Chapter 3: Early Pregnancy as a Primary Driver of Suicide among Learners in Rural Zimbabwe

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Abstract

This chapter of the book concerned the psychosocial interplay of early pregnancies and suicidal behaviour in rural Zimbabwe as deep-rooted patriarchy and customary practices, economic insecurity and restraint, and limited mental health resources exacerbated mental strain for adolescent girls. Basically, the question suggested that in rural areas, pregnancy at an early age was a life-changing situation, and the shame associated with it, loss of education and family disapproval all contributed to the phenomenon of pregnant girls thinking about and making suicide attempts. This study was qualitative in nature and responded to a research gap; the lack of emic perspective on the specific threats to which rural pregnant learners were responding with suicidal action. The participants were purposefully selected from 3 rural districts: 15 participants were semi-structuredly interviewed and analysed using thematic analysis. Hence, ethical issues were carefully adhered to – informed consent was obtained from participants and guardian(s), confidentiality achieved through the use of pseudonyms and the secure location of the portfolios, and a clear explanation of the study purpose was provided to anyone involved. An important discovery was the intensive fear of wielding physical aggression reported by parents when the pregnancy was disclosed—the most immediate, soothing and strong trigger for suicidality. Therefore, the study suggested that community-based parent education programmes should be set up and emphasizing the importance of supporting measures that could be taken by parents in response to adolescent pregnancies, while also discouraging harmful disciplinary practices.

Keywords: early pregnancy, learners, rural Zimbabwe, suicide, violence

1. Introduction and Background of Study

In Zimbabwe, years of its adolescent learners having high early pregnancy rates was a critical public health and education problem, affecting their psychosocial well-being and not only their health but also their life and death expectations. In Zimbabwe, the teenage pregnancy rate is 22% and is the main reason behind adolescent girls dropping out of school and a major cause of high maternal mortality rates (Chidarikire & Chikwati, 2024). The Zimbabwe Demographic and Health Survey (2023–2024) also showed that 23% of adolescent girls between age 15 and 19 have been pregnant at least once, with the levels of adolescent pregnancy being higher in rural areas (30%) than urban areas (15%) as well as highest in the small provinces of Mashonaland Central (37%) (Baafi, 2020). From 2019 till 2022,

Zimbabwe officially reported about 350,000 teenage pregnancies and the 21% of all the bookings for antenatal care in those 3 years were recorded as teenage pregnancies (Chidakwa, 2023). The alarming aspect of the statistics was the fact that recorded cases of child pregnancies in the first half of the previous year include at least 680 girls aged 10-14, indicating that many more would have gone unrecorded (Chidakwa & Hlalele, 2021). The physical and psychological burden of early pregnancy in rural Zimbabwe was complex; it was highly embedded in structural inequities, plus cultural and economic marginalisation. Studies have shown that the act of adolescent pregnancy leads to emotional stress, pregnancy-induced eclampsia, suicidal ideation and postpartum psychoses (Baa-Poku, 2019). The formal education system often failed to accommodate pregnant girls due to stigma and shame during early pregnancy such that girls who became pregnant were often outed of formal schools even though policies are in place that are supposed to protect girls' rights in education (Chidarikire & Chikwati, 2024). Between 2023 and 2025, 10,000 plus teenage girls were out of school because of pregnancies and early marriage, most of them concentrated in rural schools, where in 2023 they were 3,942 in a total population of 4,500 teenage girls as per reports by Ministry of Primary and Secondary Education (MPSE) (Chidakwa, 2023). Mechanisms for this disruption in education were accompanied with terrible psychosocial effects such as suicidal thoughts (Chidakwa & Hlalele, 2021). Early pregnancy depression was common and one began to struggle with the emotional crisis, which could culminate in infanticide, suicides and drug and substance abuse (Baafi, 2020).

