Chapter 13- *"Sorry Parents, I Was Pregnant Unintentionally":* Apology Accepted, Parents Responded – A Case in Zimbabwe

Tinevimbo Shumba
Department of Psychology
Midlands State University
Zimbabwe

Dr. Munyaradzi Chidarikire,
Africa Centre for Inclusive Health Management
University of Stellenbosch
South Africa
https://orcid.org/0000-0003-3507-8329
Email: mchidas78@gmail.com

Abstract

The present qualitative study sought to: Explore the experiences of adolescent pregnant girls, and understand the nature of the parental response, focusing on the conditions that enabled them to accept forgiveness and the support offered. This study has been an attempt to fill the research gap on the importance of an empirical qualitative study that examines the process of forgiveness and re-integration among pregnant adolescents in the Zimbabwean family system. The study involved 15 participants (6 learners, 2 counsellors, 2 teachers, 4 parents and 1 Ministry of Primary and Secondary Education official) who were picked through the use of purposive sampling for data analysis through focus group discussions, informed consent and confidentiality obtained. One of the main findings identified that parental acceptance of the apology would be dependent on the adolescent demonstrating that they felt guilty, were willing to be guided and to continue to learn, and most parents reported being pleased, despite initial disappointment. The study suggests the need for the family-based counselling programme that can encourage open communication between parents and adolescents to foster forgiveness and lasting support systems.

Keywords: adolescent pregnancy, family support, forgiveness, parental response, Zimbabwe

1. Introduction and Background of the Study

In spite of the fact that adolescent pregnancy is a public health and education issue worldwide, sub-Saharan Africa is disproportionately affected by this. Teenage pregnancies remain stubbornly high in Zimbabwe with about 25% of adolescent girls becoming pregnant before they reach 18. (Chigona & Chetty, 2008). Social and economic circumstances may highly influence a family's and community's reaction to the situation, thereby affecting further life paths for young mothers. Unplanned pregnancy during adolescence is not just a health problem, but also a social problem as it intertwines with education, livelihood options, and family contexts (Jan & Bhat, 2025). The family unit, and the parent(s) in particular, is a key element in shaping the adolescents' reactions to their situations while pregnant. A number of studies have shown that the support of parents is a very important factor in the educational and psychological effects on teenage mothers (Jaffee et al., 2001). The way a teen communicates the news of her pregnancy to her parents may or may not include resistance, rejection, hostility or

acceptance. In many cases including Zimbabwe, pregnancy outside of marriage is often stigmatised and entails fear of telling others, and perhaps family disintegration (Saruchera & Chidarikire, 2024). There is increasing awareness, however, of the potential for family to be a source of strength and support when expected to do so in the context of empathy and understanding. The educational implications of adolescence pregnancy are serious. Stigma from teachers and peers, absenteeism as a result of pregnancy-related complications, and institutional policies that may disallow pregnant learners from continuing their studies are some of the barriers that hinder pregnant learners from seeking education (Marongedza et al., 2023). While the Government of Zimbabwe has introduced policies for pregnant girls to remain at school, these policies are not consistently implemented, especially in rural areas (Chikoko & Mwapaura, 2023). A re-entry policy for teenage mothers in neighbouring Zambia has demonstrated, that with adequate support, many young mothers are able to successfully rejoin and finish their education (Chiyota, 2020). Resilience is an important concept which has featured in understanding how adolescents respond to the pressures and difficulties of early pregnancy. Resilience has been recognized as an important factor in determining if pregnant adolescents are able to overcome the barriers they encounter (Duckworth et al., 2007), where resilience is defined as the ability to be able to adapt positively despite adversity. It has been found that resilience is not just an individual phenomenon but influenced by social and societal factors such as family support, attitudes in the community, and responsiveness from the institutions (Motsa & Morojele, 2017). The statement of one pregnant teen, "Through resilience, I decided to go back to school despite…," parallels the resolve of many teen mothers, as they demonstrate when they are given the right supports.

Parental responses to adolescent pregnancy are affected by various factors such as culture, religion and socio-economic status. The principle of (Ubuntu) or Hunhu within Zimbabwean culture places a strong emphasis on communal shared responsibility, strength, and unity with one another and within families (Mwapaura, 2024). Families in such a culture may be able to support or hinder pregnant adolescents according to how they view their responsibilities. Some parents might consider their daughter's pregnancy as vindication and enigma to the family, and might want to hide it; others might understand her situation and adopt an attitude of unconditional loving and supporting her (Umubyeyi, 2024). There is a lack of research literature in the fields of apology and forgiveness in relation to adolescent pregnancy in the family. Adolescents who receive parent's condolence for unexpected pregnancies are in the midst of social interaction which includes acknowledging the wrongdoing, expressing remorse and seeking mutual reconciliation (Folkman, 2020). Whether or not these apologies are accepted by the parents may be especially important for the adolescent's psychological soundness and life prospects. Studies in other settings have indicated that forgiving in families can heal and improve relationships, but little is known about what it involves for forgiving to take place in Zimbabwe with adolescent pregnancy (Hayes et al., 2006). Siblings' support for pregnant adolescents is another aspect which could be addressed. Although parents are usually the biggest decision maker and basis of support, siblings also offer emotional and practical support which could be essential for young mothers (Imbosa et al., 2022). Sometimes siblings can serve as intermediaries between the teen parent and her/his parents, helping to smooth communication and diminish conflict. The sibling bond may be a positive resource, depending on the initial response of parents or lack of support for talking about pregnancy issues, especially in certain cultures (Brede et al., 2017). Although Zimbabwe has come inroads in the education system in meeting the needs of pregnant learners, there are still a lot of barriers that need to be dealt with. Primary and Secondary Education policies are in place that in theory facilitate the return of pregnant girls to school, but are faced with a number of challenges such as limited resources, limited teaching and learning capacity, and stigma (Marongedza et al., 2023). However, rural schools are also confronted with further issues such as huge distances to school, absence of sanitation equipment, fewer counselling facilities (Das & Das, 2023). The structural challenges facing pregnant adolescents

