Chapter 12: Child-Headed Families as a Vulnerability Context for Early Pregnancies among Adolescent Girls in Zimbabwe

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Abstract
In this chapter, it was reflected that the association between child headed households and adolescent girls falling pregnant was observed. The study was prompted by high prevalence of orphans, migrants, child headed households to measure the impact of child-headed households on the sexual and reproductive health of adolescents. The goal of the investment was to understand the driver of early pregnancies, namely the lack of adult supervision, vulnerability by economic measures, and lack of supporting resources. The design used was qualitative exploratory design. In 2026, in-depth interviews were conducted with 24 child-headed girls between the ages of13 and18 in Harare and Mashonaland East and Midlands as well as key informant interviews with eight social workers and community leaders. Ethical issues, such as informed consent and confidentiality, as well as voluntary participation and pseudonyms, were also respected. Thematic analysis revealed that a lack of adult guidance, financial hardship, transactional relationships, limited access to contraceptives and stigma heightened pregnancy risk. Findings will help to inform evidence of reproductive risks and vulnerabilities for adolescents living in child-headed households and insights for improving social protection, mentoring, and adolescent-friendly reproductive health services. Social welfare departments, community leaders and civil society organisations are encouraged to proactively identify and monitor the CHH, so that support and protection is provided against exploitation and abuse in a timely manner.

Key words: Child-headed families, Early pregnancy, Adolescent girls, Reproductive health, Zimbabwe.

1. Introduction and Background

In many developing nations, child-headed families have become a major social issue as a result of economic insecurity, parent absences, HIV/AIDS, and labour migration. A child-headed household (CHH) is a type of family where children under 18 years of age take care of household business without the presence of adult caretakers. Traditionally, the strong pillars of support that would otherwise cater for the needs of OVC have been lost in sub-Saharan Africa due to these longstanding economic struggles, disease burden, and altering family dynamics (Foster et al., 1997; Tshivhase et al., 2025). African societies traditionally had a strong embrace of the extended family system in handling children who were orphans and vulnerable. Traditionally, extended relatives, grandparents, aunts and uncles took care of the children if either of the parents died or could not work. But traditional support structures are under great strain from the HIV and AIDS problem, economic difficulties and growing urbanisation amongst rural populations. As a consequence, many children have been left to care for themselves, making for the increasing number of children living in childheaded households (CHH's) (Foster et al., 1997). Child-headed households (CHH) continue to be a concern in Zimbabwe. The economic problems in the country, combined with parental deaths, migration and family fragmentation are creating more

children without adult supervision. To mitigate the situation, Foster et al. (1997) noted that child-headed households came into existence when children were orphaned with no extended family support. The latest UNICEF Zimbabwe report (2023) and UNFPA Zimbabwe report (2023) show that numerous vulnerable adolescents are still facing substantial social and economic challenges which make them vulnerable towards exploitation and poor reproductive health outcomes. At the same time, adolescent pregnancy is a big public health and developmental problem in Zimbabwe. According to recent national assessments, adolescent girls continue to be disproportionately affected by early pregnancy with poverty, poor knowledge and understanding of reproductive health, early sexual activity and gender inequalities being identified as driving factors (UNICEF Zimbabwe, 2023; UNFPA Zimbabwe, 2023). Adolescent pregnancy can affect attendance at school, early marriage, problems with maternal health and lower a person's ability to obtain socially economic opportunities in the future. Thus, adolescent pregnancy impacts not only on individual girls, but also perpetuates poverty and social marginalisation. Child-headed household (chh) and adolescent pregnancy are a unique combination that warrants special scholarly investigations as girls in these families are multiply vulnerable. GHP girls often experience a lack of guidance, supervision, emotional support or finances from their parents or guardians compared to girls living with their parents/grandparents etc. Lack of adult supervision can lead to more risky sexual behaviors and transactional sex changes for survival. This exposes girls to increased chances of unintended pregnancies and other sexual and reproductive health issues.

