

Factors Contributing to Teenage Pregnancies in a Rural Community of Zimbabwe

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Abstract

The prevalence rate of teenage pregnancies seem to be on the increase especially in rural communities of Zimbabwe. Using Hurungwe District, a rural community in Zimbabwe as a case study, this study sought to find out the factors that are contributing to teenage pregnancies in rural communities of Zimbabwe. To answer the research problem, the researchers adopted the qualitative research design. The target population were women who got married before they reached the age of 18 years, their husbands and local leaders in the community. A sample of 6 women who were married before they reached the age of 18 years and 5 men who are apparently married to some of these women was used to gather data using an in-depth interview instrument. The researchers also identified 3 key informants and a focus group of 12 people (8 men and 4 women) was also used in data collection. Findings revealed that the following are some of the factors contributing to teenage pregnancies in rural communities of Zimbabwe; socio-economic background, peer influence, lack of sex education, non-use of contraceptives, traditional roles, low self-esteem and low level of education. To this end the researcher recommended the empowerment of teenagers in the rural community and sexual health reproductive education on teenagers in rural communities of Zimbabwe.

Keywords; Factors, Teenagers, Pregnancies, Child Marriages, Rural Community.

1.0 Introduction

The majority of child marriages are a consequence of teenage pregnancies. Several children are getting pregnant before they reach the legal age of majority, which is 18 years in Zimbabwe. Studies have also shown that the majority of women who are currently married, and those that are getting married are doing so before they reach the age of 18 years. There are some consequences associated with child marriages, chief among them domestic violence. There is also a growing concern about pregnancies and sexually transmitted infections among pupils. These pupils are abandoning school, and getting married earlier before they reach the stage of puberty. This research therefore sought to investigate the factors that are contributing to teenage pregnancies, with particular attention to rural communities of Zimbabwe.

2.0 Background

According to WHO (1986) pregnancy in a girl aged 10 and 19 years is adolescent or teenage pregnancy. Recently, Ogori et al (2013) posited that teenage pregnancy refers to pregnancy that occurs in young girls, mostly in the range age of 13-17 years old. Several studies have shown that the majority of those affected are between the ages of 13 to 19 years. Count (2010) states that adolescence marks the onset of sexual maturity. At this stage, the girl child develops an interest in sexuality and is a victim of man who normally have an interest in breaking their virginity.

The transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. To this end, teenagers in particular those in rural communities need some protection. If a teenager is affected at this stage, it may mean a sorrowful life for her. As alluded to by Gandhi et al (2014), pregnancy in very young women is generally considered to be a very high risk event, because teenage girls are physically and psychologically immature for reproduction. These young women are not yet ready to be mothers, both psychologically and physically. Marnach et al (2013) further explain that medically, teenage pregnancy maternal and prenatal health is of particular concern among teens who are pregnant or parenting. In some studies, it has been observed that there is a high incidence rate of premature birth and that low birth weight is higher among adolescent mothers.

Rurality presents many difficulties for people in terms of access to services (Craig, 2004). This justifies this study, considering that the majority of these rural girls are being affected with teenage pregnancies. According to WHO (2013), teenage pregnancy has hit hard developed and developing communities, generating a set of problems such as frequent absenteeism and form repetition in schools, dropping out of schools and poor academic performance.

A research by WHO (2013) observes that globally, approximately 1 million girls aged 10-11 years and 16 million girls aged 15 to 19 give birth every year, with the majority of these pregnancies occurring in

developing countries. Zimbabwe, a developing country has not been spared from the problem of teenage pregnancies, which are leading to child marriages. For instance, the Zimbabwean Herald on 20 June 2015 reports; "Zimbabwe is one of the 40 countries in the world with an unacceptably high rate of child marriages where girls enter into marriage before they turned 18 years, the United Nations Children Fund report has revealed. UNICEF said according to the 2014 Multiple Indicator Cluster Survey, 32.8 percent of women aged between 20 and 49 reported that they were married before they were 18 while 24.5 percent of girls between 15 and 19 years are currently married." What it shows is that the girl child is exposed to sexual abuse and needs to be protected.

Mensch et al (2001) also highlights that in Sub-Saharan Africa, many female students are exposed to the risk of becoming pregnant. There are cases of children who are abandoning school because they would be pregnant. This have had a negative impact on the life of the girl child. For instance, Palamuleni (2002) identifies countries such as Kenya, Zambia, South Africa and Zimbabwe as countries where teenage pregnancy is one of the major impediments to social development, job opportunities and educational success of the girl child.