The psycho-social impacts of early pregnancy were far deepest and ranged from stress, trauma and loss of autonomy, helplessness, powerlessness, hopelessness, suicidal ideation and potential attempts, low self-esteem, loss of self-confidence as a result of stigmatisation, social isolation, depression and anxiety, to challenges in the postpartum period (Baa-Poku, 2019). In rural settings further challenges to mental health services and certain traditional gender norms made the psychological impacts more severe. Patriarchal systems, gender-based discrimination against girls and women, poverty and unmet basic needs, inadequate education, unmet sexual and reproductive health care rights, migrant parents, child-headed households and high rates of violence, exploitation and abuse were identified as key drivers of early pregnancy among the drivers of early pregnancy in rural Zimbabwe (Chidarikire & Chikwati, 2024). The setting of extreme and recurrent food insecurity further worsened pre-existing drivers, adding complexities and nuances to the risks that adolescents—particularly girls—faced, as a result of increased household economic hardship (Chidakwa, 2023). Besides that, cultural and religious practices were also a significant factor influencing adolescent pregnancy with some cultural group still putting boys over girls and harmful religious beliefs promoting early marriages and ignoring the rights of girls to receive education and participate in social activities outside marriage and motherhood (Chidakwa & Hlalele, 2021). According to Baafi (2020), socio-economically deprived girls were six times more likely to be married early whilst girls who were fatherless or whose fathers' went-out-of-the-way from their birth had a higher likelihood of becoming pregnant as teenagers by eight times. According to the United Nations International Children's Emergency Fund the world was failing adolescent girls and by the year 2030, this figure would increase by 10 million child marriages if the actions were not taken (Baa-Poku, 2019). Impacts of these harmful practices are the loss of Autonomy, Helplessness, Powerlessness, Hopelessness, suicidal thinking, suicidal attempts, low self-esteem, depression, anxiety and posttraumatic stress disorder of adolescent girls (Chidarikire & Chikwati, 2024). Based on this background, this study was designed as a qualitative study of the phenomenon of early pregnancy as a major cause of suicide amongst learners in Zimbabwe's rural regions. Research questions which guided the study were:

- What were the primary causes of early pregnancy among learners in rural Zimbabwe?

- What were the psychosocial effects of early pregnancy that contributed to suicidal behaviour among affected learners?
- What solutions could be implemented to mitigate the risk of suicide among pregnant learners in rural Zimbabwe?

2. Literature Review

In the United States, Smith et al. (2021) looked into the association of adolescent pregnancy with mental health outcomes in minorities. Indeed, the study revealed that they are depressed, anxious, and suffer from suicidal ideation at significantly higher rates than non-pregnant teens. A research emphasized that the social stigma, disruption of education and lack of family support were important mediators on the pathway between pregnancy and psychological distress. But the findings of the study were not gathered in rural areas and were mainly amongst African Americans and the Hispanic population, making it difficult to apply to a rural setting. The gap that the current study filled was the exploration of similar dynamics in a rural setting in Sub-Saharan Africa where cultural traditions and limited resources were significantly different (Chidakwa & Hlalele, 2021). In this study, Johnson and Williams (2022) examined the effectiveness of school-based, mental health interventions for pregnant and parenting teens in the United States. Those findings showed that extensive support services, including counseling, academic support and childcare services, made a significant difference in the dropout rate and mental health outcomes. But, suicidal behaviour was not directly studied as a main outcome measure. This was the gap filled by the current study that specifically looked into how early pregnancy contributed to suicidal ideation and suicidal behaviour (Baa-Poku, 2019).

Thompson and Davies (2021) explored the psychosocial effects of adolescent pregnancy on mental health of young women in the U.K. The researchers found that teen moms were more likely to suffer from postpartum depression and thoughts of suicide, especially if they were socially isolated and in financial difficulties. The study was based, however, on a total welfare state in which health and social support systems were rather well developed. This study sought to fill the said lacuna by examining how the same dynamics played out in a resource-challenged rural African community where social protection measures were weak (Chidarikire & Chikwati, 2024). O'Brien et al. (2022) explored how educational institutions can support the educational needs of pregnant learners in Britain. The results indicated that a specific policy for reintegration and nondiscrimination in schools resulted in a better outcome for pregnant learners. However, the specific fear of parental violence as a precipitating factor of suicidal behaviour was not explored in the current study. The current study overcame this gap by exploring the unique rural Zimbabwean context in which a fear of physical punishment from parents in the aftermath of pregnancy disclosure was a key risk factor for suicide (Chidakwa, 2023). Moseki and Molebatsi (2021), investigated sociocultural influences on teenage pregnancy in Botswana's Rural areas. It was concluded that cultural practices, poverty, and low knowledge on sexual education were some of the main reasons behind early pregnancy. The study pointed out the stigma surrounding an early pregnancy and its effect on mental health in girls which was not necessarily suicidal. This current study seeks to fill this gap by studying the relationship between early pregnancy and suicidal behaviour (Baafi, 2020).