This can be explored using Bronfenbrenner's Ecological Systems Theory. The theory suggests that child development depends on the interplay of individual and their surroundings such as a family, school, community, and other societal units (Bronfenbrenner, 1979). The alteration of the family microsystem in child-headed families could have a very important impact on the protection that the microsystem would normally provide adolescents from risk of reproduction. Although there has been an increase in research on adolescent pregnancy and vulnerable children in Zimbabwe, little has been written on the experiences of adolescent girls in child headed households. Many of the already published research studies on adolescent pregnancy are general studies or address issues of orphanhood and vulnerability in a broad sense. Thus, there is still limited understanding of the factors about child headed household and the consequences for adolescent girls to fall pregnant. This study thus aimed to fill this partial disconcept of the lived experience of adolescent girls in CHH experience, and to better understand the impact of the lack of adults on the fate of adolescent girls in reproductive outcomes. The study is significant as it adds to the current debate on child protection, reproductive health issues of adolescents and social welfare policy in Zimbabwe. The study results can help guide interventions for improving social protections, adolescent friendly health services, mentorship programmes, community supports for vulnerable adolescents, etc.

Research Objectives

The study was guided by the following objectives:

•To explore lived experiences of adolescent girls in child-headed households regarding reproductive health and pregnancy risks.

•To establish socio-economic and psychosocial factors that contribute to early pregnancies among adolescent girls in child-headed households.

•To recommend interventions for reducing adolescent pregnancy through strengthened social protection, mentorship, and adolescent-friendly reproductive health services.

2. Literature Review

Growing evidence from the international literature shows that there is strong association between family structure and reproductive behavior among adolescents. Adolescents with stable and supportive family environments are less likely to participate in risky sexual behaviours than those who are absent or not well supervised from their families or have numerous changes in their family life. Emotional aspects of family support influence health-related developmental outcomes, as do the behavioral regulation and access to information and resources related to reproductive health (Dittus et al., 2015). Consistent tracking of a child's behaviors and activities by parents has consistently emerged as a key preventive factor for adolescent pregnancy. Dittus et al. (2015) and Centre for Disease Control and Prevention (CDC) study revealed that adolescents exposed to parental monitoring are less likely to initiate early sexual activity, have multiple sexual partnerships or have unsafe sex. The studies indicate that there is a need for parental guidance as it is a highly essential factor in reducing risks of adolescents. There is significant literature on adolescent pregnancy in general, but fewer studies that explore adolescent pregnancy in specific contexts like those with the living standards of adolescents in child-headed households. There is existing evidence that the lack of adult caregivers can create situations that lead to vulnerability of engaging in these behaviors at an early age, such as early sexual activity, exploitation or unwanted pregnancy. This review will then analyse the studies in America, Britain, Botswana, South Africa and Zimbabwe to determine the current knowledge and research gaps.

Dittus et al. (2015) did a meta-analysis on parental monitoring and its association with sexually risky behaviours in adolescence in the USA. They found that teenagers who consistently had their parents' supervision engaged in less risky sexual behavior and had fewer reports of early pregnancy. The study found parental involvement to be an important protective factor for the reproductive health outcomes of adolescents. Likewise, CDC (2023) revealed that the adolescents who had said that their parents were aware of their activities, friendships and social engagements were less likely to engage in risky sexual behaviours. When parents were effective monitors, their children exhibited less sexual activity, less substance abuse, and less teenage pregnancy. While these U.S. studies give insight in the role that parental monitoring plays, they mainly apply to adolescents whose family is more in line with the traditional family model. They fall short in regard to the experience of adolescence without adult care. Current study thus responds to the gap in knowledge related to the vulnerability of adolescents in a situation of child-headed households with no parental monitoring at all. There has been extensive research in Britain on the factors relating to adolescent pregnancy. Despite significant decreases in teenage pregnancy rates, socio-economic disadvantage, educational inequalities and social exclusion remain relevant factors influencing teenagers' pregnancies, as found by Skinner and Marino (2016). The authors claimed that the adolescents who are of the less fortunate section of the society are specially prone to this. Likewise, O'Leary (2024) examined experiences of adolescent mothers in the United Kingdom and identified that the intersection of adolescent pregnancy with stigma, school dropout, negative feelings and reduced opportunities fueled a vicious cycle of deprivation and disadvantage. But for those that were provided with adequate social support, there were higher levels of resilience and positive psychosocial outcomes. These studies combined show how social support structures can play a critical role in minimizing adolescent mamas' vulnerability. However, their attention is on adolescents mothers in general and not much is known about their situation in relation to girls living in childheaded households. The study builds on the limited research in Britain which investigates the link between adolescent pregnancy before motherhood and a lack of parental support in the context of child-headed households. Botswana's Kgosiemang and Motzafi-Haller (2021) examined sociocultural factors affecting the problem of teenage pregnancy in SSA. They discovered that cultural beliefs towards fertility and motherhood influenced the reproductive behaviours of adolescents. Some of the adverse

