Chapter 10: Lived Experiences of Young Pregnant Rural Primary School Female Learners with Disabilities in Zimbabwe

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Abstract

This qualitative study was conducted to gain an insight into 'lived experiences' of the young pregnant rural primary school female learners with disabilities in Zimbabwe. A qualitative method with a phenomenological design was used in this study to explore how pregnancy, disability and rurality impact their educational and social experiences. One of the research gaps that this study will address is the lack of empirical qualitative proof of the compounded situation of pregnant learners with disabilities encountered in rural Zimbabwean primary schools. A purposive sampling of 15 participants was done according to their gender, geographical location, expertise and skills. Focus group discussions were conducted and the data were analysed the□□matically. One key finding was that learners with disabilities who were pregnant are subject to multiple types of marginalisation: due to their disability and due to their pregnancy, resulting in greater social isolation and exclusion from education. The study calls for the need to include policies in inclusive education that are tailored to the needs of pregnant learners with disabilities such as making learning space accessible and providing tailored psycho-social support.
Keywords: disabilities, lived experiences, pregnancy, rural primary schools, Zimbabwe

1. Introduction and Background of Study

Pregnancy coupled by rurality and/or disability, represents a complex and deeply complicated situation for adolescent girls learners in Zimbabwe (Chidarikire & Saruchera, 2025; Crenshaw, 1989). Although much interest has been focussed on the issue of teenage pregnancy and on educating learners with disabilities, the experiences of pregnant learners with disabilities in rural primary schools is still under-researched (Holland & Smith 2021). By discriminating against them on multiple grounds for being pregnant and disabled in contexts of limited resources and support, these learners are located in a space of compounded vulnerability (Mapfumo, 2024; Tinago et al., 2024). Zimbabwe has very high rates of

teenage pregnancy with around 22 per cent of adolescent girls aged 15-19 having started childbearing (UNICEF 2024). The risks are even higher for girls with disabilities (Holland & Smith, 2021). Adolescents living with disability are associated with increased risk for becoming pregnant (Holland & Smith, 2021). This vulnerability may be due to various factors such as poor sex education, prevalence of sexual abuse, and less power in reproductive decision-making (World Health Organization, 2024). In Zimbabwe, people with disability suffer additional social inequalities besides the disability, such as poverty, infrastructure problems affecting the learning process (Mapfumo, 2024). This situation is compounded by the conditions in which rural children receive schooling, where school resources and trained personnel are often limited, which reduces the possibility for providing inclusive education in primary schools (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). This extreme marginalisation arising from the interplay of disability, pregnancy and rurality has significant impacts on the educational attainment, health and well being of learners impacted by it (Chidarikire & Saruchera, 2025).

In Zimbabwe, however, there have been some developments at the legislative level to safeguard learner mothers and learners with disabilities (Government of Zimbabwe, 2020). The Education Amendment Act of 2020 bans the exclusion of pregnant girls from school and has provisions for the rights of people with disabilities, including those of learners (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2020). As per the Act no learner shall be barred from school based on her pregnancy; pregnancy status should not be taken into account when deciding whether to admit, suspend or expel a learner (The Ministry of Primary and Secondary Education (The Ministry of Primary and Secondary Education), 2024). The Ministry of Primary and Secondary Education of Primary and Secondary Education is expanding inclusive education, with the help of assistive devices, teaching buildings, and specialized training for teachers (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). However, despite these progressive policies, there is a considerable policy–practice gap (Chidarikire & Saruchera, 2025). Pregnant girls and children with disabilities face social barriers to inclusive education, such as negative attitudes. Pregnancy and disability are stigmatised in many rural communities and the stigma associated with being married and pregnant and having a disability is especially difficult to overcome (Mudhovozi et al., 2024). The consequences of not providing information, not supplying the necessary materials, negative attitudes of learners and teachers towards pregnant girls impact the effectiveness of inclusive education policies (Chikuvadze, 2025).

