Chapter 8: Strong family support system enables pregnant female learners to overcome social isolation in Zimbabwe

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Abstract

The purpose of this qualitative study was to understand the coping mechanisms that pregnant female learners are using to overcome the feeling of isolation at the family level in Zimbabwe. The study was designed as a qualitative study with a phenomenological approach to understand the lives of the pregnant learners and their families. The study's contribution to research is its provision of information on the ways in which family support reduces social isolation for adolescent learners in pregnancy in the rural/peri-urban areas of Zimbabwe for which little qualitative data has been provided elsewhere. The respondents were purposively selected and were 15 in number considering gender, geographical location, expertise and skills. Data were generated through focus group discussions and thematically analysed. A major discovery was that pregnant learners could decrease their sense of shame, exclusion and hopelessness when HELMS (hope, Education, employment, and maternal health) is made available to them on a consistent basis by their families. The findings and recommendations from this study suggest the need for and development of family-inclusive support programmes to teach or inform parents or caregivers about supporting pregnant daughters without judgement.

Keywords: family support, pregnant learners, social isolation, Zimbabwe

1. Introduction and Background of Study

Adolescent sexuality and pregnancy continues to be a critical education and health policy issue facing Zimbabwe today (Chidarikire & Saruchera, 2025). Adolescent girls aged between 15–19 years also make up a high number of maternal health problems and school drop-out and the prevalence of teenage pregnancy in Zimbabwe is presently about 22 percent (UNICEF, 2024). In total, approximately 1,706,946 women booked for antenatal care in the country in the period from 2019-2022 totaling 1560 healthcare facilities with 21 percent of these women being adolescents (Ministry of Primary and Secondary Education of Health and Child Care, 2023). These statistics highlight the magnitude of an issue that has far-reaching consequences for the educational future, mental health and social well-being

of young girls (World Health Organisation, 2024). The teenage girl learner's situation in Zimbabwe is one of the worst impacts of early pregnancy, as it isolates them from their peers, family, and school (Tinago et al., 2024). Algeria's school system has a significant social and behavioral impact on the stigma of child pregnancy, as when a school girl learns about her pregnancy, she is often socially and behaviourally stigmatised by her fellow learners, teachers and members of the community (Chidarikire & Saruchera, 2025). Pregnant teenagers feel that they carry bad examples to teenage peers and bad names to the community and with the family (Mabaso, 2025). This stigmatisation comes in the guise of a wrong word, a snickering sound, a cool look and voiceless disapproval or complete rejection, and in this way, the school becomes a school of shame and judgment (Mudhovozi et al., 2024). In Zimbabwe, the social isolation of pregnant learners is magnified by the cultural context of the country (Mabaso, 2025). In general, pre-marital pregnancy is disapproved of, and so too is pregnancy, in young people.Generally speaking, marriage before pregnancy is not encouraged and pregnant teenagers are considered to have disgusted their families (Chidarikire & Saruchera, 2025). In many communities a girl who falls pregnant is derogatorily called a ‘hure’ (a prostitute) and faces the hardest of moral condemnations (Mapfumo, 2024). Some parents / families might take out their dissatisfaction in anger and may even reject the adolescent girl who falls pregnant, driving her away from home (Tinago et al., 2024). This family rejection adds to the social isolation pregnant learners may be feeling in their school and community (Mabaso, 2025). Family support plays an irreplaceable part in reducing social isolation as emphasised by Mabaso (2025). Parental supports were shown to be crucial in helping teens to retain their child and to continue with schooling (Mudhovozi et al., 2024). Supportive families help teenage mothers to better deal with the challenges of the pregnancy and motherhood while the critical and rejecting ones enhance the challenges faced by the teenage mothers most of the times (Mabaso, 2025). In Zimbabwe, the collapse of family support systems has left many pregnant learners with limited emotional and material resources to deal with their predicaments (Mapfumo, 2024) due to a traditional support network known as the extended family system.

Second, pregnancy has a significant impact on peer relationships which are very important for adolescents' social development (Mudhovozi et al., 2024). When friends find out about the pregnancy of their friends, they tend to move away and some learners pregnant learners lose all their friends (Tinago et al., 2024). Peer rejection, community stigmatisation and family disapproval can result in a high level of social isolation, which is known to be associated with adverse mental health and wellbeing outcomes such as depression, anxiety and suicidal thoughts (Chidarikire & Saruchera, 2025). Tinago et al., 2024, describes the evidence of the mental health impact of social isolation in adolescent moms during pregnancy. In Zimbabwe, adolescent mothers are likely to be isolated and stigmatized with limited access to support networks and resources that help in managing motherhood (Mudhovozi et al., 2024). Social isolation and stigma are root causes of poor mental health outcomes; and many of the adolescent girls who fall pregnant talk of hopelessness and suicide (UNICEF, 2024). With the absence of adequate psychosocial support mechanism in Zimbabwe especially in rural communities and a salient fact that the learners are pregnant, they are susceptible to mental health crises with implications for their life (Chidarikire & Saruchera, 2025). The policy and legislative landscape in Zimbabwe has attempted to respond to the education rights of pregnant learners (Ministry of Primary and Secondary Education in Secondary Education, 2024). In 2020, the Government of Zimbabwe enacted the Education Amendment Act which forbids excluding girls from school due to pregnancy and ensures that they can attend school (Government of Zimbabwe, 2020). The Ministry of Primary and Secondary Education of Primary and Secondary Education has also issued Circular no. 18/2024 which provides additional protection for the right of adolescent parents to access quality education (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). The policies are progressive, but the implementation of re-entry programmes is inconsistent and pregnant learners still encounter a great deal of obstacles to participate in education (Mudhovozi et al., 2024). In rural areas, the implementation of

