Chapter 17: Abstinence the Best Pregnancy Prevention Method in Zimbabwe

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Abstract

Qualitative study lifted to explore adolescents', parents', Teachers' and Policy makers perception about abstinence as a means of preventing pregnancies, addressing its effectiveness, acceptability and problems with promoting it in rural Zimbabwe. Research gap this study will fill is that there is no empirical qualitative evidence of the perceptions of abstinence-only programme and its effectiveness in the Zimbabwean context. Purposive sampling was employed to identify 15 participants of 6 learners, 2 counsellors, 2 teachers, 4 parents and 1 official of Ministry of Primary and Secondary Education Primary and Secondary Education involved in the focus group discussions for whom informed consent and confidentiality was ensured and data subjected to thematic analysis. One major discovery was that abstinence was seen as the most culturally acceptable birth control option, but it was limited by the absence of sound sex education, peer pressure and imbalance of power in the relationship between an adolescent and his or her significant other. The study suggests that abstinence education be placed in a sex education programme, as part of a comprehensive programme.

Keywords: abstinence, adolescent pregnancy, prevention, sex education, Zimbabwe

1. Introduction and Background of the Study

In many nations, especially in the case of Zimbabwe, abstinence from sexual intercourse was embraced as a major strategy in combating adolescent pregnancies. Abstinence promotion is firmly entrenched in culture, religion and moral norms that deem sexual activity outside the confines of marriage as being unacceptable, especially for youth (Umubyeyi, 2024). Abstinence education in Zimbabwe is part of the school curriculum and has many programmes highlighting the need to postpone first sexual experiences until the time of marriage. However there has been doubt cast over the effectiveness of abstinence-only programs as research indicated that many adolescents continued to engage in sexual activity without

protective measures following exposure to abstinence messages (Chigona & Chetty, 2008). The impact of abstinence as a pregnancy prevention approach is an issue that has been polarised with some arguing that it should be at the core of adolescent sexual health education programmes and others that abstinence alone as an approach is insufficient and problematic. Abstinence education advocates say that it is consistent with culture, aids self-respect and removes the risk of pregnancy and STIs. Critics state that abstinence-only programmes put off providing adolescents with information on contraception, thereby exposing them to the risk of unplanned pregnancy and sexually transmitted infections (STIs) once they become sexual (Saruchera & Chidarikire, 2024). Cultural norms and policies from other countries have affected the promotion of abstinence in Zimbabwe. Over the years the cultural heritage of the country, which holds virginity and sexual purity dear, has influenced views on adolescent sexuality (Chikoko & Mwapaura, 2023). Religious bodies have also contributed greatly, and especially Christian churches, to the promotion of abstinence. The reality of adolescent sexual behaviour in Zimbabwe however indicates that many Zimbabweans are engaging in sex prior to marriage and abstinence only messages might not be enough to halt school pregnancies (Marongedza et al. 2023).

The effectiveness of the abstinence education has been dependent on a variety of factors such as the nature of the programme, the age of the recipients and their wider social and cultural environment. Limited sex education programmes that focus on abstinence have been found to be less effective than comprehensive sex education programmes that include abstinence and other factors such as information on contraception and healthy relationships in reducing adolescent pregnancy rates (Carneiro et al., 2024). But there are challenges in the implementation of the comprehensive sex education in Zimbabwe, such as cultural resistance, teacher training or lack thereof, and resourceful challenges. For the sake of understanding the role of abstinence in preventing pregnancy, it is important to understand the perceptions of adolescents, parents, teachers, and policymakers concerning abstinence. Some adolescents might feel it's unrealistic or nearly impossible to stay away from drugs and alcohol—especially under peer pressure and in relationships. (Jan & Bhat, 2025) Parents could support not engaging in sexual activity, however they might not be comfortable talking about sexual health. Teachers may be insufficiently trained and/or unsure of how to best teach abstinence. Cultural and religious values may play a role and affect policy makers' choice of what to cover in sex education curricula. The impact of adolescent pregnancy is significant from an educational point of view, as many adolescent mothers are likely to leave school as a result of stigma, support and practical problems (Motsa & Morojele, 2017). The prevention of adolescent pregnancy by providing them with effective sexual information—including abstinence education—therefore becomes important for achieving educational continuity and good life outcomes for young people. The perception of abstinence as an approach to pregnancy prevention including issues of effectiveness, acceptance and issues confronting promotion of abstinence in rural Zimbabwe is the focus of this current study.