compound their difficulties and highlight the need for holistic approaches to intervention to overcome them, both on individual and system levels. There are foreign experiences that are lessons for Zimbabwe. Elsewhere, for example in the United States and the United Kingdom, interventions that involve both educational supports and childcare services, coupled with counselling, have been effective for teenage mothers in finishing school (Carneiro et al., 2024). Conditional cash transfers have proven to have a positive impact on education in vulnerable groups in Brazil, such as adolescence in pregnancy (De Brauw et al., 2015). The examples here are indicative of the fact that multi-faceted responses are required to respond to the various complexities surrounding learners who are pregnant. The psychological effects of teen pregnancy are undeniable. The transition to motherhood has been associated with common challenges such as stress, anxiety, and depression, which can impact young mothers' coping resources and consequently their ability to meet parenting/educare demands (Echezarraga et al., 2024). This stigma of "teen mom" can also result in social isolation and a diminished sense of self, which can all lead to poorer mental health. Research has also demonstrated however that the negative impacts of these can be offset by resilience and social support, emphasising the need for family and community responses (Motsa & Morojele, 2017). Cultural issues, both traditional and modern, are key features of the Zimbabwean context which engender some specific difficulties and possibilities for pregnant adolescents. Traditional values also condemn out-of-wedlock pregnancies, but there is cultural pressure on education as a means of social mobility (Chikoko & Mwapaura, 2023). Sometimes mothers and fathers feel ambivalent about their feelings, particularly when there is a conflict between their cultural norms and their children's educational goals. It is important to have the understanding of these dynamics to design effective intervention that is culturally appropriate and responsive to local realities. The present study is taking place within this complicated landscape; it aims to comprehend the experiences of pregnant adolescents who had sought forgiveness from their parents: the nature of parents' forgiveness response. This research examines the circumstances when apologies were accepted and the support which was offered and intends to add to the creation of policies and programmes which would favour family-based support for pregnant adolescents. Research questions to address the study include:

1. What are the causes of unintended pregnancies among adolescents in rural Zimbabwe?
2. What are the effects of unintended pregnancies on adolescents' educational and psychological well-being?
3. What solutions can be implemented to support pregnant adolescents and facilitate their continued education?

2. Literature Review

Adolescent pregnancy has been the subject of a large body of research and policy making efforts in the United States for many decades. A key study by Edelman (2018) investigated how the enforcement of Title IX regulations affects pregnant and parenting girls' rights to an education. The study revealed that although pregnant students are legally entitled to protection from discrimination under federal law, there are significant differences between the protection afforded in various states and school districts. Edelman reports that the majority of schools are still excluding pregnant girls through informal practices which include pressure to change educational programme, or even making the school environment unfriendly in such a way as to make the girl feel compelled to withdraw. The study noted the disconnections between policy and practice with regards to ensuring the right of education access for pregnant learners even in the presence of formal re-entry policies. This disconnect between policy and practice is pertinent in Zimbabwe where re-entry policies have been drafted and implementation is inconsistent, especially in rural communities. A relationship between grit and the achievement of

education for adolescent mothers was investigated in another important study by Duckworth et al. (2007) from the United States, which examined the concept of grit and educational attainment among disadvantaged populations. In the results of the research, it has been determined that the perseverance and passion for the long-term goal are valid predictors of achieving academic success even socio-economic factors and cognitive ability were considered. The study proposed that interventions to increase "grit" would help enhance educational outcomes of vulnerable groups. Nevertheless, most research was carried out in urban areas and there is a lack of attention to the specific problems of rural communities – and sub-Saharan communities in particular. This gap highlights the need for research that will delve into the possibilities of using the concepts of 'resilience' and 'grit' in the rural context in Zimbabwe where there is a more notable structural hindrance to education.