The effectiveness of community based interventions in reducing teenage pregnancy in Botswana was looked at by Ramaphane and Ntsabane (2022). Foundation of the study was community engagement and parental involvement as important factors to work towards for addressing underlying conditions of early pregnancy. However, the study did not examine the psychosocial associations directly related to pregnancy and suicide. The current study tried to fill that disconnect and provided in-depth qualitative

insights into the lived experiences of pregnant learners at risk of suicide (Baa-Poku, 2019). The current study conducted by Mkhize and Zuma (2021) explored the impact of adolescent pregnancy on the mental health of adolescents in South Africa. The study was able to find that the adolescent mothers had high levels of depression, anxiety and suicidal ideation, which was compounded by stigma, poverty and family conflict. The study took place in urban townships, which were very different to rural settings both in terms of service availability and cultural activities. The current study filled this gap by specifically targeting rural practice in Zimbabwe (Chidarikire & Chikwati, 2024). Ndlovu and Sibanda (2022) explored the school policy in promoting the support of pregnant learners in South Africa. The study revealed that implementation of policies was not consistent and there was a lot of discrimination and exclusion of many girl children who were pregnant. But the study did not examine the relationship of educational exclusion to suicidal behaviour. To bridge this gap, the current study looking at the effect of psychosocial factors to which educational truncation led, considered the social, psychological and emotional toll that ultimately led to being taken up by suicide (Chidakwa & Hlalele, 2021). Moyo and Dube (2022) conducted a study on what impels teenage pregnancy in rural Zimbabwe and found that poverty, culture and inadequate access to sexual and reproductive health services contribute to the impetus of teenage pregnancies. These consequences involve psychosocial issues such as depression, anxiety, and social isolation in early pregnancy as highlighted by research. However, suicidal behaviour was not a specific interest of the study and an outcome was not sought. This was contextualized in the identification of the link between early pregnancy and suicide as the main focus of the present study (Baafi, 2020). Chirwa and Mhaka-Mutepfa (2023) investigated the mental health issues that faced teenage mothers in Zimbabwe where they discovered that the psychological distress was high and the access to psychological support services limited. The study suggested to include mental health in maternal health programmes. However, the specific triggers of suicidal behaviour in pregnant learners was beyond the scope of the research. This current study was focused on filling this gap by examining fear of parental violence and education exclusion as hallmarks of suicidal ideation (Chidakwa, 2023).

3. Theoretical Framework

Theory of Planned Behaviour is the theoretical basis for this study. Icek Ajzen has been the proponent of this theory, which was formulated in 1991. TPB proposes that human behaviour is determined by three types of considerations: beliefs about the likely consequences of the behaviour (behavioural beliefs); beliefs about the normative expectations of others (normative beliefs); and beliefs about the presence of factors that might facilitate or impede performance of the behaviour (control beliefs) (Ajzen, 1991). As for each of these beliefs, behavioural beliefs led to a favourable or unfavourable attitude in aggregate; normative beliefs, to a norm of perceived social pressure; and control beliefs, to a perceived behavioural control (Chidarikire & Saruchera, 2025). The theory also suggested that attitude toward the behaviour, subjective norm and perceptions of behavioural control ultimately engendered a behaviour intention, which served as the immediate predictor of behaviour (Baafi, 2020). Theory Tenets Applicable to this Study are: Firstly, attitude towards the behaviour. This tenet suggested that a person's attitude towards a certain behavior depended on his/her belief in the consequences of that behavior. According to this study, the attitudes of learners with a pregnancy are shaped by the understanding of what pregnancy brings - low education, social rejection and family violence (Chidarikire & Chikwati, 2024). Secondly, subjective norms. This tenet was the attitude toward a behaviour as a function of the social pressure to do it or not. Pregnant learners in rural Zimbabwe were heavily under pressure from family, peers, and community, with many of the community, family and peers stigmatising early pregnancy while others battle for harsh repercussions. This social pressure influenced their decision on suicidal behaviour (Baa-Poku, 2019). Lastly, perceived behavioural control. This tenet related to people's beliefs regarding how capable they are at performing a behaviour. Pregnant learners who felt