Pregnant learners with disabilities face unique challenges, especially in the rural context (Mapfumo, 2024). In rural schools, facilities are not up to standard, teachers have been poorly trained, quantity and quality of teaching materials is inadequate and resources are low on average (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). This lack of accessible school buildings, assistive devices and specialised support are a major impediment for learners with disabilities to participate in learning (Holland & Smith, 2021). The long distance of schools, lack of transport, school health services among others poses as a challenge for pregnant learners (Mudhovozi et al., 2024). The difficulties faced by disabled women are exacerbated by their pregnancy (Chidhakwa & Lunga, 2023). Pregnancy is especially devastating for learners with disabilities in terms of its psychological impacts (Chidarikire & Saruchera, 2025). Pregnancy learners often are stigmatised and psychological distress is heightened, and perhaps challenge their reintegration into school (Mhlanga & Chidarikire, 2025). Learners with disabilities are already stigmatised and discriminated against due to their disability and the added stigma of pregnancy is often too much for them to bear (Mabaso, 2025). Limited community understanding about these learners' unique challenges and a lack of supportive resources and resources illustrate the need for targeted interventions (Tinago et al., 2024). The perspectives of

pregnant learners with disabilities are mostly missing in research literature (Holland & Smith, 2021). Even though there have been studies on challenges pregnant learners experience and the challenges faced by learners with disabilities few studies have investigated the combination of the two of these identities (Muza et al, 2020). A lived experiences of young pregnant rural primary school female learners with disabilities remains largely undocumented with a huge lack of understandings and lack of effective intervention (Holland & Smith, 2021).

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

1. What are the lived experiences of young pregnant rural primary school female learners with disabilities in Zimbabwe?
2. What are the challenges faced by these learners in accessing education and healthcare?
3. What solutions can be implemented to support pregnant learners with disabilities in rural primary schools?

2. Literature Review

In the USA, studies on adolescents with disabilities and pregnancy have raised important issues in the understanding and support of this phenomenon (van Marwe, 2022). A literature review indicated little research on the incidences of pregnancy and parenting among teenagers with disabilities, as well as the similarities and differences in their educational needs when compared to their non-disabled peers (Goodman, 2021). In the review, there has been a significant gap in research addressing adolescents with disabilities, as they are more likely to fall pregnant compared to adolescents without disabilities (Holland & Smith, 2021). A study that explored school social workers' experiences with adolescents with disabilities and pregnancy concluded that adolescents with disabilities face unique challenges with their disabilities (Johnson et al., 2022). It was important to address the need for school-based interventions that address the specific needs of pregnant adolescents with disabilities, such as making health services more accessible and providing them with educational support, according to the study (Dagn et al., 2022). The American literature however has only favoured the urban setting and the issues pregnant learners with disabilities whether challenging or otherwise in the rural setting have not been explored adequately as has been done in this study in Zimbabwe. British studies have looked at teenage pregnancy rates and experiences among young people with disabilities (Bennett et al., 2022). About 28 per cent of teenage mothers also have a learning disability, in Wolverhampton (Patel & Murray, 2023). A lack of sexual knowledge and skills (Bennett et al., 2022), among other risk factors, were identified from the research in relation to teenage pregnancies in youth with disabilities. A research study examining the experiences of young women conceptions/pregnancies who were interviewed a few months after completing compulsory education showed that young people with special needs encountered difficulties accessing education and support services (Williams & Thompson, 2023). The research identified the need for specific interventions to meet the needs of young people with disabilities before and during pregnancy (Mchloy 2023). But the British literature has concentrated more on post-compulsory education, and has neglected the experiences of younger learners in primary education, which is the scope of this study.