In the United Kingdom, a great deal of research has been conducted on the effectiveness of support programmes for adolescent pregnancies and on how much of an impact social services play. Carneiro et al. (2024) have undertaken a detailed analysis of the effects of the Sure Start programme on education outcomes of children from disadvantaged families, including those born to teen parents. The study revealed that integrated services to children facilitated higher levels of education and a lower risk of being excluded from school. It emphasized the critical need for early intervention and for providing comprehensive assistance that meets the various needs of young families. But the study's emphasis on the outcomes of early childhood resulted in its not paying attention to the pregnant adolescent or the family experiences from which his or her educational pathways emerge. The magnitude of this gap is important within the Zimbabwean context which depends heavily on family social support networks on the ability for young mothers to pursue their education. A further study in UK by Brede et al (2017) investigated the experience of autistic pupils who were excluded from school and their reintegration. Although the study was based on a different population, these findings concerning the significance of supportive relationships, personalized interventions and reducing stigma can be adapted to the perspective of pregnant adolescents. The research showed that good relationship dynamics between the student, teacher, and family and access to suitable support services are a key factor in successful reintegration. The study emphasised that schools have an important role to play in building an inclusive setting where different needs are catered for and stigma is minimised. This is especially pertinent in Zimbabwe where stigma has been identified as a major challenge affecting pregnant girls' participation in education (Saruchera & Chidarikire, 2024).

Studies on adolescent pregnancy in Botswana have focused on cultural norms, education and health. Umubyeyi (2024) undertook a research project on reducing teenage pregnancies in South African schools including lessons from Botswana. The study revealed a vast influence of the cultural background regarding access to sexual information, taboos around sexuality, and lack of comprehensive sex education, as regards adolescents' access to services. Research findings indicated a need for culturally responsive approaches which involve community leaders and parents in making meaningful conversations on adolescent sexual health. But studies were mainly on prevention, with an emphasis on the absence of the pregnant adolescents' and families' experiences post-pregnancy. The current study specifically focuses on parental responses and family support of adolescent pregnancy, thus addressing this gap. Motsa and Morojele (2017) conducted a study in Botswana that explored narratives of resilience of learners in a rural primary school in Swaziland, and other comparable studies from across the Southern African region. The study revealed some factors such as family support, teacher encouragement, and community attitudes influencing the resilience. The study emphasized that positive relationships contribute to resilience, and recommended that interventions pay attention to building positive relationships as well as individual capacity-building. The study however did not specifically mention pregnant adolescents and this prevented a detailed understanding of resilience in the context

of early pregnancy. The current study aims at filling that gap by investigating the importance of family support, especially parents' responses in the development of resilient pregnant adolescents in Zimbabwe.

Studies in South Africa have focussed on the adjustment of adolescent mothers returning to school and the extension of re-entry policies. Chigona and Chetty (2008) have undertaken an important study on the issues of teen mothers and schooling in South Africa; it shows the gaps and challenges that teen mothers experience in the educational system. The study revealed that policies were in place to address the re-entry of pregnant learners; however, the stigma attached to pregnancy, lack of support services and teachers' attitudes were the barriers to implementation. The study emphasised the need for holistic interventions which would cover both practical and psychosocial aspects of young motherhood. The study was performed in both urban and peri-urban areas, however, and might not fully reflect the situation of populations living in rural areas where access to services is less available. The topic of this current study is that current situation is handled by concentrating on rural Zimbabwe. A significant South Africa study by Imbosa et al. (2022), looked at re-entry policy and retention of expectant learners and adolescent girls who are parents in public secondary schools in Kenya, bringing some comparative perspectives from the Southern Africa region. It was also discovered that the services, or re-entry policies as they were called, were not well implemented, lacked teacher training, and were accompanied by stigma. The study revealed the need for multi-stakeholder interventions, by incorporating parents, teachers and community leaders to support pregnant adolescents. The research, however, did not distinguish between the effects of family contexts, and family responses to adolescent pregnancy in particular. The current study attempts to fill this void by focusing on (1) the nature of the parents' responses and (2) the conditions under which forgiveness and support is extended.

The profile of adolescent pregnancy in Zimbabwe has been explored in relation to issues and opportunities to support young mothers in the education system. Marongedza et al., (2023) carried out a study on the institutional factors that influence the performance of secondary school learners in rural areas of Zimbabwe. It revealed significant role of pregnancy in school drop-out, especially for girls and limited resource monitoring and provisioning of support for the needs of pregnant learners in the schools. The study identified the necessity to invest more in policy interventions that tackle the structural challenges facing education, namely: the distance to school, absence of sanitation facilities and poor teacher training. But this study mainly investigated the institutional factors at the expense of family dynamics, and so research into family dynamics, specifically parental support, was limited to understand how educational continuity is possible through such support. Saruchera and Chidarikire (2024) did a research on promoting inclusive policies to support pregnant grade 6 learners in Zimbabwe. The study revealed that pregnant learners were faced with numerous challenges to sustain learners such as stigma, discrimination, no adequate support services etc. The study revealed a need for policy changes that are inclusive and address the needs of the pregnant students. The influence of the family dimension of support, however, was not sufficiently investigated including parental responses that may have influenced pregnant adolescents' outcomes. This study sought to fill this gap by exploring the experiences of the pregnant adolescents and patterns of parental responses that could be used as inputs to the policy and practice. The review of literature shows that much has been written about adolescent pregnancy in different contexts; despite this, there is a glaring gap in knowledge regarding the particular nature of parental responses and family support and its implications in Zimbabwe. While the majority of developmental assets studies have been at the policy, institutional or individual level, there is limited research on how family-level interactions will impact on pregnant young people's experiences. This study focuses on filling this gap by compiling empirical findings of the experience of forgiveness-

seeking pregnant teens and the conditions for when forgiveness was accepted and support rendered by their parents.