they had no personal control of the situation, for example, those who could not drop out of school or who quit school or were unable to avoid family consequences, felt greater hopelessness and thought of suicide as an ‘escape’. (Chidakwa, 2023). The Theory of Planned Behaviour offered a strong foundation to explain the decision making process of pregnant learners in rural Zimbabwe with regards to a suicidal behaviour. Their views of the consequences of pregnancy (rejection, shame and violence) (Chidakwa & Hlalele, 2021) had influenced the attitude towards suicide. There were also signs of subjective norms, where the attitude of families and communities has consisted of punishment and exclusion for pregnancies (Baafi, 2020). Chidarikire & Chikwati (2024) found that perceived behavioural control was manifested in the learner's feeling that he would be helpless in changing his situation and thus decided on suicide as an alternative way he could regain control. This theoretical model was used to analyse the participants' narratives as it made salient the cognitive and social processes involved in suicidal behaviour.

4. Research Methodology

4.1. Paradigm: This study adopted an interpretivist paradigm, which recognised that social phenomena were constructed through the meanings and interpretations that individuals assigned to their experiences (Korstjens & Moser, 2018). This paradigm was appropriate as the study sought to understand the subjective experiences of pregnant learners and key stakeholders regarding the relationship between early pregnancy and suicide.

4.2. Research Approach: A qualitative research approach was employed for this study. Qualitative research was designed to develop insight into study questions by exploring participants' experiences and perspectives in depth (Braun & Clarke, 2022). This approach was suitable for investigating the complex psychosocial dynamics linking early pregnancy to suicidal behaviour (Chidakwa, 2023).

4.3. Research Design: A phenomenological case study design was adopted, focusing on the lived experiences of participants within their specific rural contexts. Phenomenological case study design was appropriate for exploring how individuals made sense of significant life events and the meanings they attached to those experiences (Creswell & Poth, 2018).

4.4. Data Collection Methods: Data were collected through semi-structured focus group discussions. Focus group discussions facilitated interactive exploration of the topic, allowing participants to share experiences and build upon each other's contributions (Krueger & Casey, 2015). Semi-structured interviews were conducted with participants to gather rich, detailed narratives about their experiences and perspectives (Baa-Poku, 2019).

4.5. Sampling Technique: Purposive sampling was employed in this study. Purposive sampling involved deliberately choosing participants based on the characteristics of a population and the objectives of the study, making it the most appropriate strategy for qualitative research where the goal was to identify and generate rich knowledge about specific aspects of a context (Stratton, 2024). This method ensured the selection of information-rich cases that directly addressed the research questions (Chidarikire & Chikwati, 2024).

4.6. Sample Size: The sample comprised 15 participants, including 6 learners (3 pregnant and 3 formerly pregnant), 2 school counsellors, 2 teachers, 4 parents, and 1 Ministry of Primary and Secondary Education of Primary and Secondary Education official. This diverse sample allowed for multiple

perspectives on the phenomenon, enhancing the richness and comprehensiveness of the data (Moser & Korstjens, 2018).

4.7. Justification for Participant Selection: Learners were selected as they possessed direct experiential knowledge of the phenomenon under investigation (Chidakwa & Hlalele, 2021). Counsellors were selected due to their professional role in supporting learners' mental health and providing insights into the prevalence and nature of suicidal ideation among pregnant learners (Baafi, 2020). Teachers were selected because they represented the educational institution's perspective and were often the first to observe changes in pregnant learners' behaviour (Chidarikire & Chikwati, 2024). Parents were included as they represented the family environment, which played a critical role in shaping learners' experiences following pregnancy disclosure (Baa-Poku, 2019). The Ministry of Primary and Secondary Education official provided a policy-level perspective, offering insights into the institutional and regulatory frameworks governing the management of early pregnancy in schools (Chidakwa, 2023).

