Chapter 16: No Access to Morning After Pills precipitates unintended Pregnancies among learners in rural Zimbabwe

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Abstract

To gain deeper understanding of the experience of adolescent girls who experienced unwanted pregnancy because of shortage of EC, barriers to access to EC, and what it means to be pregnant without access to EC in rural Zimbabwe, a qualitative study was conducted. This study seeks to address the research gap which is the lack of empirical qualitative evidence on the specific barriers to access to EC and how these barriers contribute to adolescent pregnancy in rural Zimbabwean settings. Through focus group discussions, 15 participants (6 learners, 2 counsellors, 2 teachers, 4 parents and 1 Ministry of Primary and Secondary Education of Primary and Secondary Education official) who were purposively sampled provided data that was thematically analysed and informed consent and confidentiality were assumed. An important discovery focused on whether people could access morning after pills, which was found to be a function of geographical location of health facilities, cost, lack of knowledge about the service, and fear of stigma from health providers, and which ultimately led to preventable pregnancies and educational and psychological outcomes. It is suggested to implement ECPs in the community and conduct awareness campaigns to enhance access and overcome the stigma.

Keywords: adolescent pregnancy, emergency contraception, morning-after pill, rural access, Zimbabwe

1. Introduction and Background of the Study

Reproductive health services should include access to emergency contraception (EC), also called 'morning after pills' (MAP), and are available to help prevent unintended pregnancy after unprotected sex or if contraception fails. The accessibility to ECP is restricted like in Zimbabwe, especially for adolescents in rural communities (Jan & Bhat, 2025). Lack of access to these basics medicines plays a large role in adolescent pregnancy rates which are high in the country and there are geographical, economic and informational barriers that impact the adolescent girls in rural areas especially. Emergency contraception is a time critical intervention so it needs to happen within 72-120 hours of unprotected sexual intercourse. Access to the window for the use of emergency contraception for adolescents in rural Zimbabwe is frequently missed because of the too far distance to the health facilities, low availability of the correct information on availability and use, lack of transport and high cost of the product (Das & Das, 2023). The implications are significant, so many adolescents end up

getting pregnant because they were not able to get to a place to get Emergency Contraception in time. The access of EC in rural Zimbabwe is complex and multifaceted and mirrors access issues in the health system as a whole. Services in rural health facilities are generally poorly resourced and key drugs (including emergency contraceptives Chikoko & Mwapaura, 2023) are often unavailable. The distance to health facilities can be great and many of the adolescents traveled long distances on foot and by unreliable public transport. Although the medication is relatively inexpensive, it may be too much for teenagers who don't have a lot of cash to pay for it, and who don't want to ask their parents for it. Important are also information gaps – lack of knowledge about emergency contraception, its mechanism of action, its time limits and where it can be accessed (Umubyeyi, 2024). The stigma of adolescent sexuality and contraception may also be a barrier as adolescents may feel that members of the community and health care workers may judge them if they choose to use emergency contraception. Sometimes, emergency contraception will not be given to teenagers by health professionals, because of their personal beliefs or misconceptions about emergency contraception. Educational implications are also significant as many young people have been forced to leave school withless and feel compelled to drop out because of stigma, lack of support, and challenges in accessing school, which are, more often than not, related to the need to look after children born as the result of unplanned pregnancies (Marongedza et al., 2023). Psychological effects are also noteworthy: adolescents of unintended pregnancies face stress, anxiety and depression (Echezarraga et al., 2024). Therefore, the absence of emergency contraception affects not only immediate health but has far-reaching implications as well. Even though there are policy statements in the Zimbabwean health policy framework on the provision of emergency contraception, the implementation is not consistent, especially in rural areas (Mwapaura, 2024). The provision of EC at primary care health facilities has been encouraged; however, there are involvement challenges such as supply chain, healthcare provider capacity-building and community awareness. Pharmacies and community health workers also have been considered ways in which emergency contraception could be made available; however, their effectiveness has been restricted by regulatory and logistics issues. The lessons learnt from international experiences are useful for Zimbabwe. EC access is much greater in countries like the United States and United Kingdom where it can be bought without a prescription in pharmacies (Carneiro et al., 2024). Emergency contraception (EC) has already been promoted through the Bolsa Família programme in Brazil (De Brauw et al., 2015). As illustrated by these examples, a multipronged strategy is needed to overcome the challenges of accessing EC in rural Zimbabwe.