policies and practices is significantly unequal, with pregnant learners facing a combination of problems (Chidarikire & Sarucha, 2025). Rural schools are poorly equipped to provide support for pregnant learners, community attitudes to teenage pregnancies are entrenched, and community life remains embedded in the shared experience of many young people experiencing procreation in this environment (Mapfumo, 2024). Lack of school-based counselling services, flexible learning schemes and family involvement initiatives causes many pregnant learners to fall out of school and never come back (Mabaso, 2025). Having a supportive family is a key protective factor against social isolation and the effects it has (Tinago et al., 2024). Research indicates that a caring and supportive response from families can positively impact their pregnant learners' education and wellbeing outcomes (Mabaso, 2025). Efforts to combat social isolation and stigma aiming to support adolescent mothers have also proved to be effective through community-based peer support interventions (Tinago et al., 2024). However, the specific pathways by which family support impacts social isolation in the context of Zimbabwe has yet to be fully explored (Chidarikire & Saruchera, 2025).

Against this background, this study is guided by the following research questions:

1. What are the causes of social isolation among pregnant female learners in Zimbabwe?
2. What are the effects of social isolation on the educational and psychological well-being of pregnant female learners in Zimbabwe?
3. What solutions can be implemented, particularly through family support systems, to help pregnant female learners overcome social isolation in Zimbabwe?

2. Literature Review

The link between teenage pregnancy and the social support and mental health outcomes has been widely studied in the United States (Brown & Vanable, 2020). The experiences of pregnant and parenting teens with disabilities indicated that limited research specifically speaks to the prevalence rates of pregnancy and parenting among teens with disabilities, confirming a need for more research to understand the intersection of pregnancy, parenting and disability (Holland & Smith, 2021). The study indicated that pregnant teen girls are over three times more likely to be leaving school than those teens who are not pregnant, highlighting the importance of having support systems and retaining them while in school (Holland & Smith, 2021). A noteworthy American study also assessed the longitudinal effects of economic insecurity on adolescent and young adult sexually transmitted infection (STI) diagnosis and risky behaviors that contribute to teen pregnancy among people who reside in agricultural areas (Johnson et al., 2022). This study revealed that the environment of these families and social systems are key factors that help buffer against the adverse effects of adolescent pregnancy (Johnson et al., 2022). As for the Zimbabwean rural situation, the family support highlighted by the study is crucial, as poverty and resource scarcity are common issues (Chidarikire & Saruchera, 2025). The dearth in the American literature is the absence of such understandings of family support mechanisms within a collectivist non-Western (Zimbabwe) cultural context as this Zimbabwean study aims to fill. Separate UK research also found social isolation to be a challenge for young mothers (Patel & Murray, 2023). Plym's Family Nurse Partnership programme is a programme that helps pregnant teens become parents, and addresses challenging issues like homelessness, social isolation and mental health issues (Bennett et al., 2022). Since 2008, these intensive and home-based sessions have been effective for almost 500 families, within the programme. Teens after parents are socially excluded and this has been recognised in a study exploring formal and informal social support for young mothers in Salford (Williams & Thompson, 2023). While the UK has been seeking to address the prevalence of teenage pregnancy through policy interventions, there remains a gap between policy and practice in providing social protection to young

mothers (Patel & Murray, 2023). In the British literature, a focus on extensive support services, which deal with the immediate needs of young parents as well as their social and economic integration, is emphasised (Williams & Thompson, 2023). However, resources and families are different in the UK context and it is crucial to see the family support in the Zimbabwean cultural context (Mabaso 2025). Botswana is a research hub that offers insight into some of the sociocultural drivers of teenage pregnancy in southern Africa (Nkosi & Dlamini, 2022). One study conducted in Gaborone revealed that young moms can still live their lives and aren't treated like social outcasts, as well as the following of supportive family networks (Nkosi & Dlamini, 2022). The research showed that such pregnancies are affected by local sociocultural attitudes yet social ostracisation of young mothers is not necessarily the case if they have family support (Nkosi & Dlamini, 2022). The Botswana study emphasises the need for culturally responsive practices for the support of adolescent pregnancy (Nkosi & Dlamini, 2022). The researchers suggested that social policies aimed at giving health services should change health services in line with a culturally sensitive approach (Nkosi & Dlamini, 2022). This is especially pertinent in Zimbabwe, a nation where cultural norms and family dynamics impact pregnant learners' experiences heavily (Mapfumo, 2024). The Botswana literature, however, has focussed on urban contexts and few studies have addressed the unique problems encountered by pregnant learners in rural contexts.