In a study recently carried out by the Ministry of Health and Child Care in the area under study, an estimated 59 percent of ever-married women were married before the age of 18 and about 63 percent of rural ever-married women were first married between 12 and 15 years. The study also revealed that only 15 percent of rural women were married at the age of 18 or older. What it shows is that the prevalence rate of early pregnancies is high in the area under study, and in Zimbabwe at large. The biggest challenge is that teenage pregnancy can lead to incomplete education, unemployment and other numerous emotional traumas justifying the importance of finding out the factors that are causing teenage pregnancies in rural communities of Zimbabwe.

3.0 About the study

The prevalence rate of teenage pregnancies has become a debatable issue in Zimbabwe because the country has recorded a sharp increase in teenage pregnancies in the last five years with most adolescent pregnancies being recorded in the rural areas. According to the latest Zimbabwe Demographic Health Survey (ZDHS) of 2010 and 2011, the fertility rate among teenage girls aged between 15 and 19 years increased from 99 per 1000 girls to 115 per 1000 girls between 2005 and 2010. According to the survey, rural girls start child bearing earlier than their urban counterparts, with the fertility rate among rural girls pegged at 144 per 1000 girls compared to 70 per 1000 girls in urban areas. James (2000) posits that Kenya, Zambia, South Africa and Zimbabwe included are countries where teenage pregnancy has been one of major hindrances to the educational success of the girl child. There has also been much concern over the increase in the number of pregnancies in learning institution leading to non-attendance, poor academic performance, and dropping out from schools. These school drop outs are ending up in early marriages. Given the prevalence rate of early pregnancies, which has been estimated to be 5.5 percent at national level (Zimbabwe National Statistical Agency, 2013), this study sought to identify the factors that are promoting teenage pregnancies in the rural communities of Zimbabwe, using Hurungwe District as a case study.

4.0 Methodology

4.1 Research Setting

The study was carried out in Hurungwe District, located in Mashonaland West Province, in central northern Zimbabwe. It is located approximately 85 kilometres by road, northwest of Chinhoyi, the nearest large town, and the location of the provincial headquarters. This location lies about 200 kilometres, northwest of Harare, Zimbabwe's capital and largest city. Hurungwe district borders with the Republic of Zambia, about 170 kilometres, northwest of Karoi. Hurungwe District has a population of 361 370 people and of these 187 160 are males and 179 210 are females.

4.2 Research Methods, research design and data collection

To answer the problem of teenage pregnancies in Hurungwe district, the researchers adopted the qualitative research methodology. Flick et al (2004) observes that the qualitative research relies on the use of subjective meanings, and as such, reality is created interactively and becomes meaningful subjectively. The qualitative research methodology enabled the researchers to explore the factors that are promoting early child pregnancies in Hurungwe District.

A multi-mode approach was used to collect data and this included face to face interviews and focus group discussions. This multi-technique approach to data collection was used in order to obtain a holistic or total view of the subjects under investigation on teenage pregnancy issues (Tashakkori and Teddlie, 1998). Focus group discussions and in-depth/ethnographic interviews were preferred as data collection instruments in order to collect qualitative data (Mutanana and Mutara, 2015) and this enabled the facilitation of gathering valid and reliable data from the respondents.

Participants were women married under the age of 18 years, their husbands and local leaders. Local leaders assisted in identifying the participants. The researcher used a snowball method and convenience sampling in identifying people who had been married whilst under the age of 18 years and their husbands. For Noy (2008) in Mutanana and Mutara (2015), this method involves participants referring the researcher to other participants, who are then contacted by the researcher. These participants in turn refer the researcher to yet other participants. Convenience sampling, or as it is sometimes called, accidental or opportunity sampling involves choosing the nearest individuals to serve as respondents and continuing that process until the required sample size has been obtained or those who happen to be available and accessible at the time (Cohen et al, 2007). In total, 6 women who were married before they reach the age of 18 years participated in this study and they were aged between 22-39 years. The study also included 5 men, who were some of the men who married women before they reached the legal age majority of 18. The researcher also identified 3 key informants and these included a village head, a pastor, and a police officer attached to the Victim Friendly Unit.

A focus group discussion was also contacted to solicit the views of the community on the factors promoting early child pregnancies (Mutanana and Mutara, 2015). The group discussion included 8 men and 4 women. Participants were interviewed on the factors contributing to teenage pregnancies.

4.3 Study Limitations

The study suffered from methodological limitations particularly in the sample size. The study focused on only one rural community, which is Hurungwe district. However, the number of respondents for the study was large enough to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalized or transferred.

