

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**  
**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**  
**DEPARTMENT OF SOCIAL WORK**

**experiences of first time adolescent pregnant women: a case of mutasa district.**

**BY**

**(B200299A).**

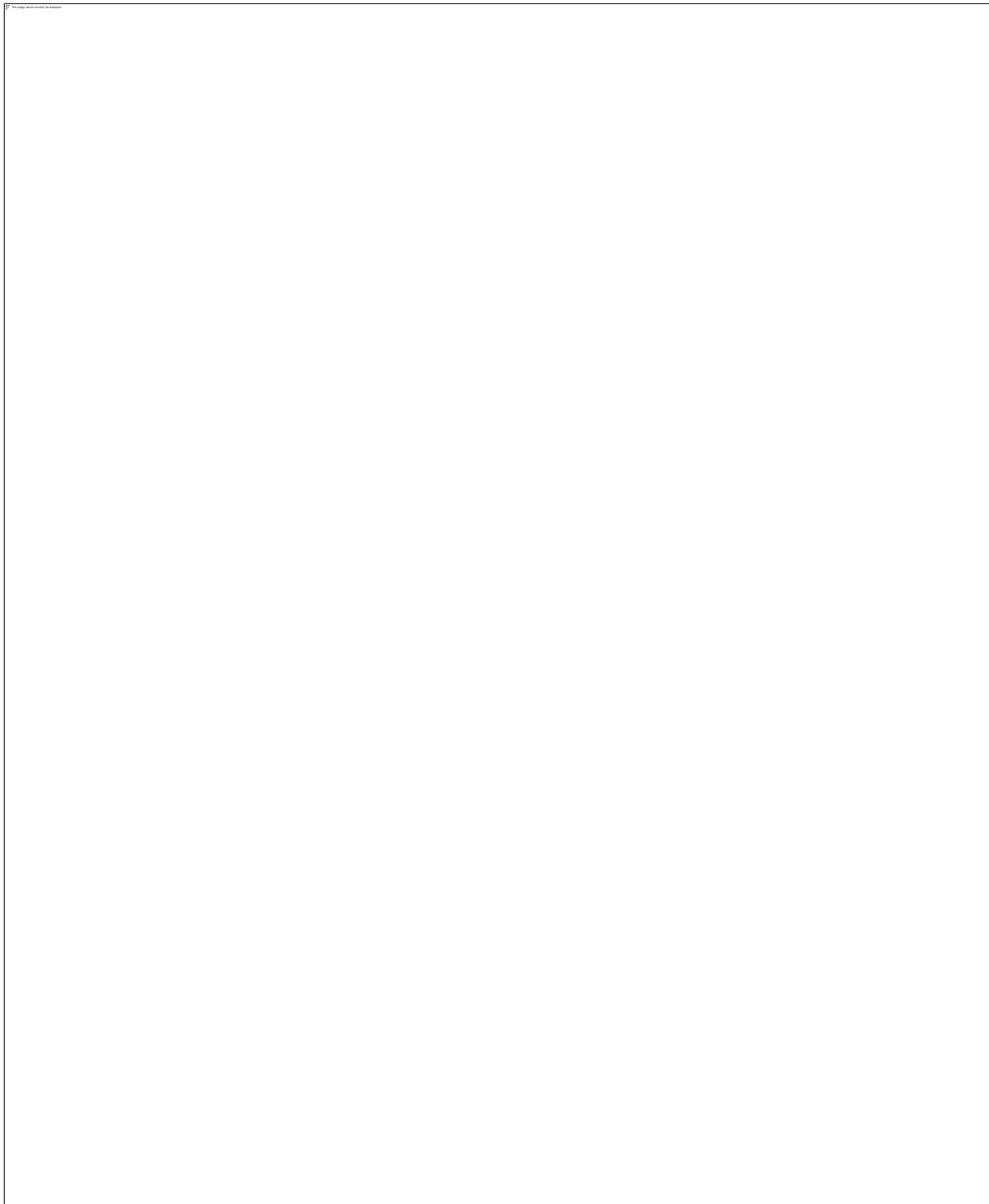
**2024**



**A dissertation submitted to Bindura University of Science Education, Faculty of Social Sciences and Humanities, Department of Social Work, in partial fulfilment of the requirements for the Bachelor of Science Honours Degree in Social Work**

## **APPROVAL FORM**

Do not sign until you have read the instructions



## **RELEASE FORM**

**NAME OF STUDENT:            VICTORIA GEREDE**

**STUDENT NUMBER: B200299A**

**TITLE OF RESEARCH: EXPERIANCES OF FIRST TIME ADOLESCENT  
PREGNANT WOMEN. A CASE OF MUTASA DISTRICT.**

**DEGREE TITLE: BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL  
WORK**

**YEAR OF COMPLETION: 2024**

Permission is now granted to the Bindura University of Science Education to produce duplicates of this dissertation and to lend or sell such copies for private, scholarly, or scientific purposes only. The author does not reserve other publication rights, and neither the dissertation nor its extensive extracts may be printed or otherwise reproduced without the author's consent or written permission.

**SIGNED..... VICTORIA GEREDE.....**

**DATE.....**

**CONTACT DETAILS: 0773694984/0719739027**

**HOME ADDRESS : 385 AREA 15 DANGAMVURA MUTARE**

## DECLARATION RELEASE FORM

I, Victoria Gerede, studying for a Bachelor of Science Honours Degree in Social Work, am aware of the fact that plagiarism is an academic offense and that falsifying information is a breach of the ethics of Social Work research; I truthfully declare that:

1. The dissertation report is titled **Experiences of First-time Adolescent Pregnant Women. A Case of Mutasa district** is my original work.
2. The research was meticulously crafted within the stringent confines of the research ethics and the ethics of the profession, ensuring the highest standards of academic integrity.
3. Bindura University of Science Education can use this dissertation for academic purposes.

Student's name..... Signature..... Date.....

### Permanent Home Address:

385 Area 15

Dangamvura

Mutare

## **DEDICATION**

I want to dedicate this project to my beloved parents, Mr. and Mrs. Gereade, who gave me the reason to be here, the sacrifices you made, guiding and supporting me to keep up the good fight for the best results in life. You will forever have a place in my heart. I also want to dedicate this research project to my sisters and brothers, who kept pushing and inspiring me in my academic journey. I love you all. This would not have been possible without your support.

## **ACKNOWLEDGEMENTS**

I would like to thank the Lord Almighty for guiding me and giving me an opportunity to keep on continuing in my academic journey and for the continuous strength he offers me every day

of my life. I would like to extend my sincere gratitude to my Supervisor, Mr Njovu who guided me to complete my dissertation. I would not have been able to complete this study without his instructions, corrections and recommendations that enabled me to complete this dissertation. My heartfelt gratitude goes to my beloved parents, my siblings and my friends who stood by me every step of the way, motivating and inspiring me from the onset of this research up to its completion. I also want to spread my heartfelt gratitude to the nurses, village health workers and the pregnant mothers who were so welcoming of me during the time they participated in the study.

## **ABSTRACT**

*The purpose of this study was to explore the experiences of first time adolescent pregnant women in Mutasa. The major aim of the study was to investigate the experiences of first time adolescent pregnant women in Mutasa District. The study aimed to investigate the challenges*

*faced by first time adolescent pregnant women in Mutasa, to explore the barriers that prevent first time adolescent pregnant women from accessing the services they need, to examine the perceptions of the first time adolescent pregnant women on the efficacy of antenatal care services and to develop a model that can be used as panacea to address the problems faced by first time adolescent pregnant women. The research was qualitative in nature and employed interviews and a focus group discussion for the purpose of data collection. The study employed a case study research design. A sample size of 25 participants was reached from the target population of 30 participants. The population was utilised to collect relevant information to the study. The study employed the Systems theory and the theory of planned behaviour. The study revealed that first time adolescent pregnant women in Mutasa are experiencing high cost on medical bills. The study also found that first time adolescent pregnant women are health crisis in public clinics leading to home delivery. The study revealed that, first time adolescent pregnant women are experiencing high infant mortality rate because first time adolescent pregnant women failed to attend prenatal maternal services due to the shortage of money and lack of experience. Moreover, transportation was also found during the research study that, first time adolescent pregnant women are experiencing. Lack of access to maternal health care was also found as one of the challenges that are being faced by first time adolescent pregnant women. Moreover, premature delivery is another challenge being faced by first time adolescence pregnant women in Mutasa District. The study also found that there are some barriers that prevent first-time adolescent pregnant women from accessing the support they need during pregnancy. Religious beliefs were found as one of the barriers limiting first time adolescent pregnant women to access effective maternal health services. The research revealed that, traditional and cultural beliefs also prevent many first-time pregnant women from accessing maternal health services. The study found that the percent of the first time adolescent pregnant women who mentioned that, antenatal care services were effective during their pregnancy is higher than those who mentioned that the services were very effective. The study also puts across some recommendations and developed a model that can be used to address challenges being faced by first time adolescent pregnant women. It recommends that there should be a multisectoral approach between the cohesive groups in all forms of assisting first time adolescent pregnant women in Mutasa.*

## **LIST OF ABBREVIATION AND ACRONYMS**

DRC	Democratic Republic of Congo
MOHCC	Ministry of Health and Child Care
NGOs	Non-Governmental Organisations
SADC	Southern African Development Committee
UHEPs	Urban Health Extension Professionals
UNICEF	United Nation Children Education Fund
UNPF	United Nation Population Fund
VHW	Village Health Workers
WHO	World Health Organisation
TIPTOP Pregnancy	Transforming Intermittent Preventive Treatment for Optional



## Contents

PLAGIARISM REPORT .....	Error! Bookmark not defined.
APPROVAL FORM .....	Error! Bookmark not defined.
DECLARATION RELEASE FORM .....	iii
DEDICATION .....	iv
ABSTRACT .....	v
LIST OF ABBREVIATION AND ACRONYMS .....	
CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY .....	1
1.0 Introduction .....	1
1.1 Background of the Study .....	1
1.2 Statement of the Problem .....	5
1.3 Aim of the Study .....	5
1.4 Research Objectives .....	6
1.5 Research Questions .....	6
1.6 Assumptions of the Study .....	6
1.7 Importance of the Study .....	7
1.7.1 to first-pregnant adolescent women .....	7
1.7.2 to the Government Ministries, Departments, and Policymakers .....	8
1.7.3 to the NGOs .....	8
1.7.4 to the academics .....	8
1.8 Limitations of the Study .....	9
1.12 Delimitations of the Study .....	9
1.13 Definition of Key Concepts .....	9
1.13.1 Pregnancy .....	9
1.13.2 Adolescence .....	10
1.13.3 First-time pregnancy .....	10
1.13.4 Experiences .....	10
1.14 Chapter Summary .....	10
CHAPTER TWO: LITERATURE REVIEW .....	11
2.0 Introduction .....	11
3.0 Introduction .....	25
CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION .....	33
4.0 Introduction .....	33

4.2 Demographics .....	34
Table 4.2 showing demographic characteristics .....	34
..... <b>Error! Bookmark not defined.</b>	
5.0 Introduction.....	50
<b>5.2 Conclusions.....</b>	<b>52</b>
<b>5.2.1 Challenges faced by first-time adolescent pregnant women in Mutasa. ....</b>	<b>52</b>
<b>5.2.2 Barriers that prevent first-time adolescent pregnant women from accessing the support they need.....</b>	<b>53</b>
<b>5.2.3 Perceptions of first-time adolescent pregnant women on the efficacy of antenatal care services. ....</b>	<b>53</b>
<b>5.3 Recommendations .....</b>	<b>53</b>
<b>5.3.1 To the Government Ministries and Police Makers .....</b>	<b>54</b>
5.3.2 To the Non-Governmental Organizations.....	54
5.3.3 To the clinics in Mutasa .....	54
5.3.4 To the Community .....	54
5.3.5 Model that can be used as panacea to the challenges faced by first time adolescent pregnant women.....	55
Refferences .....	58
APPENDICES .....	64
APPENDIX 1: KEY INFORMANTS INTERVIEW GUIDE .....	64
QUESTIONS .....	64
Section A: Biographic Information.....	64
Section B. Understanding of first time adolescent pregnancy and maternal health care .....	65
Section C Experiences of first time adolescent pregnant women. ....	65
Section D: Intervention strategies .....	65
Section E: Challenges .....	66
Appendix 2: RESPONDENT’S IN-DEPTH INTERVIEW GUIDE .....	67
Introduction.....	67
Section A: Biographic Information.....	67
Section B: Understanding of maternal health services .....	68
Section C: Challenges faced by first time adolescence pregnant women in maternal health. ....	68
APPENDIX 3: FOCUS GROUP DISCUSSION WITH FIRST TIME ADOLESCENT PREGNANT WOMEN.....	69

Introduction.....	69
Section A: Biographic Information.....	69
Section B: Understanding of maternal health services .....	69
Section C: Challenges faced by first time adolescence pregnant women in maternal health. ....	70
Section D: Possible solutions.....	70
APPENDIX 4: CONSENT FORM.....	71
APPENDIX 5: APPROVAL LETTER 1 FOR DATA COLLECTION.....	73
APPENDIX 6: APPROVAL LETTER 2 FOR DATA COLECTION .....	74
APPENDIX 7: APPROVAL LETTER 3 FOR DATA COLLECTION.....	75

## **CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY**

### **1.0 Introduction**

Adolescent pregnancy is a major public health concern due to its significant impact on the health and well-being of first-time adolescent pregnant women. This remains a significant issue, especially in marginalised areas. Adolescent pregnancy can have significant negative impacts on maternal health, including stigma and discrimination, increased risk of pregnancy, birth complications, increased maternal and child mortality, and increased risk of mental disorders. Newly adolescent pregnant women also face numerous challenges in the global socio-economy, ranging from illness, physical changes, difficulty concentrating, and social problems to psychological and emotional changes that can lead to lifelong problems. Many pregnant teenagers around the world face these challenges during their first pregnancy. The problem is even more severe in sub-Saharan Africa and Zimbabwe where healthcare is poor. These practical experiences of women who are pregnant for the first time prompted the researcher to investigate the experiences of women who are pregnant for the first time in Zimbabwe using the case of Mutasa district, Manicaland province. This chapter describes the background of the study, the problem statement, aim of the study, study objectives, the significance of the study, the assumptions of the study and the dissertation outline.