There are ample pieces of South African research that allows for a rich qualitative insight into the experiences of adolescent motherhood and family support (Mabaso, 2025). In an examination of the life world of adolescent mothers in Pietermaritzburg, the participants spoke about how stigma affects their lives in a significant way, with one participant describing the negative stereotypes as portraying adolescent mothers as irresponsible and morals deviant (Mabaso, 2025). This socio-judgement tended to exacerbate whatever challenges a client faced by causing them to be excluded from, isolated, and to diminish their self-worth (Mabaso, 2025). The South African study indicated that adolescent mothers who received support from their families were more likely to cope while those who were not supported were likely to struggle, with the critical and rejecting families being most likely to worsen the struggle (Mabaso, 2025). Education was found to have a positive and negative influence as flexible and understanding policies were found to help young mothers pursue their education but rigid policies and judgemental attitudes in schools were set to hinder their ability to continue education (Mabaso, 2025). A culturally relevant lens for the understanding of the phenomenon of teenage pregnancy was the African Indigenous Framework, which brings focus around intergenerational relations and communal resilience (Mabaso, 2025). A study conducted in South Africa also revealed that having a supportive family prevented pregnant adolescent girls and young women from becoming emotionally isolated and assisted in making choices on their own (Nkosi & Dlamini, 2022). From the study it also emerged that family members were mostly judgmental and provided less assistance during and after pregnancy (Nkosi & Dlamini, 2022). This Zimbabwean study delves deeply into the multiplicity of roles that families can play, both as a help and as a source of stigmatisation as revealed by these findings. In Zimbabwe, studies have shown increasingly evidence of problems being experienced by learners during pregnancy and the significance of family support (Chidarikire & Saruchera, 2025). One study examined the psychological consequences faced by learners in the process of reintegration in rural secondary schools in the Masvingo district found that learners who are expecting a pregnancy are often stigmatised, creating significant psychological distress, which is a major impediment to their reintegration (Chidarikire & Saruchera, 2025). The study showed that there are no resources to support these learners and limited understanding of the unique challenges faced by them in the community (Chidarikire & Saruchera, 2025). Mudhovozi et al. (2024), through a case study on teenage pregnancy during COVID-19 in Zimbabwe revealed that parents' support had an integral role in sustaining the teenage pregnancy and helping teenagers access education despite bringing up their babies. This kind

of support has a significant impact on the dropout rate in schools, indicating the importance of family support for educational retention (Mudhuvozi et al., 2024). Community attitudes toward teenage pregnancy were also documented to be causing them shame, which reinforces their decision to leave school (Mudhovozi et al., 2024). A study on the effectiveness of a peer support intervention – an implementation study was carried out in Harare – Zimbabwe, based in the community (Tinago et al., 2024). The intervention reduced stigma and social isolation, thus enhancing the mental health and social support needs of adolescent mothers (Tinago et al., 2024). The study underscored the ability of peer support groups with the community health workers' and peer educators' facilitation to address the social isolation of adolescent mothers (Tinago et al., 2024). In a Zimbabwean study, a 17-year old who survived after a fall in pregnancy reported getting involved in a local psychosocial support group and that this experience gives her the idea that she would have been better equipped to handle her own difficulties if she had had access to youth peer support groups (UNICEF, 2024). The case is a good example of how support systems can help to prevent the worst effects of social isolation (UNICEF, 2024). This study, however, tries to fill the void in Zimbabwean literature on the specific role of family support in mitigating the social isolation of pregnant learners and, therefore, looks at how the family supports learners to succeed when experiencing social isolation.

3. Theoretical Framework

3.1 The Social Support Theory

The theoretical framework guiding this study is the Social Support Theory, originally developed by Cobb (1976) and later elaborated by House (1981) and Cohen and Wills (1985). Social Support Theory posits that social relationships provide resources that buffer individuals from the negative effects of stressful life events and promote psychological well-being (Cobb, 1976; Cohen & Wills, 1985).