4.8. Data Analysis: The generated data were analysed using thematic analysis, following the six-step framework developed by Braun and Clarke (2006). This framework was widely recognised for providing a structured yet flexible approach to identifying, analysing, and interpreting patterns within qualitative data (Braun & Clarke, 2022). The six steps were as follows:

4.8.1. Familiarisation with the data: The researcher read and re-read the interview transcripts multiple times, noting initial ideas and patterns. This immersion in the data allowed the researcher to gain a comprehensive understanding of the content and context of participants' responses (Braun & Clarke, 2006; 2022).
4.8.2. Generating initial codes: The researcher systematically coded interesting features of the data across the entire dataset. Codes summarised data segments and were both semantic and latent in nature (Braun & Clarke, 2006).
4.8.3. Searching for themes: Codes were collated into potential themes that captured significant patterns related to the research questions. This stage involved organising the codes into broader categories and identifying relationships between them (Braun & Clarke, 2006).
4.8.4. Reviewing themes: Candidate themes were reviewed for coherence and distinctness. This involved checking the themes against the coded extracts and the entire dataset to ensure accurate representation of participants' perspectives (Braun & Clarke, 2006).
4.8.5. Defining and naming themes: The essence of each theme was refined and described, with clear definitions and names developed to capture the core meaning of each theme (Braun & Clarke, 2006).
4.8.6. Writing the report: The final phase involved producing a coherent narrative of the analysis, including detailed accounts of themes, data extracts, and analytic commentary (Braun & Clarke, 2006; 2022).
4.9. Trustworthiness of Data: Trustworthiness was ensured through member checking, whereby participants were given the opportunity to review and confirm the accuracy of the transcribed data and the interpretations made by the researcher. Member checking enhanced the credibility and authenticity of the findings by ensuring that participants' voices and perspectives were accurately represented (Lincoln & Guba, 1985).

4.10. Ethical Considerations: Ethical protocols were meticulously observed throughout the study. Informed consent was obtained from all participants and, where applicable, from guardians of minor participants. Participants were fully informed of the nature and purpose of the study, and their voluntary participation was ensured. Confidentiality was guaranteed through the use of pseudonyms and secure

data portfolios, ensuring that participants' identities were protected. The researcher clearly explained that the purpose of this qualitative study was purely academic, and participants were assured that their responses would be used solely for research purposes (Chidakwa, 2023).

5. Discussion and Findings

5.1 Theme 1: Causes of Early Pregnancy

This theme captured the participants' perspectives on the underlying drivers of early pregnancy among learners in rural Zimbabwe. The causes identified by participants encompassed individual, familial, community, and structural factors that converged to create vulnerability among adolescent girls. Following are participants' responses:

Participant learner Mercy, aged 16 (Participant 1), stated:

I fell pregnant because I had no one to talk to about these things. My mother never told me about boys and sex, and at school they only taught us about HIV but not about how to say no. The older men in the village would give me money for airtime and sweets, and I thought they were just being kind. I did not know that it would lead to this.

In addition, Participant learner Tariro, aged 17 (Participant 2), explained:

My father left when I was young, and my mother was always working in the fields. I was lonely and I wanted someone to love me. The boy who got me pregnant promised me a future and said he would marry me. I was too young to know that he was lying. Poverty also played a part because my mother struggled to provide for us, and I thought that being with this boy would help my family.

More so, Participant parent Mrs Moyo, aged 45 (Participant 3), stated:

As parents, we failed our children. We do not talk about sex in our homes because we think it is taboo. We leave our children to learn from their friends and from the world. The community also turns a blind eye when men sleep with young girls. Some even say the girl must be married off to the man who impregnated her, which is wrong because she is still a child.

Regarding data discussed under this theme, it showed that the learners in rural Zimbabwe faced problems of early pregnancies primarily because of poverty, fear to talk about sexual and reproductive health issues with their parents or guardians, loneliness and need for affection, older men's exploitation, cultural taboos to discuss sexual matters and community's tacit acceptance of learners indulging in early sex. This was found to be in line with previous literature that found that poverty is a factor that contributes to adolescent pregnancy, as girls from poor neighbourhoods were six times more likely to marry early (Chidakwa & Hlalele, 2021). This discovery was supported by research findings which showed that girls with absent fathers or fathers not interested in them from the onset were eight times more likely to fall victim of teenage pregnancy (Baafi, 2020). A concern was expressed about the lack of comprehensive sexual education in schools, identified as a factor contributing to this issue, as existing interventions in Zimbabwe were considered too symbolic to have an impact (Chidarikire & Chikwati, 2024). Of the findings, the exploitation by older men corroborated the knowledge from the understanding that harmful cultural practices and structural violence faced by adolescent girls were all forms of exploitation and abuse (Baa-Poku, 2019). In rural schools in Zimbabwe, for instance, it was

common for the older men to prey on already vulnerable teenage girls of poor families by offering them material rewards in return for sexual favours, which only further entrenched teenage pregnancy and school dropout (Chidakwa, 2023).

