



**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**

**DEPARTMENT OF SOCIAL WORK**

**DISSERTATION REPORT**

**BY**

**B200491B**

**STIGMA ASSOCIATED WITH ADOLESCENCE PREGNANCY.**

**A CASE STUDY OF EPWORTH OVERSPILL CLINIC AND HOPLEY  
POLY CLINIC, HARARE.**

**Research project submitted to the faculty of Social Sciences in partial fulfilment of the  
requirements for the award of the Bachelor of Science Honours degree in Social Work.**

## DECLARATION AND RELEASE FORM

I **LAURA TAFADZWA MUFUKA** studying for the Bachelor of (Science Honours)

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## **DEDICATION**

I dedicate this dissertation to my father and mother Mr and Mrs Mufuka, they have worked very hard to make sure that I never lacked, I am really grateful.

## **ACKNOWLEDGEMENTS**

I would like to acknowledge my heavenly father, the Almighty God for the gift of life and the giving me strength to work on my dissertation. I also am grateful for the unwavering support which I got from my supervisor Mr Gonorashe. I really appreciate all the effort he made to make my work right and his patience and support to make this work a success. I acknowledge my siblings for supporting me through my academic journey financially and morally and for all the support they offered when I was writing this piece of work. I also would like to acknowledge my friends who kept me going through this journey and for supporting and motivating me to work hard.

## APPROVAL FORM

I certify that I supervised Laura Mufuka in carrying out this research titled Stigma associated with adolescence pregnancy. A case study of Harare in partial fulfillment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

### *Supervisor*

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### *Chairperson of the Department Board of Examiners*

The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Laura Mufuka titled: Stigma associated with adolescence pregnancy. A Case of Harare in partial fulfillment of the Bachelor of Science, Honours Degree in Social work.

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## **ABSTRACT**

*The study focused on exploring the stigma associated with adolescent pregnancy. The aim of the study was to explore the challenges that are faced by adolescents during their pregnancy journey. The specific objectives of the study were; to examine the factors that contribute to the stigmatization of adolescent pregnancy, to explore ways to reduce or eliminate these stigmas, to explore the implications of the stigmas associated with adolescent pregnancy on the uptake of health and social services and to explore how service providers can better support pregnant adolescents and reduce the impact of the stigmas. It was supported by the social learning theory which explains that people learn through observation, mediating, modelling, and imitation. The theory went on to explain more on how both the adolescents are influenced by their community, friends, or family and also how the community influences itself towards the pregnant adolescents. The study made use of qualitative research method to collect data in Epworth and Hopley using in-depth interviews with 15 female adolescents and 4 key informants from two different health institutions each. The study found out that distance, financial constraints and ill treatment from some of the health workers at the clinic were some of the challenges adolescents face. It also revealed that there is need to educate adolescents about SRHR health issues so that they are always aware of them. The study also recommended that the clinics should be decentralized so that every adolescent will be able to easily access them.*

## **LIST OF ABBREVIATIONS AND ACCRONYMYS**

- WHO- World Health Organisation
- NGO- Non Governmental Organisation
- UN- United Nations
- UNDP- United Nations Development Programme
- SDG- Sustainable Development Goal
- SRHR- Sexual and Reproductive Health and Rights

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## **CHAPTER ONE:**

### **INTRODUCTION AND BACKGROUND OF THE STUDY**

#### **1.0 Introduction**

A lot of adolescents are falling pregnant before they complete their studies at school. They're however, faced with a lot of problems including stigma. The stigma associated with this, phenomenon negatively impacts young mothers, their families, and society at large. This study chooses to focus on the stigma faced by adolescents during pregnancy from the society, their peers and the family. Unpacking the various dimensions of this stigma is crucial for understanding the social, psychological, and health implications that young pregnant individuals face. This research also seeks to explore how stigma interferes with their school work and personal life. This research is going to investigate the stigma and other challenges that the adolescents are facing and their coping strategies. This first chapter therefore serves as an introductory segment articulating the background to this study, the problem statement, purpose of this study, the research questions and the objectives, literature review, the significance of this study, its assumptions as well as its limitations and delimitations.

#### **1.1 Background of the study**

According to the World Health Organisation (WHO), adolescence is the period between the ages of 10 and 19 years. Adolescent pregnancy is pregnancy in a female adolescent or young adult under the age of 20. Pregnant adolescents face many of the same pregnancy-related issues as older women. They are most likely to face and experience pregnancy complications or maternal death than women aged 20 or older such as postpartum infections and premature birth. This is because they are less likely to be physically developed to sustain a healthy pregnancy

or to give birth. Adolescent pregnancies are related to social issues, including lower educational levels and poverty and social stigma. Social stigma refers to negative attitudes, beliefs, and stereotypes held by members of society towards an individual or group. These negative attitudes can lead to social exclusion, discrimination, and marginalization. In the context of adolescent pregnancy, social stigma is often directed towards the pregnant adolescent and her family, and it can manifest in different forms. One of the most common forms of social stigma associated with adolescent pregnancy is the judgment and blame directed towards the pregnant adolescent. In most societies, adolescent pregnancy is viewed as a sign of poor moral values, irresponsibility, and lack of self-control. Pregnant adolescents are often perceived as deviant and immoral, and they are frequently blamed for their situation. This blame can stem from a variety of sources, including parents, teachers, health professionals, and members of the wider community. Another form of social stigma associated with adolescent pregnancy is social exclusion. Pregnant adolescents are often excluded from social activities such as school, employment, and community events. They may also be subjected to bullying and harassment, which can have a lasting impact on their psychological well-being. For girls aged 15–19, risks are associated more with socioeconomic factors than with the biological effects of age. For instance some of their partners are not financially stable since most of them are still highly dependent on parents. Their partners are also generally, young aged men and they are incapable of offering the adolescents with enough everything they may require including, support such as going to the hospital together and paying maternal fees for the young adolescent mothers.

According to the United Nations Population Fund (UNFPA), "Pregnancies among adolescents less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty." Health consequences include not yet being physically ready for pregnancy and childbirth leading to

effects complications and malnutrition as the majority of adolescents tend to come from lower-income households. The risk of maternal death for girls under age 15 in low and middle income countries is higher than for women in their twenties. Adolescence pregnancy also affects girls' education and income potential as many are forced to drop out of school which ultimately threatens future opportunities and economic prospects. Several studies have examined the socioeconomic, medical, and psychological impact of pregnancy and parenthood in teens. Life outcomes for teenage mothers and their children vary; other factors, such as poverty or social support, may be more important than the age of the mother at the birth. Many solutions to counteract the more negative findings have been proposed. Adolescent parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs as they progress with their education. A holistic approach is required in order to address adolescence pregnancy. This means not focusing on changing the behaviour of girls but addressing the underlying reasons of adolescent pregnancy such as poverty, gender inequality, social pressures and coercion. This approach should include "providing age-appropriate comprehensive sexuality education for all young people, investing in girls' education, preventing child marriage, sexual violence and coercion, building gender-equitable societies by empowering girls and engaging men and boys and ensuring adolescents' access to sexual and reproductive health information as well as services that welcome them and facilitate their choices.

Covid-19 pandemic also led to an increase in adolescent pregnancy rates. Having nothing to do was made worse by the closure of schools in response to the Covid-19 pandemic. The lockdown in government run institutions from March to September 2021 meant that children were spending time at home without lessons, making them vulnerable to pregnancy and drug and substance use. Even when schools reopened the social distancing at schools resulted in most children attending school for only 2 days a week, less than half the usual time. With all

this extra time at home, one of the unintended consequences was an increase in unplanned pregnancies amongst the young girls. Interviewed parents had this to say. “Being out of school gave too much time to the children to do anything. So Covid- 9 contributed a lot, and it left a mark on other children because they had to drop out of school because they were pregnant, and some of the children were so used to staying at home that they refused to come back when schools reopened.”, (32 year old parent, FGD, Chiredzi district). Key stakeholders also agreed that closing of schools in response to the Covid-19 pandemic led to several unplanned pregnancies. One key stakeholder mentioned that: “Even through the restrictions were necessary, it’s unfortunate that for the children it led to a lot of cases of child marriages and pregnancies. Our district was seriously affected by adolescent pregnancies during Covid -19. We have a school in Ntabazinduna where we had more than 25 girls falling pregnant. We ended up engaging the community to somehow sensitize the parents about the dangers of adolescent pregnancies.”, (37 year old key stakeholder, KII, Umguza district).

## **1.2 Statement of the problem**

Adolescent pregnancy is a complex issue that carries significant social and cultural stigma, which not only affects the lives of young mothers but also influences their ability to access and utilize essential services. Despite efforts to address adolescent pregnancy through various interventions and programs, there continues to be a persistent challenge in overcoming the stigma associated with it, thereby hindering the effective utilization of support services. The negative perceptions and stereotypes surrounding young mothers persist among adolescents. The societal stigma attached to adolescent pregnancy often leads to adverse consequences, including social isolation, limited educational and employment opportunities, and decreased access to healthcare services. The problem statement could focus on the need to reduce the stigma associated with adolescent pregnancy in order to improve access to essential services

for young mothers and their children. In regard to the above challenges, it therefore becomes prudent for a study to be conducted.

### **1.3 Aim**

The aim of this study is to unpack the different forms of stigma associated with adolescent pregnancy and to analyse the social, economic and health impacts of these stigmas.

### **1.4 Objectives**

- To examine the factors that contribute to the stigmatization of adolescent pregnancy
- To find ways to reduce or eliminate these stigmas
- To explore the implications of the stigmas associated with adolescent pregnancy on the uptake of health and social services
- To explore how service providers can better support pregnant adolescents and reduce the impact of the stigmas

### **1.5 Research questions**

- What are the factors that contribute to the stigmatization of adolescent pregnancy?
- What should be done to reduce stigma associated with adolescent pregnancy?
- What barriers do pregnant adolescents face when accessing health and social services?
- How can service providers better support pregnant adolescents and reduce the impact of the stigmas?

## **1.6 Assumptions of the study**

The study is based on the assumption that there are different types of stigma that pregnant adolescents face such as stigma from family, friends and the society at large. The study also assumes that the impact of stigma on health and well-being of pregnant adolescents is significant and far-reaching, and also that effective interventions are needed to reduce negative impact of stigma on pregnant adolescents.

## **1.7 Significance of the study**

This study is important since it is going to give detailed information about some challenges which pregnant adolescents are facing and add more knowledge to the field of pregnant adolescents. This knowledge is going to benefit all adolescent mothers and adolescent mothers to be. It will provide more knowledge to those who are facing stigma. The knowledge can be spread through the social media platforms or community based interventions. The research is also going to identify the loopholes in adolescent pregnancy and also how these grey areas can be addressed by the universities and also by other health facilities in the area. The study is also going to be important to Non-governmental organisations that are aimed at addressing social problems. The World Bank has defined Non-governmental organisations as private organisations which are aimed at relieving suffering, protect the environment, provide basic social services, and promote the interests of the poor, and also undertaking community development. They are going to have knowledge on what needs to be addressed. They also will get to know the areas which need immediate attention and provide funding to such areas where the state needs help. The policy makers are also going to benefit from the study since it is this information which can be used to formulate policies. The government is also going to benefit from the study as it is going to get more information on the challenges faced by adolescents in the country's institutions and is going to know how to best address them in future. They are

also going to address the loopholes through making amends on the government policies. According to the problem solving model, research is used to fill in an identified knowledge gap in the policy process. This research plays a part to advocate for people in a certain area and the identified problems will get to be addressed through policy. The research findings will be incorporated into action. Some policies may be altered and research may also shape policy debate. It is also going to contribute to decision making.

### **1.8 Delimitations of the study**

The study has limited to a number of participants, such as interviews or surveys with adolescents themselves, healthcare professionals, or community members. The study will focus on a specific period, such as the past decade, to capture the most recent trends and dynamics surrounding adolescent pregnancy stigma.

### **1.9 Limitations of the study**

The research seeks to find out information which is more personal to the respondents and at times one might not be comfortable to disclose such information. As the respondents are adolescents, they also might fear that their information might be disclosed to their peers or parents. The researcher emphasized on keeping the shared information private and confidential

### **1.10 Definition of key terms**

#### **In this study:**

- **Stigma** refers to the negative perceptions, attitudes, and behaviours directed towards adolescents who become pregnant, often resulting in social marginalization, discrimination, and stereotyping.

- **Adolescent pregnancy** refers to the phenomenon of young individuals, typically aged 10-19, becoming pregnant regardless of marital status or intentionality.

### **1.11 Chapter summary**

This chapter focused on the background of the study which is on the stigma faced by pregnant adolescents in accessing maternal health services and the background had different views which ranged from a global point of view, regional and local view. The background of the study was also stated, the aim, the research questions, definition of terms, significance of the study, the study assumptions, statement of the problem and study objectives.