3.2 Tenets of the Social Support Theory

According to the Social Support Theory there are a few types of social supports that are of relevance to the present study (House, 1981). The emotional support is first, the provision of Empathy, Love, Trust and Caring (Cobb, 1976). Emotional supports can be providing verbal reassurance, listening, expressions of acceptance and love (Cohen & Wills, 1985) from family members to pregnant learners. Families' understanding towards their daughter's pregnancy and refrain from judgement or sanctions, provide emotional resilience to counteract stigma and feelings of isolation (Mabaso, 2025). Second, instrumental support consists of concrete assistance and services, like help with money, child care, and physical assistance in activities of daily living (House 1981). Almost all pregnant learners have experienced a lot of material challenges such as the cost of attending Antenatal Care (ANC) in addition to preparing for the baby as well as the need for maternity clothing (Chidarikire & Saruchera, 2025). The family's material burden can be alleviated by instrumental support, a factor that decreases the stress and pressure that can cause social isolation (Mudhovozi et al., 2024). Thirdly, informational support involves giving advice, guidance and information (Cohen & Wills, 1985). Families should share information with the learner who is pregnant about the available support services and their rights to education as well as information regarding antenatal care (Tinago et al., 2024). This can be given informational assistance to help empower learning pregnant learners to make informed decisions related to health and education (Mabaso, 2025). Fourth, the provision of constructive feedback and affirmation is called appraisal support (House, 1981). To support a positive self-concept for pregnant students, families can reinforce the student's value and potential, repudiate messages that are sent by fellow students and the community (Cobb, 1976).

3.3 Application of the Theory to This Study

The Social Support Theory offers a holistic perspective that can be applied to comprehend the mechanisms through which families can help pregnant women learners navigate their social isolation in Zimbabwe (Mabaso, 2025). The learner who finds that she is pregnant is likely to face a range of stressors in the process that include fear of how her parents will respond, anxiety of how her peers will view her situation, uncertainty about her educational future and concern about her health and that of her baby (Chidarikire & Saruchera, 2025). The lack of support can result in social isolation as the learner withdraws from her social circles to prevent stigmatisation (Mudhovozi et al., 2024). Along with these stressors, as theorised by the Social Support Theory, family support would serve as a buffer. The emotional support that family members offer and show them how to love instead of angers with makes the learner feel less of shame and less worthless (Mabaso, 2025). When instrumental help, e.g., aid in school fees or childcare, is provided, the learner is able to keep going, as they are not faced with material challenges during pregnancy (Mudhuvozi et al., 2024). Informational support (e.g., service availability instruction and educational rights) helps the learner navigate through the complex systems she must connect with (Tinago et al., 2024). Appraisal Support is her affirmation of value and capacity in the face of the community stigmatisation (Cobb, 1976). The Social Support Theory also illuminates the harmfulness of lacking of family support (Mabaso, 2025). Families who react negatively by ignoring, refusing, or showing anger towards the learner contribute to social isolation, as well as the lack of supportive buffering (Chidarikire & Saruchera, 2025). When a learner is chased from home or constantly criticised, she not only lacks support but becomes exposed to added stressors which add to her vulnerability (Mudhovozi et al., 2024). In Zimbabwean context, it is highly relevant to the Social Support Theory as cultural practices demonstrate a sense of responsibility to each other and extended family relationships (Mapfumo, 2024). Historically, the extended family network has served as the fallback structure when times are tough for its members, and the eroded support from the extended family has left many pregnant learners without the support they need (Tinago et al., 2024). In this study the Social Support Theory will be discussed and how families can play a supportive role and how social isolation can fall short of these without the support of families.

4. Research Methodology

4.1 Research Paradigm

This study adopted an interpretivist paradigm, which acknowledges that social reality is constructed through the meanings and interpretations that individuals attach to their experiences (Creswell & Poth, 2018). The interpretivist paradigm was appropriate because it allowed the researcher to explore the subjective experiences, perceptions and meanings that pregnant learners, family members, teachers, counsellors and education officials attach to family support and social isolation (Merriam & Tisdell, 2016).

4.2 Research Approach

A qualitative research approach was employed for this study (Creswell & Poth, 2018). Qualitative research is particularly suited to exploring complex social phenomena in depth, capturing the richness and nuance of human experience that quantitative methods cannot fully access (Merriam & Tisdell, 2016). Given the sensitive nature of the topic—pregnancy, social isolation and family relationships—a qualitative approach enabled participants to share their experiences in their own words (Denzin & Lincoln, 2018).

4.3 Research Design

The study utilised a phenomenological research design (Moustakas, 1994). Phenomenology focuses on understanding the essence of lived experiences from the perspective of those who have experienced them (Creswell & Poth, 2018). This design was appropriate because the study sought to understand how pregnant learners and their families experience family support and social isolation, exploring the meaning that participants attach to these phenomena (Moustakas, 1994).