The current study is guided by the following research questions:

1. What are the perceptions of adolescents, parents, teachers, and policymakers regarding abstinence as a pregnancy prevention method in rural Zimbabwe?
2. What are the challenges associated with the promotion of abstinence and its effectiveness in preventing adolescent pregnancy?
3. What solutions can be implemented to improve the effectiveness of pregnancy prevention programmes for adolescents in rural Zimbabwe?

2. Literature Review

Studies on abstinence education have been investigated regarding effectiveness and the pros and cons between abstinence education and comprehensive sex education in the U.S. Edelman (2018) analyzed the effect of Title IX regulations on the rights of students who are or become pregnant and students who become fathers, and found that despite good intentions of abstinence-based curriculum in many schools to prevent adolescent pregnancy, this approach has not proved effective. The study revealed that offering through sex education programmes comprehensive content instead of abstinence-only education showed greater effectiveness in preventing unintended pregnancy. But most emphasis was on the support that was provided after pregnancy and not the subject matter of sex education. The current study is an exploration of the perceptions of abstinence education in rural Zimbabwe which helps to bridge this gap. Duckworth et al. (2007) conducted another U.S. study on the concept of grit and its association with education, findings which they indicated that comprehensive sex education would lead to informed decision making among adolescents regarding sexuality. The results of the study indicated a higher prevalence of unintended pregnancy among adolescents in abstinence-only programs, because the ones who abstained from contraceptive information during adolescence were less likely to use it upon entering sexual activity. The Zimbabwean context of abstinence, however, was not explored in this study. This current study is aimed at filling this gap in understanding the perceptions of abstinence in rural Zimbabwe. Studies in the United Kingdom looked at the content and effectiveness of school based sex education programmes. Carneiro et al. (2024) provides an extensive review of the effects of the Sure Start programme on educational outcomes, including highlighting a focus on comprehensive sex education for programmes targeting disadvantaged groups. The study revealed that abstinence only education package failed to decrease pregnancy and that there was a need for information about contraceptives among the young population. The study however primarily looked at outcomes in early childhood not adolescent sex education. The present study fills this gap by look at the perceptions of abstinence in rural Zimbabwe. Brede et al. (2017) conducted a study in the United Kingdom to explore the stories of autistic students who were expelled from school, and demonstrated the need for inclusive education to cater for the needs of all students. Although the study was for a different population, it has implications that customized and inclusive strategies are important in the context of sex education. A need has been expressed for responsive programme that values learners' needs and situation. This finding is salient for the present study that looks at the perceptions of Abstinence Education in the rural areas of Zimbabwe.

Sex education research in Botswana is study of the influence of cultural and social factors on the effectiveness of programmes. The study to reduce teenage pregnancy in schools in SA, with comparison from Botswana, was undertaken by Umubyeyi (2024). It was established that many of the programmes focused mainly on abstinence, reflecting both the cultural and religious environment and attitudes of the programmes. The study emphasised the importance of culturally sensitive programmes with an eye to the reality of adolescent sexual behaviour. Research however, was directed more towards the prevention than towards perceptions of abstinence. The present study seeks to bridge that void and provides a study on the perceptions of abstinence in rural Zimbabwe. These were followed by another study conducted by Motsa and Morojele (2017) in Botswana on stories of resilience among primary school learners in a rural school in Swaziland. The study revealed that resilience can be influenced by various factors, such as the availability of information and support services. The study underscored the value of comprehensive sex education to prevent situations that could lead to vulnerability to HIV and to making healthy choices. However, the study paid no attention to the perceptions of abstinence, and there remains a lack of knowledge regarding what adolescents and others think about abstinence. The