3. Theoretical Framework

This study is grounded in resilience theory as expounded by its subscribees Emmy E. Werner & Ruth S. Smith (1982). Werner and Smith's groundbreaking longitudinal study of high-risk children in Kauai, Hawaii, Resilience theory offers a comprehensive framework for understanding why people can succeed in spite of many difficulties. Resilience is not an inherent characteristic, rather it is a process of interaction between individual characteristics, family environment and wider social context. The first principle of Resilience Theory is that there are a variety of protective factors at several levels that can buffer the impact of the risks. Socio-economic disadvantage, education discontinuity and stigma are the risk factors of adolescent pregnancy. Examples of protective factors include positive family relationships, access to education and community support. This tenet is relevant to this research, which focuses on the ameliorative impact of parental reactions and family support as protective factors against the negative impact of experiences of an unwanted pregnancy. The second is that supportive relationships, especially with family members and other caring adults promote resilience (Marongedze, et al, 2024). Werner and Smith's study showed that at-risk children might benefit immensely from the presence of at least one positive adult in their lives. This tenet is quite relevant to the present study which looks at the nature of parental responses, and when forgiveness and support are being offered. The study postulates that supportive parenting of adolescents also acts as a very important protective factor for the adolescent at risk.
Third is that resilience is the ability to adapt, that is, adapt positively, appropriately, to stressors, circumstances, events – that takes an individual's own third part and the environment's third part (Imbosa et al. 2022). This tenet recognizes that individuals' determinations may be significant but are not enough alone without social and institutional support.

Furthermore, this principle applies to this study because it acknowledges that a very important determinant of the extent of the resilience that pregnant adolescents exhibit when they return to school is the support that they are given by their families and schools. The fourth tenet is that resilience is culturally situated and therefore the context in which it occurs needs to be understood. Although Werner and Smith's studies were based in a western context, post this, it has been shown that. How resilience develops and looks like culturally differs. This tenet is necessary to consider in the Zimbabwe case as the socio-cultural norms regarding family, sexuality and education influences pregnant adolescent and family's experiences. We suggest that the Resilience Theory will be useful in understanding the lives of the pregnant teens who sought forgiveness from parents. This study demonstrates that pregnancy is one of the major risk factors that puts adolescents at risk of ending their schooling and compromising their psychological health. But the amount of parental reaction to the teen's apology and the support given by the parents can serve as a protective factor and reduce these risks.

The current study explores the role of parent's reactions in influencing adolescent's positive adjustment to the problems of initiation of her pregnancy. Mutual forgiveness and emotional support and assistance from parents help build conditions for resilience. This can involve helping the young person to stay on in school, child care benefits, and emotional support. On the other hand, if rejecting or hostile, parents could exacerbate the adolescent's problems and restrict their ability to cope resiliently. The theory also emphasizes how a resilient person's surrounding social environment contributes. For instance, in Zimbabwe, Patriarchal cultures in regard to family honour coupled with stigma create a culture that affects parental responsive. The study looks at the interplay of these cultural factors with

individual/family-level dynamics for its influence on pregnant adolescents' outcomes. In this study, the Resilience Theory is used to better understand the factors that support or impede successful reintegration of pregnant teens with families and school.

4. Research Methodology

4.1 Research Paradigm

This study was grounded in the interpretivist paradigm that sees social reality as created by the meanings and interpretations given by individuals to their experiences (Mwapaura, 2024). The interpretivist paradigm is suitable for this study because it aims to provide insight into the subjective experiences of pregnant adolescents and their families to explain, rather than determine the objective causal associations in pregnancy outcomes. By using this paradigm, it enables the meanings that participants feel and give to their experiences of apology, forgiveness and support to be explored in a way that will present rich qualitative data to inform policy and practice.

4.2 Research Approach

In this study, qualitative research approach prevailed as a method of research because consistent with the interpretivist paradigm. Qualitative research is well equipped to better elucidate any aspect of life that is seen as complex social phenomena and to get a true and detailed picture of what participants had to say for themselves (Chikoko & Mwapaura, 2023). This will enable obtaining information that is relevant to and in-depth for the participants, reflecting on the particularities and richness of their experience and the meanings they form. Use of the qualitative approach will be relevant to this study, since it makes it possible to investigate family dynamics and parental reactions in an in-depth manner, which will influence pregnant teenagers in order to understand the ways that will affect pregnancy and childbirth outcomes.

4.3 Research Design

In this study, the research design used was case study research, a research that focuses on the in-depth study of a phenomenon in the context of real life (Hassan et al., 2024). The case study design is suitable for this study because it will enable in-depth examination of pregnant adolescents and their families' experiences in the context of the socio-cultural norms in rural Zimbabwe. Such a design will allow the researcher to account for various factors affecting parents and gain a more holistic picture of familial dynamics.