effects of adolescent pregnancy could be mitigated by the support offered by families and/or communities. In the same vein, Ramabu (2020) investigated the needs of vulnerable children in Botswana and found that OVC are often characterised as being poor, experiencing psychosocial problems as well as restricted access to support services. The importance of a wide spectrum of interventions for vulnerable children was found.

Both studies recognise that orphaned adolescents have vulnerabilities but fail to discuss the specific case of the reproductive vulnerabilities of child headed households. The study aims to contribute towards this limited understanding of the specific effects child-headed family has on adolescent pregnancy among girls who are vulnerable in Botswana and beyond Africa. However, HIV/AIDS-related orphanhood has resulted in a lot of research on child-headed households in South Africa. The study titled "Teenage pregnancy among adolescents in child headed households" by Susuman and Gwenhamo (2015), revealed that poverty, parental supervision, use of drugs and alcohol, sexual exploitation and lack of education about contraceptive greatly affected adolescent pregnancy. For instance, the study by Tshivhase, Ntsieni and Diphofa (2025) discussed the problems confronting OWE children in the rural areas of South Africa. What they found was a high prevalence of food insecurity, psychosocial distress, sexual abuse, as well as financial stress. The researchers concluded that the lack of adult care put the children living in Child Heads to an increased risk of several vulnerabilities. The South African studies offer valuable information on the problems encountered by child heads of households. But most of the scholarship research is not specifically dealing with adolescent girl's reproductive experiences. This study in particular explores the reproductive vulnerabilities and experiences of adolescent pregnancies for girls with child heads of households in the country of Zimbabwe. The presence and proliferation of child headed households (CHH) over the last 30 years has been observed by Zimbabwean scholarship. Weakening extended family systems, HIV infection and AIDS are highlighted as causes of Child headed Households by Foster et al (1997). The researchers claimed that such households were the result of an overload in the traditional care system. UNICEF Zimbabwe (2023) and UNFPA Zimbabwe (2023) have in the recent past done adolescent pregnancy assessments nationally, where poverty, transactional sex, hard to reach/access contraceptive services, school dropouts, and reproductive health information were identified as key drivers of adolescent pregnancy. The reports highlighted the importance of focusing on targeted interventions to achieve positive results for adolescent reproductive health.

Although these studies make great contributions to the understanding of adolescent pregnancy and the vulnerability of children, they tend to address these separately. However, there is limited research that directly looks at the causes of child headed family systems endangering adolescent girls' pregnancy rates. To fill this lacuna, the current study examines on the one hand the association of child-headed households and on the other hand the link of child-headed household with the occurrence of early pregnancies among adolescent girls in Zimbabwe. It addresses in particular the interaction between several factors – poverty, lack of parental supervision, limited reproductive health support and social vulnerability – and their effects on reproductive outcomes. Based on literature reviewed parental monitoring, social support and economic stability are important protective factors against adolescent pregnancy. U.S. and British studies point to issues of parental supervision and social support, and other studies conducted in Botswana, South Africa and Zimbabwe have indicated the vulnerabilities of OVCs. Yet, a general lack in the literature is addressing the situation of adolescent girls in child-headed households. Previous research has either addressed adolescent pregnancies in general or looked at child-headed households without necessarily making a correlation to child pregnancies. This means understanding of the link between child-headedness and adolescent pregnancy risk and the impact of the specific realities of child-headedness on adolescent pregnancy risk remain limited. The study

described in this paper addresses this knowledge gap by offering qualitative insights from Zimbabwe on the lived experience of adolescent girls and ways in which adolescents' child-headedness shapes their risk of pregnancy. This contribution is especially significant in regard to policy and interventions to protect adolescent girls and boys and minimize adolescent pregnancy in Zimbabwe.