## **CHAPTER TWO:**

### **LITERATURE REVIEW**

#### **2.0 Introduction.**

This chapter focuses on the literature review of this research. The literature is on what other scholars wrote on issues pertaining stigma associated with adolescent pregnancy globally, regionally and locally. The chapter contains a theoretical framework and this research made use of the Social Learning theory. The social learning theory explains the topic on the challenges faced by adolescents during their pregnancy journey. The chapter also includes some international, regional and national laws and also highlights what they suggest in terms of stigma associated with adolescent pregnancy. It also aims to explore the various dimensions of stigma faced by pregnant adolescents and examine the social, psychological, and health-related consequences of such stigma.

#### **2.1.0 Theoretical framework**

This research used social learning theory as the theoretical framework. Social learning theory is based on Albert Bandura's idea that children learn through observation, mediating, modelling, and imitation (Jacquard, Dodge, & Dittus, 2002). The Social learning theory explains more on how both the adolescents are influenced by their community, friends, or family and also how the community influences itself towards the pregnant adolescents. There also is the applicability of the theory to the study which comes as a justification to use the social learning theory to explain further and make everything more understandable.

#### **2. 1.1 Social learning Theory**

Social Learning Theory is an important theoretical framework for exploring stigma associated with adolescence pregnancy. Social learning theory is a theory which was found by Bandura Albert and it was developed in the early 1960s (Bandura, 1991). As reported by Bandura (1991), social learning theoretical framework uses principles of behaviour modification, mediation between the stimuli and the response along with learning from the environment through observation. It is a learning theory based on the idea that people learn by watching (learning by seeing someone else do it first). It suggests that personality and behaviour can be shaped by through learning or coping from another model or an individual in social life. He came up with theory after observing that individuals are being punished or not for their actions. Bandura believed that personality is influenced by what a person has learnt over time. For example, if a child's father is very violent, the child may copy his father's behaviour by watching. The father might be the role model of the child. He noted that the external environment is the key to determinate of behaviour. Bandura also sees the observable behaviour as determined by internal factors. Observation learning states that an individual can learn from watching others to acquire new skills, new knowledge and new behaviours, (Bandura & Hall, 2018). The social learning theory, developed by Albert Bandura, emphasizes the role of observational learning and socialization processes in shaping individuals' behaviour and attitudes. It suggests that people learn through observing and imitating others, and that their behaviours are influenced by the rewards and punishments they observe. By using the social learning theory, one can explore several factors that contribute to the perpetuation of stigma, such as the influence of family members, peers, media, and societal norms. Pregnant adolescents acquire stigmatizing beliefs about themselves and others, and how these beliefs impact their self-perception, behaviour, and decision-making. Applying the social learning theory as a theoretical framework allows one to explore the mechanisms through which stigma associated with adolescent pregnancy is learned, transmitted, and reinforced. It helps one to

understand the role of observational learning, and reinforcement in shaping the stigmatizing beliefs and attitudes of pregnant adolescents. Social learning theory also proposed that to change the adolescents' behaviour, the social context that has shaped the behaviour must first be understood (Bandura, 2001). To fully understand the social context, Bandura believed that individuals could change their behaviour by observing others, and the outcome is called "modelling" (Bandura 2001). According to Bandura (1994), social learning is accomplished through repetitive interaction between behavioural, environmental, and cognitive influences. The social workers used principles to explain how adolescents' behaviour changes once they are subjected to new behaviour or others' actions. Also, social workers provided some understanding of what they recognize as a means and the best strategies for dealing with this difficult situation by observing the adolescents' interaction. The social workers were able to express what new behaviours were learned through the adolescents' repetitive interactions or direct observation (Bandura, 2001). Social learning theory permitted social workers to give real-life situations and positive developments that have influenced the adolescents' behaviour in changing future life choices. Social learning theory allowed the social worker to discuss their successful or unsuccessful attempts to modify the adolescents' beliefs, attitudes, and values that may impact the adolescents' behaviour. The social workers were asked to give examples of how adolescents learnt after observing and changes to behaviour made by modelling rather than hearing a new concept and applying it (Groves et al., 2009). Socioeconomic consequences of adolescence pregnancy, and factors that influence sexual behaviour were addressed by using social learning theory (Groves et al., 2009). In hopes of addressing adolescence pregnancy and parenting in this project, social learning theory was chosen to assist in providing a better understanding of the effects of adolescents' pregnancy and discovering effective strategies. The theory gave the social workers the opportunity to expound on the adolescents' positions and attitude while observing them modelling, imitating, and reinforcing factors or behaviours

found in communities and at home. Also, by using social learning theory, social workers were able to utilize principles of behaviour modification when observing the teens' thoughts, effects, and behaviour (Bandura, 1977). The model provides an in-depth understanding of how an individual's surroundings may influence or hinder their accessibility to certain services as indicated on the intrapersonal level. It also acknowledges that a human being does not live alone but in a society where people might have a greater influence on how someone makes decisions, Crain, (2015). The people around us can have a greater influence on the way we act because in the end after one makes a choice to do what they want, they will still go back into the society. Therefore, this drives one to accept the social norms and values of a certain society. The society in which one lives in has a great influence on how someone views certain things in life. The way an individual is groomed in society can influence their perceptions on certain things. According to McLeod (2016), Albert Bandura's social learning theory which states that behaviour is learned from the environment through the process of observational learning. According to Akella, & Jordan, (2015), argues that the social, physical, and cultural aspects of an environment have a cumulative effect on health. He further contends that the environment itself is multi-layered, since institutions and neighbourhoods are embedded in larger social and economic structures, and that the environmental context may influence the health of individual people differently, depending on their unique beliefs and practices. As evidenced by the literature review, some challenges women face in trying to access maternal health services, which include issues to do with one's beliefs, the influence of the family and distance or accessibility to health facilities are also shown on the model. Therefore this model is applicable as it provides a wide variety of factors which might hinder someone to access maternal health services. It is a reality that the family, the community and other associates can have a great influence on one's accessibility to maternal health services. Young women who come from kinship-oriented families might get barred from accessing maternal health services due to

beliefs in the family. The family can also have a greater influence since it is where the young mothers turn to when they are in need of moral support. 15 According to Gombachika et.al (2012), in traditional settings, the reproductive arena including information giving is mostly controlled by the elderly women like grandmothers, mothers-in-law, and aunts. They make most of the reproductive decisions, with little or no consultation with health workers, except when more serious decisions are contemplated or when there are birth complications. There are also policies which are national, regional and international which influence one's health seeking behaviour because they are legally binding and might hinder people from accessing health services or accessing them in their numbers.

### **2.1.2 Applicability of the social learning theory to the study**

The social learning theory is applicable to this study as it provides a framework to examine how pregnant adolescents acquire stigmatizing beliefs and attitudes through observational learning. It allows one to explore the influence of various socialization agents, such as family members, peers, and media, in shaping the stigmatizing beliefs and attitudes of pregnant adolescents. By identifying the sources and processes of observational learning, you can gain insights into the factors that contribute to the internalization of stigma. The social learning theory is highly applicable to the study of exploring stigma associated with adolescent pregnancy. The social learning theory provides a framework to examine how pregnant adolescents acquire stigmatizing beliefs and attitudes through observational learning. It allows one to explore the influence of various socialization agents, such as family members, peers, and media, in shaping the stigmatizing beliefs and attitudes of pregnant adolescents. It suggests that people learn through observing and imitating others, and that their behaviors are influenced by the rewards and punishments they observe. Observational learning suggests that people learn through observing and imitating others, and that their behaviors are influenced by the rewards and punishments they observe. *When using social learning theory, one viewed the*

*adolescents' behaviour in a continuous interaction between the adolescents' environment, cognitive, and behavioural influences. For example if one adolescent notices that their peer is in a relationship, they will also feel influenced to be in a relationship as well. This can be through observational learning, whereby an individual can learn from watching others to acquire new behaviours.*

By identifying the sources and processes of observational learning, one can gain insights into the factors that contribute to the internalization of stigma. The theory provides an in-depth understanding of how an individual's surroundings may influence the way they behave and hinder the way behave as indicated in observational learning. It also acknowledges that a human being does not live alone but in a society where people might have a greater influence on how someone makes decisions. The people around us can have a greater influence on the way we act because in the end after one makes a choice to do what they want, they will still go back into the society. Therefore, this drives one to abide by the social norms and values of a certain society. The society in which one lives in has a great influence on how someone views certain things in life. The way an individual is groomed in society can influence their perceptions on certain things. According to McLeod (2016), Albert Bandura's social learning theory which states that behaviour is learned from the environment through the process of observational learning. Crain, (2015), argues that the social, physical, and cultural aspects of an environment have a cumulative effect on health. He further contends that the environment itself is multi-layered, since institutions and neighbourhoods are surrounded in larger social and economic structures, and that the environmental context may influence the health of individual people differently, depending on their unique beliefs and practices. The social learning theory also emphasizes the role of role models in shaping behavior. In the context of adolescent pregnancy stigma, pregnant adolescents may have influential role models who perpetuate or challenge stigmatizing beliefs and attitudes. By studying the modelling processes,

you can analyse how pregnant adolescents adopt or reject stigmatizing beliefs based on the behaviour and attitudes of their role models. This can provide valuable insights into the mechanisms through which stigmatizing beliefs are transmitted and potentially disrupted. The social learning theory highlights the importance of support in shaping behaviour. Pregnant adolescents may experience both positive and negative support based on societal reactions to their pregnancy. By examining the support processes, you can explore how these experiences influence the behaviour and well-being of pregnant adolescents. Understanding the reinforcement mechanisms can shed light on the factors that amplify or mitigate the impact of stigma on pregnant adolescents' lives. Therefore, by using the social learning theory to the study one can gain a deeper understanding of the processes through which stigma associated with adolescent pregnancy is learned, transmitted, and reinforced. It allows one to explore the role of observational learning and reinforcement in shaping the stigmatizing beliefs and attitudes of pregnant adolescents.

### **2.2.1 Global view on the stigma associated with adolescence pregnancy**

Stigma associated with adolescent pregnancy is a global issue that affects individuals, communities, and societies worldwide. While the specific context of stigma varies across different regions and countries, there are common global themes and perspectives that can be observed.

Firstly, there is the issue of gender inequality and double standards. Stigma associated with adolescent pregnancy is often gendered, with an unequal focus on young women, (Holness, 2015). On one of the interviews with the participants they even mentioned that the stigma that the girl faces is different from that of the boy child. This reflects underlying gender inequalities and double standards regarding sexual behaviour and reproductive choices. Young men who are responsible for the babies during adolescence may not face the same level of stigma or

consequences as young women. This gender disparity perpetuates discrimination and reinforces societal power imbalances. For instance, when trying to access health services, the pregnant adolescents may be stigmatized and it can have dangerous effects on them. They may face barriers in accessing healthcare services, including prenatal care and reproductive health information. This can lead to increased risks for complications during pregnancy and childbirth. According to UN Women (2020), women and men have different health-care needs, but an equal right to live healthily and for many women and girls, gender discrimination systematically undermines their access to health care. As young adolescents who are still in school, they might face challenges in also getting money for antenatal expenses. Some beliefs may also hinder them from accessing maternal health services.

Stigma may also disrupt educational opportunities for pregnant adolescents, impacting their long-term prospects and perpetuating cycles of poverty. It may even lead to them dropping out of school due to effects of pregnancy. For instance, adolescents may face many challenges during their studies; some of them describe skipping lectures, feeling weak, drowsy and lacking concentration in classes, (Taukeni, 2014). Being an adolescent parent while going to school largely increases the likelihood of leaving college with no degree (Polakow, 1993; Freeman, 2015; Institute for Women's Research Policy, 2013). This is likely to happen considering the fact that as a student, she also has other demanding duties as a pregnant mother. Therefore, if they fail to balance the two, the adolescent might end up dropping off in school.

Lastly, stigma can have profound psychological and emotional consequences for pregnant adolescents. It can affect their mental health and emotional well-being which will make them vulnerable. They will also have fear of judgment, social isolation, and negative labelling. Usually pregnant adolescents are most likely to be underprivileged and living in communities and families that are socially and economically disadvantaged, (Patel, 2012). These circumstances can adversely affect their maternal mental health, parenting and the outcomes

of their babies. It will also lead to increased stress, anxiety, depression and even suicidal attempts. A number of studies show that pregnant adolescents experience higher rates of depression, both prenatally and post-partum. This affects their day to day lives, including their education and even relationships with their peers and family, (Dillon 2014). As a result is important to recognize and address the mental health needs of stigmatized individuals, providing support and resources to promote resilience and well-being. Some of the interventions that are required include psycho-education and brief therapy collaborated with the schools and communities.