4.4 Data Analysis

In-depth interviews were recorded, translated into English and typed in Microsoft Word. Content analysis was then used to analyse these interviews. The interviews were read several times and recurring themes were identified. For the purposes of this study, the analysis focused on the factors contributing to the high prevalence rate of teenage pregnancies in a rural community of Zimbabwe.

5.0 Findings and Discussion

For Keller et al (1999), in predominantly rural communities, financial exigencies and social custom induce girls to stay out of school and enter into early sexual relationships, most of which are exploitations. Findings of the study revealed that the socio-economic background is a major factor contributing to teenage pregnancies in the rural community of Zimbabwe. The researchers observed that the majority of the participants were coming from poor families. In an interview, some of the participants claimed that their parents or guardians failed to take them to school. The researchers also observed that of the 12 women who participated in the study 10 were orphans. Said one participant, *"I am an orphan, my father passed on when I was 9 years old and my mother followed when I was 11 years old. My guardian, who is my grandmother did not have money to send me to school. I had absolutely nothing to do and eventually I fell in love with my husband who was 17 years old then when I was 14 years. Eventually I got pregnant and got married."* In an interview, a key informant also noted that the majority of those who were getting married early were coming from poor families. At a focus group discussion, participants also identified the socio-economic factor as leading to teenage pregnancies in the community, which are resulting in child marriages.

What it shows is that the socio-economic background is a factor that is leading in the majority of these teenage pregnancies. This finding agrees with the observations by Joubert (2008) when he stated that the current economic challenges in developing nations means that those who live in poverty are often exposed to more "live" sexual activity because families are required to live in small houses where there is distinct lack of privacy for the parents, and children who grow up under that situation can easily engage themselves in sexual activity as soon as they entered the puberty stage. Coley and Chase (1998) state that girls living in poor socio-economic background with an early onset of menarche will engage in early sexual behaviour. For the Allan Guttmacher Institute (1999), adolescent youths who fall pregnant are more likely to come from low socio-economic status. Basing on this finding, it can be argued that socio-economic background is influencing children to engage in early sexual behaviour, which is leading to child marriages in rural communities of Zimbabwe.

Albert (2007) postulates that there are social pressures that push the teens towards falling pregnant. For instance, peer influence was identified as another factor that is promoting teenage pregnancies in the community under study. The majority of the participants disclosed that they got pregnant early because of peer pressure. Even the husbands of the women who got pregnant early were of the view that peer pressure was among the factors that saw them impregnating these "children" particularly when they were school children. Disclosed one participant, *"You see when you are still going to school, you discuss a lot of things including sex. You are eager to know how it feels. You will be showing each other pornography pictures and you are ever talking about sex."*

A key informant also disclosed that peer pressure was a factor promoting teenage pregnancies in the community. Children are exposed to condoms, pornography pictures and they discuss these things. At a focus group discussion, a male participant claimed that the majority of these children have a weakness in that they will be under pressure of wanting to have sex after discussing it with fellow friends.

Teenagers rely on their peers for information and this makes them fall prey to teenage pregnancy. Albert (2007) also notes that many teens engage in unhealthy and risky activities just so that their peers will notice them or so that they may fit in, peer pressure to engage in sexual activity is so common, a variety of terms refers to the behaviour, such as “hooking up”, “booty calls” or referring to someone as a friend with benefits. Carrera (2012) also observed that unrestricted interaction with the opposite sex ignite the sparks of lust in teenagers very easily, especially when alcohol and drugs are involved. What it shows is that children learn a lot from their peers and as such, peer influence has a greater impact on the behaviour of children and this leads to early pregnancies which result in child marriages.

The majority of the participants claimed that sex education can make it possible to avoid child pregnancies. A male participant claimed, “*Nowadays children are no longer receiving sex education from their aunts and uncles. Consequently, they are getting pregnant “blindly” because they are not being educated about sex.*” The majority of the female participants also claimed that they had not received sex education as they were growing up. The husband participants also claimed that they had not received sex education from their parents when they were children. Key informants also highlighted lack of sex education as another cause of child pregnancies that are resulting in child pregnancies.

This finding agrees with the observation by Miller (2006) when he stated that lack of sex education on safe sex, either on the side of the parents or the educators may lead to teenage pregnancy. What it means is that most children are not receiving sex education from their parents and as such they do not know methods of birth control. Okonkwo (2004) also associates teenage pregnancy with lack of adequate sex education. Basing on this finding, it can be argued that lack of sex education is a factor that is contributing to teenage pregnancies, which is leading to the majority of these child marriages in Zimbabwe and some other sub-Saharan countries.