3. Theoretical Framework

His concepts of study were based on Bronfenbrenner's theoretical perspective on ecological systems theory. This theory suggests that children's development is influenced by several levels of environments starting from the immediate family and peers (microsystem) to the wider society (macrosystem). The microsystem is disrupted when the parents/guardians are not there; disruption weakens the microsystem, lack of guidance, supervision and emotional support. This puts adolescent girls directly at risk of sexual exploitation and sexual behaviours. Normally robust interactions between family, school and community support protective mechanisms. Such connections are diminished in child-headed families and girls do not receive coordinated assistance. The theory assumes that players in the exosystem (outside the community) pressures of poverty, migration, community stigma are indirectly felt by the adolescent girls and this has an impact on her reproductive decisions. It mentions how macrosystems are at risk like cultural norms, gender inequalities, and weak social protection policies, which worsens risks to adolescent girls living in child-headed households. This framework is a well-suited one as it reflects the multi-layered vulnerabilities faced by the adolescent girls in child-headed households. It extends beyond individual action and considers the interaction between structural, social and cultural risks in increasing the risk of reproductive harm.

4. Research Methodology

Research Paradigm

This study was located within the interpretivist paradigm, which assumes that reality is socially constructed and can best be understood through participants' lived experiences and interpretations of their social worlds. The interpretivist paradigm was considered appropriate because the study sought to understand how adolescent girls living in child-headed households perceived and experienced factors contributing to early pregnancies. Rather than seeking objective measurements, the study focused on participants' subjective meanings and lived realities. Interpretivism enabled the researcher to explore the complex social, economic, and emotional conditions surrounding child-headed households and adolescent reproductive outcomes.

Research Approach

The study adopted a qualitative research approach. Qualitative research allows researchers to gain rich and detailed insights into participants' experiences, perceptions, and behaviours within their natural settings. The approach was suitable because issues surrounding child-headed households and adolescent pregnancies are socially embedded and require deep exploration. Through qualitative inquiry, participants were able to freely narrate their experiences, thereby generating contextualised understanding of vulnerabilities associated with child-headed families.

Research Design

An exploratory qualitative design was employed. The design was appropriate because limited empirical evidence exists on how child-headed households contribute to early pregnancies among adolescent girls in Zimbabwe. Exploratory studies are particularly useful when investigating relatively under-researched

phenomena. The design enabled the researcher to uncover factors, experiences, meanings, and challenges associated with adolescent reproductive vulnerability in child-headed households.

Data Gathering Methods

Data were collected through in-depth interviews and key informant interviews. In-depth interviews were conducted with 24 adolescent girls aged between 13 and 18 years living in child-headed households across Harare, Mashonaland East, and Midlands Provinces. The interviews provided opportunities for participants to openly discuss sensitive experiences related to sexuality, poverty, family circumstances, and reproductive health. Key informant interviews were conducted with five social workers and three community leaders. These participants were selected because of their direct involvement with vulnerable children and adolescents. Their perspectives provided additional contextual understanding of the challenges experienced by girls living in child-headed households.

Sampling Technique

Purposive sampling was used to select participants who possessed firsthand experiences relevant to the study. The adolescent girls were selected because they lived in child-headed families and therefore had direct experience of the phenomenon under investigation. Social workers and community leaders were purposively selected because they worked closely with vulnerable households and could provide informed views regarding adolescent reproductive health challenges in their communities. The final sample consisted of 32 participants comprising 24 adolescent girls, five social workers, and three community leaders. Sampling continued until data saturation was achieved, meaning no new information emerged during interviews.