current study aims to fill this gap by studying perceptions of abstinence in rural Zimbabwe. Research on sex education in South Africa have focused on the content and delivery of sex education programmes in schools. A study by Chigona and Chetty (2008) focused on teens and pregnancy in schools in South Africa and revealed that the lack of comprehensive sex education is a major type of attitude that can result in teenage pregnancy in schools in South Africa. The study revealed that majority of the schools emphasized on abstinence but lacked sufficient provision of information on contraceptive, which exposed adolescents to unplanned pregnancies. The research underscored the importance of adopting a holistic approach to sex education that takes into account the true nature of adolescent sexuality. However, the research did not specifically examine the perceptions of abstinence. The present study aims at filling this gap by looking at perceptions about abstinence in rural Zimbabwe. Imbosa et al. (2022) another significant study in South Africa sought to investigate the policy of re-entry and retention of expectant students and teen mothers in public secondary schools in Kenya. The study revealed that comprehensive sex education played a significant role in preventing unwanted pregnancy and ensuring educational continuity. It was emphasized that intervention programs are needed that involve multiple causes of adolescent pregnancy such as lack of information about contraception. But, the study did not focus particularly on the perception of abstinence in the Zimbabwean context. The current study attempts to breeze that lack by having a look at the perceptions of abstinence in rural Zimbabwe.

Sex education studies conducted in Zimbabwe have focused on the content and on teaching strategies and models in sex education. In a study of the institutional constraints on secondary school student achievement in rural areas of Zimbabwe, Marongedza et al. (2023) show that the urban setting of the study participants, comprising 148 secondary schools, accounts for this situation. The study revealed that sex education education curriculum emphasized on abstinence and little knowledge about contraception. Therefore, the study emphasized the importance of a holistic sex education approach that equips adolescents with the necessary information and skills to make informed decisions about their sexual health. But there was no specific analysis in the study that focused on perceptions of abstinence. The current study seeks to fill this void and investigates perception of abstinence in rural Zimbabwe. Saruchera and Chidarikire (2024) did a study on the promotion of inclusive policies to help improve the lives of pregnant grade 6 learners in Zimbabwe. The study revealed that sex education on abstinence was not enough to reduce unwanted pregnancy as many adolescents practiced sex and did not possess information on contraceptives. The research found that there is a need for inclusive sex education offering topics on contraception and healthy relationships. But the study did not fully address different stakeholder's perceptions on abstinence. The current study fills this gap, recognizing the need to consider the perceptions of abstinence in rural Zimbabwe. It emerges from the literature reviewed that there is considerable research on sex education and adolescent pregnancy; however, there is a huge research gap in understanding the perceptions of abstinence in Zimbabwean context. Previous research has tended to be concentrated on the efficacy of abstinence education and/or the integrity of fuller programmes, and relatively little on the perceptions of various stakeholders. This study strives to fill this gap, as it presents empirical evidence of whether abstinence is perceived to be necessary in rural Zimbabwe and the problems that besett the promotion of abstinence.

3. Theoretical Framework

The present study is based on the social cognitive theory proposed by Albert Bandura (1986). Social cognitive theory, as proposed by Bandura, offers an integrated perspective on the mechanisms of learning and acquisition of behaviours involving observation, modelling, and reinforcement. It assumes that behaviour is affected by three aspects namely personal, environmental, and behavioural and that self-efficacy is a key determinant of whether or not an individual will participate in a particular

behaviour (Chinyoka & Kufakunesu, 2020). The first relates to the fact that we can learn by observation, which is referred to as observational learning. Adolescents' perceptions of abstinence are shaped by what happens among families, in the community, and in the media when it comes to abstinence (Saruchera & Chidarikire, 2024). Peer and role models who engage in abstaining may make it more likely for them to follow suit. This tenet applies with this study which focuses on the various factors affecting adolescent's choice to practice and abstain from sex. The second is that people's intentions to perform a behaviour is mediated by their self-efficacy – the confidence they have in their ability to execute that behaviour. Adolescents who believe that they can successfully practice abstinence are more likely to do so (Moyo, 2022). Peer pressure, lack of support, and past sexual experience, however, may impact self-efficacy. This applies to the current study which investigated the problems adolescents face on abstinence. The third is that consequences of a behavior (reinstrocements) affect its likelihood of recurring. Young people who have positive outcomes from abstinence (e.g. are supported socially or remain free from pregnancy) are more likely to persist in the action (Chikuvadze, 2020). On the other hand, if there are negative aspects, such as pressure in society but also relationship issues, then it may be harder for people to put in the work to continue. This tenet is relevant to the present study in that the factors that support and/or challenge abstinence behaviour are explored. The fourth tenet is that behaviour is shaped by the environment in the form of social norms and cultural values. In Zimbabwe, the cultural norms which underscore the importance of chastity and the religious convictions that denounce sexual act, encourage abstinence (Hlalele, 2020). But other environmental factors, including peer-pressure and media influences can pose a threat to abstinence behavior. This tenet has relevance for the present study interested in the wider social and cultural arena in which abstinence is encouraged. This study uses the theory to analyze the reasons behind the lack of effectiveness in preventing adolescent pregnancy despite the promotion of abstinence. While the findings indicate that adolescents hear messages from their communities, schools and families about abstinence, they also hear other messages from peers and media that might defeat messages promoting abstinence. Youth who experience issues with peers and relationships may not have high levels of self-efficacy. Reinforcement can be both positive and negative – sometimes the adolescent is supported socially for being a non-sexual person and at other times reinforced negatively for not having sex. Environmental influences such as cultural values, peer pressure etc. form a complex background from which teenager's decisions are made.