The current study is guided by the following research questions:

1. What are the causes of unintended pregnancies among adolescents in rural Zimbabwe, particularly related to lack of access to emergency contraception?
2. What are the effects of unintended pregnancies resulting from lack of access to emergency contraception on adolescents' educational and psychological well-being?
3. What solutions can be implemented to improve access to emergency contraception and prevent unintended pregnancies among adolescents in rural Zimbabwe?

2. Literature Review

Much of the work on access to EC in the United States has focused on how availability over the counter affects rates of pregnancy. Edelman (2018) explores the implications of Title IX on pregnant and parenting students, including that with access to emergency contraception, the number of students becoming pregnant would decrease and would prevent many unwanted pregnancies. The study showed that factors such as age requirements, cost, etc. which prevent easy access to emergency contraceptives were associated with unwanted pregnancies, especially within disadvantaged groups. The research,

however, was mostly about support to help women after pregnancy and not about the issues of providing more access to emergency contraceptive. The present study tackles this issue, focusing on the obstacles to the accessibility of EC in rural Zimbabwe. Duckworth et al., (2007) conducted a study in the USA to investigate the notion of grit and its connection to educational achievement among disadvantaged groups such as those having had unplanned pregnancies. The study identified perseverance and valuing long-term goals as important factors in educational success and that unintended pregnancies can setback students' educational goals. The study itself, however, did not look at the impact of having access to emergency contraception for the prevention of unintended pregnancy. The current study aims to fill this gap as it explores the association between non-availability of emergency contraceptive and unwanted pregnancy in the rural communities of Zimbabwe. Although research in the United Kingdom concerning emergency contraception has investigated the effectiveness of provision in pharmacies. Carneiro et al. (2024) have carried out a comprehensive study on the effects of the Sure Start programme on education outcomes, which highlighted the importance of providing access to reproductive health services such as emergency contraceptive services on preventing unintended pregnancy and facilitating education. The study showed that better availability of EC can help delay, or improve, results for young women that might otherwise become pregnant. But most of this study emphasized early childhood outcomes, rather than solely the obstacles to accessing EC. This study aims to fill this gap by focussing on barriers to access of EC in rural Zimbabwe. Brede et al. (2017) undertook a study in the United Kingdom that explored the experiences of autistic pupils excluded from school, and the role of support services in helping them reintegrate. Although the study was conducted with a particular population, there is a strong correlation with the findings and the relevance of the issue of access to services to the context of reproductive health. The research highlighted the need for accessible and youth-friendly services that meet the needs of vulnerable populations. This finding is pertinent in the context of the current study which addressed barriers adolescents from rural Zimbabwe faced in accessing EC.

A study on Emergency Contraception in Botswana has been conducted investigating cultural and social issues affecting access. A study on how to combat teenage pregnancy in schools was done by Umubyeyi (2024) in the schools of South Africa (SA) and Botswana. Cultural attitudes relating to sexuality and emergency contraception were identified as a major factor that shaped young people's access to emergency contraception, with many young people not knowing what emergency contraception was and lacking information and services, while some even faced a stigma for accessing emergency contraception services. The study noted a need for culturally appropriate interventions that need to focus on overcoming entry points and create services that are adolescent-friendly. Much of the research, however, was more about prevention and not the barriers to accessing the EC. The current study responds to this gap by looking at the obstacles to accessing E.C. in rural Zimbabwe. Motsa and Morojele (2017), in another study in Botswana, looked at the narratives of learners' resilience in a rural primary school in Swaziland. The study discovered that resilience was related to several factors including access to resources and support services. The need to overcome structural obstacles to access (geographical distance and lack of information) was underscored. The research, however, does not touch on emergent contraceptives access and there is a gap in data on which specific barriers adolescents may face accessing emergent contraceptives. The current study has therefore mediated this gap by looking at the obstacles in access to EC in rural Zimbabwe. Availability and accessibility of contraceptive services was the subject of research on emergency contraception in South Africa. Chigona and Chetty (2008) did a study on teens mothers and schooling in South Africa which noted the challenges facing the education system with school going teen mothers. One of the research discoveries was that adolescents who did not have access to contraceptive (including emergency contraceptive) were one of the major causes of unintended pregnancies. The study identified that access to contraceptive services and in particular in rural areas, was poor. The study did not however specifically