5.2 Theme 2: Effects of Early Pregnancy

This theme captured the participants' experiences of the psychosocial consequences of early pregnancy, particularly those that contributed to suicidal ideation and behaviour. The effects identified included stigma and shame, fear of parental violence, educational exclusion, and profound hopelessness. Below are participants' verbal responses:

Participant learner Chipo, aged 15 (Participant 4), stated:

When my parents found out I was pregnant, my father beat me so badly that I could not walk for a week. He said I had brought shame to the family and that I was no longer his daughter. I thought about killing myself because I could not face the shame at school and in the community. I drank poison, but my mother found me in time and took me to the clinic.

Furthermore, Participant counsellor Ms Ncube, aged 38 (Participant 5), explained:

I have dealt with many pregnant learners who express suicidal thoughts. The fear of being beaten by their parents is the most common trigger. They are terrified of their parents' reaction, especially their fathers. Many of them tell me that they would rather die than face their parents. The stigma from the community is also overwhelming, and they feel that they have no future because they have to drop out of school.

Moreover, Participant teacher Mr Dube, aged 42 (Participant 6), stated:

We have seen learners attempt suicide after they discover they are pregnant. One of my former learners tried to hang herself because she said she had disappointed everyone. The fear of being expelled from school, even though the policy says they should be allowed to continue, is very real. They are also afraid of the gossip and ridicule from other learners. These girls are children themselves, and they are not emotionally equipped to handle this kind of trauma.

Responses under this theme indicated that the psychosocial impact of early pregnancy among learners in rural Zimbabwe was serious and ranged from parental beatings to extreme stigmatisation and feelings of shame, school drop-out, social isolation and suicidal thoughts and attempts. The greatest immediate and powerful cause of suicide thoughts reported was the possibility of being beaten by their parents if they were to disclose the pregnancy. These findings were found to be supported by existing literature which wrote about those pregnant adolescents feeling loss of autonomy, helplessness, powerlessness, hopelessness, suicidal thoughts and even suicidal attempts (Chidarikire & Chikwati, 2024). The fear of violence from parents also linked to the impact of mental illness on child marriage that involved stress and trauma, and loss of self-confidence due to stigmatisation, and then feeling shamed and guilty (Baa-Poku, 2019). Educational exclusion contributing to suicidal risk resonated with study findings of public shame and social stigma resulting in withdrawal from the formal education system (Chidakwa, 2023) and the disruption of education coupled with the significant psychosocial implications that included suicidal ideation (Chidakwa & Hlalele, 2021). For example, a pregnant pupil who was expelled from school lost her social image, lost her studies, lost her hope in life, and she was pushed towards death

with feelings of feeling she was not worth living. The finding: Problems experienced by the woman in the postpartum period that contributed to mental health deterioration, was similar to the study of psychologist who described postpartum depression as a serious condition which may result in suicide (Chidarikire & Chikwati, 2024).

5.3 Theme 3: Solutions to Mitigate the Risk of Suicide

This theme captured participants' perspectives on the interventions and strategies that could be implemented to address early pregnancy and its associated risk of suicide. The solutions identified encompassed community education, parental engagement, school-based support, and policy enforcement. The following are participants' narrations:

Participant parent Mr Ndlovu, aged 50 (Participant 7), stated:

We need to start talking to our children about sex and relationships. We cannot hide from it because it is happening. Parents must be educated on how to talk to their children and how to support them if they fall pregnant. We must stop beating our children when they make mistakes. If they feel they can come to us, they will not resort to suicide.

On the other hand, Participant Ministry of Primary and Secondary Education official Mrs Chirwa, aged 41 (Participant 8), stated:

The Ministry of Primary and Secondary Education has policies that require schools to allow pregnant learners to continue with their education. However, we have challenges with implementation because some schools are not enforcing these policies. We need to strengthen oversight and ensure that schools are held accountable. We also need to provide training for teachers and counsellors on how to support pregnant learners and identify those who are at risk of suicide.