4.4 Data Collection Method

Data were generated through focus group discussions (FGDs) (Krueger & Casey, 2015). Focus group discussions allow participants to interact with each other, building on each other's responses and generating rich, interactive data (Merriam & Tisdell, 2016). Focus groups are particularly effective for exploring sensitive topics because participants may feel more comfortable sharing experiences in a group setting where they find solidarity with others who have had similar experiences (Krueger & Casey, 2015). Two focus group discussions were conducted, each lasting approximately 90 minutes.

4.5 Sampling Technique and Sample Size

Purposive sampling was used to select participants for this study (Palinkas et al., 2015). Purposive sampling involves intentionally selecting participants who have relevant knowledge and experience related to the research topic (Creswell & Poth, 2018). The sample comprised 15 participants, selected based on gender, geographical location, expertise and skills. The sample included:

· 6 learners: Three female learners who had experienced pregnancy while in school and three female learners who had not experienced pregnancy, to provide comparative perspectives.
· 2 counsellors: School counsellors with experience supporting pregnant learners.
· 2 teachers: Classroom teachers who had taught pregnant learners.
· 4 parents: Parents of learners, including parents who had supported pregnant daughters and parents who had not.
· 1 Ministry of Primary and Secondary Education of Primary and Secondary Education official: A district-level education officer with policy oversight.

These participants were selected because they represent different stakeholder perspectives on the phenomenon under investigation (Palinkas et al., 2015). Learners provide the insider perspective on the experience of pregnancy and social isolation (Mabaso, 2025). Counsellors and teachers offer professional insights into the challenges faced by pregnant learners and the support available (Chidarikire & Saruchera, 2025). Parents provide the family perspective, including the dynamics of support or rejection (Mudhovozi et al., 2024). The Ministry of Primary and Secondary Education official provides the policy and systemic perspective (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). This diversity of perspectives enabled triangulation of data, enhancing the trustworthiness of the findings (Lincoln & Guba, 1985).

4.6 Data Analysis

Data generated from the focus group discussions were analysed using thematic analysis, following the six-step framework developed by Braun and Clarke (2006). The steps are:

1. Familiarisation with the data: The researcher transcribed the focus group discussions verbatim and read through the transcripts multiple times to become thoroughly familiar with the data (Braun & Clarke, 2006).
2. Generating initial codes: The researcher systematically coded the data, identifying interesting features and segments relevant to the research questions (Braun & Clarke, 2006).
3. Searching for themes: The researcher collated codes into potential themes, gathering all data relevant to each potential theme (Braun & Clarke, 2006).
4. Reviewing themes: The researcher reviewed the themes at the level of coded extracts and the entire data set, checking that the themes worked in relation to the coded extracts and the overall data set (Braun & Clarke, 2006).
5. Defining and naming themes: The researcher defined and refined the specifics of each theme, identifying the essence of what each theme captured (Braun & Clarke, 2006).
6. Producing the report: The researcher produced the final report, selecting vivid and compelling extract examples and relating the analysis back to the research questions and literature (Braun & Clarke, 2006).

4.7 Trustworthiness

Trustworthiness was established through member checking (Lincoln & Guba, 1985). After the initial analysis, the researcher returned to participants to share the findings and check whether the interpretations accurately reflected their experiences (Creswell & Poth, 2018). Participants confirmed that the findings resonated with their experiences, confirming the credibility of the analysis (Lincoln & Guba, 1985).

4.8 Ethical Considerations

Ethical considerations were rigorously observed throughout this study (Creswell & Poth, 2018). First, informed consent was obtained from all participants. The researcher explained the purpose of the study, the nature of participation, the right to withdraw at any time and the measures in place to protect confidentiality (Merriam & Tisdell, 2016). For minor participants (learners), parental or guardian consent was obtained in addition to the learners' assent. Second, confidentiality was ensured through the use of pseudonyms (Denzin & Lincoln, 2018). All participants were assigned pseudonyms to protect their identities, and any identifying information was removed from the transcripts and the final report (Creswell & Poth, 2018). Third, the researcher explained the purpose of this qualitative study as purely academic (Merriam & Tisdell, 2016). Participants were informed that the findings would be used for scholarly publication and that there was no institutional or governmental agenda behind the research. Fourth, given the sensitive nature of the topic, the researcher ensured that participants were aware of support services available to them should the discussion cause emotional distress (Denzin & Lincoln, 2018). Referral pathways to counselling services were provided.

5. Discussion and Findings

Theme 1: Causes of Social Isolation among Pregnant Female Learners

The first theme explores the causes of social isolation among pregnant female learners in Zimbabwe. Participants identified multiple interconnected factors, including community stigmatisation, peer rejection, family disapproval, teacher discrimination and cultural norms that stigmatise premarital pregnancy (Chidarikire & Saruchera, 2025; Mabaso, 2025).

Following are participants' responses. Participant Learner Chipo, aged 17, Participant Number 2 (pregnant learner),

When people found out I was pregnant, everything changed. My friends stopped talking to me. They would walk away when I approached. Some girls would whisper and laugh when I passed by. I felt like I was invisible. Even my teachers looked at me differently. One teacher told me I had ruined my future. I stopped going to school because I could not bear the shame.