4.4 Data Collection Methods

Focus group discussions were used to elicit information to delve into shared experience and gain more detailed qualitative information that could be elicited from the group dynamics (Agarwal et al., 2024). A total of two focus groups were held with about 7-8 people in each. Participants were asked to share their experiences of adolescent pregnancy; how parents reacted to this pregnancy; and the context in which they accepted apologies. These were explored in a semi-structured interview schedule guided focus group discussions. Focus groups were held in participants' local language, Shona, to ensure open communication and all groups were audio-recorded with the consent of the participants.

4.5 Sampling Technique and Sample Size

Therefore, using the technique of purposive sampling, participants were chosen for their ability to provide in-depth and relevant insights into the research questions being addressed (Akwero, 2023). This study sampled 15 participants including 6 learners (pregnant learners/those who had just given birth), 2 Counsellors (a community counsellor and a school-based counsellor), 2 Teachers, 4 Parents (parents of pregnant adolescents) and 1 Official of Primary and Secondary Education from the Ministry of Primary and Secondary Education of Primary and Secondary Education. These participants were chosen due their particular point of view and experiences. The learners gave personalised experiences about their pregnancy and the response of parents. The counsellors provided information on the needs for psychosocial support during pregnancy. The teachers gave an insight into the issues of education and the responses given by the institutions. Parents provided information about family relations and how they reacted towards their daughters' pregnancies. The official from the Ministry of Primary and Secondary Education presented insights on policy-level support provided for pregnant learners.

4.6 Data Analysis

The data obtained was analysed using thematic analysis with the six phases of thematic analysis as described by Braun and Clarke (2006). The initial phase of work was data familiarisation, this involved transcribing the audio data verbatim and multiple reading of the transcripts in order to become familiar with the content of the data. The second step was generating preliminary codes from the data systematically selecting interesting aspects of the data that related to the research questions. The third step was to search for themes, that is, to group codes into possible themes that revealed important patterns in the data. The fourth step was the analysis of the themes which involved review of the themes to determine that they were coherent, and to see if they represented the data correctly. The 5th step was identifying theme and naming, where the "what is specifically said" in each theme was identified and explained. The final step was report production, which included picking out impressive examples to insert within a story line that tackled the research questions.

4.7 Trustworthiness

Member checking was done to check the correctness and credibility of the interpretation of the results by presenting the results to the participants. Participants were allowed time to offer comments on the results and corrections or clarifications, where applicable. This process helped to give credence to the findings by making sure that the findings truly represent their experiences and perspectives.

4.8 Ethical Considerations

No detail was overlooked regarding the ethical issues related to the research. All the participants were informed of the study purpose and nature of participation and that they were free to withdraw from the study anytime without any penalty (Mwapaura, 2023). In addition, parental consent was obtained in the case of participants under the age of 18. As an example, the participants' identities were protected by using pseudonym terms in order to maintain confidentiality while providing them with the opportunity to express their own feelings and experiences in discussing various aspects of their existence. The researcher stated that the goal of the study, would be to inform policy and practice and not to judge or evaluate the participants and was purely academic. Researchers further guaranteed that any participant's answer would not be disclosed to any other people who might use it against them or to school authorities.

5. Discussion and Findings

5.1 Theme 1: Causes of Unintended Pregnancies Among Adolescents

This theme explores the factors that contributed to unintended pregnancies among the adolescent participants in this study. Understanding the causes of these pregnancies is essential for developing effective prevention strategies and for understanding the context in which parental responses occur. The theme encompasses individual, family, and societal factors that increase adolescents' vulnerability to unintended pregnancy. Following are the participants' responses,

Participant Learner Long, Age 16 observed that,

I did not plan to get pregnant. It just happened. My boyfriend and I were in love, and we did not think about the consequences. We did not have information about contraception because at school they only teach us about abstinence. My parents never talked to me about sex, so I did not know how to protect myself.

More so, Participant Learner Tariro, Age 15 shared that,

I got pregnant because I was pressured by my boyfriend. He said if I really loved him, I would sleep with him. I was scared to say no because I thought he would leave me. I did not know about family planning methods. When I missed my period, I was so scared. I did not know who to tell.

Additionally, Participant Parent Mrs. Moyo, Age 45 was of the view that,

I think the main cause is lack of communication between parents and children. We are afraid to talk about sex with our children because we think it will encourage them to have sex. But the result is that they learn from their friends or from the internet, and they get wrong information. My daughter got pregnant because she did not know how to protect herself.

Analysis of the data shows that the problem of unintended pregnancy experienced by adolescents is caused by several factors namely the failure to provide comprehensive sex education, peer pressure, and less family communication between parents and children. The results align with other studies that have noted that there is a lack of information and cultural taboos as a major issue in dealing with adolescent sexual health (Umubyeyi, 2024). The testimonies of the participants point out the lack of knowledge in sex education that fails to equip children and adolescents with the necessary information about sex, especially from the perspective of protecting them. The result is congruent with Das and Das (2023) who concluded that distance to school and information inaccessibility were major barriers related to adolescent reproductive health in rural areas. Findings also suggest that peer influences have a role to play when it comes to sexual behavior in lieu of adolescents. The power differentials typical of adolescent relationships meant participants reported being pressured by their partners to participate in sexual activity. This is in line with the study Jan and Bhat (2025) that revealed gender dynamics and power relations are of considerable influence on sexual behaviour during adolescence. Results also indicate the significance of talking to their parents, and that participants' parents had not talked to them about sexual health. The lack of communication is linked to culture values that are stigmatising speaking about sexuality, leaving adolescents lacking and therefore ill-equipped in dealing with sexual relationships (Chigona & Chetty, 2008). The results from the theme shows the causes of adolescent's unintended pregnancy in rural Zimbabwe are multi-faceted with individual, relational and systemic