Data Analysis

Data were analysed using Braun and Clarke's (2006) six-phase thematic analysis framework. The first stage involved familiarisation with the data through repeated reading of interview transcripts. This was followed by generating initial codes from meaningful segments of data. The third phase involved searching for patterns and grouping similar codes into themes. During the fourth phase, themes were reviewed and refined to ensure coherence and relevance. The fifth phase involved defining and naming themes, while the final stage focused on producing the research report and integrating findings with existing literature.

Trustworthiness

To enhance trustworthiness, member checking was employed. Participants were given opportunities to review summaries of their interview responses and confirm that their views had been accurately represented. This process increased credibility and reduced the risk of researcher misinterpretation.

Ethical Considerations

Ethical principles guided all stages of the study. Informed consent was obtained from all participants. Confidentiality was maintained through the use of pseudonyms instead of participants' real names. Participants were informed that their involvement was voluntary and that they could withdraw at any time without penalty. The researcher further explained that the study was conducted purely for academic purposes and that all information would be treated confidentially.

5. Findings and Discussion

One theme that emerged was on causes of early pregnancies among adolescent girls in child-headed households. The findings revealed that lack of parental guidance, economic hardship, transactional

relationships, and limited access to reproductive health information were the primary drivers of early pregnancies among adolescent girls living in child-headed households.

The majority of participants indicated that the absence of parents or guardians exposed them to risks associated with early sexual relationships. Many described growing up without adult guidance regarding sexuality, relationships, and reproductive health.

Participant Tariro (Girl 4, Age 17) explained:

"After my mother died, I became responsible for my younger brothers. There was nobody to ask for advice. Some men from the neighbourhood started giving me groceries and money. At first, I thought they were helping me, but later they expected something in return. I became pregnant when I was sixteen."

Similar sentiments were expressed by Participant Chipo (Girl 12, Age 16), who remarked:

"We were living alone. We never had anybody to explain things about sex or contraception. Most of what we knew came from friends, and some of the information was wrong."

Participant Nyasha (Girl 9, Age 15) added:

"Hunger can force you to do things you do not want. Sometimes men offered food and money, and girls accepted because there was no other way to survive. Sometimes we went for two days without proper food. When a man offered transport money, food, or clothes, it was difficult to refuse because we needed those things. Poverty pushed many girls into relationships."

Participant Sharon (Girl 6, Age 14) remarked:

"When my parents were alive, there were rules. After they died, we were free to do whatever we wanted. That freedom became dangerous because we did not know how to make good decisions. Living alone means nobody checks where you are going or who you are spending time with. My friends influenced me to date older men because they said that was the easiest way to survive and look after my two siblings."

A social worker also highlighted the role of economic vulnerability.

Social Worker 2 (Female, Age 42) observed:

"Most of the cases we encounter involve girls trying to secure basic necessities for themselves and their siblings. Poverty and hunger become stronger than the fear of pregnancy."

Similarly,

Social Worker 4 (Male, Age 38) stated:

"The absence of parental supervision leaves these girls exposed to manipulation. Many enter relationships with adults who take advantage of their financial circumstances."

These findings demonstrate that economic vulnerability and lack of adult supervision contributed significantly to risky sexual behaviour. The findings are consistent with research by Susuman and Gwenhamo (2015), who found that adolescents in child-headed households are particularly vulnerable to pregnancy due to poverty, lack of parental monitoring, and limited reproductive health information. Likewise, UNICEF Zimbabwe (2023) and UNFPA Zimbabwe (2023) identified poverty, orphanhood,

and transactional relationships as major contributors to adolescent pregnancy in Zimbabwe (UNICEF, 2023; UNFPA, 2023). The findings also support evidence from the United States, where parental monitoring has been shown to significantly reduce adolescent sexual risk behaviours (Dittus et al., 2015). Adolescents who lack adult supervision are more likely to engage in high-risk sexual activities that result in unintended pregnancies (cdc.gov). The study found that child-headed households increase vulnerability to early pregnancy through inadequate parental guidance, poverty-driven transactional relationships, lack of reproductive health knowledge, and weak access to protective social support systems. Another theme that emerged was on effects of early pregnancies on adolescent girls. Participants described significant educational, emotional, and financial consequences resulting from early pregnancy.