Some schools of thought have been suggesting that school children must be allowed to carry contraceptives with them, since it is now an undeniable fact that children are getting pregnant early. In their research, Mutanana and Mutara (2015) claimed that the Minister of Secondary and Primary Education was quoted as saying school children must be allowed carry condoms in their bags. Can non-use of these condoms and other contraceptives be a factor that leading to teenage pregnancies?

Female participants agreed with this assertion and further highlighted that because of peer pressure highlighted above, the majority of children would certainly want to engage in sexual intercourse. However, it is a taboo for a child to have a condom or any contraceptive in his/her possession, yet he/she will be eager to engage in sexual intercourse. Consequently, children engage in sexual intercourse without contraceptives and the end result is teenage pregnancies which lead to child marriages. Miller (2006) observes that some teenagers fall pregnant because they lack information or access to conventional method of preventing pregnancy. Children are also inexperienced in how to use condoms, and this also contributes to teenage pregnancies. According to WHO and UNFPA (2012) over 30% of adolescent girls in developing countries have unplanned pregnancy before 18 years of age and about 14% before the age of 15 years. Basing on this finding, it can also be argued that non-use of contraceptives is a factor that is also leading to teenage pregnancies which has seen the high prevalence rate of child marriages in rural communities of Zimbabwe.

There are traditional roles that were also identified as influencing teenage pregnancy. Some participants claimed that the girl child is used to perform traditional roles like going to fetch water, going to the river to wash clothes, cooking for all family members among some things. Participants claimed that some men take advantage of that because when they go to fetch water and wash clothes to the river they will not be accompanied. When they are cooking, some men may think that they have already matured, and a key informant claimed that some teenage girls may even start to think that they have matured when they are carrying out these traditional roles. Consequently, they start to play around with men which eventually see them getting pregnant and getting married when they are still children. This finding is in line with Moore and Rosenthal (1993) who claimed that early marriage and traditional gender roles are important causes in the rate of teenage pregnancy, which is normally seen as a blessing because it is proof of the young woman’s fertility. From this finding, it can be noted that traditional roles also have an influence towards the high prevalence rate of child marriages in rural communities of Zimbabwe.

Low self-esteem has also been identified as another causal factor for child marriages. It was observed that the highest number of participants who had fallen pregnant before they reach the legal age of majority, which is 18 years had not been shown love and affection with their parents. A key informant also noted that many of these children do not stay with their biological parents, and as such they end up engaging in promiscuity behaviour because they do not know love. Jack (2010) also noted that low self-esteem is among the causes of teenage pregnancies, because children who are not shown love and affection from parents will seek it out with

their peer group, who normally are composed of male partners. Consequently, they end up engaging in sexual intercourse which lead to teenage pregnancy.

The level of education among the parents or guardians also play a role in determining the rate of unwanted pregnancy and induced abortion. The participants at a focus group discussion disclosed that the majority of parents in the community are not educated. This was supported by key informants who stated that the literacy level in the community also has an influence towards the high prevalence rate of child marriages in the community. Vundule et al (2001) posits that the parents, for example the mother, may have an influence on the adolescent towards teenage pregnancy as she acts as a role model which may be a preventive factor of early pregnancy. Education is a major protective factor for early pregnancy, the more years in schooling, and the fewer pregnancies. A study in Kenya revealed that school girls whose mothers have no education had first sexual intercourse three years earlier than their counterparts with at least a secondary education (Advocate for Youth, 2005). Idier (2011) also highlights that high rates of teenage pregnancy are usually associated to such conditions of under education, income levels and childhood environment because of negligence towards birth control. As such, the teenagers are also affected with the educational background in the community.

6.0 Conclusion

Basing on these findings, the researcher concluded that the following are some of the factors that are promoting child marriages in rural communities of Zimbabwe;

- Poor socio-economic background, as some children are exposed to sexual activities because their parents or guardians are failing to take care of them.
- Peer influence in that some children are being influenced by fellow friends, some who may be of the opposite sex.
- Sex education, as the majority of the children are not receiving any education about sex.
- Non-use of contraceptives in that the children are not allowed to use contraceptives.
- Traditional roles like going to fetch water, firewood and cooking as some may mistake this as maturity.
- Low self-esteem among children is also exposing them to sexual intercourse which leads to early marriages.
- Low level of education among the guardians as the guardians, especially mothers are failing to be role models to their children.

7.0 Recommendations

Basing on these conclusions, the researchers strongly believe that people in the rural communities must be empowered economically and they must be educated on the consequences of getting married before one reaches the legal age of majority. Sexual health reproductive education must also be introduced in schools, and parents also need to be informed on its importance in protecting the girl child against getting pregnant early. The government should also put in place and ensure full implementation of laws that adequately protect the girl-child.

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