address the challenges for access to EC, but rather access to contraceptive in general. In the current study, this gap is filled by focusing on barriers to EC access in rural Zimbabwe. The re-entry policy and stay or dropout of Kenyan teen mothers in public secondary schools was also a significant South African study done by Imbosa et al. (2022). The study revealed that ineptitude to contraceptives was an important factor to drop out of school by girls. The study stressed the need for greater access to reproductive health services, such as emergency contraceptives, to ensure the prevention of unwanted pregnancies in order to allow for continuity of education. The study, however, did not specifically explore barriers to the access of EC in Zimbabwe. This current study aims to fill this gap by investigating barriers to ECP in rural Zimbabwe.

In Zimbabwe, study on the access to EC has focused on the barriers and opportunities to facilitating access to EC. Marongedza et al. (2023) carried out a secondary school study on institutional challenges influencing secondary school students' performance in rural areas of Zimbabwe. The study revealed that deficits in access to reproductive health care including emergency contraception, was a major factor in adolescent pregnancy and school dropout. Study show identified need for better access to contraceptive services, especially in rural areas. Yet, the study didn't look in particular into the obstacles to emergency contraception policy. The current study attempts to fill this gap by focusing on the particular factors that may hinder the access to EC in the rural villages of Zimbabwe. Saruchera and Chidarikire (2024) investigated the promotion of inclusive policies for the benefit of adolescent learners who are expecting in Grade 6 of Zimbabwe. The study revealed that the unavailability of contraceptives is one of the key reasons for adolescent's unplanned pregnancy. Based on the research, the need for policies to facilitate access to reproductive health services such as emergency contraception was found. The research was not sufficiently exhaustive, though, but rather concentrated on the post-pregnancy support; more attention should have been paid to the barriers to using contraceptive pills. This study seeks to fill this gap by analysing policy and practice issues will be considered, examining barriers to access of emergency contraceptive and the effects of the lack of access. This literature search found that a great deal of work has been carried out on emergency contraception and adolescent pregnancy, but there is a lack of research on the unique factors that create a need to access EC in the Zimbabwe Context. The major body of work has been done on the prevalence of unintended pregnancy and the difficulties of young mothers with less on the importance of allowing emergency contraception. This study seeks to fill this gap as it brings empirical evidence of the factors that hinder access to EC in rural Zimbabwe, as well as the effects of inaccessibility of EC in rural Zimbabwe.

3. Theoretical Framework

This study is anchored on Health Belief Model which was advocated by Irwin M. Rosenstock (1966). This theory offers a holistic model of a person's health behaviours and includes the use of EC. This model assumes that positive health behaviours will occur when individuals feel susceptible to the object of the behaviour, feel that the threat is serious, feel that there are benefits to the behaviour that outweigh the threats, and there are cues to action that remind them to engage in the behaviour. Perceived susceptibility leads to health behaviour – this being the first tenet. Adolescents who feel they are at risk for unintended pregnancy are more likely to seek emergency contraception (Kanyopa, 2022) in the line of emergency contraception. But, some teens can be under the impression that they are not at that high of risk, especially if the teen doesn't have a good understanding of sexual health and contraception. This principle is relevant to this study because it includes the factors that can affect the decision to get EC. The second holding was that attitude to en Syndrome affects health behavior. Adolescents who consider the implications of unplanned pregnancy to be serious (such as dropping out of school and being disapproved of by others) usually resort to the use of emergency contraception (Shumba, 2020). But the