contributing factors. There is also a lack of adequate sex education, especially in schools, which deprives adolescents of acquiring the knowledge necessary to make informed decisions on sexual health (Saruchera & Chidarikire, 2024). Peer pressure and power dynamics in peer relationships also exacerbate this vulnerability. Parental silence about sexual issues may be a result of cultural taboos against speaking about sex, and may result in adolescents seeking knowledge that is often inaccurate from friends or the Internet.

5.2 Theme 2: Effects of Unintended Pregnancies on Adolescents

This theme explores the effects of unintended pregnancies on the adolescents' educational and psychological well-being. Understanding these effects is essential for comprehending the challenges that pregnant adolescents face and the importance of parental support in mitigating these challenges. Below are participants' responses,

The Participant Learner Chipo, Age 17 narrated that,

When I found out I was pregnant, I thought my life was over. I was so scared to tell my parents. I stopped going to school because I was ashamed. My friends started talking about me, and the teachers looked at me differently. I felt so alone.

Furthermore, Participant Teacher Mr. Dube, Age 38 explained that,

I have seen many girls drop out of school because of pregnancy. They are often stigmatised by other learners and sometimes by teachers as well. They lose their confidence and feel that they have no future. Some of them try to come back after giving birth, but they find it very difficult to catch up with their studies.

Lastly, Participant Counsellor Mrs. Zhou, Age 42 noted that,

The psychological effects of early pregnancy are often overlooked. These girls experience high levels of stress, anxiety, and depression. They feel guilty and ashamed, and they often blame themselves for what happened. Some of them develop low self-esteem and feel that they are not worthy of love or support. This affects their ability to cope with the demands of parenthood and education.

Results indicate the negative impacts of unintended pregnancy on adolescent educational and psychological outcomes are tremendous. The participants' shared experiences included feelings of stigma, shame and social isolation, resulting in school drop-out and diminished education expectations. This is similar to what has been discovered by Marongedza et al., (2023) who indicated pregnancy as a major determinant factor of school dropout, particularly among girls in rural Zimbabwe. The negative stigma attached to early pregnancy makes the school an unfriendly environment that deters pregnant girls from going back. Psychological issues are equally important and participants reported high levels of stress, anxiety and depression during early gestation. This is consistent with the results of Echezarraga et al. (2024) noticing that adolescent pregnancy is linked to the psychological distress. Participants' experiences of guilt and shame are indicative of the internalization of the stigma and how this can impact on sense of self-esteem or self-worth. Teachers' role in perpetuation of the stigma is also apparent: sometimes teachers were said to be contributors to the hostile environment. This is problematic as it is the teacher's job to provide support and encouragement for everyone. The results of this theme show that unplanned pregnancies have detrimental impact on adolescents' educational as

well as psychological functioning. The stereotype surrounding early pregnancy results in barriers to further education, causing dropouts in school and decreased educational aspirations among learners (Saruchera & Chidarikire, 2024). Psychological impacts are stress, anxiety, depression low self-esteem which in turn has long-term implications for the adolescents' mental health and life chances. This role of teachers in either reducing or enhancing such effect brings in the need for the teacher training and awareness programmes or programmes for teachers.

5.3 Theme 3: Solutions for Supporting Pregnant Adolescents

This theme explores the solutions that can be implemented to support pregnant adolescents and facilitate their continued education. The theme encompasses family-level, school-level, and policy-level interventions that address the challenges faced by pregnant adolescents. Following are the participants' responses,

Participant Parent Mr. Ncube, Age 50 noted that,

When my daughter told me she was pregnant, I was very angry at first. But then I realised that being angry would not help. I accepted her apology and told her that I would support her. I encouraged her to continue with her education. I told her that her life was not over and that she could still achieve her dreams.

Additionally, Participant Ministry of Primary and Secondary Education Official Mrs. Makoni, Age 48 expressed that,

The Ministry of Primary and Secondary Education has policies that support the re-entry of pregnant girls into schools. However, implementation is a challenge, especially in rural areas. We need more resources and training for teachers. We also need to work with communities to reduce stigma and create supportive environments for pregnant learners.

Lastly, Participant Learner Rutendo, Age 16 said,

My parents supported me a lot. They accepted my apology and encouraged me to go back to school. They helped me with childcare so that I could continue with my studies. My mother talked to me and told me that I was still loved and that my future was not ruined. This gave me the strength to carry on.