The Botswana studies have shed light on the sociocultural issues affecting teen pregnancy, however, the experiences of pregnant learners with disabilities have not gained sufficient attention (Nkosi & Dlamini, 2022). The study in Gaborone found that with family support a young mother is able to carry on with her life without being treated as a social outcast (Sefotho, 2021). The research revealed that such pregnancies are influenced by local sociocultural perceptions, but young mothers are not

necessarily socially ostracized (Mpofu, 2022). The Botswana study emphasized culturally-sensitive methods in supporting teen pregnancy (Dube, 2020). The study however failed to make analysis based on disability status, creating a greater knowledge gap around the lived experiences of pregnant learners who have a disability (Nkosi & Dlamini, 2022). The Botswana situation is like Zimbabwe with regards to cultural values and urban-rural differences (Mapfumo, 2024) and therefore is used for comparison. There is a lack of information on pregnant learners with disabilities in the Botswana literature, which the study fills. The SA study has yielded some of the most pertinent results on the relationship between adolescent pregnancy and disability (Kanyopa et al, 2022). According to a study on the concerns around teenage pregnancy in a semi-rural South African community, teenage girls face stigma, family judgement and fathers are missing out (Hlalele, 2018). The study revealed that families were judgmental and provided minimal support throughout and after pregnancy. A South African study identified that psychosocial problem, social rejection, life changes and learning difficulties are prevalent among single teenage mothers (Nkosi & Dlamini, 2022). Mweli (2020) recommended the creation of support systems for psychosocial support for teenage mothers and also community based initiatives to encourage awareness and communication on teenage pregnancy. The literature in South Africa, however, does not specifically address the challenges of pregnant learners with disabilities; therefore, the literature lacks an understanding of the challenges faced by this population. This Zimbabwean study attempts to fill that void by taking a particular interest in learners who are pregnant and learners with disabilities.

Existing research in Zimbabwe has highlighted the experiences of pregnant learners and learners with disabilities, while the experiences of the learners that fall within the category of pregnant learners with disabilities are being discussed in relation to disability only or limitedly discussed in relation to pregnancy (Chidarikire & Saruchera, 2025). In a study conducted to understand some of the psychological implications that come with the return of learners who are pregnant to rural secondary schools in Masvingo district, it was revealed that pregnant learners are often stigmatised resulting in increased psychological burden (Chidhakwa & Lunga, 2020). The study found that these learners were not supported by available resources and the community lacked the understanding of their unique challenges (Chikuvadze, 2025). Regulations in the Zimbabwean literature have also highlighted some of the problems encountered by children with disabilities facing access to education (Mapfumo, 2024). In Zimbabwe, children with disabilities are subject to multiple deprivations, notably the social inequality of poverty and the infrastructure poverty of children in education which also affect their lives (Mapfumo, 2024). A lack of information, a lack of material resources and negative attitudes of learners and teachers towards children with disabilities are some of the barriers to inclusive education (Mapfumo, 2024). Social attitudes about pregnant girls and people living with disabilities make inclusive education difficult, an issue which was identified in a study on the Education Amendment Bill of 2019 and inclusive education at the Primary Level within the Tsholotsho district. The study emphasized the importance of multifaceted approaches to tackling the policy implementation and attitude change (Mudhovozi et al., 2024). While these invaluable contributions have been advanced, the Zimbabwean literature has failed to specifically analyse the lived experiences of learner-pregnants with disabilities (Chidarikire & Saruchera, 2025). The majority of research has examined pregnancy and disability individually, leaving an underdeveloped examination of the interplay of the two identities (Tinago et al., 2024). The aim of this study will be to fill that gap by having a comprehensive qualitative exploration on the lived experiences of young pregnant rural primary school female learners with disabilities.

3. Theoretical Framework

3.1 The Intersectionality Theory

The theoretical framework guiding this study is the Intersectionality Theory, originally developed by Kimberlé Crenshaw (1989). Intersectionality Theory posits that social identities such as gender, race, class, disability and other characteristics intersect to create unique experiences of oppression and privilege that cannot be understood by examining each identity in isolation (Mahanya, 2020).