Efforts to fight against stigma associated with adolescent pregnancy may require wide-ranging approaches that include education, policy changes, and community engagement. Promoting comprehensive sexuality education, challenging harmful gender norms, and advocating for accessible healthcare services are necessary steps towards reducing stigma and supporting the rights and well-being of pregnant adolescents on a global scale.

Furthermore, there are certain laws that have been adopted to address stigma associated with adolescent pregnancy. These global laws which have been put in place to address these issues include the SDGs and the global strategy for women's children's and adolescents' health.

The sustainable development goal that can be linked to the issue of stigma associated with adolescent pregnancy is sustainable development goal number 5, which speaks of gender equality. SDG 5 aims to achieve gender equality and empower all women and girls. SDG 5 seeks to address different aspects of gender inequality which include discrimination, unequal access to education, healthcare, and economic opportunities and also harmful practices. A number of studies have shown that sustainable development is impossible without women's empowerment and gender equality. Consequently, it is asserted that gender equality is both a human rights issue and a precondition for, and indicator of, sustainable development (Alvarez

and Lopez, 2013). It is also affirmed that gender disparity is prevalent across the cultures of the world and that without serious steps to tackle it, sustainable development cannot be achieved (Stevens, 2010). Stigma associated with adolescent pregnancy is linked with gender inequality as it extremely affects young women and increases harmful gender norms and double standards. Specific targets within SDG 5 that can be important to addressing stigma associated with adolescent pregnancy include Target 5.3. This speaks of eliminating all harmful practices which perpetuate gender inequality and keeping women trapped in poverty and abuse. These practices include child, early, and forced marriages which can lead to early pregnancies, and female genital mutilation. This target recognizes the need to address practices that contribute to early pregnancies and stigmatize young mothers. It is important because it seeks to address the most harmful forms of gender-based violence and discrimination towards the adolescents. Target 5.6 ensures universal access to sexual and reproductive health and reproductive rights. This includes the access to modern contraceptives, HIV testing and counseling, pre and post antenatal services, STI screening and treatment, sex and sexuality education. Without all these services women will be at a greater risk of unintended pregnancy, maternal mortality, STIs and even death of the young mothers or their babies, as their bodies might not be fully developed to enable them to give birth. Therefore, by promoting comprehensive sexual education, access to contraception, and reproductive healthcare services, this target can help reduce the stigma and negative consequences faced by pregnant adolescents. According to UN Women (2014), they outlined that to create a just and sustainable world and to enhance women's roles in sustaining their families and communities, achieving gender equality is paramount. On the other hand, if gender equality is not maintained, it will hinder the country's development. In line with this idea, Stevens (2010) interestingly underlines that “an increasing number of studies indicate that gender inequalities are extracting high economic costs and leading to social inequities and environmental degradation around the world.” Therefore by addressing the

stigma and discrimination faced by pregnant adolescents, efforts can contribute to advancing gender equality and empowering young women.

There is also the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) which aims to help improve the health and well-being of women, children, and adolescents worldwide. It seeks to address their potential for health and well-being at every stage of their life and operates under the theme "Early childhood development". It helps people to realize their rights and also supports the Sustainable Development Goals (SDGs) which provide guidelines for achieving the health-related targets within the SDGs. The strategy emphasizes the importance of addressing the specific needs and challenges faced by women, children, and adolescents, with a focus on promoting equity, rights, and gender equality. It strongly emphasizes on women's sexual and reproductive health. This is evidenced by its strategic priorities which include, improving women's health across the life course, delivering appropriate care, support and information to women and their families according to needs. The other priority area is to ensure a positive pregnancy experience and improve quality of care around childbirth, deploying WHO guidelines on antenatal and intra-partum care. The other priority area is also to ensure universal access to sexual and reproductive health-care services. It addresses and ensures that women get the best services during their pregnancy period from health institutions. The Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) includes several key components that are relevant to addressing the stigma associated with adolescent pregnancy. This includes the need to promote gender equality and human rights. The strategy highlights the significance of promoting gender equality, eliminating discrimination, and upholding human rights. By addressing the issues, the strategy aims to challenge harmful gender norms and ensure that pregnant adolescents are treated with dignity, respect, and equality. This results in the empowerment of adolescents by promoting their rights and involving them in decision-making processes. By addressing the stigma

associated with adolescent pregnancy, the strategy aims to enable adolescents to make informed choices and access comprehensive sexual and reproductive health services without fear of discrimination or judgment. According to the strategy, it aims to ensure universal health coverage which advocates for access to quality healthcare services, for women, children, and adolescents. It ensures that women experience a positive pregnancy, access to prenatal care, safe childbirth, and postnatal care for pregnant adolescents, as well as addressing the mental health and psychosocial needs of young mothers. However the every woman, every child report noted that lack of skilled care, including emergency obstetric and neonatal care and discrimination, is a major obstacle to better health for women. Therefore, supportive environments that reduce stigma, enhance access to healthcare services, and empower pregnant adolescents to make informed choices about their reproductive health are required to provide quality care during childbirth.

### **2.2.2 Regional view on the stigma associated with adolescence pregnancy**

Stigma associated with adolescent pregnancy varies across regions due to cultural, social, and contextual factors. In many African countries, adolescent pregnancy is often stigmatized due to cultural and religious norms that emphasize abstinence before marriage. Stigma can result in social exclusion, limited access to education, and restricted opportunities for young mothers. However, there are also efforts to challenge stigma and provide support through community-based initiatives and comprehensive sexual and reproductive health programs.

Firstly, there is the issue of cultural and traditional beliefs. In some African regions, cultural and traditional beliefs may contribute to the stigmatization of adolescent pregnancy. Pre-marital or adolescent pregnancies can be seen as a violation of societal norms and moral values, leading to social exclusion and judgment. For instance, stigma associated with adolescent pregnancy in West Africa can be influenced by cultural and religious factors. Traditional

beliefs, such as the importance of virginity and pre-marital abstinence, may contribute to the stigmatization of pregnant adolescents. This may result in social exclusion, limited educational opportunities, and discrimination, these are common consequences, (Yakubu, 2018). For example in Ghana, stigma surrounding adolescent pregnancy is influenced by cultural and religious beliefs. Pregnant adolescents may face social exclusion, judgment and limited access to education and healthcare services.

There is also the issue of gendered stigma which is associated with adolescence pregnancy in Africa. It often affects young girls and women extremely. Patriarchal norms and gender inequality can lead to blaming and shaming of female adolescents, while male partners may face fewer consequences. For example, adolescent pregnancy in Central Africa can be influenced by the prevalence of traditional gender roles as well as the cultural and religious beliefs. Pregnant adolescents may face judgment, social exclusion, and limited access to healthcare and education. For example, in Democratic Republic of the Congo (DRC) pregnant girls are facing societal judgment and discrimination. Limited access to education and healthcare further compounds the challenges they face.

Community judgment and exclusion is the other issue that pregnant adolescents may face from their families, peers, and the wider community because of stigmatization. They may be exposed to gossip, rumours, and negative labelling, which can result in social isolation and exclusion. For example, in various East African countries, there is a mix of attitudes towards adolescent pregnancy. While some communities and societies may stigmatize young mothers, others provide more supportive environments. Factors like urbanization, access to education, and exposure to comprehensive sexuality education can influence the level of stigma experienced by pregnant adolescents. In Kenya adolescent pregnancy is associated with stigma, particularly in rural areas. Pregnant girls may face expulsion from schools and encounter challenges in accessing healthcare services.

Furthermore, adolescent pregnancy stigma can cause educational disruptions and limited access to healthcare services for young parents. Some communities may discriminate against pregnant girls, leading to school dropout, limited access to education, and reduced future prospects. There is also the issue of limited access to healthcare which can hinder pregnant adolescents' access to quality healthcare services. Fear of judgment, breaches of confidentiality, and discriminatory treatment by healthcare providers may discourage adolescents from seeking prenatal care and support services. For example, in Sub-Saharan Africa: Stigma surrounding adolescent pregnancy is prevalent in many countries across Sub-Saharan Africa. Cultural and religious beliefs, as well as societal norms, often contribute to the stigmatization of young mothers. Adolescent girls may face ostracism, discrimination, and limited access to education and healthcare services. South Africa is another example with stigma that is attached to adolescent pregnancy. Efforts have been made to reduce judgment and provide comprehensive support services for pregnant adolescents, including access to education and healthcare.

It's important to note that Africa is a diverse continent, and experiences and attitudes regarding adolescent pregnancy stigma can vary significantly between regions and even within countries. It is crucial to consider the specific cultural, social, and legal contexts of each region when addressing stigma and developing interventions to support pregnant adolescents in Africa. As much as the stigma continues, there are efforts across Africa to challenge and address it. This should be done by changing attitudes of the people towards adolescent pregnancy. It can be done through community-based organizations, advocacy groups, and healthcare providers. They are working to promote comprehensive sexuality education, reduce judgment, and provide supportive services for pregnant adolescents.

In other regions like Asia, adolescent pregnancy can be influenced by cultural values, conservative attitudes, and societal expectations. In some Asian countries, premarital sex and teenage pregnancy are considered taboo, leading to shame, banishment and discrimination.

Stigma may also intersect with issues of status, family reputation, and the pressure for early marriages. Efforts to address stigma include promoting sexual education, reproductive health services, and empowering young mothers through support networks.

Adding on, there are regional laws which have been adapted in Africa to address health issues that have to do with adolescents. There is the Africa Health Strategy 2016-2030 helps advocate for the importance of specific health priorities relevant to the continent and its commitments. It also calls for vibrant ways of leveraging community involvement and integration, public private and inter-country partnerships as well as recommending a paradigm shift to assist member states in addressing the effects of public health emergencies in a more systematic and comprehensive manner. The Africa Health Strategy 2016-2030, developed by the African Union, does address various aspects of adolescent health, including adolescent pregnancy. The strategy recognizes the unique health needs and vulnerabilities of adolescents and highlights the importance of promoting their health and well-being. The Africa Health Strategy relates to adolescent pregnancy by including comprehensive sexual and reproductive health. This strategy emphasizes the need to provide comprehensive sexual and reproductive health services to adolescents, including access to contraception, antenatal care, safe abortion services where legal, and postnatal care. It recognizes the importance of preventing unintended pregnancies and reducing the negative consequences of adolescent pregnancy. According to the Africa Healthy Strategy, Africa still has the majority of countries with the worst indicators for maternal mortality, infant mortality, communicable disease morbidity and mortality. Strategic objective number 2 of the Africa Health Strategy focuses on ending preventable maternal, new born and child deaths, and ensures equitable access to comprehensive, integrated sexual, reproductive, maternal, neonatal, child and adolescent services, including voluntary family planning.

### **2.2.3 Zimbabwean perspective on the stigma associated with adolescence pregnancy**

In Zimbabwe, stigma associated with adolescent pregnancy is a major issue. It is influenced by cultural, social, and economic factors. Firstly, there is the issue of cultural and traditional beliefs. Zimbabwe has diverse cultural traditions that shape societal attitudes towards adolescent pregnancy. Traditional beliefs often emphasize the importance of virginity before marriage and view premarital pregnancy as a violation of cultural norms. According to Mutanana and Mutara (2015), they state that stigma can arise from different views of moral transgression and the fear of tarnished family reputations from the community. This can lead to social exclusion and marginalization within communities in Zimbabwe. Pregnant adolescents may face judgment from their peers, neighbours, and broader society, which can negatively impact their self-esteem and emotional well-being. Support networks that offer understanding, acceptance, and guidance are crucial for mitigating the effects of stigma.

Stigma associated with adolescent pregnancy in Zimbabwe is often gendered, with a focus on blaming young women. Gender expectations are major and inequalities regarding sexual behaviour, where young men may face less stigma and consequences compared to young women. This therefore increases gender inequalities and contributes to the stigmatization of pregnant adolescents. Furthermore, there are limited access to education and economic opportunities. These also can be caused by gender disparities. Adolescent pregnancy can lead to educational challenges for young mothers in Zimbabwe. Stigma can result in school dropout rates and limited access to educational opportunities, hindering their future life. Economic opportunities may also be limited, making it difficult for young mothers to support themselves and their children.

Stigma can affect pregnant adolescents' access to healthcare services in Zimbabwe. This is because of fear of judgment and discrimination which may prevent them from seeking prenatal care and appropriate health support. Limited availability of adolescent-friendly healthcare

services contributes to the barriers faced by pregnant adolescents in accessing necessary support.