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 perceptions of adolescents, parents, teachers, and policymakers regarding abstinence, rather than establishing objective causal relationships. This paradigm allows for a deep exploration of the meanings that participants attach to abstinence and its role in pregnancy prevention, 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' perceptions and the meanings they attach to those perceptions. The qualitative approach is appropriate for this study as it enables an in-depth exploration of the perceptions of abstinence 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 perceptions of abstinence within the specific socio-cultural context of rural Zimbabwe. This design enables the researcher to capture the complexity of the factors that influence perceptions and practices of abstinence.

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' perceptions of abstinence, its effectiveness, the challenges associated with its promotion, and alternative approaches to pregnancy prevention. 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

The participants were selected using purposive sampling methods, which enabled the researcher to select individuals that could provide information on the research subject that is rich and relevant (Akwero, 2023). The target group was a relatively small sample of 15 (including six learners (adolescents), two counsellors (school-based or community-based), two teachers, four parents (of adolescents) and one official from the Ministry of Primary and Secondary Education of Primary and Secondary Education). These participants were selected as they had special perspectives and expertise. The learners offered explanations for the adolescents' perception of abstinence, and the difficulties they face in abstaining. The counsellors provided an insight into the psychological and social effects impacting the choices that young people make. The teachers had shared views about the quality of sex education delivery and the barriers. The parents provided a perspective on the values within the family and the influence of parents in the abstinence movement. The Ministry of Primary and Secondary Education official presented its policy perspectives regarding content in sex education and on abstinence promotion.

4.6 Data Analysis

Thematic analysis was used on the generated data with the six steps as outlined by Braun and Clarke (2006). The process began with being familiar with the data, which meant transcripting the audio recordings verbatim and multiple readings of the transcript was used to get an overall sense of the content. In the second step, initial codes were systematically developed by identifying interesting features of the data that were relevant to the research questions. As a third step the search for themes began by collating the codes into possible themes which represented important patterns in the data. The fourth step was the verification of themes to make sure that they were coherent, adequately captured

the data, and were the correct representation of the data. The fifth step was to identify, name and identify the thing(s) that constitute the theme by articulating the essence of the theme and its significance. The sixth step was to create the report, including choice of examples that described often evocatively, and create a story that answered 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: Perceptions of Abstinence as a Pregnancy Prevention Method

This theme explores the perceptions of adolescents, parents, teachers, counsellors, and policymakers regarding abstinence as a pregnancy prevention method. Understanding these perceptions is essential for evaluating the effectiveness of abstinence education and identifying areas for improvement. Following participants responded to this theme:

Participant Learner Kudzai, Age 16 shared that,

I think abstinence is the best way to prevent pregnancy, but it is not always easy. There is a lot of pressure from boys to have sex. They say that if you love them, you will sleep with them. It is hard to say no. I try to practice abstinence, but it is difficult.

More so, Participant Parent Mrs. Moyo, Age 48 informed us that,

I encourage my children to practice abstinence. It is the best way to prevent pregnancy and to protect their health. I think it is also important for their self-respect. But I know that it is not easy for them. There is a lot of pressure from their peers.