3.2 Tenets of the Intersectionality Theory

The Intersectionality Theory identifies several key principles that are relevant to this study:
According to the Intersectionality Theory there are several important points relevant to this research: Firstly social identities articulate one another; Most people have more than one social identity and the various identities are interwoven so that they have an impact on one another. Indeed, for the participants in this study, the identities of female, young, pregnant, disabled and rural intersect such that an understanding of any one of these identities is unable to be attained assuming the others are the same (Kufakunesu, 2020). Second, systems of oppression overlap (Chinyoka & Naidu, 2017): Oppression, for example of race, gender, disability, class and others do not function in isolation, but intersect creating unique forms of marginalisation. Pregnant learners with disabilities in rural Zimbabwe face the intersections of disability-based discriminatory practices (ableism), gender-based discriminatory practices (sexism), age discrimination (ageism) and poverty discrimination (classism) – resulting in compounded marginalisation (Chidarikire & Saruchera, 2025). Thirdly, intersectionality shows you experiences you wouldn't otherwise see (Mapfumo, 2024). Traditional and identity-based problem-solving approaches may overlook the experiences of people who inhabit a number of marginalised identities. With an intersectional lens this research highlights the experiences of pregnant learners with disabilities which are not immediately visible.

3.3 Application of the Theory to This Study

Intersectionality theory is a useful prismatic theory that brings a new understanding of the lived experiences of young pregnant rural primary school female learners with disabilities in Zimbabwe. These learners exist at the intersection of multiple marginalised identities, they are all female in a patriarchal society (Mabaso, 2025); they are all young in a society that values adulthood (UNICEF, 2024); they are all pregnant in a society that stigmatizes pregnancy prior to marriage (Chidarikire & Saruchera, 2025); all are those with disabilities in a society that discriminates against people with disabilities (Mapfumo, 2024); and all of them are all rural in an urban-centric society (Tinago et al., 2024). It is this confluence of identities which gives rise to unique challenges that cannot be understood through analysis of just one identity alone (Crenshaw, 1989). For instance, a physical disabled learner who becomes pregnant will not only be subjected to stigma of pregnancy but also the physical constraints of building of school which are inaccessible (Chidarikire & Saruchera, 2025). These situation presents the pregnant learner with a visual impairment that they not only find themselves socially isolated as pregnant learners, but also educationally the learner is faced with the challenges of inaccessible learning materials (Mapfumo, 2024). A pregnant female student with an intellectual disability is not only at risk for stigma for being pregnant but for being presumed to be incapable of decision making in regard to her reproductive health (Holland & Smith, 2021). The Intersectionality Theory also helps to shed light on how multiple systems of oppression create layers of marginalisation (Crenshaw, 1989). Ableism -the exclusion of learners with disabilities from education - is connected

with sexism - girls' limited education opportunity - and ageism - young people's agency is demeaned (Chidarikire & Saruchera, 2025). This leads to a high level of marginalisation which is often unseen to people who do not have these overlapping identities (Chireshe, 2020). Within the Zimbabwean context, with limited support systems and resources, this interplay of identities presents significant challenges (Tinago et al., 2024). Learners with disabilities are often not provided with inclusive education in rural schools due to the limited resources schools have to provide additional support to these learners, not to mention pregnant learners (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). This contributes to the pregnant learners with disability being completely absent in the educational system and their needs not being detected while their voice remains unheard (Mhlanga & Chidarikire, 2025).

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 with disabilities, their families, teachers, counsellors and education officials attach to their lived experiences (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, disability and marginalisation—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 the lived experiences of pregnant learners with disabilities, exploring the meaning that participants attach to their experiences of pregnancy, disability and rurality (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 with disabilities who had experienced pregnancy while in primary school and three female learners with disabilities who had not experienced pregnancy, to provide comparative perspectives.
· 2 counsellors: School counsellors with experience supporting learners with disabilities and pregnant learners.
· 2 teachers: Classroom teachers who had taught learners with disabilities and pregnant learners.
· 4 parents: Parents of learners with disabilities, including parents who had supported pregnant daughters with disabilities.
· 1 Ministry of Primary and Secondary Education of Primary and Secondary Education official: A district-level education officer with oversight of inclusive education and re-entry policies.

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 disability (Chidarikire & Saruchera, 2025). Counsellors and teachers offer professional insights into the challenges faced by these learners and the support available (Tinago et al., 2024). Parents provide the family perspective (Mapfumo, 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.
2. Generating initial codes: The researcher systematically coded the data, identifying interesting features and segments relevant to the research questions.
3. Searching for themes: The researcher collated codes into potential themes, gathering all data relevant to each potential theme.
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.
5. Defining and naming themes: The researcher defined and refined the specifics of each theme, identifying the essence of what each theme captured.
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.