### **1.1Background of the Study**

Many problems arise during adolescent's first pregnancy. These situations adversely affect women living in less developed communities. In developing countries, access to health services is minimal. Hence, first time adolescent pregnant women in developing countries such as Burundi, Angola, and Cambodia face many problems during their birth visits due to

economic issues, social and cultural beliefs. Many first times pregnant adolescents experience significant physical, psychological, and emotional changes during pregnancy. In developed countries such as Europe, pregnant mothers face problems mainly due to natural body changes and illnesses of natural causes, such as morning sickness, headaches, and back pain (Goossens, 2018). Mood swings are also common among pregnant women in Europe, such as in the UK and France. Many previous studies have found that pregnant mothers experience mood volatility during pregnancy, in the sense that hormone levels fluctuate and many pregnant women may become moody. This was also confirmed by a study by Javanmardi et al. (2018) on women with premenstrual syndrome. The study found that, these women are more likely to experience severe mood swings during pregnancy. Additionally, first time adolescent pregnant women may experience difficulty concentrating, skin changes, and persistent sadness. These issues affect African women who face financial problems, lack of counseling services, limited access to health services, and food insecurity among others.

Due to financial issues in Africa, many pregnant women face many challenges, including food insecurity in their social communities as food security challenges continue across the continent. Most first time adolescent pregnant mothers living in marginalised communities in Africa are vulnerable to malnutrition. Although some countries, such as Rwanda, have improved access to obstetric care, women still face malnutrition and a lack of prenatal and emergency medical services. Many pregnant women crave certain foods and sometimes dislike others. In many poor communities in Africa, such as Somalia, Ethiopia, and South Sudan, women suffer from food insecurity, which puts them in a difficult position if they want or dislike certain foods. Many communities in Zimbabwe do not have accessible health services and are in very remote areas. Many pregnant teens may feel depressed and

fail as mothers during pregnancy, and this can lead to suicidal thoughts, especially in teens who are pregnant for the first time (Poels et al., 2017). This requires effective counseling services provided by clinics, local health workers, and social workers. However, in areas where healthcare is scarce due to distance, many pregnant women suffer from lack of effective support.

In the Southern African Development Community (SADC) region, adolescent pregnant women face a variety of challenges, ranging from domestic violence by partners due to failure in pregnancy management to partners' inability to understand the needs and demands of pregnant women (Sehati et al., 2018). Furthermore, most adolescent pregnant women living in peripheral regions of SADC countries face difficulties in accessing proper health facilities and services required for a healthy pregnancy. According to the United Nations Population Fund (UNPF), less than half of women in Luanda, Angola and Cabo del Gado regions of Mozambique can afford at least one consultation and examination (Dodzo & Mhloyi, 2017). In some cases, the quality of healthcare is poor and even when women can afford to undergo examinations, medicines and equipment are very limited. An estimated 26% of girls aged 10 to 19 years will give birth to a child for the first time. There are significant gaps in understanding about the challenging experiences of young women in rural areas who become pregnant for the first time. Adolescents who become pregnant for the first time face many challenging experiences, including increased risk of complications during pregnancy and birth, stigma and discrimination, increased risk of negative psychological outcomes, and high maternal mortality. High rates of adolescent pregnancy are the result of several factors, including poverty, lack of access to education and information on sexual and reproductive health,

gender inequality, and cultural norms and practices that encourage early marriage and childbearing. There are significant gaps in the provision of health and social services for young women who become pregnant for the first time, including inadequate access to prenatal care, skilled birth attendants, and postnatal care. However, legal frameworks exist to support adolescents. These include the Child Protection and Welfare Act, Sexual Offences Act (Chapter 9:21), Zimbabwe National Adolescent Health Strategy (2012), and the Children Act (Chapter 5:06). Pregnant adolescents are particularly protected and demand that appropriate medical care and support be provided to them and that their best interests are prioritised in all decisions that affect them.

Most research efforts on pregnant women have historically focused on urban areas and have focused on mental health issues of pregnant women. In this regard, none of the previous studies reviewed by the researcher have explored the experiences of first-time adolescents in Mutasa District, Manicaland Province. Thus, the experiences of first-time adolescents in Mutasa District are understudied. Despite the significant health risks associated with teen pregnancy, there is a lack of research on the specific experiences young women go through during the first trimester of pregnancy. This research gap contributes to a lack of understanding about how to best support these young women and may also lead to ineffective interventions and strategies. Experiences may include stigma and discrimination, increased risk of complications during pregnancy and childbirth, increased maternal and child mortality, and increased risk of negative psychological outcomes. Due to this knowledge gap, this study attempts to fill and bridge the gap that previous researchers have overlooked.

## **1.2 Statement of the Problem**

Research has shown that in Zimbabwe, the experiences of first time pregnancy is upsetting for many young pregnant women because they face many social issues ranging from physical changes, mental stress, domestic violence, difficulty in accessing health services, financial limitations, etc. During the first pregnancy, young women's needs and demands may frustrate men, leading to domestic violence (Dodzo & Mhloyi, 2017). Apart from domestic violence, women suffer from high fever (about 38.3 degrees Celsius), excessive vomiting, and weight loss during the first three months. All these issues affect the young woman's psychological mind. Excessive avoidance of pregnancy can lead to higher infant and maternal mortality rates. Pregnancy also brings a lot of stress, including back pain and bowel changes, changes in hair and skin color, indigestion and heartburn, leg cramps and swelling, social stress due to fear of becoming a parent, and neglect by those responsible for the pregnancy. If these issues are left untreated, it can affect the quality of life of pregnant women as well as the health of the mother and child. A recent 2015 study by the Zimbabwe National Bureau of Statistics said this is due to adolescent pregnant women being exposed to more stress, birth complications, and premature birth. This has prompted researchers to look more closely at the experiences of first time adolescent pregnant women to find interventions to reduce the problems they face.

## **1.3 Aim of the Study**

The primary aim of this study is to explore the experiences of first time adolescent pregnant women in Mutasa



#### **1.4 Research Objectives**

1. To investigate the challenges faced by first-time adolescent pregnant women in Mutasa District.
2. To explore the barriers that prevent first-time adolescent pregnant women from accessing the support they need.
3. To examine the perceptions of first-time adolescent pregnant women on the efficacy of Antenatal care services.
4. To develop a model that can be used as a panacea to address the problems faced by first-time pregnant women.

#### **1.5 Research Questions**

1. What challenges do first-time adolescent pregnant women face in Mutasa District?
2. What are the barriers that prevent first-time adolescent pregnant women from accessing the support they need?
3. What are first time adolescent pregnant women's perceptions on the efficacy of antenatal care?
4. What are the solutions to problems faced by first-time adolescent pregnant women in Mutasa district?

#### **1.6 Assumptions of the Study**

It is believed that adolescent pregnant women do not have the necessary knowledge and understanding about pregnancy and child-rearing, which may have adverse effects on mother and child. It is believed that first-time adolescent pregnant women face many difficulties due to lack of knowledge about pregnancy issues and other social and economic factors. It is also believed that the challenges faced by pregnant women can be reduced if

effective models and interventions are introduced. These assumptions are based on previous studies and data or research on the lack of education, support and access to resources for teenage first-time mothers. These assumptions suggest that first time adolescent pregnant women may face prejudice and judgment from others, which may affect their mental and physical health, and there is a lack of data on the adverse effects on the health of adolescent pregnant mothers and children. This assumption could be verified through data collection and analysis of the experiences of first time adolescent pregnant women in Mutasa district.

## **1.7 Importance of the Study**

Most of the studies on the adolescent pregnant women have been conducted in the past and have focused on urban areas and on mental health issues of pregnant women. In this regard, none of the previous studies reviewed by the researcher have explored the plight of first time adolescent pregnant women in Mutasa district. With this knowledge gap, another important objective of this study is to address and fill the gaps overlooked by previous researchers. Furthermore, the findings will help many stakeholders such as Government Departments, Ministries, NGOs, and Academics to formulate strategies to support first time adolescent pregnant women.

### **1.7.1 to first-pregnant adolescent women**

The study will be very important to first-time pregnant adolescent women as it will help them understand the needs and demands of pregnancy and the changes that may occur. This will

help them reduce the psychological stress women face when they are pregnant for the first time.

### **1.7.2 to the Government Ministries, Departments, and Policymakers**

This study is critical to government departments as it is going to give new ideas, evidence-based to government ministries and departments such as the Department of Social Development and policymakers such that they formulate and come up with effective policies to help first-time pregnant women, especially those in poor communities.

### **1.7.3 to the NGOs**

The research is crucial to the NGOs, as it will reveal the social challenges faced by first-time pregnant adolescent women, as well as the strategies and intervention programs that can be implemented to help first-time pregnant women face the challenges they face in communities and during their pregnancy period. This can be very useful to the NGOs during their programs.

### **1.7.4 to the academics.**

This research is very important for academics because it forms a good and broad base for future researchers. This is because it provides evidence-based explanations and references to previous studies and fills in other gaps that have been missed so far in other studies.

## **1.8 Limitations of the Study**

The researcher anticipates meeting some limitations when carrying out this research. This is because the area of Mutasa district has never received any research study similar to this before. It will be challenging to reveal related literature on this topic of interest, as some of the literature that may help strengthen this study will need to be included. Also, this topic touches on some issues, such as domestic violence, and some women may consider this confidential and may not want to disclose all necessary and helpful information. Mutasa district in Manicaland is primarily rural and settled by unplanned settlements. Therefore, it will be hard to identify critical populations of the study, and there will be mobility challenges.

## **1.12 Delimitations of the Study**

The study area will be highly restricted to the Mutasa district and will only include the experiences of first-pregnant adolescent women. The study population will be mainly first-time adolescent pregnant women as well as few key informants. The study will then focus on the issues of pregnant women; the study will mainly use qualitative research approaches, such as interviews and questionnaires, as data collection tools.

## **1.13 Definition of Key Concepts**

### **1.1 3.1 Pregnancy**

The study adopted the definition by UNICEF (2018), which defines *pregnancy* as the physical and emotional process of carrying a developing embryo or foetus inside the body.

### **1.13.2 Adolescence**

Adolescence is the period of human development from childhood to adulthood, usually between the ages of 10 and 19 (UNICEF, 2008).

### **1.13.3 First-time pregnancy**

First-time pregnancy refers to a pregnancy that occurs for the first time instead of a subsequent pregnancy (WHO, 2004).

### **1.13.4 Experiences**

Experiences refer to the subjective feelings, thoughts, and emotions associated with being a first-time pregnant adolescent.

## **1.14 Chapter Summary**

This chapter focused on explaining the introduction and background of the study and also indicated why this study was conducted, including the limitations of the study. It also stated the problem that prompted the researcher to study the topic, that is statement problem, and also stated the aim and objectives of the study. It also highlighted the empirical questions used. Key terms used in the study were also defined. The next chapter will focus on the literature review considering the experiences of first-time adolescents in Mutasa District.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Introduction**

This chapter reviews the relevant literature on the experiences of adolescent women with their first pregnancy. The literature is presented along with the key objectives of the study, followed by an analysis of what scientists have written about the experiences of women with their first pregnancy across the world. The chapter begins by presenting the theoretical framework of the study. The study used two theories, systems theory and theory of planned behaviour, to explain the experiences and problems of women with their first pregnancy. Then, the relevant empirical literature and previous studies on women with their first pregnancy are conceptualised. The knowledge gaps regarding the experiences of first time adolescent pregnant women will be also discussed.