Efforts to address the stigma associated with adolescent pregnancy in Zimbabwe involve comprehensive approaches. These include support systems for pregnant adolescents, accessible reproductive health services, opportunities and access to education through promoting comprehensive sexuality education. Furthermore, initiatives that address gender inequalities, provision of economic opportunities, and advocating for the rights of pregnant adolescents can play a vital role in challenging stigma and fostering an environment of acceptance and support for adolescent parents. These are all essential in reducing the stigma and empowering young mothers to lead fulfilling lives.

Moreover, there are local laws which have been put in place to address health issues which involve adolescents in Zimbabwe. The legal frameworks regarding adolescent pregnancy consist of various laws and policies. The Constitution of Zimbabwe addresses various aspects that can be related to adolescence, including discrimination and health care as a fundamental right that people should have access to. It provides a framework for protecting the rights and well-being of all individuals, including pregnant adolescents. According to the constitution (2013) on chapter 29 subsection 1, states that, the state must take all practical measures to ensure the provision of basic, accessible and adequate health services throughout Zimbabwe. Section 76 speaks of health rights and it recognizes the right to healthcare services, and it emphasizes the importance of maternal and child healthcare. Pregnant adolescents are entitled to access adequate healthcare services, including prenatal care, safe childbirth, and postnatal care. This is evidenced by some different health institutions in both rural and urban areas to ensure accessibility. Also, the constitution ensures that people get immediate healthcare in cases of emergency and in terms of maternal health these cases are very common because some pregnant mothers might deliver when they are overdue. The state also stresses out on the right

to health care on chapter 76 subsection 1 where it states that, “ Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services”. As indicated in this paragraph, the constitution does not specifically address maternal health issues and issues to do with disadvantaged populations like adolescents. It just focuses on health in general. The Constitution again emphasizes on the issue of protection from discrimination. Section 56 of equality and non-discrimination prohibits discrimination on various grounds, including sex, age, and marital status. It ensures that pregnant adolescents should not face discrimination solely based on their pregnancy status. Section 56 sub-section 3 says that, “Every person has the right not to be treated in an unfairly discriminatory manner on such grounds as their nationality, race, colour, tribe, place of birth, ethnic or social origin, language, class, religious belief, political affiliation, opinion, custom, culture, sex, gender, marital status, age, pregnancy, disability or economic or social status, or whether they were born in or out of wedlock.” It went on to explain that discrimination on any of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair, reasonable and justifiable in a democratic society based on openness, justice, human dignity, equality and freedom. The State must take reasonable legislative and other measures to promote the achievement of equality and to protect or advance people or classes of people who have been disadvantaged by unfair discrimination. Therefore, this is evidence that it seeks to protect adolescents and other people against discrimination and they should be treated fairly despite their conditions or differences. Although the Constitution provides a legal framework for protecting the adolescents, it is crucial to note that the effective implementation of these provisions and the creation of supportive policies and programs are important for addressing the challenges and stigma associated with adolescent pregnancy in Zimbabwe.

There is also the Education Amendment Act of 2020 which was passed in Zimbabwe in place to support pregnant adolescents in accessing education. This Act provides second chances to

pregnant girls and adolescent mothers in Zimbabwe. The Ministry of Primary and Secondary Education issued a policy directive in 2015 and came into force on 6th March 2020. It allows pregnant schoolgirls to continue their education during and after pregnancy without discrimination or expulsion. According to the Amendment Act Section 4 (“Children’s fundamental right to education in Zimbabwe”) subsection (2)(b) it states that “... be discriminated against by the imposition of onerous terms and conditions in regard to his or her admission to, suspended, excluded or expelled from any school on the grounds of his or her nationality, race, colour, tribe, place of birth, ethnic or social origin, language, class religious belief, political affiliation, opinion, custom, culture, sex, gender, marital status, age, **pregnancy**, disability or economic or social status, or whether they were born in or out of wedlock.” It shows that whether pregnant or not, adolescents should go to school without facing any discrimination. It also states that in Section 68 pregnant adolescents shall not be exempted from school premises. “No pupil shall be excluded from school for non-payment of school fees or on the basis of pregnancy.” According to UNICEF, education is the right of every girl and boy. It also refers to ensuring quality learning, inclusive learning opportunities, and a better quality of life for every child and a better world for all. In developing regions, approximately 12 million girls aged 15 to 19 years and at least 777,000 girls under the age of 15 years give birth each year (WHO, 2020). With this trend, adolescent pregnancy could be a serious threat to the achievement of SDG4, which speaks of quality education. As Dr. James Emman Kwegyir Aggrey said “if you educate a man you educate an individual but if you educate a woman you educate a whole nation”. An educated woman can transmit the education she receives from generation to generation. So, allowing pregnant girls as well as eliminating corporal punishment will contribute to the education system and the development of the nation. There was also an article that was once published by Robert Tapfumaneyi that states that the UNFPA revealed: 10.3% adolescent girls in urban areas began child bearing compared to

27.2% in rural areas, while 33.6% of children from poor families started child bearing as compared to 6.1 % from the highest wealth quintile”, (Zimbabwe Newspaper). Due to this and other reasons and following intense advocacy from the education unions and civil society, the Governments of Zimbabwe has amended the Education Act by allowing pregnant girls to attend school. The passing of the Education Amendment Act of 2020 with provisions on re-entry of pregnant girls and adolescent mothers to school was a huge success for the country and a positive step towards improving the life and access to education for the girl child for World Vision Zimbabwe. School awareness campaigns also have been used to promote change in behaviour and attitude among peers who would have fallen pregnant.

It is important to note that while these laws exist, the implementation and enforcement of laws can vary, and social norms and cultural factors can influence the treatment and support provided to pregnant adolescents. Efforts are on-going in Zimbabwe to address the challenges faced by pregnant adolescents, promote comprehensive sexuality education, and provide supportive services to ensure their well-being and future opportunities. The Alma-Ata declaration was one of the first declarations which were made to address issues to do with primary health care, in 1978 at Alma-Ata, Kazakhstan. The declaration doesn't necessarily mention adolescent pregnancy but it does emphasize the need for comprehensive and integrated primary health care services that address the health needs of individuals throughout their life course, including adolescents. The declaration expressed the need for urgent action by all governments, all health and development partners, and the world community to protect and also promote people's health in the world. The Alma-Ata Declaration recognizes that primary health care should include preventive, curative, and rehabilitative services, with special attention given to vulnerable groups, such as women and children. It emphasizes the importance of providing accessible, affordable, and culturally appropriate health care services that address the social, economic, and environmental determinants of health. According to

Labonte et.al (2014), primary health care (PHC), as the key health system strategy for attaining optimal health, gained global prominence with the 1978 Alma Ata Declaration. The World Health Report 2 (2008), noted that countries and groups throughout the developing world, continued over this period to strive toward the goals of Alma Ata. According to Labonte et.al (2014), there were equitable improvements in the health sector. According to Dionisio (2018) the Alma Ata was criticized for having an unrealistic timeline for instance the “health for all by the year 2000” was proved not to be feasible by many scholars.

## **2.6 Challenges faced by the adolescents when trying to access health services at the clinic and in the society**

### **2.6.1 Lack of health professionals in the clinic**

Some of the pregnant adolescents in the rural areas are not happy with the assistance they are receiving at the clinic. According to the study, some of the pregnant adolescents are being ill-treated when they arrive at the clinic asking for assistance, which is resulting in stigma and discrimination. This stigma surrounding adolescents can discourage them from seeking knowledge of healthcare services and the services as well. Motsi (2022), states that insufficient knowledge about sexual and reproductive health, including contraception and sexually transmitted infections, can hinder their ability to seek appropriate care. This is because there will be fear of judgment, breach of confidentiality, and discrimination by healthcare providers or other clinic staff can create barriers to accessing care. This will result in inadequate prenatal care and higher rates of pregnancy complications. Stigmatizing attitudes from healthcare providers can further exacerbate these disparities, impeding access to quality care. Also there are concerns about breaches of confidentiality which can make these adolescents hesitant to access health services. They may worry that their personal information will be shared with

parents, guardians, or other individuals without their consent, leading to potential negative consequences or loss of trust.

### **2.6.2 Financial Barriers**

Limited financial resources can be an obstacle for adolescents in accessing healthcare services. Lack of affordability for services, medications, or transportation costs can prevent them from seeking the care they need. The United Nations (2014) suggested that major challenges remain unaffordable maternity fees and reduced attendance of expectant mothers at the clinics due to associated costs. In low and middle income countries women might fail to visit clinics due to failure to pay the required maternal fees required. The ante-natal ward per day and the caesarean birth as well, have both risen at the hospitals and most of the young women would not afford such big amounts especially with the economic situation of the country. In cases of emergency, ambulance fees were pegged at \$15 per kilometre. This issue caused a lot of women to deliver their babies at home because a lot of women found it difficult to raise such fees.

### **2.6.3 Distance barrier to the health facilities**

Adolescents living in rural or remote areas may encounter difficulties in accessing healthcare services due to long distances, lack of transportation options, or limited availability of clinics or facilities in their area. The United Nations (2014) noted that women are failing to access antenatal health services due to associated distances to clinics and hospitals. In rural areas this challenge is prevalent because rural areas are underdeveloped. According to Treacy et.al (2018), distance and lack of transport are also challenges women face in their efforts to try and access antenatal health services. For instance in Zimbabwe due to the rise in fuel prices, travelling is now very expensive. According to Escamilla et.al (2017), in rural settings, long distances reduce facility use for reproductive health services which include family planning or child health services. Escamilla et.al (2017), also noted that in rural Ghana there was lower use

of contraceptives for women who lived 2km or more away from health facilities and more use for women who lived a distance of 2km away or less from the clinics.

#### **2.6.4. Mental health consequences**

Stigma plays a significant role in shaping the mental health outcomes of pregnant adolescents. The experience of stigma can lead to psychological distress, including depression, anxiety, and low self-esteem. These negative mental health outcomes not only impact the well-being of young mothers but also have implications for the overall development and care of their children.

#### **2.5.5. Educational and Economic Disadvantages**

Stigma associated with adolescent pregnancy often results in educational and economic disadvantages for young mothers. Pregnant adolescents may face barriers to continuing their education, including school expulsion, lack of support, and discrimination. The limited educational attainment further perpetuates the cycle of poverty and hampers the economic prospects of young mothers.

### **2.7 Research Gap**

Previous studies have shown that a lot of research was done around areas to do with challenges faced by adolescents in both the community and the hospital sector in general and also considering marginalized populations who live in remote areas. Most adolescents face challenges during their pregnancies but the problems at times differ especially according to where they live and where they are accessing the antenatal services. In most low economically developed countries, private hospitals offer the best antenatal and other health services and most people cannot afford the bills and they end up opting for public hospitals where they are faced with a lot of challenges which might include stigma and discrimination from the health

workers at the health institutions. As a result, there should be strategies and interventions to mitigate stigma's negative effects on these adolescents. Again, these adolescents are likely to face other challenges as they are young and are still learning more about life experiences and their majority does not go to work and are dependent on their parents for any kind of financial support. Therefore, they require special care and in some cases they might also require a minimal amount of antenatal fees so that they can afford to access the maternal health services. It is also important to note that our societal norms and values are not accepting these adolescents especially those who are getting impregnated before they get married because what is acceptable is getting married first. Therefore, they might not get all the support they require from the family and friends during this motherhood journey. In some cases, men refuse to take responsibility of the pregnancies and in the end the burden is left on the adolescent herself who is still schooling or has even dropped out of school and is not yet employed. Therefore there is need for special interventions which are aimed at helping specifically pregnant adolescents so that they are empowered and also improve their accessibility to maternal health services. There should be peer support programs which engages with the adolescents and empowers them and it could be done through peer-led interventions in facilitating access to health services, reducing stigma, and improving health outcomes among adolescents. Other interventions that could be made use of include confidentiality measures, training of healthcare workers on how to interact with adolescents, education as well as awareness campaigns.

## **2.8 Chapter summary**

The chapter highlighted the nature of stigma associated with adolescent pregnancy which include the information from previous studies, the theoretical framework and also the legal frameworks or policies which focus on addressing adolescence pregnancy. The chapter made use of the social learning theory which explains how behaviours can be observed through personal encounters with family, media, or environment and how it can assist in changing

unwanted behaviour. The chapter also has the research gap where it highlights areas where previous studies have not put into consideration and needs to be addressed.

## **CHAPTER THREE:**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

In this chapter, the methodology is explained, which consists of the research approach where the researcher used qualitative research method, research design, study setting, the target population, the sampling techniques, data collection methods and tools. The delimitations and limitations of the study are in this chapter too and the research instruments are outlined.

Research ethics are also outlined in this chapter which is a set of moral rules or code of conduct which was used during the research.

