). Mixed methods research. The Journal of Positive Psychology, 12(3), 305-306.

Rosenstock, I. M. (1974). The health belief model and preventive health behavior. Health education monographs, 2(4), 354-386.

Roy, S., Sahoo, A., & Sarangi, L. (2017). Factors affecting utilization of maternal health care services in urban area of Bhubnaneswar, India. Journal of Pharmacy Practice and Community Medicine, 3(3).

Sande, N., & Makamure, C. (2023). Chihera's Matriarchal Traits: A Mirror of Reverse Patriarchy. In Chihera in Zimbabwe: A Radical African Feminist Principle (pp. 319-334). Cham: Springer International Publishing.

Schoch, K. (2020). Case study research. Research design and methods: An applied guide for the scholar-practitioner, 31(1), 245-258.

Singh, N. S., Dingle, A., Sabra, A. H., DeJong, J., Pitt, C., Mumtaz, G. R., ... & Mounier-Jack, S. (2020). Healthcare financing arrangements and service provision for Syrian refugees in Lebanon. Health policy and systems responses to forced migration, 53-76.

Sully, E. A., Madziyire, M. G., Riley, T., Moore, A. M., Crowell, M., Nyandoro, M. T., ... & Chipato, T. (2018). Abortion in Zimbabwe: a national study of the incidence of induced abortion, unintended pregnancy and post-abortion care in 2016. PloS one, 13(10), e0205239.

Teddlie, C., & Tashakkori, A. (2011). Mixed methods research. The Sage handbook of qualitative research, 4(1), 285-300.

Thida, A. (2018). On Some Socio-Economic and Demographic Aspects of Maternal Health Care Utilization In Myanmar (Aye Thida, 2018) (Doctoral dissertation, MERAL Portal).

World Health Organization. (2017). WHO guidelines on ethical issues in public health surveillance.

Yared, H., Grové, C., & Chapman, D. (2022). Who belongs in schools? How the education system fails racially marginalised students. In Research for Inclusive Quality Education: Leveraging Belonging, Inclusion, and Equity (pp. 163-179). Singapore: Springer Nature Singapore.

Baird, S., Camfield, L., Ghimire, A., Hamad, B. A., Jones, N., Pincock, K., & Woldehanna, T. (2021). Intersectionality as a framework for understanding adolescent vulnerabilities in low and middle income countries: Expanding our commitment to leave no one behind. The European Journal of Development Research, 33(5), 1143-1162.

Loaiza, E., & Liang, M. (2013). Adolescent pregnancy: a review of the evidence. Unfpa.

Chandra-Mouli, V., Camacho, A. V., & Michaud, P. A. (2013). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Journal of adolescent health, 52(5), 517-522.

Mudzimu, E. (2021). Religious and cultural encounters: sexual and reproductive health and rights among the Korekore women in Zimbabwe.

Baird, S., Das, S., Luckenbill, S., Oakley, E., & Banati, P. (2024). Accelerating Well-being for Adolescents Through Transformative Public Policy: A Framework for Action. Journal of Adolescent Health, 75(4), S37-S46.

Appendices

Appendix A

INTERVIEW GUIDE

Title: Assessing current strategies used in reducing teenage maternal mortality rates in Ward 3, Muzarabani District, Mashonaland Central

Good day, I'm Nomatter Jofirisi a student from Bindura University of Science Education, and I am conducting research on assessing current strategies used in reducing teenage maternal mortality rates in Ward 3, Muzarabani District. This study aims to provide crucial information to intervention agencies such as non-governmental organizations and government departments to help develop effective community-based strategies for addressing teenage maternal mortality. All information shared will be kept confidential. The interview will take approximately 40 minutes to an hour. Before we start, I need to obtain your informed consent. Please let me know if you are willing to take part in this study, and I will provide you with a consent form to sign.