### **2.1 Theoretical Framework**

Theoretical framework is a fundamental review of existing theory that serves as a guide to develop the arguments used in the study. It is also a structure that can support or underpin the hypotheses of the study. In this regard, this study uses systems theory and the theory of unplanned behavior.

#### **2.1.1 Systems Theory**

In this study, Bertalanffy's systems theory was used because it best explains the circumstances affecting first-time adolescent pregnant women in terms of the challenges they face (Hill et al., 2019). Systems theory was first introduced in the 1990s by biologist Ludwig Woch Bertalanffy and was developed by W. Ross Asbee and George Bateson who argued that humans are the product of many systems and are not individuals acting alone (Merrell, 2016). This theory holds that behavior is influenced by various factors that

work together as a system. These factors include family, friends, social environment, religious structure, economic class, home environment, etc and all these systems affect how people behave and think (Legan, 2006). In terms of research, these are factors that may be influential or challenging for first-time adolescents pregnant women. This is because family and friends, religion, economic environment and freedom of movement are the main factors that hinder effective maternity care participation. In this regard, some organisations such as UNFPA employ older women and mothers-in-law as counselors to support adolescent pregnant women with various challenges they face (Javanmordi, 2018). On the other hand, religion is a major issue in Ethiopia that prevent many women from utilising public health services. For example, the theory suggests that economic factors in Zimbabwe pose major challenges that prevent women from effectively utilising obstetric health services, as the cost of accessing them is very high, especially for first time adolescent pregnant women (Hill et al., 2019). Economic challenges even impact the services provided in the public health sector, emerging as a major factor that discourages adolescent pregnant women from utilising services. This means that the theory is highly applicable to this research context. The Systems theory can be used for issues such as eating disorders, depression, bipolar disorder, anxiety, school trauma, and risky behavior (Nyondo et al., 2014). In this regard, it is very important for women who are pregnant for the first time and face many challenges such as mood swings, eating disorders, and anxiety.

### **2.1.2 Theory of Planned Behaviour**

This study utilised the 1991 Aisk-Ajzen theory of planned behaviour to predict human behaviour that influences healthcare utilisation and childbirth decisions. This theory has also been used to explain why women face difficulties when pregnant for the first time (Goossens, 2018). The theory states that, behavioral intentions are the driving force

that influences people's behaviour. The theory also states that, attitudes towards behaviours influence what people like and dislike (Rayan, 2018). The theory also states that social pressures influence human behaviour. Thus, these social pressures influence why women seek better obstetric health care services. The theory explains the behavior of seeking or utilising obstetric health care services in this particular study as arising from intentions (Jaks et al., 2019). These intentions are usually influenced by attitudes, subject norms, and perceived behavioral control. According to this theory, attitudes and norms could be cultural and religious beliefs that influence women's utilisation of health services. According to this theory, the intention to participate in a particular behaviour drives the behaviour (Goossens, 2018). According to this theory, when a person is motivated to participate in a particular behaviour, they are more likely to participate in that behaviour. According to Nyondo et al. (2017), theorists such as Ajzen state that, individuals are much more likely to engage in health-seeking behaviours such as utilising healthy facilities for childbirth, but only if they have a positive attitude toward such health facilities. Bert (2013) also states that, perceived subjective norms and social pressure in this regard drive these behaviours. According to the study, social pressures such as cultural beliefs and religion have a significant impact on behaviors and attitudes towards whether or not to seek medical care.

## **2.2 Conceptualisation.**

According to Jacks et al. (2019), adolescent pregnant women in social communities around the world experience many distressing experiences ranging from illness, physical changes, poor concentration, and social problems. Many pregnant teenage women experience significant physical, psychological, and emotional changes. Many symptoms occur during pregnancy, and these symptoms disproportionately affect women living in marginalised



communities where access to health services is severely limited. In developed countries such as Europe, adolescent women face the following problems, mainly due to natural physical changes and illnesses of natural causes like Morning sickness, headaches, and back pain (Goossens, 2018). Mood swings are also common among pregnant women in Europe, such as in the UK and France. Many past studies have found that women who are pregnant for the first time have mood swings. This is because hormone levels fluctuate during pregnancy, causing many pregnant women to feel unwell. This was also confirmed by a study on women with premenstrual syndrome (Javanmardiet et al., 2018). The study found that, these women are more likely to experience severe mood swings during pregnancy. Additionally, women who are pregnant for the first time may experience difficulty concentrating, skin changes, and persistent sadness. These issues particularly affect women in Africa, who experience financial problems, lack of counseling services, limited access to health services, and food insecurity. In Africa, many young women who become pregnant for the first time face many challenges, including food insecurity in their social communities due to economic issues. Food security is a serious issue in the African continent as many countries in the continent are still developing and therefore financial issues are prevalent in these developing countries. Therefore, young pregnant women in poor African countries are more susceptible to malnutrition. Although countries such as Rwanda have improved access to obstetric care, women still face malnutrition and lack of prenatal and emergency care. Many pregnant women crave certain foods and in some cases dislike others. In this regard, women in many poor communities in Africa, such as Goma, Bakab, and Kisangani in the Democratic Republic of Congo, suffer from food insecurity, putting them in a difficult position when they have cravings or aversions to other foods. Many communities in Ethiopia and the Tigray region do not have access to health services, many of which are very far away. Many pregnant

women, especially first time adolescent pregnant mothers, may feel depressed and anxious about motherhood and sometimes even have suicidal thoughts (Poels et al., 2017). This requires effective counseling services from clinics, local health workers, or social workers. However, in areas where health services are not available due to distance, many adolescent pregnant women suffer without effective support.

In the (SADC) region first adolescent pregnant women have been facing challenges ranging from domestic violence with their partners due to failures to handle pregnancy and failure to understand the needs and demands of pregnant women by their partners (Sehati Shasaei and Sheibali, 2018). Also most adolescent pregnant women who are in rural areas and poor communities of SADC countries struggle to access adequate health care required for first time adolescent pregnant woman. It was revealed that, in Luanda Angola and Cabo del gado region in Mozambique less than half of the women can afford to make to at least one health care visit and check-ups (Dodzo and Mhloyi, 2017).The quality of maternal health care services is very poor and even though if women afford to go for check-ups medications and equipment is very limited. Pregnancy during adolescence is a significant public health issue in Zimbabwe, with an estimated 26% of girls aged 10-19 giving birth at their first time. There are significant gaps in the understanding of the serious experiences of the first time pregnant adolescent women by the communities in rural area of Mutasa District. First time adolescent pregnant women are facing many difficult experiences that may include increased risk of complications during pregnancy, childbirth, stigma and discrimination, increased risk of experiencing adverse mental health outcomes and high rate of maternal mortality rate.

### **2.3 Empirical Literature Review**

This section discusses relevant topics and studies on the experiences of adolescent pregnant women around the world. This section presents literature or previous studies by

other researchers on the topic under study. The literature is extracted from existing primary and secondary data sources.

### **2.3.1 Challenges faced by first time adolescent pregnant women in Mutasa District.**

#### **2.3.1.1 Access to maternal health care**

According to a previous study by Mureyi et al. (2012), more than two-thirds of pregnant adolescents around the world experience many problems in accessing obstetric care, and these problems can lead to maternal mortality in regions such as sub-Saharan Africa. The causes are insufficient access to quality maternal health care and inadequate antenatal and postnatal care. A study by Poels (2017) stated that, women from marginalised communities in Africa do not have access to adequate obstetric care needed during pregnancy. This is true in most developing countries where mortality rates are high and many pregnant women are unable to access these services due to poverty.

#### **2.3.1.2 Malnutrition**

A research study by Nyathi et al. (2017) revealed that food insecurity is a persistent issue across the African continent, especially affecting first-time adolescents in Africa. According to his study, this is because many pregnant adolescents are teenagers who conceive as a result of early child marriage or sexual abuse, and therefore do not consume enough nutritious food. This is strongly associated with poverty, but can also be attributed to environmental and socio-environmental factors such as climate change and conflict. Due to this, pregnant women in poor areas are more susceptible to malnutrition, both for themselves and their children (Sehati et al., 2018). According to a study by researchers at Makerere Medical University in Uganda, this may contribute to increased maternal and child mortality rates and may also affect the physical and cognitive development of children

(Raya an, 2018). The study also found that in some cases, malnutrition is the cause of a cycle of maternal problems. For example, maternal short stature is often caused by early childhood stunting in girls and is a significant risk factor for birth defects and cesarean sections (Hill et al., 2019). Malnutrition is the lack of proper nutrition caused by eating too little and can lead to severe complications and death. Many people in Africa lack access to food due to poverty, which has consequences such as maternal complications for pregnant women.

### **2.3.1.3 Transportation**

Previous research literature has shown that most adolescent pregnant women in sub-Saharan Africa face transportation issues when seeking maternal and child health care (Sehati et al., 2018). In support of this assumption, Hill et al. (2019) state that transportation-related barriers have been reported in most African countries. Residents in some parts of Ethiopia, South Sudan, and Mali reported that distance is one of the barriers for pregnant mothers to access health facilities (Goossens, 2018). Previous studies have shown that 60% of nomadic adolescent pregnant women miss all antenatal maternal and child health services because they have to travel long distances to access health services. Furthermore, lack of reliable transportation has always been a barrier to access health facilities in Africa. Dodzo and Maloyi (2017) also cite weather as another factor that complicates transportation for pregnant women in some African countries. According to him, this is because the rainy season in South Sudan, Togo, Mozambique and Zimbabwe causes roads to flood, which has been proven to prevent women from receiving medical care at facilities. In some areas, such as Togo, the condition of the roads meant that health facilities could only be reached by foot. Therefore, when rivers overflow their banks during the rainy season, it becomes a major problem (Merrell, 2016).

A study by Mureyi et al. (2017) also found that ambulance services in South Sudan are unreliable, making obstetric care difficult to access. In this study, pregnant women, their families and medical staff reported that ambulance phone services can go down even in emergencies in some cases (Mureyi et al., 2017). Supporting this assumption, Sehati et al. (2018) stated that people call for an ambulance but the driver rarely answers the call. When they do answer the phone, they don't answer as quickly as you would expect. Sometimes labour is shorter so women can give birth at home, and this may result in a lot of challenges.

### **2.3.2 Barriers that prevent first time adolescent pregnant women in accessing the services they need.**

#### **2.3.2.1 Culture and beliefs**

Traditions and beliefs are another challenge stated by Mureyi et al. (2017) which have shown that they lead adolescents pregnant women to neglect the use of formal maternal and child health services. In South Sudan and Ethiopia, it was reported that some women were not allowed to give birth in health facilities due to cultural and religious beliefs (Javanmordi, 2018). They believe that the use of maternal health facilities is limited to complicated pregnancies, similar to that used by women in the study in Mozambique. In Tanzania, previous survey studies have shown high awareness of antenatal care, whereas in Ethiopia, some pregnant adolescents were not convinced about the benefits of antenatal care (Jaks et al., 2019). Pregnant teenagers in a study in Ethiopia stated that, they are culturally led to believe that access to health services is due to a lack of religious beliefs as to why they have to go to a health facility to become pregnant (Jaks et al., 2019). According to Hill et al. (2019), pregnancy is not a health issue for them at all and therefore they should not go to the clinic. A study by Hill et al. (2019) showed that some

pregnant teenagers even stated that it was not normal for them or other women to rush to a health facility because of pregnancy, despite constant pressure from UHEP (Urban Health Extension Specialists). Ethiopian women reported that they were forced to not seek health services due to their cultural beliefs because they traditionally believed in home birth and believed that after birth they could participate in commonly held religious practices such as “Onur”, a blessing for the newborn from a religious leader (Legan, 2006). In some countries such as the Central African Republic, a woman’s decision to give birth in a clinic depended on her husband’s consent. Literature suggests that husbands have the right to force their wives to give birth at home because they believe that giving birth is a natural duty and therefore should not be known by other male health professionals. Another study in Mali found that women are not allowed to walk alone and therefore require their husbands to accompany them to ensure safety, be culturally accepted, and cover the medical costs of their wives (Hill et al., 2019). This means that most men do not accompany their wives to obstetric care services, and the study found that they are unable to give birth in hospitals because Islam prohibits women from disobeying their husbands.

#### **2.3.2.2 Economic Factors**

The cost of maternal care services is a recurring barrier for first time adolescent pregnant women, as reported by women and stakeholders (Merrell, 2016). Healthcare costs vary from country to country depending on local regulations and guidelines. In South Sudan and Mozambique, women complained about the high costs of institutional delivery, even though antenatal care was free at the time of use (Nyondo et al., 2014). It is unclear whether the high reported costs are related to expensive medicines or illegal medical fees. In

other countries, such as Togo, public childbirth costs are prohibitively expensive, according to health workers (Bert, 2013). Families from low socio-economic backgrounds cannot afford to give birth in a hospital and those who do may be in debt for years due to the high cost of hospital birth. The cost of transport to health facilities for adolescent pregnant women is another barrier to accessing antenatal care in Zimbabwe (ZimStats, 2019). Dodzo and Maloyi (2017) support this idea, stating that first time adolescent pregnant women from developing countries face high transport costs as they are dependent on their husbands and therefore may not be able to access quality obstetric care services.