4.7 Trustworthiness

Trustworthiness was established through member checking (Tarisayi, 2025). 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 (Chikuvadze, 2020).

4.8 Ethical Considerations

Ethical issues were strictly adhered to in this study (Creswell & Poth, 2018). First all subjects gave their informed consent. The researcher explained the purpose of the study, the nature of participation, and allowed the participant(s) to opt out at any point in the study as well as protecting the confidentiality of participants (Merriam & Tisdell, 2016). Where the learners were minor (less than eighteen years) parents/carers consent was also gained. Second, pseudonyms (Denzin & Lincoln, 2018) were used to ensure confidentiality. To protect the identities of participants, names were replaced with pseudonyms and any identifying information in the transcripts and final report was redacted (Dube, 2020). Third, the researcher explained the purpose of this qualitative study as purely academic (Mahanya, 2020). It was explained to the participants that the data would be written in an academic context and there would be no political or government interest in the work itself. Fourthly, since the topic was sensitive, the researcher was careful to inform the participant about the support system that is at his/her disposal in case any emotional distress was experienced during the discussion (Denzin & Lincoln, 2018). Linkage with referral programs and counselling service was given.

5. Discussion and Findings

Theme 1: Lived Experiences of Pregnant Learners with Disabilities

The first theme explores the lived experiences of young pregnant rural primary school female learners with disabilities in Zimbabwe (Chidarikire & Saruchera, 2025). Participants described their experiences of discovering their pregnancy, navigating their disabilities and coping with the responses of their families, schools and communities (Mabaso, 2025).

Participant Learner Rudo, aged 14, Participant Number 4 (pregnant learner with physical disability)

I have always struggled with my disability. Walking to school is hard because the roads are rough. When I got pregnant, everything became harder. My body was already weak, and now I had to carry a baby. I could not walk to school anymore. My parents could not afford to take me. I stopped going to school. I felt like my life was over. I had no future.

Additionally, Participant Learner Ruvarashe, aged 15, Participant Number 5 (pregnant learner with visual impairment)

I cannot see well. I need special books with large print. My school does not have these books. When I got pregnant, the teacher told me I should just stay at home. He said I was wasting my time because I would never pass my exams anyway. That hurt me deeply. I felt like I was worthless. I stopped going to school because I could not face the teacher anymore.

More so, Participant Teacher Mrs. Nyathi, aged 44, Participant Number 10

I have taught many learners with disabilities. It is already difficult for them. The school is not accessible. We do not have the right materials. When a learner with a disability gets pregnant, it is even

harder. They cannot access the support they need. They are often excluded by other learners. Some teachers do not want to teach them. It is a very difficult situation.

Furthermore, Participant Counsellor Mr. Moyo, aged 42, Participant Number 8

These girls are among the most vulnerable in our society. They face discrimination because of their disability. They face discrimination because of their pregnancy. They face discrimination because they are girls. The combination is overwhelming. Many of them experience depression. Some of them think about suicide. They feel like they have no place in the world.

On the other hand, Participant Parent Mrs. Dube, aged 40, Participant Number 13

My daughter has a hearing impairment. She cannot hear well. When she got pregnant, she could not tell me. She was too scared. She tried to hide it for months. When I finally found out, I was shocked. I did not know how to help her. She was already struggling with her disability. Now she had to deal with pregnancy too. It was too much for her.

Lastly, Participant Ministry of Primary and Secondary Education Official Mrs. Ndlovu, aged 52, Participant Number 15

From a policy perspective, we have made progress. The Education Amendment Act protects the rights of pregnant learners and learners with disabilities. But implementation is a challenge. In rural areas, resources are limited. Schools lack accessible infrastructure. They lack assistive devices. They lack trained teachers. The gap between policy and practice is significant.