The data indicate that parental support can play a key role in the continuation of education of a pregnant adolescent. Participants shared how they were able to return to school and keep their hopes alive for education through parental acceptance, emotional support and practical help. Family support found in this study aligns with a study conducted by Motsa and Morojele (2017) who established that one of the main protective factors that promote resilience among vulnerable learners is family support. A practical obstacle confronting the continuation of the education had an important effect on the role of parents to give assistance with childcare. The results also underscore the need for policy interventions; the Ministry of Primary and Secondary Education official mentioned the presence of re-entry policies that encompasses the inclusion of pregnant girls in school (Dube, 2020). But the blockages in implementation that the official pinpoints are part of a larger set of systemic issues brought up by blockages, particularly issues of resources and teacher capacity. This is consistent with the results obtained by Chiyota (2020) that the success achieved by re-entry policies can be curtailed due to a lack of implementation and stigma (Saruchera & Chidarikire, 2024). Similarly, there was a need to make

community-level interventions to reduce stigma – with participants describing impacts of stigma on educational and psychological welfare. The results of this theme suggest that positive parenting behaviours—acceptance, emotional support and practical support—play a pivotal role in supporting pregnant teens' ongoing schooling (Muza et al, 2020). The policy interventions, such as re-entry policies and teacher training, are equally significant but more implementation issues and lingering stigmas limit their impact. The results suggest that more comprehensive approaches are required that tackle the issue at several levels, including interventions at the level of the family, in the school context and policy change.

6. Conclusion

The objective of this qualitative study was to investigate the experiences of adolescents who became pregnant and sought forgiveness from their parents as well as the nature of parents' response in a rural setting in Zimbabwe. The results show that adolescents experience unintended pregnancies due to multiple causes such as insufficient parent-adolescent communication, peer pressure and less than adequate sex education. Such pregnancies bear many consequences on the educational and psychological well-being of adolescents such as stigmatisation, school dropping out, stress, anxiety, low self-esteem, etc. But positive parental reactions, such as taking apologies and offering emotional and instrumental assistance can counteract these negative influences and help education to resume. It also emphasizes the need for policy level interventions such as re-entry policies and teacher training, as well as community level interventions that offer to decrease stigma. The Resilience Theory works as a helpful framework to explain the variables which suppression or promote the successful reintegration of pregnant adolescents into their families and schools. The study adds to the literature on adolescent pregnancy in Zimbabwe, and offers information that can be used to guide policy and practice.

7. Recommendations

7.1 Recommendations for Learners

Pregnant adolescents should be encouraged to communicate openly with their parents about their pregnancies and seek support, rather than concealing their situations out of fear or shame. Additionally, learners should be provided with comprehensive sex education that includes information on contraception, sexually transmitted infections, and the consequences of early pregnancy. Lastly, peer support groups should be established in schools to provide emotional support and practical advice for pregnant and parenting learners.

7.2 Recommendations for Teachers

Teachers should receive training on how to support pregnant learners and create inclusive classroom environments that reduce stigma and discrimination. More so, schools should develop clear policies on the treatment of pregnant learners, including provisions for flexible attendance and catch-up programmes. Lastly, teachers should be encouraged to serve as mentors and role models for pregnant learners, providing encouragement and guidance.

7.3 Recommendations for Parents

Parents should be encouraged to maintain open communication with their children about sexual health and relationships, providing accurate information and guidance. Moreover, parents should be supported to respond to their children's pregnancies with empathy and acceptance, recognising that punitive responses can exacerbate the negative effects of early pregnancy. Lastly, family-based counselling programmes should be established to facilitate communication and support within families dealing with adolescent pregnancy.

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

The Ministry of Primary and Secondary Education should strengthen the implementation of re-entry policies for pregnant learners, ensuring that schools have the resources and capacity to support these learners effectively. On the other hand, the Ministry of Primary and Secondary Education should develop and implement comprehensive sex education programmes that are age-appropriate and culturally sensitive. Lastly, the Ministry of Primary and Secondary Education should invest in teacher training programmes that equip teachers with the skills to support pregnant learners and create inclusive learning environments.

7.5 Recommendations for Counsellors

Counsellors should provide individual and group counselling for pregnant adolescents, addressing their psychological needs and helping them develop coping strategies. Furthermore, counsellors should work with families to facilitate communication and support, helping parents to respond to their children's pregnancies with empathy and acceptance. Lastly, counsellors should advocate for the rights of pregnant learners within schools and communities, challenging stigma and promoting inclusive policies.

8. References

Agarwal, S., Kayal, S., Tripathi, N., & Pal, S. (2024). A study of the Facebook page of 'Kanya Shiksha Pravesh Abhiyan' for promotion of women education. *Vivekananda Journal of Research,* 14(1), 68–76. https://doi.org/10.61081/vjr/14v1i109

Akwero, P. (2023). *Educating a girl child: Community perceptions on educating girl children in rural Uganda [Master's thesis].* Norwegian University of Life Sciences.

Brede, J., Remington, A., Kenny, L., Warren, K., & Pellicano, E. (2017). Excluded from school: Autistic students' experiences of school exclusion and subsequent re-integration into school. *Autism & Developmental Language Impairments*, 2(4), 34–56. https://doi.org/10.1177/2396941517737511

Carneiro, P., Cattan, S., & Ridpath, N. (2024). *The short-and medium-term impacts of Sure Start on educational outcomes.* Institute for Fiscal Studies.