#### **2.3.2.3 Quality of care**

According to a survey study in Sudan, experiences faced by adolescent pregnant women include inadequate care in maternity wards, lack of clean water and food, and a lack of well-equipped clinics (Rayan 2018). Results indicate that adolescent pregnant women complain about long wait times and lack of adequate staff in health facilities (Hill et al., 2019). When women accessed maternity health services for antenatal visits or childbirth, there were often few or no health professionals present. Furthermore, there is evidence that some health professionals lacked the experience and knowledge required to provide adequate health care to these young pregnant women (Jaks et al., 2019). The labour shortage was illustrated that sometimes pregnant teenagers sought medical care after a long walk, but they don't find any medical professionals available and the health facilities were closed (Gossens, 2018) hence because the health facilities were closed, services were not provided. The quality of care was also related to the attitude of health care workers. Evidence showed that some women considered vaginal examinations without prior notice or consultation to be an invasive and disrespectful act on women's privacy

(Murrell, 2016). Results showed that first time adolescent pregnant women reported a lack of privacy and discomfort during consultations and births due to exposure in front of many health care workers and other patients (Nyathi et al., 2017). these adolescents also reported not seeking obstetric care because they felt uncomfortable and did not want to be examined by male health professionals (Reyan, 2018). Meanwhile, Ethiopian women reported preferring male health care providers because they considered them more professional and caring compared to female health care providers.

### **2.3.3 The Perceptions of first time adolescent pregnant women on the efficacy of antenatal care services.**

#### **2.3.3.1 Decision-making**

Most women in developed countries believe that pregnancy information plays an important role in adolescent pregnant women's health decision-making because adolescent pregnant women face direct challenges and changes during pregnancy. It has been reported that the quantity and quality of antenatal care information is associated with the quality of life of pregnant women and fetal outcomes in the short and long term (O'brien et al. 2021). In most cases, first time adolescent pregnant women prefer to be the primary decision-maker (Brain et al. 2020). Decision-making enables women to understand and apply benefit information, make informed decisions, and share information with maternal health professionals. Thus, maternal nurses usually help these adolescents to interpret the available information.

#### **2.3.3.2 Reducing birth complications**

Lei (2020) literature shows that South African women believe that antenatal care is essential to detect and prevent complications and reduce maternal and perinatal mortality. In Lei's (2020) study, most women stated that antenatal care services are



very important as they help reduce both child and maternal mortality. Most maternal deaths are due to preventable causes such as hypertension, infections, birth defects, post-abortion complications, and postpartum hemorrhage. Thus, the Countdown to 2015 for Maternal and Child Survival was launched as a multinational initiative with the main goal of reducing maternal and prenatal mortality (Lei, 2020). With the implementation of the Countdown, global maternal mortality was reduced from 523,000 to 289,000 per year. Furthermore, a goal was set to reduce maternal deaths to 70 or less per 100,000 live births by 2030. The quality of prenatal maternal health depends on the timing of initiation, the number of visits, and the content of care.

#### **2.3.4 Models that can be used as a panacea to the problems being faced by young first time adolescent pregnant women.**

##### **2.3.4.1 Use of mobile clinics**

According to Dodzo and Maloyi (2017), UNFPA has deployed mobile clinics in many parts of Africa to improve access to obstetric services for adolescent women. To reduce antiretrotherapy (ART) non-adherence among first time adolescent pregnant women, UNFPA has partnered with the Zimbabwean Ministry of Health and Child Care to set up mobile clinics in many remote areas of Zimbabwe (Dodzo and Maloyi, 2017). The reason is that some first time adolescent pregnant women do not attend clinics or cancel clinic visits due to distance to access primary health care. In this regard, UNFPA is playing a larger role in supporting pregnant women's access to health care by providing neighborhood mobile clinics (Gossens, 2018). UNFPA utilizes local health workers as a key source of information for first time adolescent pregnant women. The organization also works with older women, mothers-in-law, and grandmothers as a primary source of information for first time adolescent women (Nyondo et al., 2014). One of the main reasons

why women depend on their mothers, mothers-in-law, and older women is because of their own experience of pregnancy and childbirth.

#### **2.3.4.2 Multisectoral Approach**

Unit Aid and the UN have worked with local health workers to prevent malaria among first time adolescent pregnant women, as malaria is one of the challenges facing adolescents pregnant women in Africa (Rayan, 2018). Through this network, it is claimed that Unit Aid's Innovative Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project was funded to provide safe, effective and affordable treatment to women in pilot districts in countries such as the Democratic Republic of Congo, Madagascar, Mozambique, and Nigeria to provide malaria prevention during pregnancy (Dodzo and Maloyi, 2017), as malaria can cause serious problems for expectant mothers and even during childbirth.

#### **2.4 Revealing Knowledge Gaps**

Most research efforts on first time pregnant women have historically focused on urban areas and have focused on mental health issues among pregnant women. In this regard, none of the previous studies reviewed by the researchers explored the experiences of first time adolescent pregnant women in Mutasa district, Manicaland. Thus, the experiences of women who are pregnant for the first time are understudied in Mutasa district. Despite the significant health risks associated with first time adolescent pregnancy, there is a lack of research on the specific experiences of women who are pregnant for the first time. This research gap contributes to a lack of understanding on how best to support these young women and may also lead to ineffective interventions and strategies. Experiences may include stigma and discrimination, increased risk of complications during pregnancy

and childbirth, increased maternal and child mortality, and increased risk of negative psychological outcomes. Due to this gap in knowledge, this study attempts to fill the gap left behind by previous researchers.

## **2.5 Chapter Summary**

The above chapter reviews the relevant literature on the experiences of adolescents who are pregnant for the first time. The literature is presented in line with the main objective of the study, after which the study will show what scientists have written about the experiences of adolescents who are pregnant for the first time around the world. The chapter began with an overview of the situation of adolescents who are pregnant for the first time around the world, namely in Africa, SADC, and Zimbabwe. This was followed by a discussion of the empirical literature and previous studies on adolescents who are pregnant for the first time. The chapter also used systems theory and the theory of planned behavior to explain pregnancy issues. A gap in knowledge that has not previously been explored about the experiences of first time adolescent pregnant women was also discussed.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.0 Introduction**

This section only describes the methodology that was used to conduct the research and to analyse the data. It shows the main research method, design, and techniques used during the study.

### **3.1 Research Approach**

The researcher used the qualitative research methodology. This is because this approach is very suitable for the study as it usually uses words, descriptions, and narratives which are the key aspects that govern the study (Magwa, 2015). In this approach, the participants are the experts who provide information to the researcher about the topic in question. Another reason why the researcher used this method is because it relies heavily on the researcher's critical analytical and dialogue skills during data collection and personal knowledge of the social context (Van Dyke, 2018).

### **3.2 Research Design**

This study uses Mutasa district as a case study, hence case study research design was used. The reason why the researcher chose case study research design is because it is an in-depth study of a particular situation and is a way of narrowing down a vast area of research, such as the issue of first birth among adolescent women (Kumar, 2019).

### **3.3 Study Population**

According to Magwa (2015), this is the process of selecting people or objects from a population as the object of study. The subjects are the residents of Mutasa district.

The researcher uses non-probability sampling method where the sample is collected without giving equal opportunity to choose. This sampling method targets a specific study population such as first time adolescent pregnant women and health workers, (Kumar, 2019). In this regard, qualitative research sampling techniques including purposive and opportunity/convenience sampling techniques were adopted in this study.

### **3.4 Sample**

#### **3.4.1 Sample Size**

A sample is defined as a portion of a population that is surveyed to know about the entire population (Vehovar et al., 2016). Sample size is the number of individual samples or interpretations in any numerical environment. This study used a sample size of 25 participants from a target population of 30 participants (2 nurses, 2 village health workers, and 21 first time adolescent pregnant women). The researcher used a small sample size because it provides greater precision compared to a larger sample and also reduces the costs that may be incurred when using a larger sample.

### **3.5 Sampling Techniques**

Non-probability sampling techniques were used in this study, namely purposive sampling and convenience sampling. The researcher used purposive sampling to select participants **and convenience sampling to collect data from sports clients.**

#### **3.5.1 Purposive Sampling**

Purposive or judgmental sampling is a method of obtaining information that cannot be obtained by other selections, and is done by using specific environments, people, or events that are purposefully selected. Crossman (2019) defines a purposive sample as a

non-probability sample that is selected based on the purpose of the study and the characteristics of the population. The researcher used purposive sampling, which is appropriate, cost-effective, and time-saving compared to other non-probability sampling types. The researcher used purposive sampling method to select key informants in Mutasa district based on their assessment that they would provide the best information to support the research objectives. The researcher also specifically selected key informants based on their expertise and knowledge on maternal health issues.

### **3.5.2 Convenience Sampling**

This is a type of non-probability sampling technique that takes samples from the portion of the population closest to the sampler (Emerson, 2021). It is a non-probability sampling technique to select participants based on their availability and accessibility to the researcher. The researcher also utilized convenience sampling which is cheap, efficient and easy to carry out as the participants are readily within reach.

## **3.6 Data Collection**

Data collection involves gathering information from all appropriate sources to find answers to the identified research questions (Hassan, 2019). This section of the study will explore the data collection methods and tools used and how the researcher used them during the study. This study utilized focus group discussions, in-depth interviews and key informant interviews as the primary data collection tools. This is because these data collection tools fall under the qualitative research paradigm.

### **3.6.1 Data Collection Methods**

#### **3.6.1.1 Focus Group Discussion**

According to Neuman (2014), focus group discussion is an exploratory tool used to explore people's thoughts and feelings in groups of 6-12 people to gain in-depth information about a topic or issue. Focus group discussions rely on participants agreeing or disagreeing with each other to gain insight into how the group thinks about an issue. Focus group discussions were conducted using a group discussion guide with two groups of first time adolescent pregnant women. Each group consisted of 5-6 first time adolescent pregnant women. The researcher found focus group discussions to be beneficial because they were less time-consuming than other tools. Another reason for using focus group discussions was that in rural areas, there is a designated day when all pregnant women receive obstetric care services from the nearest health facility, and the inclusion of first time adolescent pregnant women could simplify the study.

#### **3.6.1.2 In-depth interviews**

In-depth interviews, specifically unstructured interviews, were used in this study because the questions can be asked in any order, giving the researcher the opportunity to probe deeper or explore further. Therefore, in this study, the researcher used unstructured interviews, which are a flexible type of interview. This flexibility allowed the researcher to gather in-depth information on the topic. The researcher chose this data collection technique because it gave ample opportunity to understand the root cause of the problem.

#### **3.6.1.3 Key Informant Interview**

Key person interviews include interviews with groups responsible for providing the necessary information, facts, and insights on a particular topic (Englander et al., 2022). Key persons are participants who present deeper details about the research study but are not the actual people studied. However, they occupy a higher and more relevant position to provide the researcher with the information that is most important to them. The researcher approached registered village health workers and nurses to collect the health workers' opinions on the experience of first time adolescent pregnant women. The researcher used a key informant interview guide to obtain information from the participants. The researcher utilized interviews with key informants to provide detailed and valuable information for the study.

### **3.7 Data Collection Procedure**

The researcher sought permission from the Ministry of Health and Child Care (MOHCC) in Mutasa District as the researcher planned to collect data from the Ministry of Health and Child Care clinics in Mutasa. The researcher also sought permission from the contacted clinics to obtain more information as key informants were found in these clinics.

### **3.8 Data Presentation and Analysis**

Data analysis is the process that the researcher undertakes to synthesize the collected data into a meaningful explanation (Amarasinghe et al., 2020). The researcher used thematic analysis to analyse the data. As defined by Braun and Clarke (2006), thematic analysis is the categorization of patterns and themes within qualitative data. Thematic analysis aims to identify important or interesting themes within the data and use



those themes in the study (Vaismoradi et al., 2016). Therefore, the researcher used thematic analysis because it helps identify themes that are important to the study.

### **3.9 Reliability and validity of the study findings**

Multiple data collection tools are used to ensure that the study findings are relevant. Therefore, first time adolescent pregnant women and nurses were asked questions containing the same information to ensure validity. These methods are triangulated to validate the results. According to Sanders (2020), the results are compared to empirical studies by previous researchers to check for consistency and reliability. Researchers also continually review and validate the collected data to ensure that it meets the stated research objectives. The results of triangulation should be similar and consistent so that the interview guides and focus group discussions are reliable and valid.

### **3.10 Ethical Issues**

The researcher considered and adhered to the following guidelines or ethical principles during the study:

#### **3.10.1 Confidentiality and Anonymity**

The researcher did not reveal the names of the participants. The identity of each person participating in the study remains hidden and data cannot be traced back to that person or institution. The researcher should have published the participants' information along with the consent.