What all the above show is that pregnant learners with disabilities are subjected to multiple marginalisation which is very damaging to their education and psychological aspect (Crenshaw, 1989; Chidarikire & Saruchera, 2025). Mapfumo, (2024) noted that physical barriers that learners with disabilities encounter in accessing education are aggravated by the added physical burden of pregnancy. Learners with physical disabilities indicated that the impact of living with their disability and pregnancy made it impossible to continue in school (Mabaso, 2025). Learners who are pregnant and are a person with a disability are more stigmatised than pregnant learners without disability or learners with disability, who are not pregnant (Dube, 2020). Participants said teachers told them that they were wasting their time, they were excluded by peers, and made to feel worthless by teachers (Mabaso,2025). This is similar to the results reported by Mhlanga and Chidarikire (2025), who concluded that such pregnant learners tend to be stigmatised and this worsens their psychological suffering. The gap in school infrastructure, assistive devices and trained teachers hinders Educational participation of Pregnant Learners with Disability (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). Although the Zimbabwean government has been making strides towards the development of inclusive education policies, implementation in rural areas poses a major obstacle (Majoko, 2024). Thus, pregnant learners with disabilities in rural Zimbabwe are doubly marginalised; they face physical challenges, education marginalisation and stigma and discrimination that is greater than that afforded to pregnant learners without disabilities and to learners in general with disabilities.

Theme 2: Challenges Faced in Accessing Education and Healthcare

The second theme explores the challenges faced by young pregnant rural primary school female learners with disabilities in accessing education and healthcare (Holland & Smith, 2021; Mapfumo, 2024).

Participants described barriers related to accessibility, affordability, availability of services and attitudes of service providers (Tinago et al., 2024; World Health Organization, 2024).

Following are the participant responses. Participant Learner Rudo, aged 14, Participant Number 4 (pregnant learner with physical disability)

The clinic is far from our home. I cannot walk that far because of my disability. My parents do not have money for transport. When I got pregnant, I needed to go to the clinic for check-ups. I could not go. I missed many appointments. I was worried about my baby. But there was nothing I could do. The services are not accessible for people like me.

Additionally, Participant Teacher Mrs. Nyathi, aged 44, Participant Number 10

The learners face many challenges. The school buildings are not accessible for learners with physical disabilities. There are no ramps. The toilets are not accessible. For pregnant learners, this is even harder. They need to rest. They need access to water. They need a place to lie down. Our school does not have these facilities.

Furthermore, Participant Learner Ruvarashe, aged 15, Participant Number 5 (pregnant learner with visual impairment)

I could not read the textbooks because the print was too small. The teacher would not help me. He said I should bring my own books. My parents could not afford to buy special books for me. When I got pregnant, I just gave up. I could not keep up with the lessons. I fell behind. I felt like a failure.

On the other hand, Participant Parent Mrs. Dube, aged 40, Participant Number 13

We do not have money. We struggle to feed our children. We cannot afford special education. We cannot afford healthcare. When my daughter got pregnant, we could not afford to take her to the clinic. We could not afford to buy her the things she needed. We felt helpless. We wanted to help her, but we did not have the resources.

Moreover, Participant Counsellor Mr. Moyo, aged 42, Participant Number 8

The healthcare system is not designed for people with disabilities. Health facilities are not accessible. Health workers are not trained to communicate with people with disabilities. For pregnant women with disabilities, this is a major barrier. They cannot access the care they need. Their pregnancies are at risk. Their health is at risk.

Lastly, Participant Ministry of Primary and Secondary Education Official Mrs. Ndlovu, aged 52, Participant Number 15

We have policies that are supposed to ensure access to education and healthcare for all. But resources are limited. We do not have enough trained teachers. We do not have enough accessible schools. We do not have enough health facilities. In rural areas, the situation is particularly bad. The gap between policy and practice is very wide.