Additionally, Participant Teacher Mrs. Mhlanga, aged 42, Participant Number 9,

The community plays a big role in isolating these girls. In our culture, premarital pregnancy is seen as a disgrace. The girl is labelled as loose or immoral. People gossip about her and her family. This gossip spreads quickly in rural areas where everyone knows everyone. The girl becomes the talk of the village, and she feels she cannot show her face in public.

Furthermore, Participant Parent Mr. Sibanda, aged 48, Participant Number 12,

I was very angry when my daughter told me she was pregnant. I shouted at her. I told her she had brought shame to our family. Looking back, I regret my reaction. She needed my support, but I pushed her away. She told me later that she felt completely alone. She had no one to turn to. She thought about running away. That broke my heart.

On the other hand, Participant Counsellor Ms. Zhou, aged 40, Participant Number 7

The isolation starts at home. When parents react with anger and rejection, the girl has nowhere to go. She cannot go to school because of the stigma there. She cannot stay at home because of the tension there. She is caught between two worlds, and neither welcomes her. This is why so many pregnant girls end up on the streets or in unsafe situations.

More so, Participant Learner Tariro, aged 15, Participant Number 3 (non-pregnant)

I have seen how girls who get pregnant are treated. They are made fun of. People call them names. Even their friends abandon them. I think this is very unfair because anyone can make a mistake. But in our community, if a girl gets pregnant, she is treated like she has committed a crime. She is isolated and shamed.

Lastly, Participant Ministry of Primary and Secondary Education Official Mr. Moyo, aged 50, Participant Number 15

From a policy perspective, the isolation is caused by a combination of factors. We have cultural norms that stigmatise premarital pregnancy. We have inadequate support systems in schools. We have families that are not equipped to handle the emotional challenges of a pregnant daughter. The Education Amendment Act protects the rights of pregnant learners, but changing cultural attitudes takes time.

As gathered from above, community, peers, family and institutional factors contribute to social isolation of pregnant girl learners. Community stigmatisation was identified as one of the main reasons, which is also supported by Chidarikire and Saruchera (2025) who found that learners during pregnancy are subjected to stigmatisation in the community, and this was a key factor in magnifying their psychological distress. The widespread gossiping, stigmatisation of names and their subsequent exclusion from the community in which they learn means that learners who are pregnant are subjected to an environment of shame and exclusion (Mudhovozi et al., 2024). Another major contributor to social isolation was peer rejection (Tinago et al., 2024). Upon hearing of a friends pregnancy, friends reported to have moved a distance, in line with the results of Mudhovozi et al. (2024), who documented the distance kept between friends after pregnancy. TheImpact of peer relationships is especially detrimental for adolescents, as they seek peer validation and emotional support (Mabaso, 2025). Family disapproval, specifically by parents, became a key factor contributing to social isolation (Chidarikire & Saruchera, 2025). Parents' responses may involve anger and rejection – this does not only deprive daughters of needed support, it also adds to their feelings of isolation (Mabaso, 2025). Those who are supposed to be sources of safety and support—family—turn into sources of increased stress and rejection (Mudhovozi et al., 2024). Hence the factors that are responsible for social isolation of pregnant girl learners in Zimbabwe is due to community stigmatisation, peer rejection, disapproval by family members and teacher discrimination, the worst being rejection experienced by the family members.

Theme 2: Effects of Social Isolation on Educational and Psychological Well-being

The second theme explores the effects of social isolation on the educational and psychological well-being of pregnant female learners. Participants described profound psychological distress, educational disruption, loss of self-esteem and suicidal ideation (Chidarikire & Saruchera, 2025; UNICEF, 2024).

In response to this theme, the participants commented that,

Participant Learner Mercy, aged 16, Participant Number 1 (pregnant learner):

The isolation was unbearable. I felt like I was the only person in the world who had ever gone through this. I could not talk to anyone. My friends had abandoned me. My parents were angry. I spent days alone in my room, crying. I thought about killing myself. I felt like I had no future. The only thing that kept me going was the thought of my baby.

To add, Participant Teacher Mr. Dube, aged 45, Participant Number 8

The psychological effects are devastating. These girls experience depression, anxiety and suicidal thoughts. They lose their self-esteem. They feel worthless. They stop caring about their education because they feel there is no point. They withdraw from everyone. Some of them stop eating properly. It is heartbreaking to see a bright young girl destroyed by the shame and isolation.

Additionally, Participant Learner Chipo, aged 17, Participant Number 2 (pregnant learner)

I stopped going to school because I could not face the other learners. They would stare at me and whisper. I could not concentrate on my lessons because all I could think about was what they were saying about me. My marks dropped. I used to be one of the top learners, but I failed my exams. I felt like I had lost everything.