#### **3.10.2 Informed Consent**

The researcher obtains the consent of the participants so that they participate voluntarily and freely with full understanding of what will be required of them. The participants were fully informed about the aims and objectives of the study.

### **3.10.3 Feasibility**

This study was made possible by the approval to conduct the study from the Ministry of Health and Child Care. The participation of key personnel in the study also contributed to its success. There was also a good road network from Mutare city to Mutasa district, which allowed participants to easily travel to the nearest clinic where they received obstetric care services. Therefore, the study was successful.

### **3.11 Limitations**

Resource limitations affected the process, thus limiting the generalisability of the research findings. The research topic also touched upon some topics such as domestic violence which some women consider sensitive. They wanted to keep all necessary and useful information confidential to be used for data analysis.

### **3.12 Chapter Summary**

This chapter introduced the methodology used by the researcher to collect data. The researcher used qualitative methods to collect data. The subjects were first-time pregnant adolescents and key informants such as village health workers and nurses. Another focus was the data collection method which included key informant interviews, in-depth interviews and focus group discussions. Ethical issues were also considered and the researcher adopted informed consent, anonymity and confidentiality. Purposive and convenience sampling was conducted in this study with a sample of 25 from a target population of 30 participants including first-time pregnant adolescents, nurses and village

health workers. The next chapter will focus on the presentation of data and discussion of the results.

## **CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION**

### **4.0Introduction**

This chapter describes the findings and presents, analyzes and interprets the data collected on the experiences of first time adolescent pregnant women in Mutasa district. Data was collected using interviews and focus group discussions as data collection methods. The study had a reasonable response rate of 83%. This chapter discusses the findings in line with the key objectives of the study and presents the results in the form of bar graphs and tables. This chapter also discusses strategies that can be used to mitigate the challenges faced by first time adolescent pregnant women in Mutasa district.

### **4.1Response Rate**

In this study, the researcher was able to contact 25 of the 30 target participants (2 nurses, 2 village health workers, and 21 pregnant women). This resulted in an average study response rate of 83%.

**Table 4.1 shows the response rate of the respondents**

<b>Targeted population</b>	<b>Achieved population</b>	<b>Response rate (%)</b>
<b>30</b>	<b>25</b>	<b>83</b>

According to the Zimbabwe Census (2022), the total population of Mutasa district is 197,808, making it impossible to survey the entire population. Therefore, this study targeted a manageable sample size of 30 participants in the district. Of the target population of 30, 25 participants participated in this study, resulting in a response rate of 83%. According to Magwa and Magwa (2015), to extract meaningful data from research participants, the sample size needs to be manageable.

## 4.2 Demographics

**Table 4.2 showing demographic characteristics**

Adolescent pregnant women Categorization by age	Percentage
13-15 years	15%
15-17 years	25%
17-19 years	60%

The above table shows that the highest number of adolescent pregnancies in Mutasa district are among women aged 17-19 years at 60%, followed by women aged 15-17 years and finally women aged 13 and 15 years. The participants stated that the highest incidence of child marriage in the district is due to the religious beliefs of the White Robe Apostolic Church and cultural and traditional beliefs. This has a major impact on

adolescent pregnancies in the district and as these adolescents are still young, they face many challenges in managing their pregnancies and childbirth.

### **4.3. Findings and Discussion**

This section analyses the major findings and discussions of the study collected from key informants and participants and relates them to the existing literature. The results were obtained based on the main objectives of the study in Chapter one.

#### **4.3.1. Challenges faced by first time adolescent pregnant women in Mutasa district.**

This part answers the first research objective on challenges faced by first time adolescent pregnant women in Mutasa district. It was noted that adolescents with their first pregnancy in Mutasa face many challenges in managing their pregnancy due to various factors.

##### **4.3.1.1 High medical costs.**

The study found out that first time adolescent pregnant women in Mutasa face high medical costs. This is because since 2000, the economic downturn in Zimbabwe has led to an increase in the price of medicines, which has resulted in the inability to provide better clinical services. The study found that many first time adolescent pregnant women in Mutasa are unhappy about the cost of giving birth in hospitals. The study also found that due to the current health crisis in public hospitals, only first time adolescent pregnant women with high incomes are choosing private clinics which are very expensive. This is why many first time adolescent pregnant women end up giving birth at home. A woman supported this interview. She indicated that,

*..... first-time, pregnant women here in Mutasa are struggling a lot with pregnancy due to the high cost of medical bills.....I have noticed that since it is their first pregnancy, many young women tend to relax unknowingly when they realize that for registration, the private clinics are charging something around 600 for child delivery.....At the same time, the public health service does not have enough pre-requisites and sometimes pregnant women are being told to buy for themselves*

**(Interview with Mrs Y, Mutasa district 1 February 2024)**

Other women also said,

*..... Here in Mutasa, there is a lack of health facilities in our nearest clinics .... we end up being told to buy some medical staff for ourselves ..... because we don't have money and end up not going for check-ups.*

**(Interview with Mrs X, Mutasa district 1 February 2024)**

Other pregnant women state that;

*.....Private clinics are costly; therefore, we cannot afford the prices, and some clinics are far from our villages .....Hence, we rely on public clinics where health facilities are limited.*

**(Interview with Mrs Y, Mutasa district, 2 February 2024)**

These findings concurred with the literature from Scott et al. (2020), who noted that the consequences of the high costs for first-time delivery mothers are poor health and higher costs passed down to taxpayers. The average medical cost for a baby with problems of prematurity is \$1000, compared to \$400 for a healthy newborn in Somalia. Van Dyke (2018) reached a similar conclusion, arguing that hospitalization of a premature baby in Somalia can cost up to \$1500 in the first year, and intensive care can cost millions. The results bear similarities to the study. Conversely, studies have shown that for every

\$1 spent on prenatal care, nearly \$5 can be saved. Early intervention saves lives and reduces costs. Merrell's (2016) findings echoed the study's findings that direct and indirect costs of obstetric care are recurring barriers to safe delivery for pregnant women. Health care costs vary from country to country depending on local regulations and guidelines. In South Sudan and Mozambique, women complained about the high costs of institutional childbirth. It is unclear whether the high reported costs are related to expensive medicines or medical costs. In other countries, such as Togo, health workers also reported high public costs for childbirth. Bert (2013) argued that families from lower socio-economic backgrounds cannot afford institutional antenatal care, and that families who give birth in hospitals may remain in debt for years due to the high costs of hospital childbirth.

#### **4.3.1.2 High infant mortality rates**

The study revealed that, first time adolescent pregnant women in Mutasa district face many challenges, including High infant mortality rate among many birthing mothers. The study found that this is due to the fact that many first time adolescent pregnant women in Mutasa do not seek prenatal maternal and child health services due to lack of funds. Thus, the study found that, first time adolescent pregnant women may not attend important prenatal check-ups due to lack of experience in pregnancy management. This leads to high infant mortality rate. So said a local woman interviewed. She said that,

*..... first-time adolescent pregnant women here in here do not attend prenatal maternal health due to lack of money; this means that they skip crucial stages of pregnancy check-ups, hence leaving themselves prone to infant mortality during delivery .....this is due to inexperience about pregnancy.... when they do not have money for prenatal maternal service, they end up ignoring all the visits*

**(Interview with Mrs. Y, Mutasa district 1 February 2024)**



Most of them agreed with the view of another woman who stated that;

*.....Due to limited knowledge, some of us do not have enough knowledge of the importance of prenatal health services .....sometimes we fail to attend these services because of limited knowledge.....hence leading to a high infant mortality rate. (Interview with Mrs X, Mutasa district, 2 February 2024)*

Another woman also said,

*.....Since first-time adolescent pregnant women have no experience on how to handle pregnancy .....Some do not have monitors like the elders; hence, they don't know how to handle pregnancy or even the importance of prenatal health. (Interview with Mrs Y, Mutasa district, 2 February 2024)*

Past research studies by WHO have indicated similar findings with the study, as WHO (2020) showed that prenatal maternal clinic visits by women in developing countries have been very low, the primary reason for high infant mortality rates. The results of Zhong et al. (2020) showed the same results as the study. In Somalia, a 2020 surveillance study found that about 9 out of 15 live births died due to birth complications resulting from inadequate prenatal visits by the mother. In Pennsylvania in 2021, 77.8% of live births were to women who received early prenatal care, 15.6% were to women who started care in the middle of pregnancy, and 6.6% were to women who received late or no prenatal care. Koseogullu et al. (2016) found the same results in a study. In Pennsylvania, 75.0% of live births were to women who received adequate or sufficient prenatal care, and 9.5% were to women who received moderate care.

#### **4.3.1.3 Transportation cost**

The research mentioned that first-time adolescent pregnant women in the district are facing difficulties in terms of transport. 70% of pregnant women interviewed stated that they are finding difficulties in accessing transport when going for maternal health services; the transport services are inadequate and expensive. The distance to access the nearest health services is very far, between 20 and 30 kilometers in some areas. Therefore, adolescent pregnant women rely much on private transport, yet private transport is costly. This was mentioned by a confident woman interviewed; she said that,

*.....most of the areas of the Mutasa district are characterized by low-income people, and transport in the area is inadequate; better health services are very far in Mutare urban therefore first time pregnant women are finding it challenging to connect from their resettled areas in Mutasa to Mutare for maternal health*  
**(Interview with Y woman Mutasa district 2 February 2024)**

Most of them agreed with one of them who stated that,

*.....There are inadequate transport services from the villages to the main road.....we struggle to get affordable transport services to get better services in Mutare or in case of emergencies .....hence, this challenge can lead us to problems like a high infant mortality rate due to many home deliveries.* **(Interview with Mrs. X, Mutasa District, February 2, 2024)**

These findings are consistent with Van Dyke (2018) and indicate that visiting antenatal clinics is particularly challenging for rural residents. Many clinics are far from home, and some require women to travel 20-30 kilometers to receive obstetric care services. This makes first time adolescent pregnant women concerned about the travel distance, which reduces their attendance at antenatal clinics. Another barrier to receiving

antenatal care in Zimbabwe is the cost of transportation to health facilities. Sandres (2020)'s findings are similar to those of the study in that women in Ethiopia and Zimbabwe reported that high transportation costs and financial dependence on their husbands prevent them from using these services.

#### **4.3.1.4 Access to maternal health care**

The study found that women in Mutasa generally struggle to access obstetric care. Mutasa is an underdeveloped area with a large proportion of displaced farmers, making access to health services a challenge. First-time pregnant women have difficulty finding health services. Some have moved to live with relatives in Mutare city until delivery. The challenge remains the same for those who do not have relatives in the city. They languish in the grasslands and eventually resort to traditional methods such as elephant dung and aloevera in preparation for delivery. This was revealed by one nurse in an interview. She explained

*....we cared for pregnant women in Mutasa. Still, only a few of them, as many of them are not even making it here due to distances; I heard some of them are ending up using traditional methods of pregnancy management. Since it is their first time, they may end up misusing it, which affects them mostly during pregnancy and child delivery (Interview with X nurse at Sherukuru Clinic 3 February 2024)*

Another key informant revealed that,

*.....Due to the long distances from their homes to the clinic, some of the first-time adolescent pregnant women in Mutasa do not attend their maternal health services ..... As health practitioners, we are trying to do an awareness campaign to educate them on the importance of maternal health and the dangers of not attending*

*the services ... But truly, some of the areas are unreachable, some areas have no bridges, and in some areas, there are no roads completely. (Interview with Y Village Health Worker, Sahumani Clinic, 2 February 2024)*

Past research studies by Mureyi et al. (2012) revealed similar findings with the study when they stated that more than two-thirds of the world's pregnant women face many challenges, and these challenges may end up causing maternal deaths in sub-Saharan Africa; the findings are very similar to what the study has highlighted. The main cause of this is inadequate access to quality medical care during pregnancy, birth or after birth. A study by Poels (2017) has the same findings as this study, i.e. most women in rural and poor communities in Africa have difficulty accessing the proper prenatal care required for a healthy pregnancy. According to a United Nations Population Fund (UNFPA) study (2022), in countries with high maternal mortality such as Ethiopia, less than half of women attend antenatal clinics at least once. In some cases, the quality of care is very poor and some prenatal services are not available. Therefore, pregnant women may not seek prenatal maternity health care.