Lastly, Participant Teacher Mr. Dube, Age 42 confirmed that,

We teach abstinence in school. It is part of the curriculum. But I think we need to do more. Many students are sexually active despite what we teach them. I think we need to provide them with more information about contraception and healthy relationships.

Data from the aforementioned studies cited that abstinence is categorized as the culturally accepted pregnancy prevention method, however its efficacy is limited set within the conditions of lack of comprehensive sex education, peer pressure and power imbalance in teens' relationships. The results align with earlier studies that have highlighted the disconnect between the messages of abstinence and adolescents' sexual behavior (Umubyeyi, 2024). Through the perspectives of participants, the problems involved in adolescent abstinence practice like peer pressure and relationship are discussed. Parents and teachers' perceptions reveal a positive attitude toward abstinence as a value as well as an awareness of its limits. Parents spoke about their hopes for their children to abstain from sex and understood the obstacles their children face. Teachers mentioned that schools teach abstinence but that sometimes this isn't enough; more information on contraception may be necessary. This result is consistent with the finding of Chigona and Chetty (2008) which noted that abstinence-only education is not enough to address adolescent pregnancy.The findings from this theme show that despite abstinence being a valued and culturally accepted from of pregnancy prevention, there is a limited effectiveness because of peer pressures, relationship dynamics, and lack of comprehensive sex education (Saruchera & Chidarikire, 2024). These perceptions bear witness to the limits of these approaches, and to the need for more holistic ones, as desired by parents and teachers.

5.2 Theme 2: Challenges Associated with the Promotion of Abstinence

This theme explores the challenges associated with the promotion of abstinence and its effectiveness in preventing adolescent pregnancy. Understanding these challenges is essential for developing more effective pregnancy prevention programmes. The participants were of the view that,
Participant Learner Tafadzwa, Age 15 argued that,

At school, they tell us to abstain. But they do not tell us what to do if we cannot abstain. They do not talk about condoms or the morning-after pill. I think this is a problem because many of us are sexually active, and we do not know how to protect ourselves.

More so, Participant Counsellor Mrs. Moyo, Age 46 shared that,

The promotion of abstinence faces many challenges. There is a gap between what we teach and what young people actually do. Many adolescents are sexually active, and they do not have the information they need to protect themselves. We need to address this gap.

Lastly, Participant Ministry of Primary and Secondary Education of Primary and Secondary School Official Mrs. Ncube, Age 52 noted that,

The Ministry of Primary and Secondary Education promotes abstinence as part of the school curriculum. However, we recognise that abstinence alone is not sufficient. We need to provide comprehensive sex education that includes information about contraception and healthy relationships. We also need to work with communities to reduce stigma and create supportive environments.
The above data show that the use of promoting abstinence has faced challenges such as mixed messages around abstinence and adolescent sexual activity, limited knowledge and information about contraception, and cultural and/or social pressures. This is in line with the study conducted by

Marongedza et al. (2023) that revealed that abstinence-only education alone does not stop adolescent pregnancy. The participants were found to raise the need for in-depth sex education that takes into consideration the reality of adolescent sexual behaviour. The impact of cultural and social pressures on abstinence is also seen. Peer and partner pressure can make it hard for adolescents to resist engaging in sex (Saruchera & Chidarikire, 2024). Due to a lack of information about contraception, the adolescents who are sexually active cannot protect themselves, which results in unintended pregnancies. The recognition of the need for comprehensive sex education by the Ministry of Primary and Secondary Education official is a policy level acceptance of the weaknesses in abstinence only approaches. The results of this theme revealed that the promotion of abstinence was fraught with a number of difficulties, such as poor uptake of abstinence messages, lack of knowledge on contraceptive use and cultural and social influences (Chikuvadze, 2020). The challenges create a need for a holistic sex education system which keeps abreast with sex adolescent behaviours of adolescents and provides them with the relevant information which can protect them.

5.3 Theme 3: Solutions for Improving Pregnancy Prevention Programmes

This theme explores the solutions that can be implemented to improve the effectiveness of pregnancy prevention programmes for adolescents in rural Zimbabwe. The theme encompasses educational, health system, and policy-level interventions. The participants had the following views:

Participant Learner Ruvimbo, Age 16 observed that,

I think we need more information about how to prevent pregnancy. We need to learn about contraception as well as abstinence. We also need to be able to talk to someone we trust about these things. Maybe we could have peer educators or counsellors at school.