degree of seriousness by cultural norms and personal experiences can be affected. This tenet applies to the present study which examines the effects of unplanned pregnancy due to absence of emergency contraception. The third is perceived benefits and barriers impact on health behaviour. Adolescents who believe that the pros of searching for EC outweigh the cons tend to search for it to a greater degree (Chikwati et al, 2024). Impediments: Geographical distance, cost, lack of information, judgment fears. This tenet is directly relevant to this study which explores the barriers to accessing ECS in rural Zimbabwe. The fourth tenet is that cues to action can trigger health behavioural. Cues to action include internal (e.g., symptoms, pregnancy concerns) and external (e.g., information from health care providers, media campaigns). Cues to action, which are often through awareness campaigns or peer recommendations, can trigger adolescents to seek the emergency contraception (Dube, 2020). This tenet applies to the current study, looking at the part that info and understanding play in easing access to emergency contraception. In this study, the model is adapted to gain insight into the reasons influencing adolescents' negative attitudes and hesitance to seek emergency contraception in cases of unplanned pregnancy. The results showed that knowledge of emergency contraception among adolescents is low on several aspects such as perceived susceptibility and awareness of the benefits (Hungwe, 2020). Factors that make it difficult to access, such as location, cost, and stigma also diminish the probability that adolescents will obtain EC. The model emphasizes the essential importance of interventions that take these multi-faceted issues – from raising awareness to providing access to reduce stigma – into account.

4. Research Methodology

4.1 Research Paradigm

This study adopted an interpretivist paradigm, which recognises that social reality is constructed through the meanings and interpretations that individuals attach to their experiences (Mwapaura, 2024). The interpretivist paradigm is appropriate for this study as it seeks to understand the subjective experiences of adolescents who lack access to emergency contraception, rather than establishing objective causal relationships. This paradigm allows for a deep exploration of the meanings that participants attach to their experiences of unintended pregnancy and the barriers they face, providing rich qualitative data that can inform policy and practice.

4.2 Research Approach

A qualitative research approach was employed in this study, consistent with the interpretivist paradigm. Qualitative research is particularly suited to exploring complex social phenomena and understanding the perspectives of participants in their own words (Chikoko & Mwapaura, 2023). This approach allows for the collection of detailed, contextually rich data that captures the nuances of participants' experiences and the meanings they attach to those experiences. The qualitative approach is appropriate for this study as it enables an in-depth exploration of the barriers to emergency contraception access within the specific socio-cultural context of rural Zimbabwe.

4.3 Research Design

This study utilised a case study research design, which focuses on an in-depth exploration of a particular phenomenon within its real-life context (Hassan et al., 2024). The case study design is appropriate for this research as it allows for a comprehensive examination of the barriers to emergency contraception

access within the specific socio-cultural context of rural Zimbabwe. This design enables the researcher to capture the complexity of the factors that influence access and the consequences of lack of access.

4.4 Data Collection Methods

Data were generated through focus group discussions, which are particularly effective for exploring shared experiences and generating rich qualitative data through group interaction (Agarwal et al., 2024). Two focus groups were conducted, each comprising approximately seven to eight participants. The focus group discussions were guided by a semi-structured interview schedule that explored participants' experiences of unintended pregnancy, knowledge of emergency contraception, barriers to access, and the consequences of lack of access. The focus groups were conducted in the local language (Shona) to facilitate open communication and were audio-recorded with participants' consent.