### **3.1 Research approach**

The researcher only used qualitative research methods. The researcher used qualitative research method because the research required more descriptive data therefore qualitative was more appropriate. Qualitative method provides a better understanding of the research problem through providing research results which have quality and a deeper understanding. Qualitative research is exploratory research. Denzin and Lincoln (2000) state that qualitative research involves an interpretive and naturalistic approach and this means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. The researcher used interviews as part of qualitative research through the use of interview guides. Qualitative research uses words to explain and interpret a certain phenomenon rather than using numbers.

### **3.2 Research design**

Research design is defined by different social scientists in different ways. De Vaus (2001), defines a research design as the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby ensuring that the research problem is effectively addressed. Bent (2006) defines a case study as a method of analysis and a specific research design for examining a problem, both of which can be used to generalize findings across populations. There are three types of case studies namely, exploratory, explanatory and descriptive case studies. The researcher chose descriptive case study because it allowed her to make use of a variety of methodologies. Therefore, it was the best for this research because the research is more of qualitative rather than quantitative therefore a case

study was more appropriate. The case studies were used on the pregnant adolescents who faced stigma during their pregnancy journey and the key informants who were involved.

### **3.3 Study Setting**

A study setting refers to the environment which a study is conducted. This can either be the place where the adolescents live and interact with others. According to Creswell (2012), he defines a study setting as the social, geographical and cultural context within which a researcher conducts the study. This includes their homes, schools and other community settings. It is important to consider the study setting when conducting research as it can impact the way participants respond to questions. For example, a participant may feel more comfortable and honest when answering questions in a familiar setting. The study setting can also impact the validity of the study. For instance, if the research is conducted in a school setting, it may be difficult to ensure that the responses are completely honest and accurate.

### **3.4 Target population**

McLeod (2019) defines target population as the total group of individuals from which a sample is drawn. It is the group of individuals to whom the research applies. The target population is the adolescents who were pregnant or had given birth and also health professionals who were knowledgeable about the adolescents during their pregnancy. The participants will be chosen as the target population because some of the adolescents were falling pregnant whilst going to school and this in the end affected their academics. It even affected their access to maternal health services because of stigma they faced and lack of finances to seek quality maternal health care.

### **3.5 Sampling**

According to Education centre (2006), sampling is a process of selecting a certain group of people, objects or items taken from a larger population as a representative of the population in order to generalise findings from a research.

#### **3.5.0 Sampling techniques**

##### **3.5.1 Quota Sampling**

Quota sampling can be used for the in-depth interviews. According to Bhat (2018) quota sampling is a non-probability sampling method in which researchers can form a sample involving individuals that represent a population and are chosen according to traits or qualities. The first step during the sampling process is to divide the population into exclusive sub-groups. The next step is to figure out the proportion of the subgroups to the population and this can be done by equally dividing the sample size. For example if there are 16 participants, they can be divided by 4 which results in 4 sub-groups.

##### **3.5.2 Purposive sampling**

A purposive sample is a non-probability sample that is selected based on characteristics of a population and the objective of the study. Taherdoost (2016) defines purposive sampling as a strategy in which particular settings, persons or events are selected deliberately in order to provide important information that cannot be obtained from other choices. Purposive sampling can also be used for key informants.

### **3.6 Data collection methods**

The researcher used in-depth interviews (IDI) to collect data. An interview is a dialogue between skilled interviewer and an interviewee and are characterised by extensive probing and

open ended questions (Whittaker, 2012). The researcher chose (IDI) because it gives an in-depth understanding of different personal experiences of people.

### **3.6.1 In-depth interviews**

According to Boyce (2006), in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation. The researcher conducted face to face in-depth interviews with 15 participants and 4 key informants. The researcher explained the research ethics to the respondents before they responded to the questions. The interview questions for the adolescents were being administered through the use of an interview guide and quota sampling was used to select the participants who were to answer the interview questions. The key informants also had a different set of questions which were being administered through the use of a key informant interview guide. The researcher interviewed the 4 informants from different health institutions. The interviews were ranging from 20 to 30 minutes. The researcher used purposive sampling to select the people who were to answer the interview questions and was likely to provide relevant information. The interview questions were open ended and therefore the researcher managed to collect a lot of information from the interviewees.

### **3.6.2 Observations**

The researcher also made use of observations to collect some of the data to observe if a participant was in her pre or post natal period. Natural observations were used to collect this data. The researcher used the method to observe all the 15 female respondents who participated in the study. However some of the information had high probability of having biases especially on observing these maternal periods.

### **3.7 Research tools**

Interview guides were used as the research tools. According to Michael, Beck, Bryman and Liao (2004) an interview guide is a mechanism to help the interviewer conduct an effective semi structured interview. The interview guides had different questions because one was for the key informants and one for the pregnant adolescents. The researcher used key informant interview guides to collect information from community care-workers in the two communities. The interview guides were also attached to research ethics which were guidelines for the research. The interview guides were in form of hard copy. The interview schedule guides were used by the researcher to administer some questions. They were useful to obtain detailed information about perceptions and opinions. They also allowed more detailed questions to be asked.

### **3.8 Data collection procedure**

The researcher was granted permission firstly to conduct the research by doing community entry in community that the research was to be done. The student made use of the approval letter from the university to collect data from the participants from the two communities in Harare which are Epworth and Hopley. The data was collected from participants in a month as the researcher had to reach the targeted number which was nineteen respondents. The researcher sought consent first from the participants before data collection. The researcher also sought permission from the Ministry of Health and Child Care, Harare to collect data at in Harare. The researcher was granted permission to do so and after that the researcher also sought permission to collect data from the community care-workers in the community. The researcher also collected data from key informants at the clinics centre which were Epworth Overspill Clinic and Hopley Poly Clinic and in total the key informants who participated in the study were four. In total all the respondents who participated in the study add up to 19 individuals.

### **3.9 Limitations**

The researcher requested the participants to open up and disclose sensitive and private information of their personal life. Therefore, the involvement of the researcher in data collection influenced the responses of the participants.

### **3.10 Delimitations**

The study was carried in only two communities in Harare. It therefore excluded other adolescents from other communities.

### **3.11 Ethical considerations**

Ethics refer to the moral principles and values that govern the way an individual or a group conduct its activities, (Cascio 2010). This research aimed for the best in ethical practice and therefore it observed quite a number research ethics which include confidentiality and privacy, informed consent and voluntary participation.

#### **3.11.1 Confidentiality**

According to Biestek (1957), confidentiality is the preservation of secret information concerning the client which is disclosed in the professional relationship. All the information that was collected was kept private and confidential. The names which were used were not the actual names of the participants. So instead, there was use of participant ID numbers that were used in order to protect their identity. The researcher also did not share the information which was collected with anyone else. To observe this ethic, the researcher also made sure that the interview was conducted where there were no other people around and the shared information was between the researcher and the respondent since the interviews were conducted individually.

### **3.11.2 Voluntary Participation**

According to this research ethic participants have to voluntarily agree to participate in the research study without being forced. The researcher also allowed the participants to withdraw from the study whenever they felt like they could not go on. Padgett (2008) supports that for participation in a study or trial to be voluntary, the participant must be free to refuse to participate or withdraw from the trial or study at any time, without penalty or loss of benefits to which the participant may otherwise be entitled.

### **3.11.3 Informed consent**

The researcher informed the participants about the research and the aim of the study before they participated so that they would be aware of what they were participating in. This is a process whereby a person voluntarily agrees to participate in a research study after being fully informed about it. According to (Waldrop 2004), he describes informed consent as an ‘ongoing and negotiated’ process.

### **3.12 Feasibility**

Feasibility is defined as the analysis of whether something is capable of being done, effected, or accomplished, (Byron and Byrne 2013). It is the assessment of different aspects of the identified project conducted to determine its viability. This research proved to be feasible considering the fact that the respondents were facing challenges that were linked to the study. The key informants were also professionals who worked in health sector and the community care workers were willing to assist.

### **3.13 Chapter summary**

The chapter focused on the research methodology. It highlighted the research design, the study setting, the sampling techniques, the target population and the data collection tools for the

study. Ethical considerations, research tools, data collection procedure, limitations, delimitations and the feasibility of the study were also outlined. The study population were adolescents who were pregnant and key informants who were community care-workers and nurses professionals from Epworth Overspill Clinic and Hopley Poly Clinic.

## **CHAPTER FOUR:**

### **DATA PRESENTATION, DISCUSSION AND ANALYSIS OF FINDINGS**

#### **4.0 Introduction**

The chapter presents the collected data and also analyses it so that it makes sense. The data which is being presented was collected from 19 respondents who were in Harare, 15 female pregnant adolescents and 4 key informants who were Epworth Overspill Clinic and Hopley Poly Clinic. This chapter consists of the following content, firstly, the presentation of the qualitative data which is presented by simply reporting back key findings which aims to give meaning to the research findings. There are also the reports back on what was found out during data collection which includes the challenges faced by the pregnant adolescents in accessing SRHR services and other antenatal services and lastly the conclusion.

#### **4.1.0 Qualitative data presentation**

The segment contains the study outcome or feedback from the respondents who participated in the study. The participants provided information during the interviews which were directed by the researcher and also the key informant interviews for the key informants. The collected information was presented by simply outlining the key findings and the feedback provided by the respondents.

#### **Barriers to accessing health services among adolescents**

##### **4.1.1 Self –stigma**

The objective of identifying stigma-related barriers to accessing health services among adolescents directly relates to the theme of self-stigma. It explores how negative perceptions and stereotypes held by adolescents themselves can impact their willingness to seek for healthcare. Self-stigma refers to the internalized negative beliefs and attitudes that individuals may hold about themselves due to societal stigma. In the context of adolescent pregnancy, self-stigma can significantly impact adolescents' willingness to seek and utilize health services. This internalized stigma may lead to feelings of shame or embarrassment, hindering them to access to healthcare services, seeking help, associating with their peers or even going back to school.

One participant said:

*...Stigma is different for the girls, even if the girl was not a loose person, but when the boy runs away from supporting his baby the girl ends up being looked at as someone who is loose by the community and everyone else. (Respondent 3)*

This supports the above point of internalized stigma leading to feelings of shame or embarrassment to the adolescent. This is resulting in name calling and insults from the

community. It can impact the adolescents' social life which may lead to emotional distress. Internalized stigma also leads to social isolation which may result in adolescents withdrawing social interactions due to fear of rejection and humiliation from the society.

Another participant said:

*... It affected my education I'm no longer going to school because I have a baby.*

*(Respondent 2)*

This supported the notion that internalized stigma may lead to feelings of shame or embarrassment, preventing them from associating with their peers or even losing their friends. This results in the adolescent withdrawing herself from the peers as we have witnessed that she stopped going to school. This is because she will be scared to associate with her peers because she will be in fear of judgement. It will also result in loss of friendships as friends may fail to understand or empathize with the adolescent's experience because they will be on different levels, so it will be hard to relate to each other. Failing to understand each other may result in misunderstandings and distancing from each other.

#### **4.1.2 Cultural**

The objective of identifying stigma-related barriers lines up with the theme of cultural factors. Cultural factors play an important role in shaping attitude of the society towards adolescent pregnancy and can lead to stigma. The cultural theme explores how beliefs and societal norms or expectations around pregnancy in adolescence can spread stigma and judgment, making it difficult for adolescents to look for health services. The beliefs of the culture, norms, expectations and values all influence how adolescent pregnancy is viewed and stigmatized within a community or society. Cultural attitudes towards adolescent pregnancy are necessary to consider, therefore, by exploring cultural dimensions, researchers can enlighten the specific

cultural factors that increase stigma and challenge adolescents from seeking healthcare services during pregnancy.

Firstly, there is the issue of judgment and one participant stated that:

*...They start looking down upon you and you will be used as an example for other children like “you should not be like that girl from Mamoyo who likes men”*  
(Respondent 4)

The issue of judgement to the adolescents usually results in social isolation. For example in this case, it is seen that other parents are already discouraging their children from associating the pregnant adolescent by saying this statement, “*you should not be like that girl from Mamoyo who likes men*”. This is showing that the parents already have a judgemental attitude towards the girl.

Another participant said:

*...Some people start saying that the girl loves men and she is disrespectful that is why she is pregnant young.* (Respondent 2)

Under the influence of culture on stigma, there is also the issue of labelling on the adolescents

One respondent said:

*... It impacts us because we will be called names* (Respondent 5)

When labelling is imposed on the adolescents, this results in emotional distress. It is seen as the respondent clearly states that it impacts them in hers statement. They may experience feelings like being ashamed, anxious or depressed as a result of failing to meet the standards or expectations from the society. Therefore the emotional distress may have a long-lasting effect on their mental health.