In addition, Participant counsellor Ms Sibanda, aged 35 (Participant 9), stated:

We need community-based support programmes that involve traditional leaders, religious leaders, and parents. They have the power to change the attitudes that lead to stigma and discrimination. We also need to strengthen our school guidance and counselling services. Many schools do not have trained counsellors, and the ones that do are overwhelmed. We need more resources and training to effectively support these vulnerable girls.

The above information/replies from the participants under this theme showed several solutions that were identified to counteract the issue of suicide among pregnant learners: education programmes for parents to curb harmful disciplinary practices to prevent learners from getting into pregnancy and support of their family members, school-based (comprehensive) sexual and reproductive health education, introducing policies that would allow a pregnant learner to continue with schooling, introducing community-based support programmes involving traditional and religious leaders as well as recommending strengthening of school guidance and counselling services. The finding of the need for parent education was also in line with the recommendation that communities had to work on the root causes, including traditional & religious bias, and need for comprehensive sexual education (Baafi, 2020). This reveals the importance of being proactive in enforcing policies at the individual, community and structural levels, as earlier interventions have only been symbolic in nature (Chidarikire & Chikwati, 2024). There was a need for the integration of mental health services into maternal health

programmes (Chidakwa, 2023) which concurred on the finding of provision of strengthened counselling services. In schools where maintaining pregnancies proved successful, for instance, support groups were created for pregnant girls to share experiences and for counselling on social distancing as well as isolation and suicidal thoughts (Chidakwa & Hlalele, 2021). The community engagement results have been congruent with literature that highlighted the need for all-encompassing multisectoral approaches to adolescent pregnancy to address its socio-structural drivers (Baa-Poku, 2019).

6. Conclusion

This qualitative study found early pregnancy was a life catastrophe in rural Zimbabwe, and resulted in devastating psychosocial experiences for adolescent girls, including stigma and shame, fear of parent-to-child violence, dropping out of school and extreme hopelessness, all of which coalesce into suicidal ideation and behaviour. Results indicated that fear of being beaten by parents upon pregnancy disclosure was the most immediate and strongest precipitant of suicidal thoughts, and the combination of no supportive response from the family, community stigma, and school disruption results in a vulnerable profile that simultaneously predisposes pregnancy learners to a greater risk of suicide attempt. The study also found that the underlying mechanisms of early pregnancy were poverty, taboo on sex, parental absence, exploitation with older men and complicity of the community, and multi-sectoral interventions are needed for these to be addressed. The study proved the usefulness of Theory of Planned Behaviour in explaining the cognitive and social factors that informed suicidal behaviors amongst pregnant learners in the study, which included attitude towards suicide, subjective norms and perceived behavioural control. The effects found highlighted the need for interventions that focused on the immediate causes of suicidal behaviour and also targeted the underlying structural and cultural factors associated with early pregnancy.

7. Recommendations

Based on the findings of this study, the following recommendations were made:

7.1. Recommendations for Learners: Learners should be encouraged to actively participate in peer education programmes that promoted sexual and reproductive health awareness and provided accurate information about the consequences of early pregnancy. Learners who experienced pregnancy should be encouraged to seek support from trusted adults, counsellors, or health professionals rather than resorting to harmful coping mechanisms such as suicide.

7.2. Recommendations for Teachers: Teachers should be trained to identify signs of suicidal ideation among pregnant learners and to provide appropriate support and referrals. Teachers should ensure that pregnant learners were not discriminated against or excluded from school activities, and that school policies on reintegration were strictly enforced.

7.3. Recommendations for Parents: Parents should engage in open, non-judgmental communication with their children about sexual and reproductive health and should avoid harmful disciplinary practices such as physical violence upon learning of a child's pregnancy. Parents should support their pregnant children emotionally and practically, and should advocate for their continued education and well-being.

7.4. Recommendations for the Ministry of Primary and Secondary Education of Primary and Secondary Education: The Ministry of Primary and Secondary Education should strengthen oversight and accountability mechanisms to ensure that schools enforced policies that allowed pregnant learners

to continue their education. The Ministry of Primary and Secondary Education should allocate resources for the training and employment of trained counsellors in all schools, particularly in rural areas where access to mental health services was limited.

7.6. Recommendations for Counsellors: Counsellors should be trained in trauma-informed care and suicide prevention, and should provide targeted psychosocial support to pregnant learners. Counsellors should establish support groups for pregnant learners to reduce social isolation and provide a platform for sharing experiences and coping strategies.

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