More so, Participant Parent Mrs. Ncube, aged 38, Participant Number 11

I saw my daughter change. She used to be happy and outgoing. After she got pregnant, she became withdrawn and sad. She stopped talking to us. She stayed in her room all day. She lost weight. I was worried about her, but I did not know how to help her. I was still angry about the pregnancy. It was only later that I realised my anger was making things worse.

Moreover, Participant Counsellor Ms. Zhou, aged 40, Participant Number 7

Many of these girls experience suicidal thoughts. They feel like they have no way out. The shame is too much. The isolation is too much. Some of them attempt suicide. I have had to counsel girls who have tried to end their lives because they could not cope with the shame and isolation. This is a crisis that we are not taking seriously enough.

Lastly, Participant Ministry of Primary and Secondary Education Official Mr. Moyo, aged 50, Participant Number 15

The educational effects are significant. Pregnant girls drop out of school at alarming rates. Those who try to stay often struggle to catch up. They miss school for antenatal appointments. They are tired and stressed. They cannot concentrate. The disruption to their education has lifelong consequences. They are less likely to complete their education and more likely to live in poverty.

Data from the above participant perspectives identify that social isolation impacts pregnant women learners devastatingly in relation to their education and psychology (Tinago et al., 2024). The psychological suffering experienced by participants, such as depression, anxiety, and suicidal ideation, aligns with the overall literature (UNICEF, 2024). Tinago et al. (2024) have reported that social isolation and stigma are linked to mental health problems in Zimbabwean adolescent mothers. The educational impacts are also worrisome (Mudhovozi et al., 2024). Study indicated with drop out of school, low concentration and low performance in school (Chidarikire & Saruchera, 2025). The Zimbabwean case study on teenage pregnancy during Covid-19 revealed that the level of support given by parents directly impacts on the incidence of school dropouts (Mudhovozi et al., 2024). Many school learners lack family support in their life which contributes to their exclusion from education (Mabaso, 2025). The link between social isolation and suicidal thoughts is particularly concerning (UNICEF, 2024). The combination of shame, rejection and hopelessness was consistently reported by the participants as a contributor for thoughts of suicide (Chidarikire & Saruchera, 2025). According to a UNICEF report in Zimbabwe, a young 17-year-old mother who had fallen pregnant and thought about committing suicide was able to beat the thoughts when she joined a local psychosocial support group (UNICEF, 2024). This discovery highlights the profound significance of support systems in averting the worst damages of social isolation (Tinago et al., 2024). Thus, social isolation during pregnancy experienced by female learners results in high levels of psychological distress, education disruption, low self-esteem and suicidal thoughts; and the interplay of social isolation, family reject and community stigmatisation is the most significant factor contributing to negative outcomes.

Theme 3: Solutions through Family Support Systems

The third theme explores solutions to help pregnant female learners overcome social isolation, with particular emphasis on the role of family support systems (Mabaso, 2025). Participants identified multiple strategies, including emotional support from parents, instrumental support, family-based counselling, community awareness and policy interventions (Mudhovozi et al., 2024; Tinago et al., 2024).

Following are the views of the participants. Participant Learner Mercy, aged 16, Participant Number 1 (pregnant learner)

What helped me most was my mother. She did not reject me. She held me when I cried. She told me that I was still her daughter and that she loved me. She helped me with my antenatal appointments. She helped me prepare for the baby. Without her, I would not be here today. Other girls need that kind of support. They need someone to tell them that their lives are not over.

More so, Participant Parent Mrs. Ncube, aged 38, Participant Number 11

I learned that my daughter needed my support, not my anger. When I stopped being angry and started being supportive, everything changed. She started talking to me again. She started eating properly. She went back to school. She is now doing well in her studies. I wish I had supported her from the beginning. I would have saved her so much pain.

In addition, Participant Teacher Mrs. Mhlanga, aged 42, Participant Number 9

We see a big difference between girls who have family support and those who do not. The ones with supportive families continue with their education. They cope better with the challenges. The ones without support drop out and often end up in difficult situations. We need to educate families about the importance of supporting their pregnant daughters.

Furthermore, Participant Counsellor Ms. Zhou, aged 40, Participant Number 7

Family support is the most important factor in helping these girls overcome isolation. When a girl knows that her family loves her and supports her, she can face the challenges. She can go back to school. She can access healthcare. She can plan for her future. We need to work with families to help them provide this support.

Moreover, Participant Learner Tariro, aged 15, Participant Number 3 (non-pregnant)

I think families need to be more understanding. When a girl gets pregnant, she is already scared and confused. She does not need more punishment. She needs love and support. If families would support their daughters instead of rejecting them, many girls would stay in school and have better lives.