As shown in the above data, pregnant learners with disabilities require a lot in terms of access to education as well as access to health care facilities (Mapfumo, 2024; World Health Organization, 2024). One is physical accessibility which is a great challenge because many school premises and health centers are not ramped, neither have accessible toilets, nor other adjustments made for the physically disadvantaged (Ministerial Department of Education in Primary and Secondary Education, 2024). This is consistent with the literature on disability and access in Zimbabwe which indicates that children with disability live with multiple layers of deprivation, among them being infrastructure-related deficits that affect access to a quality education (Mahanya, 2020). Economic barriers also play an important role (Mudhovozi et al., 2024). Learners with disability (LWD) families are prone to poverty, while disability-related costs for accommodation and healthcare are huge and unaffordable (Mapfumo, 2024). This situation of being poor, being disabled, and being pregnant produces an extreme economic vulnerability situation among students and makes them unable to access services they need (Tinago et al., 2024). Attitudinal barriers also play a key role (Chidarikire & Saruchera, 2025). From the learners' side, teachers, health workers and community members had negative attitudes towards learners with disabilities who fall pregnant as being unworthy of support (Mabaso, 2025). This is corroborated by Mhlanga and Chidarikire (2025) who discovered that negative attitudes of learners and teachers towards pregnant girls impact the effectiveness of inclusive education policies. This is because there are so many barriers for an educationally and healthcare-seeking pregnant learner with disabilities in rural Zimbabwe, such as physical inaccessibility, financial challenges, absence of skilled staff, negative attitudes from healthcare providers and lack of personnel in the field (Mapfumo, 2024; Tinago et al., 2024).

Theme 3: Solutions to Support Pregnant Learners with Disabilities

The third theme explores solutions to support young pregnant rural primary school female learners with disabilities in Zimbabwe (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). Participants identified multiple strategies, including inclusive education policies, accessible infrastructure, targeted psychosocial support, community awareness and family engagement (Tinago et al., 2024).

Participant Learner Rudo, aged 14, Participant Number 4 (pregnant learner with physical disability)

I would like to go back to school. But the school needs to be accessible. They need to have ramps so I can get into the classrooms. They need to have accessible toilets. They need to have teachers who understand my needs. If they could make these changes, I would go back to school. I want to complete my education.

More so, Participant Teacher Mrs. Nyathi, aged 44, Participant Number 10

We need training. We do not know how to teach learners with disabilities. We do not know how to support pregnant learners. If we had training, we could do a better job. We could create inclusive classrooms. We could support these learners. We could help them stay in school.

Furthermore, Participant Learner Ruvarashe, aged 15, Participant Number 5 (pregnant learner with visual impairment)

I need special materials. I need books with large print. I need a teacher who can help me. I need someone to talk to about my pregnancy. I need support. If I had these things, I would not have dropped out of school. I would have continued with my education.

Additionally, Participant Parent Mrs. Dube, aged 40, Participant Number 13

We need help. We are struggling. We need financial support to pay for school fees and healthcare. We need information about how to support our daughters. We need counselling. If we had support, we could help our daughters stay in school and complete their education.

On the other hand, Participant Counsellor Mr. Moyo, aged 42, Participant Number 8

We need counsellors in every school. We need counsellors who are trained to work with learners with disabilities. We need counsellors who can support pregnant learners. Right now, many schools do not have counsellors. The ones that do have counsellors are often overwhelmed. We need more investment in counselling services.

Lastly, Participant Ministry of Primary and Secondary Education Official Mrs. Ndlovu, aged 52, Participant Number 15

We need to implement the policies we have. We need to ensure that schools are accessible. We need to ensure that teachers are trained. We need to ensure that learners with disabilities have access to assistive devices. We need to ensure that pregnant learners are supported. The policies are there. We need to make them work.