Society expectations are also included under cultural factors

One interviewee said that:

*... there is an issue you mentioned about stigma or stigmatisation, stigma comes from society looks at what is acceptable should be like this if it does not go like that , society will say what is this? So stigma goes to those who are female it hits hard, because she is disadvantaged by this predicament and is disadvantaged as a human same with the boy. (Respondent 1)*

Societal expectations can cause pressure to the adolescents as they will be forced to conform to cultural norms that may end up contradicting or opposing their own beliefs and values. This can result in a confusing state for the adolescents because the society will be demanding a lot from them. From the participants' point of view, it is seen that society actually contributes its role on perpetuating stigma issues.

*“...stigma comes from society looks at what is acceptable should be like this if it does not go like that, society will say what is this?”*

#### **4.1.3 Interpersonal**

Interpersonal barriers are part of this important theme that relates to the objective. Interpersonal stigma refers to the negative attitudes, judgments, and discriminatory behaviours that pregnant adolescents may face from individuals in their inner social circles. These include their friends, family members or healthcare providers. This theme examines how negative attitudes from those around them can create obstacles to accessing necessary health services, resulting in feelings of isolation or rejection. Understanding the interpersonal barriers can provide different views into the role of social relationships in prolonging stigma and influencing adolescents' decisions to access health services.

The issue under interpersonal barriers consist of negative attitudes from the family members, it may be parents or siblings

The participant stated that:

*...The treatment we get at home is very bad especially my mother, when I ask for help to do a course my mother tells my father that he should not pay for someone who now knows a man. (Respondent 3)*

Negative attitudes and discrimination from the family can cause emotional stress to the adolescent. This may lead to feelings of sadness, isolation rejection leading to straining the individuals' mental health. They will struggle to cope up as they will be facing betrayal from those close to them. This may even create conflict between the mother and the child because the parents will be expressing disapproval from their end. They may even engage in hurtful behaviour and say hurtful words. For instance her mother refused to pay for her school fees saying that her father should not pay fees for someone who knows a man, "...that he should not pay for someone who now knows a man." This resulted in the adolescent being rejected of her chance of going back to school and missing out on chances to associate with others.

The other issue is that of friend discriminating her

She stated that:

*...Ha it didn't, but as for my age mates they no longer want to play with me even if I greet them some don't respond I don't know maybe it's because I have a baby or was impregnated that they fear I might badly influence them. (Respondent 3)*

Interpersonalised stigma can result in discrimination from close friends. This is because they will be afraid of being influenced of misbehaving from the adolescent, henceforth the adolescent may end up losing her inner circle of friends. The participant faced the same

situation as her friends had abandoned her and were now refusing to associate with her. It resulted in losing her self-esteem and confidence. As a result it limits their social interactions and opportunities for growth and development.

#### **4.1.4 Special groups or minority groups such as LGBTIQ or sex workers**

The objective connects to the theme of special groups such as the people living with disabilities or minority groups, such as LGBTIQ individuals or sex workers. These groups may face extra layers of stigma and discrimination when pregnant during adolescence due to their marginalized status. Exploring how stigma interconnects with adolescence pregnancy within these special or minority groups can reveal different barriers they encounter when accessing health services. Thus it contributes to a comprehensive understanding of the stigma surrounding adolescent pregnancy and improves access to healthcare and reducing stigma.

Under the issue of minority groups, parents are seen as the obstacles to their children not being able to seek these health services.

One respondent mentioned of a household that was known that the mother was embarrassed by their child.

*... It seems like it is a disgrace for people to find out that at Dube's house there is a young mother. These young girls with children are called young mothers. So, programmes are there but the young girls are hidden. They don't want to come out in the open so that they can get help. (Respondent 6)*

The lack of support from the parents can lead to straining the adolescents. They may feel isolated, rejected or unloved which will contribute to feelings of loneliness, anxiety and sadness. For instance, this child from the Dube household is being isolated by the mother, which will cause her to have low self-esteem and may also struggle in making friends because

she will not be used to having company around her. Also the lack of having a support system can increase or worsen mental health issues.

The participant went on to say:

*... As for the disabled we are usually told by the neighbours that there is a disabled child at that house who's always locked up inside.*

These special groups also face stigmatization in the society

One respondent said:

*...And in society these children have different disabilities and there can be stigmatization, giving the children names because of the disability that she has.*  
*(Respondent 7)*

Stigmatization can result in various difficult situations for the adolescents. It can create barriers that may prevent the adolescent to seek for healthcare whilst there is still time. Fear of judgment may stop or prevent the adolescent from seeking medical attention, leading to delayed treatment.

She went on to say:

*...So, she will end up seeing herself as being marginalized and if she is approached by someone, she will think that aah this is the only person that loves me, but this is caused by the issue that the children with disabilities are stigmatized in the society.*  
*(Respondent 3)*

Also it is seen that the adolescents living with disabilities sometimes fail to access some of the health services because of the lack of resources.

One participant said:

*... now for children with disabilities for some of them it might be challenging, for some it might be challenging because uh some of the information maybe is not in braille... (Respondent 8)*

Due to stigmatization, some of the adolescents may face challenges in trying to access some resources at the hospital or clinic. This is because there might not be adequate resources or no resources at all for the adolescents to be using.

#### **4.1.5 Support systems from family or community**

The objective aligns with the theme of support systems from family or community. This theme discovers the importance of strong support networks in breaking down barriers to healthcare access and reducing the impact of stigma on adolescents. Support systems from family or community play an important role in reducing stigma and creating a supportive environment for pregnant adolescents. The availability and quality of support systems can contribute to the experiences of pregnant adolescents and their ability to access health services.

One key informant stated the issue of supporting each other so that it would be easy for the adolescent mother to take care for the baby and not only relying on other organizations for support.

*...With regards to stigma and discrimination as a community we should educate ourselves, for example, baby shower. I like it because as women we can also do that to support the child instead of laughing at her. In this community we should do it even as a small group of 10 once we discover one of young girls is pregnant. We then host a baby shower to support, each and one of us can bring an item such as a hat, the next brings a diaper and so on because by depending on asking all the time from the likes*

*of Plan International, we are not progressing as black people we must have our own organisations and items to give when faced with a challenge. (Key Informant 2)*

If adolescents are supported fully during their pregnancy journey, life will be made easier for them to take care of the baby. For instance, a point of hosting baby showers in the community was raised to show support for each other. This can result in lessening the burden to the adolescents and can also lead to new formation of relationships in the community. This can also bring out the sense of belonging in the community as people will be supporting each other during such times.

Another key informant went on to say what was being done by the community to support the adolescents

*... The community is trying, just as I said before that Community Health Care organization, they try and some even do campaigns walking in the streets and shops shouting about young children's programs and putting different contraceptive in public toilets. (Key Informant 1)*

#### **4.1.6 Technological**

The objective also relates to the theme of technological barriers. Technological advancements play a role in addressing stigma and improving access to health services for pregnant adolescents. The technological theme examines how digital platforms and tele-health services can provide important resources and support for adolescents who may face stigma in traditional healthcare settings. However, certain technological barriers, such as limited internet access or lack of digital literacy, can disproportionately affect adolescents and contribute to the stigma they face. Investigating the technological barriers faced by pregnant adolescents can provide

insights into how technology can be leveraged to address stigma and improve access to healthcare services.

Technological advancements play a role in improving access to health services for pregnant adolescents. One participant stated that it is now easier for them to access the services due to the technological advancements, whereby they get to order their services online.

*...we no longer go to the clinic there will be a long queue so you order online.*

*(Respondent 11)*

But the other challenge due to the issue of online services is some of the adolescents were not aware of it and not able to access the web address. Therefore some of the adolescents missed out on these services and were not able to access them due to lack of knowledge.

One participant

*.... I did not know so you should give the web address so that I can also use it. (Respondent 5)*

#### **4.1.6 Capacity of adolescents or their knowledge levels**

This theme of capacity of adolescents and their knowledge levels is important to consider when addressing stigma related issues to adolescent pregnancy. This is because their knowledge about sexual and reproductive health, their rights, and available healthcare services can influence their ability to go through the healthcare system and overcome stigma-related obstacles. Understanding and addressing gaps in adolescents' knowledge about their healthcare rights and options can help empower them to overcome stigma and seek out the care they need. So by exploring the knowledge levels and capacity of pregnant adolescents, researchers can uncover the specific gaps that hinder their access to health services and develop targeted interventions to address these barriers.

According to the study, most of the adolescents did not know the information on the SRHR services. The SRHR services include HIV counselling and testing, pre and post antenatal care, sexual education, STI screening and testing and the access to contraceptives. The participants had different opinions to why they thought that they should not be aware of it. One participant claimed that:

*...we should not be taught about sex because we will want to try it. (Respondent 13)*

Other respondents agreed that they should be aware about it because the information will help them. Access to this kind of information would be so useful because it may help the adolescents to prevent themselves from getting pregnant whilst they are still young

*...But if we have that information, we can take care of ourselves so that we will not fall pregnant. And not get diseases. (Respondent 10)*

One went to agree that they should be able to access the information so as the services:

*...yes we should know about HIV testing it is important.*

Some are facing difficulties in accessing the services because their parents hinder them from going to the hospital because of their religion. For instance the ones' who attend Johane Masowe or Marange, they believe that if they get sick they can be healed naturally. So as the parents they believe that they should procreate and create a nation of many children.

*...Some are hindered by religion into getting involved in these programmes because the religious beliefs do not allow boys and girls to meet. So in most cases we have very few children attending these programmes, other parents as well play a role for example, when a parent says, "Why is it that we do not know about these programmes, they have to get to me first so that I can allow my child to go and attend" which then deprives the child from getting the information other children are getting equipped with, especially churches which*

*do not support this. In some instances, you might visit a homestead asking for a child and the parent will tell you that the child will come but still we don't see the child attending.*  
(Respondent 8)

#### **4.1.7 Legal**

The objective also links to the theme of legal barriers. The legal theme examines how laws and policies surrounding adolescent pregnancy can contribute to stigma and create barriers to accessing necessary services. Legal barriers encompass the laws, policies, and regulations that may stigmatize adolescent pregnancy or impede adolescents' access to healthcare services. Legal restrictions or lack of protection for pregnant adolescents may further stigmatize their situation, making it more difficult for them to access proper care. As a result, by examining the legal aspects surrounding adolescent pregnancy, researchers can identify how legal frameworks contribute to stigma and hinder adolescents' access to necessary health services, such as reproductive healthcare or prenatal care.

#### **4.1.2 Implications of stigma related barriers on the uptake of health services**

- *Use donabedian model of health quality*

##### **4.1.2.1 Birth complications**

The objective of exploring the implications of stigma-related barriers on the uptake of health services links to the theme of birth complications. Stigma-related barriers can negatively affect pregnant adolescents' access to healthcare services, leading to a high risk of birth complications. Using the Donabedian model of health quality, it can be broken down into the structure, process, and outcome of healthcare delivery. In terms of the structure of healthcare delivery, stigma related to adolescent pregnancy can lead to birth complications due to delayed or inadequate prenatal care. Adolescents who feel stigmatized may be less likely to seek out

proper medical attention during their pregnancy, which can ultimately result in complications during labor and delivery. This highlights the importance of addressing societal attitudes towards adolescent pregnancy in order to provide young mothers with the necessary support and resources to ensure a healthy pregnancy and childbirth.

There is the issue of the girl child facing complications in giving birth due to lack of proper services at the hospital.

*...One might just have complications or die whilst giving birth. She can get an operation, a complicated childbirth or death as the hospital might not have enough equipment and also the girl will be still young so it could be too much for the girl to deliver. (Respondent 9)*

The other participant also stated the issue of the adolescent being young, therefore leading to complications.

*... since you will be young you would have complications that will force you to have an operation then you will later have other complications after the operation (Respondent 8)*

#### **4.1.2.2 Death**

The process of healthcare delivery is also affected by stigma associated with adolescent pregnancy, particularly in the form of mortality rates for both mothers and babies. Stigma-related barriers can result in delayed or inadequate access to essential healthcare services for pregnant adolescents. Stigmatized pregnant adolescents may be less likely to receive suitable medical interventions, leading to an increased risk of death for both the mother and child. By addressing stigma-related barriers, healthcare providers can work towards reducing mortality rates among this vulnerable population and ensuring that all pregnant adolescents receive the care they need to have a safe and healthy pregnancy.

*...uh adolescence and teen pregnancies is very high in Zimbabwe and eh we are losing lives because of these teen pregnancies you know the teenagers are not fully developed medically for them to be able to give birth so because of that as they are giving birth their bodies are affected one way or the other some are losing their lives and their babies (Key Informant 2)*

The Key informant stated that the adolescents' bodies are not yet fully developed so they may tend to face a lot of challenges and complications when giving birth. These challenges include death of the adolescent and death of the baby as well.