Lastly, Participant Ministry of Primary and Secondary Education Official Mr. Moyo, aged 50, Participant Number 15

The Ministry of Primary and Secondary Education is working on policy interventions to support pregnant learners. We have the Education Amendment Act, which guarantees their right to education. We are implementing re-entry policies. We are working with partners to provide support services. But policy alone is not enough. We need family engagement. Families must be part of the solution.

The above findings indicate that among other factors, family support is the most crucial factor that can help pregnant female learners address social isolation (Mabaso, 2025). However, emotional support from parents, especially mothers, came out as the top support (Mudhovozi et al., 2024). Among the participants, those in the "Participatory Observation" group had their families engage in supportive and loving behaviors toward them, which helped to reduce their psychological distress and increase their likelihood of continuing their education (Chidarikire & Saruchera, 2025). This result is in tandem with the SA study conducted by Mabaso (2025) stating that supportive families contributed to some coping with their adolescent pregnancy. Further, instrumental supports such as assistance with antenatal support, childcare and school fees were also found to be significant (Tinago et al., 2024). Pregnant learners encounter substantial material challenges and instrumental support from families can alleviate these pressures (Mudhovozi et al., 2024). In Zimbabwe, pregnancy-related challenges have led to high dropout rates and diminished academic performance, creating a pressing need for support for adolescent girls who are pregnant and adolescent mothers.The World Vision Adolescent Mothers' Education Initiative (AMEI) project in Zimbabwe showed that it is highly effective to provide comprehensive support services to adolescent mothers and pregnant girls. Many of the interventions suggested for supporting families included family-based counselling and education (Mabaso, 2025). There was a lack in knowledge and skills of many parents to appropriately support their teenage daughters who are pregnant (Chidarikire & Saruchera,2025). Education programmes that sensitise parents, including offering them practical coping tools/strategies, have the potential to shift family response to pregnancy (Mudhovozi et al., 2024). Thus, supportive family structures especially emotional support from parents, can make a huge difference in addressing the challenges of social isolation for pregnant female learners as those with supportive families can stay in school and experience good psychological health (Mabaso 2025; Tinago et al., 2024).

6. Conclusion

This is a qualitative study which has investigated ways in which the pregnant female learners in Zimbabwe beat social isolation with good family support systems. Findings indicate that community stigmatisation, peer rejection, and family disapproval coupled with cultural norm of stigmatising premarital pregnancy are the reasons for social isolation among pregnant learners. Family rejection was found to be the most powerful determinant of isolation and family support the most important protective factor. Study has documented the severe effects of social isolation on the educational and psychological welfare of pregnant learners; such as feelings of depression, anxiety, suicidal ideations and educational disruption. The results highlight the need for action to be taken that could augment the family support and tackle the cultural and community dimensions that lead to stigmatisation. Social support is a useful theory to consider when explaining the relationship between social isolation and family support and the buffering role of family support in preventing the negative impact of social isolation. Emotional support, instrumental support, informational support and appraisal support from the families allow the pregnant learners to face the challenges of pregnancy and to persist in their education. The study adds to the ever-stilling literature on teenage pregnancy and social support in Zimbabwe and sub-Saharan Africa. In providing rich qualitative data on the various views of stakeholders, the study makes contributions to the literature in considering the unique ways in which the support of families helps pregnant learners address their social isolation. The results are relevant for policy-making, practice and further research.

7. Recommendations

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

7.1 Recommendations to Learners

Learners who become pregnant should be encouraged to seek support from trusted family members and to communicate openly about their needs and concerns. More so, pregnant learners should be encouraged to continue their education and to access available support services, including counselling and healthcare.

7.2 Recommendations to Teachers

Teachers should be trained to provide non-judgemental support to pregnant learners and to create inclusive classroom environments. Additionally, teachers should be trained to recognise the signs of psychological distress and social isolation among pregnant learners and to refer them to appropriate support services.

7.3 Recommendations to Parents

Parents should respond to their daughters' pregnancies with love and support rather than anger and rejection, recognising that rejection increases the risk of social isolation and psychological distress. Furthermore, parents should actively support their pregnant daughters' continued education, understanding that education is essential for breaking the cycle of poverty.

7.4 Recommendations to the Ministry of Primary and Secondary Education of Primary and Secondary Education

The Ministry of Primary and Secondary Education should develop and implement family-inclusive support programmes that educate parents and caregivers on providing non-judgemental support to pregnant daughters. In additional, the Ministry of Primary and Secondary Education should ensure that every school has access to trained counsellors who can provide support to pregnant learners and their families. Lastly, the Ministry of Primary and Secondary Education should strengthen re-entry policies and ensure that they are implemented effectively at the school level.

7.5 Recommendations to Counsellors

Counsellors should work with families to help them provide effective support to their pregnant daughters. Moreover, counsellors should establish confidential and accessible support services for pregnant learners, creating safe spaces where they can discuss their concerns without fear of judgement.

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