Section A

1. **Demographic Information**

- Gender:
- Age:
- Marital status
- Level of education:
- Employment status:

Section B

2. **Current strategies implemented in Muzarabani aimed at reducing teenage maternal mortality**
    - Can you describe any programs or interventions currently in place in Muzarabani that aim to reduce teenage maternal deaths?
    - How do you think these strategies are helping teenage mothers in this community?
    - What challenges have you observed with the implementation of these health initiatives?

- Are there specific health services available for pregnant teenagers at local clinics or hospitals?

Section C

3. **Socio-cultural factors influencing teenage pregnancies and maternal health in the district**

- What are the prevailing cultural or traditional beliefs about teenage pregnancy in this community?
- How does your community respond when a young girl becomes pregnant?
- Are there cultural or family expectations that contribute to early marriages or early childbearing?

Section D

4. **Actionable recommendations to improve current strategies**

- From your experience, what would improve the support given to teenage mothers in this area?
- What role should local leaders or traditional authorities play in supporting teenage maternal health?
- If you had the opportunity to advise policymakers, what changes would you suggest to reduce teenage maternal deaths?
- Are there any successful approaches from other communities or regions that you think Muzarabani could adopt?

Appendix B

QUESTIONNAIRE

Title: Assessing current strategies used in reducing teenage maternal mortality rates in Ward 3, Muzarabani District, Mashonaland Central

My name is Nomatter Jofirisi I am a final year student at Bindura University. I am conducting a study on assessing current strategies used in reducing teenage maternal mortality in Ward 3 Muzarabani District. I am therefore kindly requesting for your participation in completing the below survey questionnaire. The data gathered will be used strictly for academic purposes and all your responses will be held with confidentiality. Your participation will be greatly appreciated.

Section A: Demographic Information

Instructions: Please provide answers by selecting the most appropriate option.

1. What is your gender?

- [ ] Male
- [ ] Female

2. What is your age group?

- [ ] 18–24
- [ ] 25–34
- [ ] 35–44
- [ ] 45-49

3. What is your marital status?

- [ ] Single
- [ ] Married

4. What is your highest level of education?

- [ ] No formal education
- [ ] Primary school
- [ ] Secondary school
- [ ] Tertiary education

5. What is your employment status?

- [ ] Self-employed
- [ ] Unemployed

Section B: Strategies used in reducing teenage maternal mortality

Instructions: Please answer the following questions based on your personal experiences or observations in your community.

6. Are you aware of any programs in your community designed to support teenage mothers?

- [ ] Yes
- [ ] No

7. If yes, what type(s) of services have you experienced? (Select all that apply.)

- [ ] Family planning services
- [ ] Prenatal care services
- [ ] Postnatal care services
- [ ] Education programs on reproductive health

8. How would you rate the healthcare services available to teenagers in your community in terms of quality?

- [ ] Very poor
- [ ] Poor
- [ ] Neutral
- [ ] Good
- [ ] Excellent

9. Have you or someone you know accessed healthcare services for maternal health in the past year? (Yes/No) If yes, please describe your experience

---

Section C: Influence of socio-cultural factors in teenage pregnancies and maternal health

10. How much do you think socio-cultural factors influence teenage pregnancies and maternal health in your community using the scale below?

- 1 = Not at all influential
- 2 = Slightly influential
- 3 = Moderately influential
- 4 = Very influential
- 5 = Extremely influential

11. Do you agree that cultural and family expectations contribute to early marriages or early childbearing?

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral (Neither agree nor disagree)
- 4 = Agree
- 5 = Strongly agree

Section D: Actionable recommendations to reduce teenage maternal mortality

12. Which of the following strategies do you think is more effective in preventing teenage maternal mortality in your community using the scale below?

1. [ ] Health education and awareness campaigns
2. [ ] Empowerment programs for young girls
3. [ ] Involving teenage girls in pregnancy prevention
4. [ ] Strengthening laws and enforcement

13. How do you rate the strategy you choose above?

- 1 = Not effective at all
- 2 = Slightly effective
- 3 = Moderately effective
- 4 = Very effective
- 5 = Extremely effective

14. Do you agree increasing community awareness about teenage maternal health and support from policy makers would help in reducing death of young mother in this ward?