*Just last week I saw in the newspaper that a 17-year-old gave birth to twins and shortly after she passed on (Key Informant 1)*

#### **4.1.2.3 Low uptake**

Additionally, stigma-related barriers can significantly hinder pregnant adolescents from seeking and utilizing health services. This can also negatively impact the outcome of healthcare delivery by leading to low uptake of essential health services among pregnant adolescents. Stigmatized individuals may be reluctant to seek out medical care due to fear of judgment or discrimination, resulting in poor adherence to recommended prenatal care guidelines. This can have serious consequences for both the mother and baby, including increased risk of complications during pregnancy and childbirth.

One participant stated that it is good for the adolescents to be tested so that they know their statuses and be able to use services provided by the hospital.

*It is good to get tested and know your status because you can die without you even knowing that you are HIV positive but if you get tested you can get help and take your pills. (Respondent 8)*

She went on to state that, due to lack of knowledge, some can even pass the virus to their children without even being aware

*... Some don't know that they are HIV positive, and some children are born HIV positive.*

Henceforth, low uptake of the medication due to lack of knowledge of one's status can risk both the adolescent and the baby's health.

#### **4.1.2.4 Poor adherence**

Stigma-related barriers can contribute to poor adherence to recommended healthcare interventions and treatment plans among pregnant adolescents. The Donabedian model highlights the importance of patient compliance and adherence to medical recommendations for achieving desired health outcomes. By exploring the implications of stigma-related barriers on healthcare uptake, researchers can identify how stigma influences pregnant adolescents' adherence to healthcare regimens, uncovering specific challenges and developing interventions to improve adherence and overall health outcomes.

Poor adherence to accessing medical services may result in death of the child. One health worker said that:

*...Because some children just stay ignorant of it until it will be too late and she dies*  
*(Key Informant 3)*

However they decided to track the adherence of children by using programs with certain organisations.

*...There is Cantras. Cantras was taking the whole house, from the father, mother and children. All of them were taken here so that they would be tested. Those who will be*

*negative were put aside, and those who are positive were put aside as well. Then they would start working with those who were positive, so that you see whether they are adhering or not on pills. (Key Informant 1)*

#### **4.1.3 To analyse the interventions to reduce stigma related barriers**

##### **4.1.3.1 Education and Awareness Campaigns**

One theme that links to the objective is education and awareness campaigns. These interventions seek to increase knowledge and understanding of adolescent issues. These include stigma associated with adolescence, among communities and key stakeholders. By examining the importance of education and awareness campaigns, researchers can recognize the effects of such interventions in reducing stigma-related barriers, thereby promoting acceptance, and changing societal attitudes towards adolescents.

One participant was asked about what they thought could be done to reduce stigma. One of them responded saying

*...I think people should be taught, there should be people who walk around teaching people how to take care and treat young girls that are pregnant. (Respondent 2)*

She brought out the issue of educational and awareness campaigns as part of interventions. These interventions can be effective in reducing stigma by hosting public campaigns, school programs, community workshops, etc. They can at least improve knowledge and understanding about stigma which affects the adolescents and the marginalized groups. These campaigns aim to reduce stigmatisation in the society, myths, stereotypes and gender disparities. Their goal will be to promote social inclusion, acceptance and empathy.

The other participant went on to say:

*...I think that what I mentioned earlier will help, we should have awareness programmes for the community so that they understand that being pregnant does not mean death but these young girls can dust themselves up and still have a brighter future. (Respondent 4)*

#### **4.1.3.2 Community Engagement and Support**

Community engagement and support is a theme that focuses on involving local communities in efforts to reduce stigma associated with adolescence. These interventions seek to nurture supportive and inclusive environments that promote acceptance, understanding, and empathy towards adolescents. By doing this it can allow or give the chance for adolescents to be reintegrated into their communities, for those who felt marginalized and discriminated. As a result, by exploring community engagement and support interventions, researchers can evaluate their effectiveness in challenging stereotypes, fighting stigma, and forming a network of support for adolescents to access services and resources easily without fear of judgment or discrimination.

One of the participants suggested the issue of counselling for both the parents and the child. This is the kind of support they may require. Counselling is required because it can help to ease out stress for both the child and the parent. It also gives room for solutions to the problems.

*...I suggest that there be counselling for both parents and the child because our parents will be stressed and counselling will help them to better handle to situation. (Respondent 7)*

#### **4.1.3.3 Youth Empowerment and Advocacy**

Youth empowerment and advocacy is a theme that focuses on empowering adolescents themselves to challenge stigma. It advocates for their rights, and brings change in their communities. These interventions aim to encourage the voices of the voiceless for the

adolescents, promote their active participation, and create platforms for them to share their experiences and perspectives. By exploring youth empowerment and advocacy interventions, researchers can evaluate their impact in breaking down stigma-related barriers, promoting self-advocacy, and fostering a platform of agency and empowerment among adolescents.

One key informant said that:

*...Personally, I speak when in need and I sometimes get help such as clothes which I then give to those in need. As Epworth community, we should start this program and help our children. Women! We need to stand together. (Key Informant 4)*

One of the Community care workers mentioned that the major service which was required by these adolescents was empowerment. If the adolescents are empowered, they are given a chance to be occupied and not have an idle mind which will lead them into misbehaving. Also empowering them will give them an opportunity for them to make their own money by running certain projects. Henceforth, empowerment was vital in the adolescents' lives.

*... I think the, the major, the major service is, is that empowerment. (Key Informant 3)*

He went on to say:

*... Empowering them through knowledge and also the engagement of other partners will help them. (Key Informant 3)*

One of the key stakeholders gave an example of the organization that was working with the adolescents

*...Ah there are there like some NGOs such as Youth Tariro who are working with children from 10-19 but their cut off is 24. Those organizations assist them with income*

*generating projects that they identify, that they work on, mostly in Zaka you find them in wards 8, 19, 32, 22, that is where they are based in.*

#### **Objective 4**

#### **4.1.4 To develop strategies to promote uptake of health services among adolescent pregnancies**

##### **4.1.4.1 Youth-Friendly Healthcare Services**

One theme that links to the objective is youth-friendly healthcare services. These strategies involve creating healthcare environments that are welcoming, non-judgmental, and personalized to the different needs and preferences of the adolescents. By developing and implementing youth-friendly healthcare services, researchers can promote the uptake of health services by reducing the stigma and barriers that pregnant adolescents may face when seeking assistance.

There are youth friendly services that assist the young adolescents. One participant mentioned that they got assistance from Childline. She said:

*...When I was pregnant I got counselling services, I got “preparation” and got money for blankets from ChildLine (Respondent 9)*

Another participant stated that they received assistance from an NGO:

*...We used to have Childline but they moved and now we have the NGO named Bantwana. They are not yet working in the community but they came and said they wanted to help take over from where Childline stopped. (Respondent 12)*

Youth Centers also happen to educate the adolescents on Sexual issues. One participant mentioned that:

*...At the youth centre there is My body my future I think done by PLAN and they teach children about SRHR issues.*

These Youth Centers are helping the adolescents in every form of support they can. Some of them are offering in monetary form, and some of them are offering counseling and so forth. This is helping the adolescents because they are providing in areas that the adolescents are lacking.

#### **4.1.4.2 Education on Sexual Reproductive and Health Services**

Sexual education is another important theme that aligns with the objective. Strategies that focus on comprehensive sexual education aim to provide accurate and inclusive information about sexual and reproductive health to adolescents. By developing and implementing comprehensive sexual education programs, researchers can empower adolescents with knowledge and skills to make informed decisions about their reproductive health, including seeking and utilizing health services during pregnancies.

One key stakeholder mentioned that the adolescents are taught about the SRHR services when they go for the antenatal check-ups at the clinic

*...We teach our children how to take care of their babies and they are also taught what to do at the clinic after birth and when they go for vaccinations. (Key informant 2)*

Also the community care workers claim to work with other organisations in terms of educating the girl child

*...We are working with CAMFED, we are learner guides at school here and we work with girls from form 1 to 6. We have 1 session a week with the children where we will be teaching them about the importance of education and to avoid getting pregnant while still young. (Key informant 4)*

They went on to say:

*...We do not have any age restriction we just take from form 1 to 6 as long as they are at school, we explain to them how bad it is to get married while young. We have also talked about ways to prevent getting pregnant and we ended up with the agreement that it is ok for our children to use contraceptives to avoid these early pregnancies. (Key informant 4)*

One adolescent mentioned that at their school they have group clubs

*... There are AIDS clubs that help teach children that they should not be getting pregnant whilst they are still young. However, some children don't attend the clubs. It would be better if more clubs were created also to cover large areas and family planning teachings to begin at a very tender age in those clubs. (Respondent 13)*

#### **4.1.4.3 Accessible and Affordable Healthcare**

The theme of accessible and affordable healthcare is vital in promoting the uptake of health services among pregnant adolescents. Strategies that address this theme focus on removing geographical barriers and financial constraints. They ensure that healthcare services are easily accessible and affordable for all the adolescents. By developing strategies to improve the accessibility and affordability of healthcare, researchers can develop the uptake of health services among pregnant adolescents, especially those from marginalized backgrounds.

One respondent mentioned that:

*... there is Mhuri Organisation which comes to this district and help by giving children free family planning pills but in most cases, they give 24years and above but still they don't give elders. (Respondent 8)*

#### 4.1.4.4 Peer Support Programs

Peer support programs are interventions that connect pregnant adolescents with peers who have had similar experiences. These programs provide emotional support, information sharing, and practical guidance to pregnant adolescents. By developing and implementing peer support programs, researchers can foster a sense of belonging and reduce the isolation and stigma that pregnant adolescents may face, ultimately promoting their uptake of health services.

One participant stated that it was better for the young mothers to associate by themselves because they understood each other and related on a lot of issues.

*... I think young mothers should just stay amongst themselves and play amongst themselves. (Respondent 1)*

She went on to say:

*...We will just help each other amongst ourselves. (Respondent 1)*

The adolescents feel like it is better for them to associate as the same adolescents who got pregnant because they feel like they understand each other due to the same circumstance. They feel like there will be no judgements and stigma because they will be in the same state.

## **CHAPTER FIVE:**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter is a summary of the research which focused on finding out the associated with adolescence pregnancy. It also concludes the research findings and also consists of the recommendations for the stigma associated with adolescent pregnancy.

#### **5.2 Summary of findings**

This segment summarises the research findings in brief. These are the final results which were drawn from the study.

##### **5.2.1 SRH services provided by the clinic and other institutions to the adolescents**

The feedback from the adolescents and the key informants proved that there were different health services which were offered at the health institutions which the adolescents made use of. Sexual and Reproductive Health (SRH) services provided by clinics and institutions to adolescents play a n important role in promoting their well-being, addressing their specific needs, and ensuring access to comprehensive healthcare. Some of the SRHR services offered to adolescents by clinics and institutions included contraceptive services. These came in form of contraceptive methods, including oral contraceptives, condoms, contraceptive implants like jadelles, and injectables like depo provera. The nurses also offered counseling on different contraceptive options and discussed how they were to be used and their effectiveness. They assisted the adolescents in making informed decisions based on their preferences and reproductive goals. The clinics also offered testing, diagnosis, and treatment for sexually transmitted infections (STIs) among adolescents. Healthcare providers conducted tests for

common STIs such as chlamydia, gonorrhea, syphilis, and HIV. Positive test results are followed by appropriate treatment and counseling on prevention, safe sex practices, and partner notification. . They were also provided with sexual health education which talked about issues to do with puberty, sexuality education, healthy relationships, consent, contraception, STI prevention, and safe sex practices. Education may was done through focus group discussions, and one-on-one guidance and counseling. It aimed to equip adolescents with proper information, promote healthy behaviors, and empower them to make responsible choices. Lastly, pregnancy testing and counseling was done at the clinics. Healthcare providers conducted pregnancy tests and provided counseling on parenting, how to feed the newborn baby and on information that has to do with antenatal checkups. They offer information on prenatal and post natal care, reproductive health, and support services to help adolescents make informed decisions regarding their pregnancy. However, it is also important to note that the availability of the SRH services for adolescents varied depending on the clinic, institution, and location and also some of the clinic's health services were limited. This is because not every clinic had all the services. For instance, some of the clinics did not have all the contraceptives methods.