Participant Rudo (Girl 15, Age 18) explained:

> *"I was forced to leave school when I became pregnant.* After becoming pregnant, *I stopped attending school because I was ashamed. I wanted to continue my education,* but caring for my baby became my priority. *I also had to look after my younger siblings."*

While participant Mavis (Girl 19, Age 17) described experiences of stigma:

> *"People in the community started talking badly about me. Some said I was a bad example to other girls. I felt ashamed and stopped attending community meetings."*

Participant Rutendo (Girl 18, Age 17) added:

> *"I never discussed reproductive health with anyone. We were embarrassed to ask questions at clinics because adults judged us whenever they saw us there."*

Similarly, Participant Anna (Girl 7, Age 16) stated:

> *"Life became harder after the baby was born. I was already taking care of my brothers and sisters, and now I had another child to support."*

Participant Faith (Girl 10, Age 17) reported:

> *"My dream was to become a nurse. When I got pregnant, I felt like my future had ended. I cried for many months."*

Participant Mavis (Girl 19, Age 17) explained:

> *"People in the community started talking about me. Some neighbours said I had failed in life. I felt isolated and depressed because nobody understood my situation."*

Participant Anna (Girl 7, Age 16) said:

> *"I was already taking care of three younger siblings before the pregnancy. After the baby came, everything became harder. There was never enough money for food."*

Participant Judith (Girl 1, Age 15) narrated:

> *"I experienced complications during pregnancy. There was no adult to accompany me to the clinic, and I was frightened most of the time."*

The social workers highlighted serious psychosocial consequences.

Social Worker 1 (Female, Age 45) remarked:

"Many pregnant adolescents from child-headed households experience anxiety, hopelessness, and low self-esteem. They often believe they have no future."

Social Worker 5 (Female, Age 40) observed:

"Pregnancy increases existing burdens. Instead of caring only for siblings, the girl now has an infant to support as well. The cycle of poverty becomes deeper."

Community leaders shared similar sentiments on the effects and social consequences of parental absence.

Community Leader 3 (Female, Age 49) added:

"We have seen several girls becoming pregnant because they sought financial assistance from older men after losing their parents."

Community Leader 1 (Male, Age 55) explained:

"In our community, child-headed households are among the most vulnerable families. These girls have nobody to monitor their activities or protect them from exploitation Many adolescent mothers struggle to return to school, even when policies allow them to do so."

Community Leader 2 (Male, Age 60) explained:

"Some girls withdraw from community activities after pregnancy because they feel judged by neighbours."

The results suggest that adolescent pregnancy exacerbates vulnerabilities of childheaded households. Those who become pregnant as girls experience a double burden of taking care of the child and coping with poverty and being out of school. This aligns with O'Leary's 2024 study, which revealed the high levels of stigma, mental health issues, and hindered school attendance experienced by adolescent mothers in the United Kingdom. Adolescent pregnancy by UNICEF and UNFPA Zimbabwe was also mentioned as the cause of school drop-out, poverty and fewer life-chances. The result was also supportive of the Ecological Systems Theory proposed by Bronfenbrenner and which posits that developmental outcomes are a result of interactions at the micro-level, or within the family, the mesosystem or community within which the family operates and the macro-system or larger society. Without support in the microsystem adolescent girls are at an increased risk of having adverse development outcomes. (simplypsychology.org). The research identified that the occurrence of early pregnancy led to dropouts of school, psychological stress, social stigma, greater responsibilities in caring for the baby, and reduced economic struggles. Strategies to lower early pregnancy in girls within childheaded households was the third theme. Participants suggested a mix of social, education and health-related interventions. These included mentorship programmes, enhanced social protection and enhanced reproductive health services.

Participant Linda (Girl 3, Age 14) explained:

"What we need are adults who can guide us. Even if they are not our parents, they can help us make good decisions."