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral (Neither agree nor disagree)
- 4 = Agree
- 5 = Strongly agree

Thank you for participating in this study. Your responses are important in helping me understand teenage maternal health challenges and strategies to address it effectively in Ward 3, Muzarabani District. This questionnaire was designed with the assistance of University of Zimbabwe lecturer.

Appendix C

SUSTAINABLE DEVELOPMENT DEPARTMENT

BINDURA, ZIMBABWE
WhatsApp : +263773281212
E-mail: jboworaa@buse.ac.zw

BINDURA UNIVERSITY OF SCIENCE EDUCATION

CHAIRPERSON'S OFFICE

Monday 14 April 2025

TO WHO IT MAY CONCERN

Dear Sir or Madam

RE: RESEARCH SUPPORT LETTER FOR SUSTAINABLE DEVELOPMENT STUDENT

I am writing on behalf of the Sustainable Development Department requesting your collaboration on the research of our fourth-year student, **NOMATTER NOMSA JOFIRISI REGISTRATION NUMBER B210973B.** The student is studying for a 4-year Bachelor of Science (Honours) Degree in Development Studies (HBSc.DG).

In the fourth year of study, students are required to do field research which require them to do their data collection for research purposes.

We will be highly obliged to furnish you with additional information about industrial arrangements and procedures, if our request is considered.

Kindly accord her the due cooperation she truly deserves.