### **5.2.2 Challenges faced in stigma associated with adolescence pregnancy**

One of the major challenges which were presented was the issue to do with distance to the clinic and other health institutions. Since some of the communities are far apart from each other, some adolescents are hesitant and procrastinate on going to the clinic to access these services. As some adolescents have other demanding needs and activities at school they would want to access the health services somewhere where they are easily accessible. The journey of going to and from the clinics which are far is also a challenge since it wastes their time to learn and also they might have some travelling expenses too. This then affects their efforts to access the SRHR health services. Basically everyone needs to easily access any service without going

through any challenges and if they face challenges they end up deciding not to go to the clinics. The other challenge which was presented was lack of finances to cover antenatal health expenses. This is a challenge since most adolescents are not financially stable and rely on their parents for their upkeep. Furthermore, stigmatization was also another challenge the adolescents were facing in clinics and ill-treated. The society we live in has got norms, values and expectations. Therefore if one does not follow the norms and values they will end up being stigmatized by everyone, including their peers. This will lead to self-isolation on the individuals, and can lead to other mental health consequences like depression, anxiety etc. The health professionals apart from their prescribed jobs, they also belong to a community which has its own values and norms and in the end they might have their personal norms and values overriding their work ethics. The parents of the young mothers too might fail to support them due to their beliefs too. In most cultures it is the responsibility of the father and mother of the child to take care of their child. Therefore in cases of these young adolescents having an unplanned pregnancy, the young mother might have some financial constraints since their majority are not yet employed. Therefore adolescents face various challenges as compared to elderly people as evidenced by the study because they are young and most of them have got very little or no experience in the maternal health sector.

### **5.2.3 Effectiveness of health services in different institutions.**

The health services seem to be effective enough according to the study results. There was provision of quality of care whereby the healthcare providers were trained to be patient with the adolescents who came seeking for help. However, there is need for improvement on the areas which the participants highlighted on the challenges for the services to be highly effective. These services cease to be effective when for instance in situations whereby the participants mentioned that some of them were not able to access the services which were

provided online due to network issues and due to others not having the phones. In general, the feedback was that the services provided in the health institutions were good and workable with.

#### **5.2.4 Coping strategies that can be employed**

Coping strategies which were suggested by the respondents included the decentralization of the antenatal health services to all communities or having mini clinic centres in every community. This improves the accessibility of the health services and the adolescents can fully make use the services as they will be close to them. The research participants also suggested that some of the health professionals should get educated on how to treat people when they visit the clinics. They need to exercise acceptance and non-judgemental attitude so that every individual who visits the clinic feels welcome and will not hesitate to come back next time. Also the children should get educated on SRHR health issues to avoid challenges like lack of knowledge and also for the boys to support the girls such that in cases where the boy impregnates a young adolescent they will help and support each other. Another coping strategy according to the research was also that adolescents should be given time to go and access their antenatal health services at school. During their studies, adolescents might have a busy schedule which might affect their commitment to taking care of their maternal health and also to access the services. They might not get some time to visit the health institutions therefore they require a flexible timetable.

#### **5.3 Conclusions of the study**

From the research findings, it can be concluded that most female adolescents are stigmatized when they visit clinics because of social structures and societal norms and values. A lot of people stigmatize the young adolescents who get pregnant before getting married because it is socially unacceptable. Therefore, because of their age, the adolescents are stigmatized whether they are married or not. Distance also proved to be a major barrier which hinders the

adolescents from accessing the health services. As the other participants recommended, it is better if the clinic services are decentralised to every community to improve accessibility. It is very hectic for the adolescents who will be pregnant mostly to travel long distances or those who will have given birth to travel with their babies especially during the post natal period. It therefore can be concluded that distance is a barrier for the adolescents to access antenatal health services. It can also be concluded that lack of knowledge is a contributing factor to the adolescents failing to access the SRHR health services. Some of the adolescents do not seek these health services because they do not know that they are important and also where and when to seek assistance. It is therefore crucial that the adolescents are educated on the importance of the SRHR health services and also where to seek for them and assistance. Financial constraints are also a challenge which are faced by y the adolescents in accessing antenatal health services. According to the findings, a lot of adolescents are not financially stable and their pregnancies are unplanned. The adolescents also have some demands at school and expenses which need to be paid up. Therefore finances are a challenge for most of them.

#### **5.4 Recommendations.**

This study sought to find out the challenges of stigma associated with adolescent pregnancy in accessing SRHR health services. Therefore, the following are recommendations for health institutions and other health service centres so that they can improve the accessibility of the health services to the adolescents and their health delivery system as well. The recommendations are as follows:

- The decentralization of clinic and health services to all the communities. This serves to reduce or cut off travelling costs and also improve accessibility of services. It also improves the utilisation of the health services.

- Educating on SRHR health information to all adolescents for both boys and girls so that they know what it is all about.
- The government and the private sector should continuously train their staff in health institutions on how to handle clients when they visit clinics.
- NGO's which major in sexual and reproductive health and the government should educate the community at large so that people learn to accept each other as they are despite of their sexuality and stop stigmatizing each other but rather support each other.
- During community meetings which include the parents of the adolescents and the village health workers, the parents should be encouraged to support their children after finding out that they are pregnant and learn to accept them without discriminating them and labelling them.
- The community as well should introduce focus support groups for adolescent mothers so that they can meet up and discuss their issues and share the knowledge and their experiences.

## **5.5 Chapter summary**

This chapter focused on providing a summary of the findings presented in Chapter 4. These findings include the health services offered by different health institutions, challenges faced by female adolescents in accessing SRHR and antenatal health services, the effectiveness of these health services and the coping strategies that can be employed. Lastly the chapter highlighted some recommendations which can be useful to the health sector and the adolescents in the community.

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## **APPENDIX 1: APPROVAL LETTER FROM BINDURA UNIVERSITY**

FACULTY OF SOCIAL SCIENCES & HUMANITIES  
DEPARTMENT OF SOCIAL WORK



P. Bag 1020  
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 22 / 11 / 23

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, LAURA T. MUFUKA, Student Registration Number B2004918, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

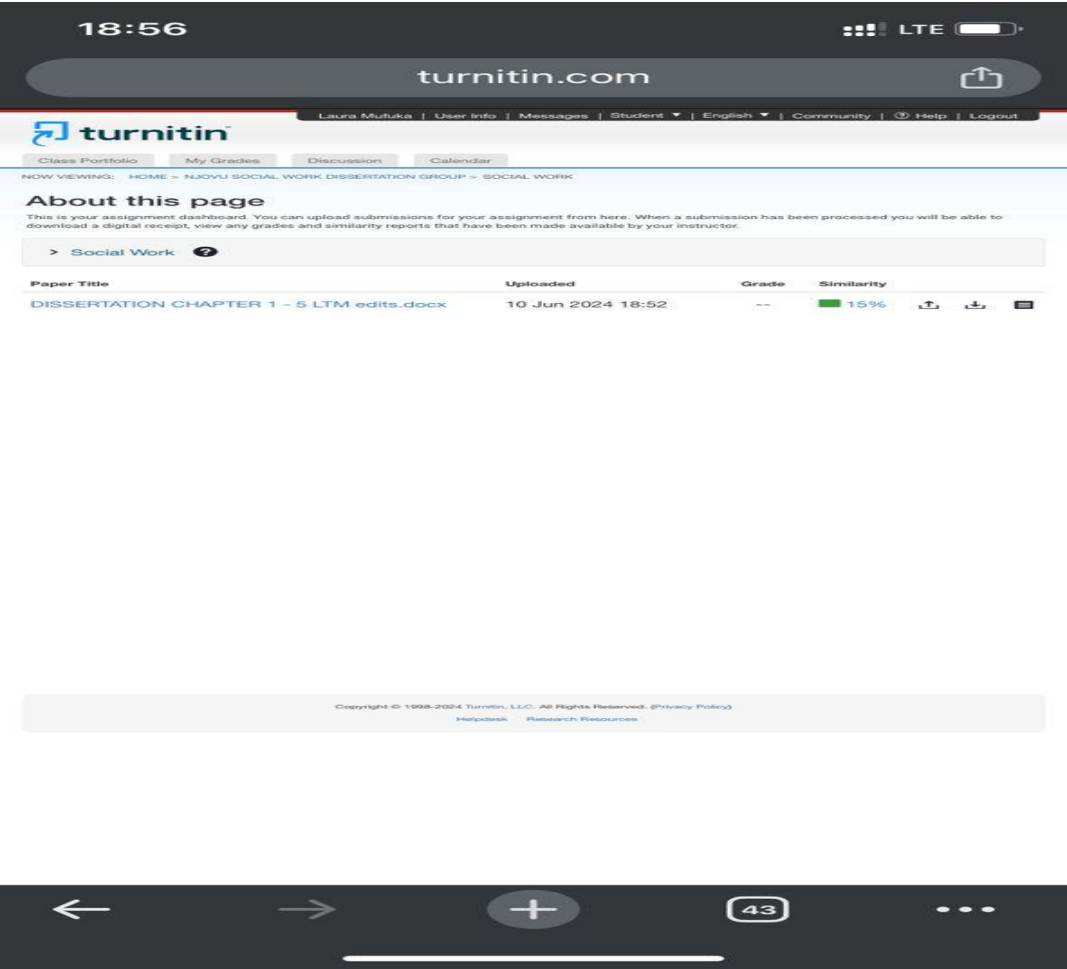
A handwritten signature in blue ink, appearing to be 'L.C. Nyamaka'.

MR L.C Nyamaka  
Acting Chairperson - Social Work



**CeSHHAR ZIMBABWE**  
04 Bath Road, Belgravia, Harare  
Tel: 0242 333393

APENDIX 2: TURNITIN



## **APENDIX 3: INTERVIEW SCHEDULE GUIDE: ADOLESCENTS**

### **INTERVIEW GUIDE (For Epworth and Hopley Adolescents)**

My name is Laura Tafadzwa Mufuka and I am a fourth year student at Bindura University of Science Education currently studying a Bachelor of Science (Honours) Degree in Social Work. I am conducting a research on Stigma associated with adolescent pregnancy. The aim of my research is to unpack the different forms of stigma associated with adolescent pregnancy and to analyse the social, economic and health impacts of these stigmas. The information provided shall be kept confidential and shall not be revealed to anyone and your identity shall be protected. There will be use of participant ID numbers instead of using actual names for confidentiality purposes. You are free to end the interview session at any point and please let me know if you are not comfortable with answering certain questions.

#### **Section A**

#### **BIOGRAPHY**

1. What is your name?
2. How old are you?
3. Are you still going to school?
4. Which community are you from?

#### **Section B**

#### **To find out how stigma impacts the lives of pregnant adolescents**

1. What do you think are the causes of stigma in this community?
2. Why do you think people from the community stigmatise the adolescents?

3. How does this stigma impact the adolescents' lives both in and out of school?

### **Section C**

**To identify barriers do pregnant adolescents face when accessing health and social services**

1. What challenges are you facing in trying to access SRHR health services?
2. What causes you to face these problems?
3. When you face these challenges where do seek help? Was the help you sought of any help to you?

### **Section D**

**To find out on what should be done to reduce stigma associated with adolescent pregnancy**

1. Do you think the any of the health services offered are effective in reducing stigma and assisting you as pregnant adolescents?
2. What do you think should be done to improve the effectiveness of these health services?

### **Section E**

**To come up with the strategies that service providers can employ to better support pregnant adolescents and reduce the impact of the stigma**

1. What do you think the service providers should do to improve on the accessibility of health services to the adolescents?
2. Can you comment overally on the health services provided to the adolescents?

## **APENDIX 3: KEY INFORMANT INTERVIEW GUIDE**

### **KEY INFORMAT INTERVIEW GUIDE**

My name is Laura Tafadzwa Mufuka and I am a fourth year student at Bindura University of Science Education currently studying a Bachelor of Science (Honours) Degree in Social Work. I am conducting a research on Stigma associated with adolescent pregnancy. The aim of my research is to unpack the different forms of stigma associated with adolescent pregnancy and to analyse the social, economic and health impacts of these stigmas. The information provided shall be kept confidential and shall not be revealed to anyone and your identity shall be protected. There will be use of participant ID numbers instead of using actual names for confidentiality purposes. You are free to end the interview session at any point and please let me know if you are not comfortable with answering certain questions.

#### **Section A**

##### **BIOGRAPHY**

1. What is your name?
2. How old are you?

#### **Section B**

##### **To find out on what should be done to reduce stigma associated with adolescent pregnancy**

1. Do you think the any of the health services you are offering are effective in reducing stigma and assisting the pregnant adolescents?
2. What do you think should be done to improve the effectiveness of these health services?

3. What other services would you recommend the institution to provide the adolescents with?
4. Can you comment in general on the health services provided by the institution to the adolescents specifically?

### **Section C**

**To identify barriers do pregnant adolescents face when accessing health and social services**

1. What challenges are you aware of that the adolescents are facing in accessing the SRHR health services?
2. What causes them to face these challenges?

### **Section D**

**To come up with the strategies that service providers can employ to better support pregnant adolescents and reduce the impact of the stigma**

1. What do you think the service providers should do to improve on the accessibility of health services to the adolescents?
2. Can you comment overally on the health services provided to the adolescents?

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