4.5 Sampling Technique and Sample Size

Purposive sampling technique was used to select the informants in order to get them who were able to give the researcher rich and relevant information on the research topic (Akwero, 2023). There were 15 participants, 6 learners or adolescent belonging to the school who had faced unplanned pregnancies or knows about the emergency contraprescription and 2 school based/counsellors in the community, 2 teachers and 4 parents of learners, and 1 official from the Ministry of Primary & Secondary Education of Primary and Secondary Education. These onlookers were chosen because they had special insight/experience. The learners gave a narrative description of their first-hand experiences with unintended pregnancy and the obstacles to accessing emergency contraception. The counsellors provided information on the needs of adolescents and challenges they face in accessing reproductive health services. Teachers shared their insights about the educational challenges as well as the responsibility of schools for reproductive health. Parents provided knowledge about the dynamics of their families and what factors affect adolescent access to contraception. The official of the Ministry of Primary and Secondary Education gave policy level insights on availability and access to EC.

4.6 Data Analysis

The generated data were analysed using thematic analysis, following the six steps outlined by Braun and Clarke (2006). The first step involved familiarisation with the data, which required transcribing the audio recordings verbatim and reading the transcripts multiple times to gain an overall understanding of the content. The second step involved generating initial codes by systematically identifying interesting features of the data that were relevant to the research questions. The third step involved searching for themes by collating codes into potential themes that captured significant patterns in the data. The fourth step involved reviewing themes to ensure they were coherent and accurately represented the data. The fifth step involved defining and naming themes by identifying the essence of each theme and articulating its significance. The sixth step involved producing the report by selecting vivid examples and weaving them into a narrative that addressed the research questions.

4.7 Trustworthiness

Trustworthiness was ensured through member checking, which involved presenting the findings to participants to verify the accuracy and credibility of the interpretations (Chikoko et al., 2022). Participants were given the opportunity to provide feedback on the findings and suggest corrections or

clarifications. This process enhanced the credibility of the findings by ensuring that they accurately reflected participants' experiences and perspectives.

4.8 Ethical Considerations

Ethical considerations were meticulously addressed throughout the research process. Informed consent was obtained from all participants, who were provided with detailed information about the purpose of the study, the nature of their participation, and their right to withdraw at any time without penalty (Mwapaura, 2023). For participants under the age of 18, parental consent was also obtained. Confidentiality was ensured through the use of pseudonyms, which protected participants' identities and allowed them to speak freely about their experiences. The researcher explained the purpose of the study as purely academic, emphasising that the findings would be used to inform policy and practice rather than to judge or evaluate participants.

5. Discussion and Findings

5.1 Theme 1: Causes of Unintended Pregnancies Related to Lack of Access to Emergency Contraception

This theme explores the factors that contribute to unintended pregnancies among adolescents, with a particular focus on the role of lack of access to emergency contraception. Understanding these factors is essential for developing interventions that address the barriers to emergency contraception access. The participants have following responses:

The Participant Learner Nokutenda, Age 16 narrated that,

I did not know about the morning-after pill. After I had sex with my boyfriend, I was worried that I might get pregnant. I asked my friend if there was something I could take, but she did not know either. Through the time I found out about the pill, it was too late. I was already pregnant.

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

I knew about the morning-after pill, but I did not know where to get it. The nearest clinic is far away, and I did not have money for transport. I was also scared to go to the clinic because I thought the nurses would judge me. I did not know what to do, so I did nothing. I ended up getting pregnant.

Lastly, Participant Counsellor Mrs. Chikwanda, Age 46 held that,

Many adolescents do not know about emergency contraception. Even those who know about it do not know where to get it or are too scared to seek it. The distance to health facilities is a major barrier, especially in rural areas. The cost is also a barrier, as many adolescents do not have their own money and do not want to ask their parents.