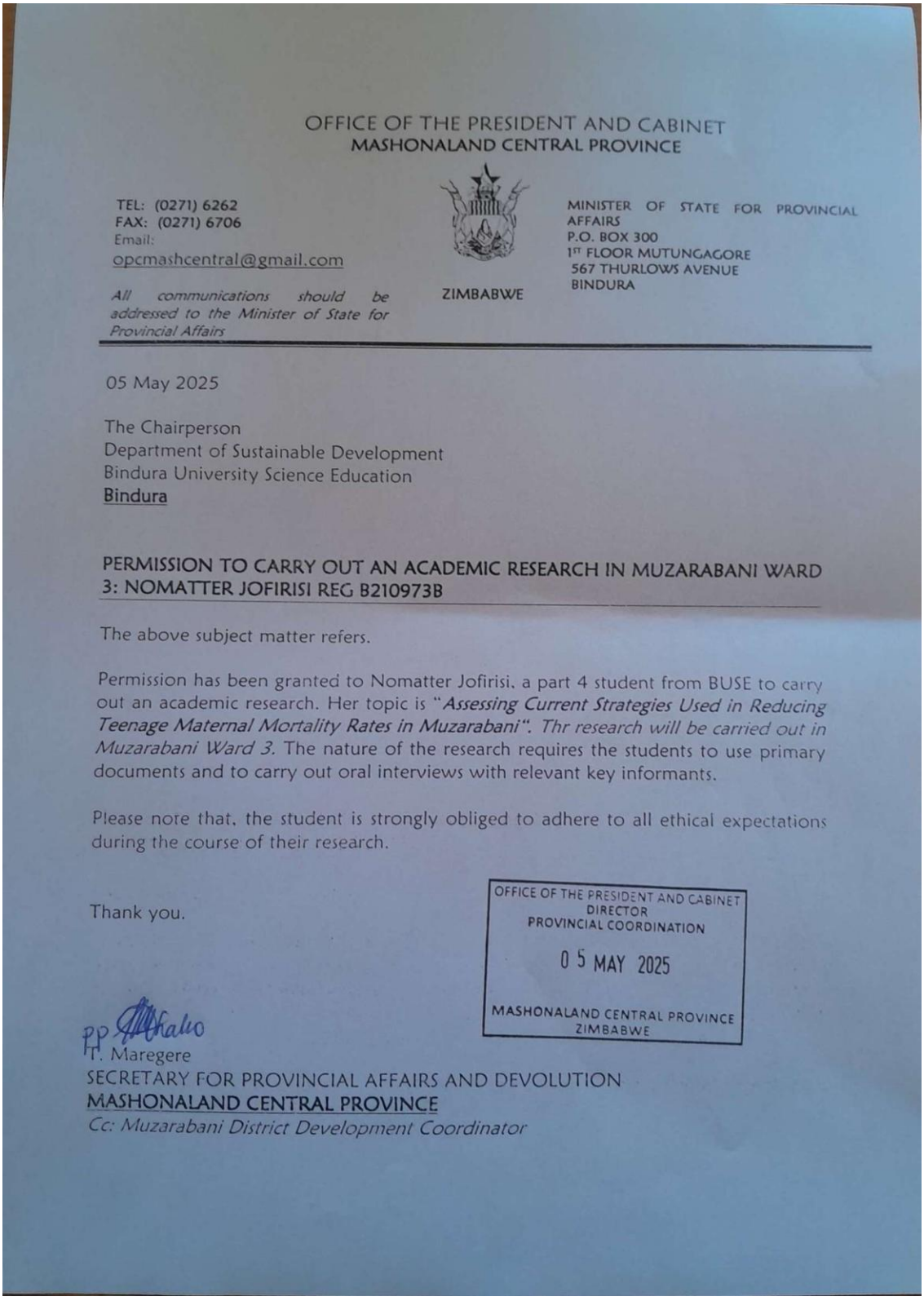
Yours faithfully,

.....

CHAIRMAN
GEOGRAPHY DEPARTMENT
FACULTY OF SCIENCE

DR. J. BOWORA (CHAIRPERSON)
SUSTAINABLE DEVELOPMENT DEPARTMENT

Appendix D



OFFICE OF THE PRESIDENT AND CABINET
MASHONALAND CENTRAL PROVINCE

TEL: (0271) 6262
FAX: (0271) 6706
Email:
opcmashcentral@gmail.com

All communications should be addressed to the Minister of State for Provincial Affairs

ZIMBABWE

MINISTER OF STATE FOR PROVINCIAL AFFAIRS
P.O. BOX 300
1ST FLOOR MUTUNGAGORE
567 THURLOWS AVENUE
BINDURA

05 May 2025

The Chairperson
Department of Sustainable Development
Bindura University Science Education
Bindura

PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH IN MUZARABANI WARD 3: NOMATTER JOFIRISI REG B210973B

The above subject matter refers.

Permission has been granted to Nomatter Jofirisi, a part 4 student from BUSE to carry out an academic research. Her topic is "***Assessing Current Strategies Used in Reducing Teenage Maternal Mortality Rates in Muzarabani***". *Thr research will be carried out in Muzarabani Ward 3.* The nature of the research requires the students to use primary documents and to carry out oral interviews with relevant key informants.

Please note that, the student is strongly obliged to adhere to all ethical expectations during the course of their research.

Thank you.

OFFICE OF THE PRESIDENT AND CABINET
DIRECTOR
PROVINCIAL COORDINATION
05 MAY 2025
MASHONALAND CENTRAL PROVINCE
ZIMBABWE

pp
T. Maregere
SECRETARY FOR PROVINCIAL AFFAIRS AND DEVOLUTION
MASHONALAND CENTRAL PROVINCE
Cc: Muzarabani District Development Coordinator

NOMATTER JOFIRISI Draft1.docx

ORIGINALITY REPORT

14%	12%	7%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.coursehero.com Internet Source	1%
2	Submitted to Midlands State University Student Paper	1%
3	Submitted to Heriot-Watt University Student Paper	<1%
4	hdl.handle.net Internet Source	<1%
5	elibrary.buse.ac.zw:8080 Internet Source	<1%
6	Submitted to University of Bradford Student Paper	<1%
7	repository.unam.edu.na Internet Source	<1%
8	Submitted to Bindura University of Science Education Student Paper	<1%
9	Submitted to Adtalem Global Education Student Paper	<1%