Participant Patience (Girl 21, Age 17) also stated:

"Most girls get into relationships because they need money. If we received school fees assistance and food support, many pregnancies would be prevented."

Participant Grace (Girl 11, Age 16) observed:

> *"Young people are afraid of going to clinics because nurses sometimes judge them. And call each other to come and see us. We need services where young girls can ask questions freely."*

Social workers strongly advocated for targeted interventions.

A social worker, Participant SW3, added:

> *"Child-headed households need regular monitoring. Many girls become vulnerable because nobody is checking on their welfare or providing psychosocial support. Relatives do not seem to check on them."*

Social Worker 2 (Female, Age 42) added:

> *"Money transfers or food resources, psychosocial counselling, and educational support can significantly reduce pregnancy risks among vulnerable adolescents."*

Social Worker 4 (Male, Age 38) stated:

"Community mentorship programmes can provide substitute parental guidance for girls living without adults."

Community leaders emphasised collective responsibility. Community Leader 3 (Female, Age 49) explained:

"Communities should stop stigmatising girls and instead support them through mentorship and education. Us Africans are communal and one's child is you child too"

Community Leader 2 (Male, Age 60) noted:

> *"Traditional and religious leaders can play an important role in identifying vulnerable households before problems occur and referring them to elderly women for health care advice."*

The findings confirm that the social support mechanism can mitigate vulnerabilities of child-headed households. Throughout the Programme, participants repeatedly highlighted the importance of mentorship, financial support and A+SHS for adolescents. This finding is supported by evidence from the TPS in the United Kingdom, which showed that multi-faceted approaches to adolescent pregnancy involve education, healthcare access and social support and can reduce adolescent pregnancies (Skinner & Marino, 2016). Parental or mentor involvement and the use of youth support programmes also have been found to have positive effects on protective factors for youth to avoid engaging in risky sexual activity (cdc.gov).

6. Discussion

Results indicate that households headed by children bring about a culture of vulnerability where the children are in a state of poverty, lack control over their reproductive health and are involved in transactional relationships in which children with no parents. This aligns with evidence from Zimbabwe, where both UNICEF (2023) and UNFPA (2023) reported that being an orphan, having low reproductive health support and economic deprivation were among the important factors contributing to adolescent pregnancy. They also corroborate the findings and observations of Susuman and Gwenhamo (2015) who noted that adolescents in child headed households are likely to have greater risk of pregnancy as a result of poverty and inadequate supervision. In addition, U.S. studies have shown that parental monitoring remains a highly protective factor when it comes to adolescent sexual risk-

taking behavior (Dittus et al., 2015). The study identified transactional relationships for survival, the lack of guidance by adults, poverty, lack of understanding about reproductive health, and weak social protection mechanisms as the main drivers of child marriage due to early pregnancy for girls in child-headed households. It was found that early pregnancies led to school dropout, psychological distress, stigma, additional roles and responsibilities, increased likelihood of poverty, lowered educational opportunities, and lowered future aspirations. The study also identified potential interventions to decrease early pregnancies among vulnerable adolescent girls and women, which include strengthening social protection programmes, implementing mentorship schemes, enhancing access to adolescent friendly reproductive health services, reducing stigma and fostering greater community monitoring of child-headed households.

7. Conclusion

The study has postulated that lack of adult supervision plays a critical role in risking adolescent girls to early pregnancies as it deprives them of protective action and monitoring. Economic difficulties and transactional relations are a key determinant of unsafe sexual practices, with girls being subjected to transactional relations due to poverty. Both vulnerability and early pregnancy reinforce each other, as early pregnancies lead to leaving school, stigma, emotional suffering and increasing poverty, thus reinforcing disadvantage. Implementing targeted interventions, including mentorship, social protection and adolescent friendly reproductive health services, are key to mitigating risks and building resiliency among adolescent girls living in child headed households.

8. Recommendations

The study recommends strengthening social protection programmes for child-headed households, expanding mentorship and psychosocial support initiatives, improving access to adolescent-friendly reproductive health services, enhancing comprehensive sexuality education, reducing stigma associated with contraceptive use, and strengthening community-based child protection mechanisms.

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