The data show that pregnancy due to non-use of ECPs among adolescents is a result of the interplay between multiple factors related to non-access to ECPs, such as lack of information, distance, price, and stigma associated with accessing the ECPs. These findings align with earlier research, which identified gaps in information and institutional barriers as being key determinants in not accessing ECP

(Umubyeyi, 2024). The participants' accounts point to the current ineffectiveness of awareness campaigns and the need to make more concrete targeting efforts to adolescents in rural areas. Geographical distance to health facilities is a big obstacle; they said they did not have vehicles and the health facility was quite a distance away. This is consistent with the result of Das and Das (2023) which showed that distance is a determinant factor in accessing reproductive health services in rural areas. Though the cost of the medicine is relatively low, it is a problem for adolescents who have limited economic means. Stigma over adolescent sexuality and contraception creates a fear of being judged by health care providers, a major obstacle to accessing services. The results of this theme reveal that when adolescents in rural Zimbabwe are unable to access ECs, it is one of the significant contributing factors to unintended pregnancies (Saruchera & Chidarikire, 2024). The obstacles to access are related to lack of understanding, distance, price and fear of judgment. These barriers are indicative of a system and cultural challenges within the health system, which point to the need for interventions that target these various factors.

5.2 Theme 2: Effects of Unintended Pregnancies Resulting from Lack of Access to Emergency Contraception

This theme explores the effects of unintended pregnancies resulting from lack of access to emergency contraception on adolescents' educational and psychological well-being. Understanding these effects is essential for comprehending the full impact of lack of access to emergency contraception and the importance of improving access. The participants had following views:

Participant Learner Tariro, Age 17 commented that,

When I found out I was pregnant, I was devastated. I knew that my life would change forever. I had to drop out of school because I was too ashamed to go. My parents were very disappointed in me. I felt like I had let everyone down. I still think about what my life would have been like if I had been able to get the morning-after pill.

More so, Participant Teacher Mr. Mutasa, Age 40 expressed that,

I have seen many girls drop out of school because of unintended pregnancies. Many of these pregnancies could have been prevented if the girls had access to emergency contraception. The girls often feel hopeless and lose their motivation to continue with their education. It is sad to see such potential being wasted.

Lastly, Participant Parent Mrs. Moyo, Age 50 held that,

When my daughter told me she was pregnant, I was very angry. But later, I felt sad because I knew that her life would be much harder. I wish she had known about the morning-after pill and had been able to get it. It would have saved her a lot of pain and suffering.

Data show there are important consequences of unintended pregnancies caused by the unintentional use of EC on the educational and psychological health of adolescents. Shame, guilt and disappointment were described and this resulted in dropping out of school and lower expectations of pursuing further education. This is in line with the findings of Marongedza et al. (2023) that undesired pregnancy is one of the major drivers of out-of-school pregnancy of girls in the rural areas of Zimbabwe. Unintended pregnancies also have psychological impacts and participants report feeling devastated, hopeless, and regretful about the situation. This is consistent with the research by Echezarraga et al. (2024), which

identified that unplanned pregnancies can go along with a substantial psychological strain. The participants gave examples of how different their lives would be if they could've gotten hold of the emergency contraception – a feeling of missed opportunities and missed consequences. Findings in this theme suggest that unintended pregnancies and its related negative outcomes due to lack of access to emergency contraception (EC) have an impact on the educational and psychological well-being of adolescents (Saruchera & Chidarikire, 2024). Feelings of devastation, hopelessness and regret, along with the shame and stigma surrounding the experience of unintended pregnancy causes school dropouts. The findings emphasize the need for the better promotion of availability of emergency contraception to avoid unintended pregnancies and the negative implications.

5.3 Theme 3: Solutions for Improving Access to Emergency Contraception

This theme explores the solutions that can be implemented to improve access to emergency contraception and prevent unintended pregnancies among adolescents in rural Zimbabwe. The theme encompasses health system-level, community-level, and policy-level interventions. The participants responded as follows:

The participant Learner Anesu, Age 16 commented that,

I think we need more information about the morning-after pill. Many girls do not know about it. We also need to have places where we can get it without being judged. Maybe community health workers could provide it or it could be available at schools.

Furthermore, Participant Ministry of Primary and Secondary Education Official Mrs. Moyo, Age 52 said,

The Ministry of Primary and Secondary Education has policies that support the provision of emergency contraception. However, implementation is a challenge, especially in rural areas. We need to strengthen the supply chain and ensure that health facilities have adequate stocks. We also need to train healthcare providers to be more youth-friendly.