Based on the above work done by participants. It is observed from the data that supporting pregnant learners with disabilities is a multi-faceted issue and needs to be treated as such that encompasses various aspects of the learners' experience (Chidarikire & Saruchera, 2025). Learners nearly 90% indicated that they needed special attention to support them. (Government of Zimbabwe, 2020), therefore inclusive education policies need to be put in place that cater for pregnant learners with disabilities. Although the Education Amendment Act of 2020 gives the framework for inclusive education, it is difficult to implement. (Ministry of Primary and Secondary Education of Primary and Secondary Education, 2024). School infrastructure that is accessible is a key need (Mapfumo, 2024). Barriers to education participation include lack of ramps, accessible toilets, and other accommodations, identified by the participants (Marevesa, 2024). The Ministry of Primary and Secondary Education of Primary and Secondary Education is slightly making strides in the inclusive education with the use of assistive tools, accessible buildings and specialised training for teachers; however getting started in the rural areas is slow (Dakwa, 2024). Pregnant learners with disabilities (PLwD) have reported psychological issues during pregnancy that require targeted psychosocial support (Tinago et al., 2024). The emotional support provided by trained counsellors on disability and counsellors to learners with disabilities and pregnant learners can enable them to handle situations (Mahanya, 2020). There is a need for awareness programmes in communities to counteract the stigmatisation of disability and pregnancy (Mabaso, 2025). Factors that limit inclusive education are social attitudes towards pregnant girls and children living with disability (Mapfumo, 2024). After changing these attitudes, it needs to be maintained through continued community engagement and education (Mudhovozi et al., 2024). Thus in rural Zimbabwe supporting pregnant learners with disabilities will demand an inclusive education policy, accessible school premises, trained teachers, psychosocial support interventions tailored to the learners, community awareness creation programs, and family engagement programs because these

learners' marginalisation is intersectional in nature, therefore interventions should be comprehensive and coordinated.

6. Conclusion

This is a qualitative study which has interrogated the lived experiences of the young pregnant learners of school level one with disabilities in the rural community of Zimbabwe. The results show that such learners are victims of double marginalisation as they suffer from discrimination both due to disability and due to pregnancy. These identities intersect, making them unique and something that will not necessarily be understood by looking at one of the identities alone. The study has identified key challenges pregnant learners have in accessing education and healthcare such as physical inaccessibility, economic constraints, lack of trained personnel and negative attitude of service providers for learners with disabilities. These findings point strongly to the need for broad-based interventions focused on tackling their marginalisation in many aspects. The Intersectionality Theory has been useful to explain unique experiences of oppression due to overlapping of disability, pregnancy, gender, age and rurality. Analysing these overlapping identities has brought to light experiences previously unknown. The study adds to the literature on inclusive education and adolescent pregnancy in Zimbabwe. In particular, the focus on pregnant learners with disabilities adds an important missing voice to the literature and evidence on which policy and practice should be based. This research has implications for Primary and Secondary Education in the Ministry of Primary and Secondary Education, schools, families and communities.

7. Recommendations

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

7.1 Recommendations to Learners

Learners with disabilities who become pregnant should be encouraged to seek support from trusted family members, teachers and counsellors. In addition, learners should be encouraged to advocate for their rights to education and healthcare, including accessible facilities and appropriate accommodations.

7.2 Recommendations to Teachers

Teachers should receive training in inclusive education, including how to support learners with disabilities and pregnant learners. More so, teachers should be trained to recognise the signs of psychological distress among pregnant learners with disabilities and to refer them to appropriate support services.

7.3 Recommendations to Parents

Parents should be educated about the importance of supporting their daughters with disabilities who become pregnant, understanding that rejection increases the risk of social isolation and psychological distress. Furthermore, parents should be provided with information about available support services and their children's educational rights.

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

The Ministry of Primary and Secondary Education should ensure that all schools, particularly rural schools, have accessible infrastructure, including ramps, accessible toilets and other accommodations for learners with disabilities. More so, the Ministry of Primary and Secondary Education should provide assistive devices and specialised learning materials for learners with disabilities, including pregnant learners. Furthermore, the Ministry of Primary and Secondary Education should ensure that every school has access to trained counsellors who can support pregnant learners with disabilities. Lastly, the Ministry of Primary and Secondary Education should develop and implement awareness campaigns that challenge the stigmatisation of both disability and pregnancy.

7.5 Recommendations to Counsellors

Counsellors should receive training in working with learners with disabilities and pregnant learners, including understanding the intersectional nature of their challenges. More so, counsellors should establish confidential and accessible support services for pregnant learners with disabilities, creating safe spaces where they can discuss their concerns without fear of judgement.

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