#### **4.3.1.5 Malnutrition**

The findings of the research revealed that 30% of adolescent pregnant women are facing malnutrition challenges. This is because 80% of adolescent pregnant women were dumped by their husbands, thereby finding it difficult to raise money for food and maternal care. The participants mentioned that most of these women are suffering from malnutrition, yet pregnant women need to eat nutritious foods to facilitate the good development of the unborn child. This was stated by one pregnant woman, who said that,

..... *Life has never been easier for me since when I got pregnant, the father of this unborn child abandoned me....and right now, as we speak, I do not have anything to cook, and I am crying.....* **(Interview with Mrs Y, Mutasa district 1 February 2024)**

Another woman said,

.....*some of us are struggling to get food.....as I do piece jobs (macho) to get food.....sometimes, I beg for food to survive only for that day ... My parents are no more, and my husband has abandoned me .....Crying.....* **(Interview with Mrs X, Mutasa district, 2 February 2024)**

First-time adolescent pregnant women also agreed with the view that

..... *Some of us cannot afford to buy nutritious food all the time since our husbands do not have much-paying jobs ...they do piece jobs, so we are very concerned with basic food like roller meals, salt, soap, and cooking oil here and there because we do not afford much.* **(Interview with Ms. X, Mutasa District, February 2, 2024)**

This study is aligned with the work of Nyathi et al. (2017) who revealed that food insecurity is a persistent issue across the African continent, especially affecting first-time adolescents in Africa. His study says this is because many of the pregnant adolescents are teenagers who have escaped from child marriages and sexual abuse. Thus, they lack sufficient nutritious food. This is strongly associated with poverty, but can also be attributed to environmental and socio-environmental factors such as climate change and conflict. This makes adolescent pregnant women in developing countries more vulnerable to malnutrition, which can affect both mothers and children (Sehati et al., 2018). This can

lead to high infant mortality rates and also affect the physical and cognitive development of children. Malnutrition is the lack of nutritious food, which can lead to serious complications and death. It has been argued that many pregnant women in Africa have difficulty accessing a nutritious diet due to poverty, leading to maternal complications.

#### **4.3.1.6 Premature delivery**

The research found that adolescent pregnant women in Mutasa are experiencing changes in accessing health services and nutritious food and much depression. These challenges have been causing high cases of premature birth. The data from the study showed that 15% of the babies born during adolescence are premature. Information from the nurses shows that most cases are a result of High blood pressure, depression, hard work, and drinking of alcohol due to challenges such as abandonment by their men. This was indicated by a particular nurse, who mentioned,

*.....we have been receiving high cases of child premature birth in Mutasa, and from our research as public health practitioners, we noted that many cases have been a result of poor diet risk behaviors such as drinking and smoking...most of them are taking these risks behaviors as a countermeasure for depression due to pressure from the society (Interview with X nurse at Sherukuru clinic 3 February 2024)*

Two key informants agreed with the statement that;

*.....we have been encountering cases of premature birth delivery in Mutasa, and this is because some of the first-time adolescent pregnant women work for themselves. After all, they don't have husbands... Some of them work in the fields, but field work is very hard... According to our research, it may cause*

*complications such as premature birth. (Interview with Nurse X and Village Health Worker Y, Sahumani Clinic, February 2, 2024)*

The results of these studies, although in a similar context, seem to differ from those of Rakers et al. (2020). The results showed that pregnant women who gave birth prematurely had fewer mother visits than those who gave birth frequently. Sandres's literature (2020) also showed some differences regarding the causes of preterm birth in Mutasa. These studies showed that women who attended screening tests more than the expected number of times are at risk and should take screening tests seriously to reduce negative outcomes (Scott et al., 2020).

#### **4.3.2. Barriers that prevent first time adolescent pregnant women from accessing the support they need**

This section reviews the results from research objective 2 on barriers preventing first time adolescent pregnant women from receiving the necessary support. The results showed that first time adolescent pregnant women face many barriers in seeking the necessary support during pregnancy.

##### **4.3.2.1 Religious beliefs**

This study showed that religious beliefs are one of the barriers preventing first time adolescent pregnant women from accessing effective obstetric health care services in Mutasa. This is because the John Marange Apostolic sect that dominates the area prohibits its members from engaging in scientific medicine or research. In this regard, participants noted that because they are too young, they are unable to stand up for themselves and defend their faith and their right to proper medical care. Participants also stated that young women in Mutasa are forced not to attend to their maternal health because it goes

against their religious beliefs. Some Apostolic churches, such as Mugodi, refuse to allow their members to access the services of maternal and child health clinics. One woman from these churches explained,

*..... My religion prohibits me from visiting maternal and child health clinics. Sometimes, I feel there are some cases where I need to attend scientific medical examinations for my pregnancy, but we are constantly told that if we do so, we are totally against our beliefs and we must be banned from all church services.....This is causing some child delivery complications here (Interview with X woman from Marange Apostolic church Mutasa 2 February 2024)*

Another woman from Johane Marange Apostolic Church stated that,

*.....As part of the Johane Marange Apostolic Sect, we are not allowed to attend any health services from clinics.....we were advised to consult our religious midwives .....as we speak, my family members do not know that I am here. However, because of the complication, I decided to come for maternal health services without their knowledge.....I even beg the nurses not to record any card to carry back home. (Interview with X woman from Marange Apostolic church Mutasa 2 February 2024)*

Another woman stated that,

*.....My mother-in-law told me to use traditional ways to manage pregnancy .....like birth passage clearance, but truly speaking, some of the methods are difficult to take in this modern day. (Interview with Mrs X, Mutasa 2 February 2024)*



The study's findings positively correlate with what Javanmordi (2018) found. In South Sudan and Ethiopia, it is reported that some women were restricted from giving birth at health care services due to religious beliefs. Moreover, the results of a previous study in Tanzania showed that awareness towards antenatal care was high, but in Ethiopia, some women were not convinced of the benefits of antenatal care. The results of Jaks et al. (2019) also show a correlation with the study findings that Ethiopian women are forced by their religious beliefs to believe more in home birth so that they can participate in religious practices after the birth of their child. A study by Legan (2006) also revealed that there is a very close relationship between poor antenatal care and women's culture, values, norms, and religious beliefs. It is argued that utilization of obstetric health care services depends on religious differences. For example, Muslim women are not allowed to receive antenatal care services.

#### **4.3.2.2 Traditional and Cultural Beliefs**

The study found that many first time adolescent pregnant women have problems with traditions and cultural beliefs. The study found that cultural and traditional beliefs in Mutasa prevent first time adolescent pregnant women from taking care of their maternal health. This is because, according to the study findings, first time adolescent pregnant women are told to use traditional methods to deal with pregnancy such as: B. Cleansing the birth canal. Some of the methods that affect them were reported by the pregnant women as follows,

*.....We, young adolescent pregnant women here in Mutasa, have problems managing our pregnancies because of our culture and traditions. The older women tell us that this is how we should deal with pregnancy... but honestly, some methods are difficult and painful to use because we are inexperienced. So*

*we are forced to use practices that are not appropriate for our times. (Interview with Mrs Y, Mutasa, 2 February 2024)*

Most of them agreed with another woman's opinion that,

*.....In a patriarchal society, we women cannot do anything without our husband's permission... Sometimes we need to attend important maternity services or awareness campaigns, but without our husband's consent, we miss out on important maternal health education (Interview with Mutasa Y, 2 February 2024)*

One of the first-time pregnant teens revealed,

*.....Some of us cannot access the services we need because of our cultural beliefs.....My husband does not allow me to walk around alone. So when he and his brothers and sisters are not around, I miss out on important services. (Interview with Mutasa Y, 29 January 2024)*

An earlier study by Mureyi et al. (2017) found the same results as the study that various factors influence first time adolescent pregnant women attending clinics in Africa. Traditions and beliefs affect women's ability to conceive for the first time or visit clinics for health checks. Women who participated in a study in Ethiopia explained that we are culturally conditioned to believe that it is the lack of belief in culture and tradition that prevents mothers from accessing prenatal health services. Results from Jaks et al. (2019) showed that Ethiopians are assertive as to why they need to visit health facilities to conceive. Despite ongoing pressure from the Urban Health

Extension Professional (UHEP), visitation still needs improvement. It has been argued that in most countries, women have no say in the decision of whether to give birth in a facility without the husband's consent, and husbands may force their wives to give birth at home to avoid exposing themselves (Zhong et al., 2020). It was also reported that women in Malian are not allowed to go to obstetric health services alone and must be accompanied by their husbands for safety reasons and to demonstrate cultural acceptance.

#### **4.4.1. Perception of first time adolescent pregnant women on the efficacy of prenatal care services.**

The study showed that 55% of pregnant adolescents reported that prenatal care services were effective during their pregnancy. They reported that despite the difficulties in accessing obstetric health services, the services were very effective in helping them access prenatal care. Meanwhile, 45% of the other women responded that the process was not effective because they encounter many difficulties and obstacles in accessing obstetric health services. 55% of these women agreed with the opinion expressed by some of the women. She said that,

*..... We face some difficulties in accessing maternal and child health services, but if we can get prenatal care, this service is very effective because it reduces complications in childbirth. (Interview with Mrs. X, Mutasa District, 2 February 2024)*

45% of first time pregnant teens said,

*..... This process would have been difficult due to the following barriers and difficulties faced in accessing obstetric health services, Limited*

*approval in decision-making could be more effective. (Interview with Y Mutasa District, February 2, 2024)*

These results were similar to the study by Abramova et al. (2021). He argued that the quantity and quality of antenatal services are assumed to be the outcome of the quality of life of pregnant women, not just short-term and long-term fatality effects. This means that most women in developed countries believe that antenatal information plays an important role in the health decisions of first time adolescent pregnant women in the sense that it is derived from a series of different changes during pregnancy. This result is also consistent with the literature by Lei (2020). The literature shows that South African women believe that prenatal care is essential to detect and prevent complications and reduce maternal and perinatal mortality. In the Lei (2020) study, most women reported that prenatal care is very important as it helps to reduce the mortality rate of both children and mothers. Thus, the results showed similar facts to the above study.

#### **4.5 Chapter Summary**

The above chapter discussed the findings of the study and presented, analyzed and interpreted the data collected on the experiences of first-time adolescents in Mutasa District. Data was collected using interviews and questionnaires. The study had a reasonable response rate of 83%. This chapter discusses the findings of the study in line with the key objectives of the study and presents the results in the form of bar graphs and tables. This chapter also discusses strategies that can be used to mitigate the challenges faced by first-time adolescent pregnant women in Mutasa District.

## **CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.0 Introduction**

This chapter provides a comprehensive summary, conclusions, and recommendations analysed and presented in Chapters 1 to 4 regarding the experiences of first time adolescent pregnant women in Mutasa District. The recommendations address the challenges faced by first time adolescent pregnant women in Mutasa District. This chapter is important as it will serve as a foundation for future research.

### **5.1 Summary**

This research study investigated the challenges faced by first time adolescent pregnant women in Mutasa District, focusing on social, financial, economic, and cultural challenges. The researchers used a case study as the research design and conducted key informant interviews (two nurses and two Village workers), in-depth interviews (21 first time adolescent pregnant women), and focus group discussions. Key individuals provided detailed information based on their professional experiences. This research study also used systems theory to explain the circumstances that influence the challenges faced by adolescents who are pregnant for the first time. This theory further explains that behavior is influenced by various factors that work together as a system. These factors include family, friends, social environment, religious structure, economic class, home environment, etc., which can all affect how people behave and think. According to the study, these factors can act as influential or challenging factors for adolescents who are pregnant for the first time.

The study also employed the theory of unplanned behaviour that is used to predict human behaviour, which influences choices for accessing health services and childbirth. The theory

explains the reasons why first-time pregnant women are facing challenges. This is because behavioural intention is the driving factor influencing people's actions. The theory also noted that the attitude toward behaviour has a bearing effect on what people favour and what people do not favour. The theory also explains that social pressure influences human behaviour. Therefore, this social pressure influence why women seek better maternal health services.

The study found that first-time adolescent pregnant women are facing a lot of challenges in managing their pregnancy in the Mutasa district. The main challenge is the high cost of medical bills since, in Zimbabwe, the cost of medication has been on the rise due to the economic recession, which has caused the depletion of better services in most clinics. The study also found that, because of the current health crisis in public clinics, many first-time adolescent pregnant women are struggling, hence which leads to home delivery.

Furthermore, the study found that first-time adolescent pregnant women are facing a high infant mortality rate because first-time adolescent pregnant women failed to attend prenatal maternal services due to the shortage of money. A lack of experience in handling pregnancy was also a reason for this. Hence, they end up not attending important pregnancy check-ups.

Moreover, the research study also found that first-time adolescent pregnant women face difficulties in accessing transportation when going for maternal health services. Transport needs to be adequate and affordable. To make matters worse, the nearest clinic is very far. Therefore, they end up relying on private transport, which is very expensive.

Furthermore, lack of access to maternal health care was also found to be one of the challenges faced by first-time adolescent pregnant women. Mutasa is an area dominated by resettled farmers and is underdeveloped, so health services become a challenge. The study also found that malnutrition is another challenge faced by first-time adolescent pregnant women in Mutasa district.

Moreover, premature delivery is another challenge being faced by first-time adolescent pregnant women in Mutasa District. Adolescent pregnant women in Mutasa are experiencing changes in accessing health services and nutritious food, and a lot of depression due to factors like abandonment by their husbands, hence causing high cases of premature birth.