Lastly, Participant Counsellor Mr. Ndlovu, Age 48 shared that,

We need to work with communities to reduce the stigma associated with adolescent sexuality and contraception. We also need to provide comprehensive sex education that includes information about emergency contraception. Community-based distribution points could be established to improve access.

From the data above, it can be seen that there are several ways to improve access to EC including awareness campaign, youth friendly service, community-based distribution, and policy level interventions. It is similar to the findings of Chiyota (2020) who identified accessibility and acceptability of reproductive health services as critical factors for their effectiveness among youth. The participants' inputs illustrate the need for multi-level interventions which take on board the multiplicity of barriers to emergency contraception access. The use of community health workers (CHWs) in the provision of EC is identified as a possibility for ensuring adolescents access EC in remote communities, and that they are delivered in a trusting and non-judgmental way (Hlalele, 2018). It is also recommended to provide emergency contraceptives in schools, however, this would need policy changes and community support. Comprehensive sexual education incorporating information about emergency contraception is further emphasized as this helps to dismantle informational barriers that could be a

factor reported in why users do not access ECPs (Marevesa, 2020). The results of this theme show that awareness creation, providing youth-friendly services, community-based distribution, and policy-level interventions are solutions to access to EC. It is important to recognize that multi-level interventions are needed to target the multi-barriers to access, and to establish an enabling environment for adolescents to access EC.

6. Conclusion

The study involved in-depth exploration of the experiences of adolescent girls who fall pregnant as a result of not having access to emergency contraceptive in farms of Zimbabwe using qualitative approach. The results show that access to morning-after pills (MAP) is a major factor in adolescent's unintended pregnancies, and that a number of reasons keep them from reaching services, such as lack of knowledge about the pills, distance from the service, and perhaps fear of being judged for getting the pill. Unintended pregnancies, even in situations with no access, have far-reaching implications, such as interrupting education and causing psychological distress. Awareness creation, youth friendly services, community-based distribution and policy level interventions are solutions for better access. The Health Belief Model offers a helpful framework for assessing adolescent decisions to access emergency contraception and the various factors that impact decisions. The study will add to the literature on adolescent pregnancy in Zimbabwe and offer insights for use in policy and practice.

7. Recommendations

7.1 Recommendations for Learners

The adolescents should be educated about emergency contraception, including how it works, when to use it, and where to obtain it. Adolescents should be encouraged to seek emergency contraception promptly after unprotected intercourse, recognising the time-sensitive nature of the intervention. Lastly, peer education programmes should be established to disseminate information about emergency contraception and other reproductive health services.

7.2 Recommendations for Teachers

Teachers should be trained to provide comprehensive sex education that includes information about emergency contraception. More so, schools should partner with health facilities to provide reproductive health services, including emergency contraception, for learners. Lastly, teachers should be encouraged to serve as trusted adults for learners, providing information and referrals for reproductive health services.

7.3 Recommendations for Parents

Parents should be encouraged to maintain open communication with their children about sexual health and contraception. More so, parents should be educated about emergency contraception and its role in preventing unintended pregnancies. Lastly, parents should be supported to respond to their children's reproductive health needs with understanding and support, rather than judgment or punishment.

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

The Ministry of Primary and Secondary Education should partner with the Ministry of Primary and Secondary Education of Health to ensure that emergency contraception is available and accessible to adolescents in rural areas. More so, the Ministry of Primary and Secondary Education should develop and implement comprehensive sex education programmes that include information about emergency contraception. Lastly, the Ministry of Primary and Secondary Education should support the establishment of community-based distribution points for emergency contraception, including in schools where appropriate.

7.5 Recommendations for Counsellors

Counsellors should provide information and counselling about emergency contraception and other reproductive health services. On the other hand, counsellors should work with schools and communities to reduce stigma associated with adolescent sexuality and contraception. Lastly, Counsellors should advocate for improved access to reproductive health services for adolescents, including emergency contraception.

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