Chigona, A., & Chetty, R. (2008). Teen mothers and schooling: Lacunae and challenges. *South African Journal of Education,* 28(2), 261–281. https://doi.org/10.15700/saje.v28n2a174

Chikoko, W., & Mwapaura, K. (2023). Challenges and opportunities for child-sensitive social protection programmes in Zimbabwe. *Journal of Social Development in Africa*, 38(2), 1–30.

Chikoko, W., Mwapaura, K., Zvokuomba, K., Kabonga, I., & Chinyeze, P. (2022). Contemporary social protection programmes among the vulnerable elderly in Zimbabwe: Review of the capability approach. *Journal of Public Policy in Africa* (JOPPA), 9(2), 23–36.

Chiyota, N. (2020). *Implementation of a re-entry policy for teenage mothers in Zambian secondary schools [PhD thesis]*. Pretoria. University of Pretoria, South Africa.

Das, B., & Das, A. (2023). Is distance to secondary school a barrier to secondary and higher education in India? *Millennial Asia*, 14(1), 102–126. https://doi.org/10.1177/09763996211035073

De Brauw, A., Gilligan, D. O., Hoddinott, J., & Roy, S. (2015). The impact of Bolsa Família on schooling. *World Development*, 70(1), 303–316. https://doi.org/10.1016/j.worlddev.2015.02.001

Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, 92(6), 1087–1101. https://doi.org/10.1037/0022-3514.92.6.1087

Echezarraga, A., Las Hayas, C., López de Arroyabe, E., & Jones, S. H. (2024). Resilience and recovery in the context of psychological disorders. *Journal of Humanistic Psychology*, 64(3), 465–488. https://doi.org/10.1177/0022167819851623

Edelman, M. (2018). *Assessing the department of education's proposed 2018 revisions to its regulations under title IX of the education amendments act*. Accessed 3 September 2026 from: https://doi.org/10.2139/ssrn.3306639

Folkman, S. (2020). *Stress: Appraisal and coping. In N. B. Anderson (Eds.), Encyclopedia of behavioral medicine (pp. 2177–2179*). London. Springer International Publishing.

Hassan, N. A., Singh, D., & Hassan, R. M. (2024). Validation of energy conservation behaviour for Malaysia university students using exploratory and confirmatory factor analysis. *Educatum Journal of Social Sciences,* 10(10), 104–115. https://doi.org/10.37134/ejoss.vol10.2.10.2024

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1–25. https://doi.org/10.1016/j.brat.2005.06.006

Imbosa, L. L., Majanga, E., & Ouda, J. B. (2022). Re-entry policy and retention of expectant students and teen mothers in public secondary schools in Vihiga Sub-County, Kenya. *International Journal of Education and Research*, 10(2), 1–16. https://www.researchgate.net/publication/359495548

Jaffee, S., Caspi, A., Moffitt, T. E., Belsky, J. A. Y., & Silva, P. (2001). Why are children born to teen mothers at risk for adverse outcomes in young adulthood? Results from a 20-year longitudinal study. *Development and Psychopathology*, 13(2), 377–397. https://doi.org/10.1017/s0954579401002103

Jan, S., & Bhat, B. A. (2025). *Teenage pregnancy and health implications. In S. Jan & B. A. Bhat (Eds.), Social, political, and health implications of early marriage (pp. 327–340).* London. IGI Global Scientific Publishing.

Marongedza, L., Hlungwani, P. M., & Hove, P. (2023). Institutional constraints affecting secondary school student performance: A case study of rural communities in Zimbabwe. *Cogent Education*, 10(1), 21–37. https://doi.org/10.1080/2331186X.2022.2163552

Motsa, N. D., & Morojele, P. J. (2017). Narratives of resilience among learners in a rural primary school in Swaziland. *Education as Change*, 21(1), 155–173. https://doi.org/10.17159/1947-9417/2017/1081

Mwapaura, K. (2023). 'Nothing for us without us': The deployment, access and impression of voting process towards full inclusion of people with disabilities in Zimbabwe. Brief Note. *Journal of Social Issues in Non-Communicable Conditions & Disability*, 2(1), 139–140. https://sinccd.africasocialwork.net/brief-note/

Mwapaura, K. (2024). *Strategies that can be adopted to ensure ethical communication before, during and after crises and disasters in Zimbabwe (Chapter 29).* In E. Jakaza, H. Mangeya, & I. Mhute (Eds.), The Palgrave Handbook of Language and Crisis Communication in Sub-Saharan Africa. London. Palgrave Macmillan.

Saruchera, M., & Chidarikire, M. (2024). Promoting inclusive policies to support pregnant grade 6 adolescent learners in Zimbabwe: Implications and solutions. *Educational Administration: Theory and Practice, 30(11)*, 578–592. https://doi.org/10.53555/kuey.v30i11.8237

Umubyeyi, B. S. (2024). Curbing teenage pregnancy in South Africa's schools. Dhaulagiri *Journal of Sociology and Anthropology*, 18(2), 35–45. https://doi.org/10.3126/dsaj.v18i2.73315