The study also found that some barriers prevent first-time adolescent pregnant women from accessing the support they need during pregnancy. Religious beliefs were seen as one of the barriers limiting first-time adolescent pregnant women from accessing effective maternal health services in Mutasa. This is because many apostolic sects like Johane Marange Apostolic Sect, which dominated the district, prohibit its members from accessing any scientific medication or check-up. Therefore, since they are still very young, they cannot stand alone and defend their beliefs and right to seek adequate health facilities. The research revealed that traditional and cultural beliefs also prevent many first-time pregnant women from accessing maternal health services. This is because first-time adolescent pregnant women are told to use conventional methods for pregnancy, such as birth passage clearance.

The study found that the percentage of first-time adolescent pregnant women who mentioned that antenatal care services were effective during their pregnancy was higher than those who noted that the services were very effective. This is because whenever they went for antenatal care, the services were very effective in helping them. On the other hand, women face many difficulties and barriers in accessing maternal health services.

## **5.2 Conclusions**

### **5.2.1 Challenges faced by first-time adolescent pregnant women in Mutasa.**

First-time adolescent pregnant women in the Mutasa district are facing a lot of challenges, and the significant challenges include the high cost of medical bills, high infant mortality rate, transportation costs, and accessibility to maternal health care, malnutrition, and premature delivery. These challenges are being caused by the economic situation in the

country, failure to attend prenatal maternal health services due to lack of money, inadequate transport services, lack of access to health services, abandonment by husbands, and lack of experience.

### **5.2.2 Barriers that prevent first-time adolescent pregnant women from accessing the support they need.**

First-time adolescent pregnant women face a lot of barriers when seeking the support, they need during pregnancy in the Mutasa district. The barriers may include religious beliefs, especially those who belong to the Johanne Marange Apostolic Sect since they dominate the district. Their doctrine does not allow their wives to access maternal health services from clinics, hence preventing first-time adolescent pregnant women from accessing the support they need. Traditional and cultural beliefs are another barrier since first-adolescent pregnant women have limited rights and experience. They are told to use conventional methods for pregnancy, yet some of the methods are affecting them. These barriers lead to many challenges during pregnancy and delivery.

### **5.2.3 Perceptions of first-time adolescent pregnant women on the efficacy of antenatal care services.**

The percentage of first-time adolescent pregnant women in Mutasa who appreciated that antenatal care services were very effective is higher than those who did not enjoy the antenatal services being effective. This shows that many people understand the sound effects of antenatal care services; hence, the improvement can reduce the infant mortality rate in the Mutasa district.

## **5.3 Recommendations**

Recommendations based on the findings of the research study presented in Chapter 4 on the challenges faced by first time adolescent pregnant women in Mutasa, the researcher formulated the recommendations.



### **5.3.1 To the Government Ministries and Police Makers**

The Government should formulate and develop effective policies to help first-time adolescent pregnant women in marginalized communities like the Mutasa district. The Government should arrange for awareness education for all first-time adolescent pregnant women on the importance of maternal health services regardless of their religion and conduct follow-ups to reduce the child mortality rate.

### **5.3.2 To the Non-Governmental Organizations**

When implementing their programs, the NGOs should be aware of the social changes being faced by first-time adolescent pregnant women. They should also work hand in hand with the Government to implement programs that intend to address the challenges being faced by first-time adolescent pregnant women and support them in order to reduce the challenges being faced by first-time adolescent pregnant women in Mutasa District.

### **5.3.3 To the clinics in Mutasa**

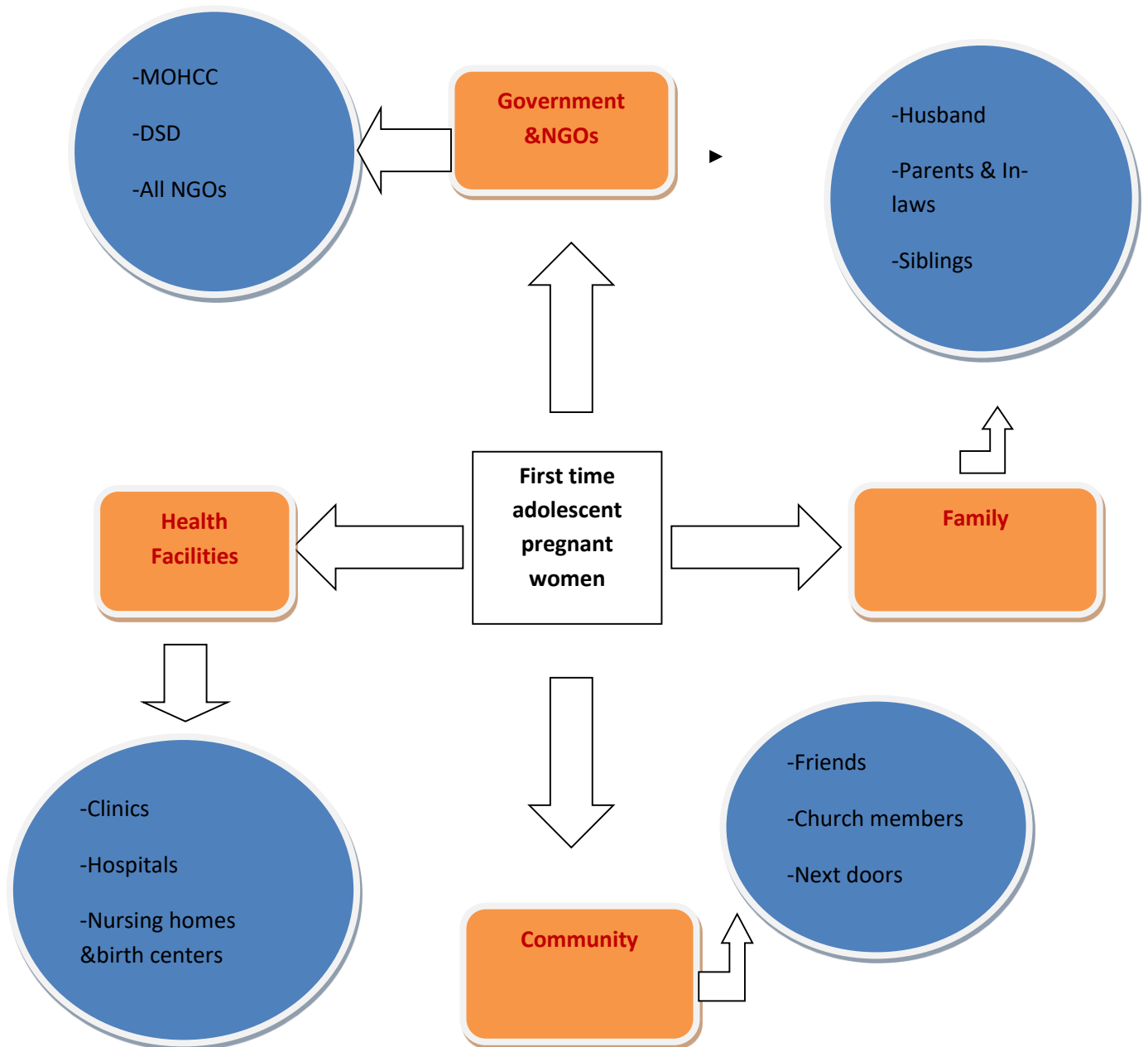
The key informants (nurses), together with the village health workers, should conduct awareness campaigns to educate first-time adolescent pregnant women on the efficacy of maternal health services. The village health workers (VHW) should monitor these first-time adolescent pregnant women through home visits to reduce the infant mortality rate.

### **5.3.4 To the Community**

The community should report all forms of violence and abuse to first-time adolescent pregnant women. The community members should also attend awareness campaigns to know the importance of maternal health services in case of future pregnancies.

### 5.3.5 Model that can be used as panacea to the challenges faced by first time adolescent pregnant women.

#### 5.3.5.1 First Time Adolescent Pregnant Women Assistant Model



The above first time adolescent pregnant assistance model was developed by the researcher to further the understanding on the experiences of first time adolescent pregnant women in Mutasa district. It highlights how first time adolescent pregnant women should be assisted and monitored by different cohesive groups in order to reduce the challenges being faced by first time adolescent pregnant woman in Mutasa district. Therefore, these groups should work hand in hand in assisting first time adolescent pregnant women.

#### **5.3.5.1.2 Family**

Family is a group of people linked by birth, marriage, or adaptation. This may include husband, parents, siblings, and parents-in-law. Thus, family is a group that directly helps to alleviate the difficulties faced by first-time mothers. Family can ensure that pregnant women are provided with a nutritious diet, provide a mentally healthy environment, ensure full support in case of complications, monitor antenatal check-ups, and also support participation in antenatal services.

#### **5.3.5.1.2 The Community**

Community is a group of people having a certain characteristic in common. This can include friends, church members and next doors. The community has also a role to play in order to reduce challenges being faced by first time adolescent pregnant women. The community should report all forms of violence and abuses against first time adolescent pregnant women, courage them and reassure them and help first time adolescent pregnant women to make changes to their life style.

#### **5.3.5.1.3 Health Facilities**

Health facilities are places where health care is delivered. These include private and general clinics, hospitals, nursing homes and birth centers. These facilities should act as the backbone

of the first time adolescent pregnant women to mitigate the challenges faced by first time adolescent pregnant women. Health professionals should educate first time adolescent pregnant women on the importance of maternal health services in order to reduce child mortality rate, counsel first time adolescent pregnant women and record all statistics to facilitate monitoring and evaluation.

#### **5.3.5.1.4 Government and Non-governmental Organisations**

The two should work together to formulate and develop policies that will protect and benefit first time adolescent pregnant women, especially those in marginalized areas like Mutasa. This may include government ministries such as the Ministry of Health and Child Care, the Ministry of Social Development, and relevant non-governmental organizations. They should also provide support to first time adolescent pregnant women regarding their vulnerabilities and needs. Assistance in the form of food baskets, clothing, cash transfers, education, etc. will be provided to mitigate the challenges faced by first time adolescent pregnant women in Mutasa district.

### **5.4 Chapter Summary**

This chapter focuses on a summary of the findings and includes a section on conclusions and recommendations regarding gaps identified during the research study. The recommendations are aimed at reducing the difficulties faced by first time adolescent pregnant women and thereby reducing infant mortality in Mutasa district.

## References

- Abramova, V., Clerigues, A., Quiles, A., Figueredo, D. G., Silva, Y., Pedraza, S., ... & Lladó, X. (2021). Hemorrhagic stroke lesion segmentation using a 3D U-Net with squeeze-and-excitation blocks. *Computerized Medical Imaging and Graphics*, 90, 101908.
- Amarasinghe, S. L., Dong, X., Zappia, L., Ritchie, M. E., & Gouil, Q. (2020). Opportunities and challenges in long-read sequencing data analysis. *Genome biology*, 21(1), 1-16.
- Bain, L. E., Muftugil-Yalcin, S., Amoakoh-Coleman, M., Zweekhorst, M. B., Becquet, R., & de Cock Burning, T. (2020). Decision –making preferences and risk factors regarding early adolescent pregnancy ‘ and adolescents in Ghana :stakeholders’ and adolescents perspectives from a vignette-based qualitative study. *Reproductive health*, 17, 1-12
- Bert, F. (2013), Pregnancy e-health: a multicenter Italian cross-sectional study on internet use and decision-making among pregnant women. *Epidemiology Community Health* 2013; 0:1–6. Doi: 10.1136/jech-2013-202584 [PubMed] [CrossRef]
- Braun, V. & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Dodzo, M. K. & Mhloyi, M. (2017) Home is best: why women in rural Zimbabwe deliver in the community. *PLoS One*. 2017; 12: eo181771.
- Children's Act (chapter 5:06)
- Emerson, R. W. (2021). Convenience sampling revisited: Embracing its limitations through thoughtful study design. *Journal of Visual Impairment & Blindness*, 115(1), 76-77.

- Englander, H., Jones, A., Krawczyk, N., Patten, A., Roberts, T., Korthuis, P. T., & McNeely, J. (2022). Taxonomy of hospital-based addiction care models: a scoping review and key informant interviews. *Journal of general internal medicine*, 37(11), 2821-2833.
- Cross man, A. (2019), Understanding Purposive Sampling: An Overview of the Method and its Application, Thoughts.
- Goossens, J. (2018). Preconception lifestyle changes in women with planned pregnancies. *Midwifery*. 2018; 56: 12–120. doi: 10.1016/j.midw.2017.10.004 [PubMed] [CrossRef]
- Government of Zimbabwe. (2017). Child Protection and Welfare Bill. Harare: Parliament of Zimbabwe.
- Government of Zimbabwe. (2017). Child Protection and Welfare Bill. Retrieved from <http://www.gov.zw/child-protection-and-welfare-bill>.
- Hassan, S. A. (2019). Data collection instruments based on the definition of hadith. *International Journal of Academic Research in Business and Social Sciences*, 9(12), 685-693.
- Hills, R. D., Pontefract, B. A., Mishcon, H. R., Black, C. A., Sutton, S. C., & Theberge, C. R. (2019). Gut microbiome: profound implications for diet and disease. *Nutrients*, 11(7), 1613.
- Jaks, R., Baumann, I., Juvalta, S., & Dratva, J. (2019). Parental digital health information seeking behavior in Switzerland: a cross-sectional study. *BMC public health*, 19, 1-11.