More so, Participant Parent Mr. Moyo, Age 50 expressed that,

I think parents need to talk to their children more about sex and pregnancy prevention. We cannot leave everything to the schools. We need to create an environment where our children feel comfortable talking to us about these issues.

Lastly, Participant teacher Mrs. Sibanda, Age 45 commented that,

We need better training for teachers on how to deliver sex education. Many of us are not comfortable talking about these issues. We also need more resources, including teaching materials and support from health professionals.

The data findings show that: Comprehensive sex education containing information on contraception, teacher training, parent-child communication and access to youth-friendly health services are solutions to improve the pregnancy prevention programmes. This aligns with the results obtained by Carneiro et al. (2024), which identified difficulties in the reduction of unintended pregnancies with sex education programs as presented in a broad manner and not only a restrictive way. The participants' experiences pointed to the imperative need for multi-faceted interventions to tackle the variety of actions that lead to adolescent pregnancy. Also addressed is the role of parents in pregnancy prevention and the participants speak up regarding the importance of open communication among parents and their children when it comes to sexual health. This is similar to the results obtained by Jaffee et al. (2001) who reported on the important role of parent-child communication in adolescent sexual health. There is

also a need to train teachers and provide them with resources, as teachers might not feel confident to teach sex education or may not have the necessary resources. Availability of youth friendly health services, including access to contraceptives is also viewed as crucial in preventing unintended pregnancies.

6. Conclusion

This study is of qualitative nature and it looked at the perception of adolescents, parents, teachers, counsellors and policy makers of abstinence as a pregnancy prevention tool in rural Zimbabwe. The results indicate that although abstinence is the most culturally popular pregnancy prevention strategy, peer pressure, relationship dynamics, and incomplete sexual education can negatively impact this strategy. Promoting abstinence is a difficult process that has a significant number of obstacles, ranging from cultural and social pressures, lack information about contraceptive, to gap between the information of abstinence and adolescents' sexual behaviour. The components that can significantly contribute to the improvement of pregnancy prevention programmes are comprehensive sex education, training for teachers and facilitators, communication between parents and children and availability of youth friendly health services. The Social Cognitive Theory is helpful in pointing to the various influences that affect adolescents in making abstinence choices. The study adds to the Swopp and Payten, 2002 study on Adolescent Pregnancy in Zimbabwe and policy and practice can be guided by its results.

7. Recommendations

7.1 Recommendations for Learners

The adolescents should be provided with comprehensive sex education that includes information about abstinence, contraception, and healthy relationships. More so, adolescents should be encouraged to make informed decisions about their sexual health, recognising the importance of both abstinence and contraception. Lastly, peer education programmes should be established to provide information and support for adolescents on sexual health issues.

7.2 Recommendations for Teachers

Teachers should receive training on how to deliver comprehensive sex education effectively, including information about abstinence, contraception, and healthy relationships. Additionally, schools should provide resources and support for sex education, including teaching materials and access to health professionals. Lastly, teachers should be encouraged to create safe and supportive environments in which learners feel comfortable discussing sexual health issues.

7.3 Recommendations for Parents

The parents should be encouraged to maintain open communication with their children about sexual health, providing information and guidance. Moreover, parents should be educated about adolescent sexual health and the importance of comprehensive sex education. Lastly, parents should be supported to respond to their children's sexual health needs with understanding and support, rather than judgment or punishment.

7.4 Recommendations for the Ministry of Primary and Secondary Education

The Ministry of Primary and Secondary Education should develop and implement comprehensive sex education programmes that include information about abstinence, contraception, and healthy relationships. On the other hand, the Ministry of Primary and Secondary Education should invest in teacher training programmes that equip teachers with the skills to deliver sex education effectively. Lastly, the Ministry of Primary and Secondary Education should partner with health organisations to provide access to youth-friendly health services, including contraception.

7.5 Recommendations for Counsellors

The counsellors should provide information and counselling on sexual health issues, including abstinence, contraception, and healthy relationships. More so, counsellors should work with schools and communities to reduce stigma associated with adolescent sexuality and promote comprehensive sex education. Lastly, counsellors should advocate for the rights of adolescents to access comprehensive sex education and reproductive health services.

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