- Javanmardi, M., Noroozi, M., Mostafavi, F., & Ashrafi-Rizi, H. (2018). Internet usage among pregnant women for seeking health information: a review article. *Iranian journal of nursing and midwifery research*, 23(2), 79-86.
- Koseoglu ,S.B,& Elibol,F.D.(2016).Breast disorders in pregnancy :clinical and radiological findings.general surgery 1.
- Kumar, D. (2019). Success and failure factors that impact on project implementation using agile software development methodology. In *Software Engineering: Proceedings of CSI 2015* (pp. 647-654). Springer Singapore.
- Lagan, B.B. M. M (2006). Pregnant women's use of the internet: a review of published and unpublished evidence. *Evidence Based Midwifery*. 2006; 4(1): 17–23.
- Lei, F., Zhang, L., Shen, Y., Zhao, Y., Kang, Y., Qu, P., ... & Yan, H. (2020). Association between parity and macrosomia in Shaanxi Province of Northwest China. *Italian journal of pediatrics*, 46, 1-7.
- Magwa, S. (2015). Child sexual abuse by teachers in secondary schools in the Masvingo district, Zimbabwe: perceptions of selected stakeholders (Doctoral dissertation).
- Merrell, M.K. (2016). Exploration of the Pregnancy-Related Health Information Seeking Behavior of Women Who Gave Birth in the Past Year. A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy Department of Community and Family Health College of Public Health University of South F

- Mureyi,D, Mureyi, T.G. Monera, C.C. Maponga (2012). Prevalence and patterns of prenatal use of traditional medicine among women at selected Harare clinics: A cross-sectional study *Bio Medical Central*, 12 (164) (2012), pp. 1-8
- Mureyi, D., Pagliari, C., & Bunduchi, R. (2017). Drug advertising rules and the patient safety paradox in Zimbabwe. *BMJ Opinion*.
- Nyathi,M.L. Nyathi, A.K. Tugli, T.G. Tshitangano, M. Mpofu (2017). Investigating the accessibility factors that influence antenatal care services utilization in Mangwe district, Zimbabwe *African Journal of Primary Health Care and Family Medicine*, 9 (1) , pp. 1-
- Nyondo, A. L., Chimwaza, A. F. & Muula, A. S. (2014). Exploring the relevance of male involvement in the prevention of mother to child transmission of HIV services in Blantyre, Malawi. *BMC International Health and Human Rights* 2014, 14:30; 1-12
- O'Brien,D.,Blutler,M.M.,&Casey,M.(2012).The importance of nurturing trusting relationships to embed shared decision-making during pregnancy and childbirth.*Midwifery*,98,102987.
- Poels, M. (2017). Actively preparing for pregnancy is associated with healthier lifestyle of women during the preconception period. *Midwifery*. 2017; 50(2017): 228–234. Doi: 10.1016/j.midw.2017.04.015 [PubMed] [CrossRef]
- Poels, M., van Stel, H. F., Franx, A., & Koster, M. P. (2017). Actively preparing for pregnancy is associated with healthier lifestyle of women during the preconception period. *Midwifery*, 50, 228-234.



- Rakers, F., Rupprecht, S., Dreiling, M., Bergmeyer, C., Witte, O. W. (2020). Transfer of maternal psychosocial stress to the fetus. *Neuroscience & biobehavioral Reviews*, 117, 185-197
- Rayan, S. (2018). The effect of maternal lifestyle factors on pregnancy complications and perinatal outcome. *International Journal of Advance Research, Ideas and Innovations in Technology*. 2018; 4(2): 2241–2248.
- Sandre, A. (2020). Evidence base update for measures of social skills and social competence in clinical samples of youth. *Journal of Clinical Child & Adolescent Psychology*, 49(5), 573-594.
- Sehati Shasaei F, & Sheibaei F. (2018). Lifestyle and its relation with pregnancy outcomes in pregnant women referred to Tabriz Teaching hospitals. *The Iranian Journal of Obstetrics, Gynecology and Infertility*. 17(131): 13–9.
- Sexual Offences Act (chapter 9:21)
- UNFPA. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.
- UNICEF. (2008). the state of the world's children 2009: maternal and newborn health (Vol. 9). UNICEF.
- Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis.
- Van Dyke, N. (2018). Emotions experienced when receiving a temporary deferral: perspectives from staff and donors. *ISBT Science Series*, 13(4), 394-404.

Vehovar V. Toepoel V. Steinmetz S. (2016). Non-probability sampling, Sage Publisher  
Preventive

World Health Organization. (2004). Adolescent pregnancy.

World Health Organization. (2018). defining competent maternal and newborn health professionals: background document to the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA: definition of skilled health personnel providing care during childbirth.

Zimbabwe National Statistics Agency and ICF International. 2016. Zimbabwe Demographic Survey 2015: Key indicators. Rockville, Maryland.USA. Accessed February 3, 2023.  
<https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/ZDH>

Zhong,Y.P.,Y.,Wu,H.T.,Zhou,C.Q.,Xu,Y.W.(2020).Relationship between antithyroid antibody and pregnancy outcome following in vitro fertilisation and embryo transfer.International journal of medical sciences,9(2),121

## APPENDICES

### APPENDIX 1: KEY INFORMANTS INTERVIEW GUIDE

I am Victoria Gerede a student at Bindura University of Science Education pursuing a Bachelor of Social Work Honours Degree. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic '**Experiences of first-time adolescent pregnant women. A Case of Mutasa District**'. The purpose of this study is to collect data on the topic for further analysis and the information obtained is strictly for academic purposes only. Therefore, you are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for educational purposes. Your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 25 minutes as part of data collection. You are free to withdraw or excuse yourself at any time for any reason.

Start Time: .....

Date: .....

## QUESTIONS

### Section A: Biographic Information

Respondent.....

Institution .....

Job title.....

Age .....

Marital Status .....

Religious Affiliation.....

Based in maternal health and family planning.....

Educational Level.....

**Section B. Understanding of first time adolescent pregnancy and maternal health care**

1. What is your understanding of first-time adolescent pregnancy?
2. What is your understanding of maternal health care to first time adolescent pregnancy?
3. What is your understanding of Antenatal care services to first time adolescent pregnant women?
4. What is your understanding of first time adolescent pregnancy complications?

**Section C Experiences of first time adolescent pregnant women.**

5. What is the main challenge being faced but first time adolescent pregnant women?
6. What social challenges being faced by first time adolescence pregnant women?
7. What cultural challenges being faced by first time adolescence pregnant women?
8. What are the barriers that prevent first-time adolescent pregnant women from accessing the support they need?
9. What are the perceptions of first-time adolescent pregnant women on the efficacy of Antenatal care services?
10. What is the estimated percentage of maternal and child mortality rate at the institution?
11. What solutions to problems being faced first time adolescent pregnant women in Mutasa district?

**Section D: Intervention strategies**

12. What should be done, in your view, to reduce problems being faced by first time adolescence pregnant women?
13. What are the benefits of good maternal health to first time adolescent pregnant women?

## **Section E: Challenges**

14. What are some of the challenges you face in providing maternal health care to first time adolescent pregnant women?

## **Appendix 2: RESPONDENT’S IN-DEPTH INTERVIEW GUIDE**

### **Introduction**

I am Victoria Gerede a student at Bindura University of Science Education pursuing a Bachelor of Social Work Honours Degree. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic ‘**Experiences of first-time adolescent pregnant women. A Case of Mutasa District**’. The purpose of this study is to collect data on the topic for further analysis and the information obtained is strictly for educational purposes. Therefore, you are kindly requested to participate in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for educational purposes. Your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 25 minutes as part of data collection. You are free to withdraw or excuse yourself at any time for any reason.

Start Time: .....

Date: .....

### **Section A: Biographic Information**

Respondent.....

Age    10-12 [ ] 13-15 [ ] 16-19 [ ]

Marital status    Married [ ] Single [ ] Divorced [ ] Widowed [ ]

Religious affiliation.....

Economic activity.....

Level of education reached.....

## **Section B: Understanding of maternal health services**

1. What is your understanding of maternal health to first time adolescent pregnant women?
2. What is your understanding of complications during first time adolescent pregnancy?
3. What is your understanding of adolescent pregnancy?
4. What is your understanding of Antenatal care services to first time adolescent pregnant women?

## **Section C: Challenges faced by first time adolescence pregnant women in maternal health.**

5. What is the main challenge being faced but first time adolescent pregnant women?
6. What social challenges being faced by first time adolescence pregnant women?
7. What cultural challenges being faced by first time adolescence pregnant women?
8. What are the barriers that prevent first-time adolescent pregnant women from accessing the support they need?
9. What are the perceptions of first-time adolescent pregnant women on the efficacy of Antenatal care services?
10. What are the complications faced by first time adolescence pregnant women?

## **Section D: Possible solutions**

11. What do you think are the best ways to reduce challenges being faced by first time adolescence pregnant women?

## **APPENDIX 3: FOCUS GROUP DISCUSSION WITH FIRST TIME ADOLESCENT PREGNANT WOMEN.**

### **Introduction**

I am Victoria Gerede, a Bindura University of Science Education student pursuing a Bachelor of Social Work Honours Degree. As part of completing the degree program, students are required to conduct individual research. Therefore, I am researching the topic '**Experiences of first-time adolescent pregnant women. A Case of Mutasa District**'. This study aims to collect data on the subject for further analysis, and the information obtained will be strictly for educational purposes. Therefore, you are kindly requested to participate in this research study. Remember that your responses will be kept confidential and anonymous and used strictly for educational purposes. Your participation in this study is voluntary. I will engage you in an interview that will not last for more than 25 minutes as part of data collection. You are free to withdraw or excuse yourself anytime for any reason. Start Time: .....

Date: .....

### **Section A: Biographic Information**

Respondent.....

Age    10-12 [ ] 13-15 [ ] 16-19 [ ]

Marital status    Married [ ] Single [ ] Divorced [ ] Widowed [ ]

Religious affiliation.....

Economic activity.....

Level of education reached.....

### **Section B: Understanding of maternal health services**

1. What is your understanding of maternal health to first time adolescent pregnant women?
2. What is your understanding of complications during first time adolescent pregnancy?



3. What is your understanding of adolescent pregnancy?
4. What is your understanding of Antenatal care services to first time adolescent pregnant women?

### **Section C: Challenges faced by first time adolescence pregnant women in maternal health.**

5. What is the main challenge being faced but first time adolescent pregnant women?
6. What social challenges being faced by first time adolescence pregnant women?
7. What cultural challenges being faced by first time adolescence pregnant women?
8. What are the barriers that prevent first-time adolescent pregnant women from accessing the support they need?
9. What are the perceptions of first-time adolescent pregnant women on the efficacy of Antenatal care services?
10. What are the complications faced by first time adolescence pregnant women?

### **Section D: Possible solutions**

11. What do you think are the best ways to reduce challenges being faced by first time adolescence pregnant women?

## **APPENDIX 4: CONSENT FORM**



**BINDURA UNIVERSITY OF SCIENCE EDUCATION  
FACULTY OF SOCIAL SCIENCE AND HUMANITIES  
DEPARTMENT OF SOCIAL WORK**

### **INTERVIEW CONSENT FORM**

#### **Introduction**

Dear Participant,

My name is Peter Victoria Gerede, a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honours Degree in Social Work. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. In case that you do not understand you are free to ask, and I will explain. I am therefore kindly asking you to help me in carrying out my research by taking a few minutes of your time to respond to the following questions as openly and freely as you can. Your cooperation and support are greatly appreciated.

#### **Title of the study**

Experiences of first time adolescent pregnant women. A case of Mutasa.

#### **Purpose of the study**

To explore the experiences of first time adolescent pregnant women in Mutasa.

#### **Ethical considerations; privacy, confidentiality and voluntary participation**

Be reminded that your participation in this study and in this interview is confidential. Your responses will be treated with confidentiality and will **ONLY** be used for academic purposes.

Your participation is based on voluntary basis. Therefore, you have the right to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

### **Contact details**

If you have any other questions you can contact me on the following details

Email: victoriagerede@gmail.com

Phone number; +263773694984/0719739027

If you are willing to partake and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (pseudonym) .....

Signature of researcher.....

Date.....

With thanks

Victoria Gereade

## **APPENDIX 5: APPROVAL LETTER 1 FOR DATA COLLECTION**

© 2019 World Health Organization. All rights reserved.



## **APPENDIX 7: APPROVAL LETTER 3 FOR DATA COLLECTION**

