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LUSAKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**INVESTIGATING THE KEY DRIVERS OF INCREASED ADOLESCENT PREGNANCIES IN  
MAKULULU COMPOUND IN KABWE DISTRICT.**

**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES,  
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MASTER OF ARTS IN DEVELOPMENT STUDIES.**

**BY**

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## Declaration

I, MICHELO MERGAN MULUBWA, affirm that the work in this dissertation is entirely original with proper attribution to others. I additionally declare that I have not submitted this dissertation to any other university for consideration toward any other degree or certification.

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## **Dedication**

I dedicate this dissertation to my mother Mrs Judith Chileshe Michelo, my fiancé Mr Blessings Kapukanya and my sister Ms Karen Mwila Chileshe whose unwavering support, encouragement and love have been my constant inspiration throughout this academic journey. Their belief in my abilities has fuelled my determination to pursue excellence and overcome challenges.

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## **Abstract**

This research report investigates the key drivers of increased adolescent pregnancies in Makululu compound, Kabwe District, utilizing a qualitative research approach with a phenomenological lens. The study engaged 34 participants, including 26 adolescent girls who were either currently pregnant or had been pregnant before, selected through snowball sampling, and 8 key informants from clinical staff, guidance teachers, ward councillors, and staff members from Restless Development Zambia and USAID DREAMS, chosen through purposive sampling. Semi-structured interviews were conducted, and data were analysed deductively, identifying emerging themes based on codes of interest.

The findings revealed several significant factors contributing to adolescent pregnancies in Makululu, Kabwe district. Poverty emerged as a prominent issue, with most residents facing financial hardships and unemployment. This economic strain often leads young people to engage in transactional sex to afford desired lifestyles, such as owning smartphones and fashionable clothing. Early marriage, parental absence, alcohol consumption, and cultural factors also contribute to this issue. The prevalence of poverty and unemployment in Makululu creates an environment where young people are compelled to engage in risky behaviours such as transactional sex, to meet their basic needs and desires. This economic strain exacerbates the risk of adolescent pregnancies.

The study emphasizes the importance of holistic interventions to address the different challenges associated with adolescent pregnancies in Makululu. Such interventions may include:

- Integrating social, educational, and health components to support the well-being and academic success of young mothers. Additionally, the collaborative approach demonstrated by community-based programs. These programs should not only focus on sexual reproductive health rights but also incorporate elements like financial literacy to tackle the root socio-economic factors contributing to adolescent pregnancies.
- Improving access to Reproductive Health Services can be achieved by enhancing access to affordable and diverse contraceptive methods, as well as reproductive health services, especially in low-income areas like Makululu

Compound. This can be achieved through frequent mobile clinics and community-based outreach programs that provide confidential and non-judgmental services.

- Addressing economic challenges by implementing poverty alleviation programs that specifically target families living in Makululu Compound. These programs should aim to improve socio-economic conditions, empower women and girls, and provide financial support to help meet their reproductive health needs. This can include vocational training, microfinance initiatives, and income-generation projects.
- Engaging community leaders and parents through collaboration with key gatekeepers such as community leaders, religious leaders, and parents to challenge harmful cultural norms and practices that contribute to increased adolescent pregnancies.
- Conducting further research is essential to gain a deeper understanding of the cultural and social factors that contribute to increased adolescent pregnancies in Makululu Compound. This can include qualitative studies and participatory research methods to involve community members in identifying context-specific solutions. Additionally, longitudinal studies can assess the long-term impact of interventions aimed at reducing adolescent pregnancies.

This research report provides valuable insights into the complex interplay of socio-economic, cultural, and individual factors that contribute to adolescent pregnancies in Makululu, Kabwe district. The recommendations outlined offer a comprehensive approach to addressing these challenges and promoting the well-being of young people in the community.

## List of acronyms

AIDS	Acquired Immune Deficiency Syndrome.
ADHS	Adolescent Health Strategy
Camfed	Campaign for Female Education
DHO	District Health Office
MOH	Ministry of Health
ZDHS	Zambia demographic Health Survey
ZAMSTATS	Zambia Statistical Agency
CSO	Civil Society Organisation
NGO	non-governmental organisation

## Table of Contents

Chapter 1: Introduction.....	1
1.1. Introduction.....	1
1.2. Background.....	2
1.3. Statement of the Problem.....	3
1.4. Research objectives.....	4
1.5. General research Question.....	4
1.6. Significance of the study.....	5
1.7 Scope of study.....	6
1.8 Definitions of key terms.....	6
Chapter 2: Literature review.....	8
2.1 Introduction.....	8
2.2 Empirical Review.....	8
2.3.1 Theoretical Review.....	15
2.3.2 Conceptual Review.....	16
2.4 Research Gap.....	18
Chapter 3: Research Methodology.....	19
3.1 Research Design.....	19
3.2 Population.....	19
3.4 Sample size and Sampling techniques.....	19
3.5 Data collection procedures.....	20
3.6 Data analysis procedures.....	21
3.7 Limitations of the study.....	21
Chapter 4: Presentation of findings.....	22
4.1 introduction.....	22
4.2 Demographic of Participants.....	22
4.3 Presentation of Distinctive themes.....	23
4.4 Socio-economic, cultural, and environmental factors that influence adolescent pregnancy in Makululu compound.....	26
4.5 Level of awareness and knowledge among adolescents in Makululu Compound regarding reproductive health, contraception, and the consequences of early pregnancies.....	27
4.6 The role of the community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent pregnancy in Makululu.....	31



4.7 Impact Adolescent Pregnancy on Education. ....	33
4.8 Conclusion .....	34
Chapter Five: Discussion of Findings .....	36
5.0 Introduction .....	36
5.2. Causes of Adolescent Pregnancy .....	36
5.3 Conclusion .....	40
Chapter 6: Conclusion and recommendation .....	42
6.1 Introduction .....	42
6.2 Causes of Adolescent Pregnancies in Makululu .....	42
6.3 Effects of Adolescent Pregnancies .....	43
6.4 Conclusion .....	44
6.5 Recommendations .....	44
References .....	46
Appendices .....	51
Appendix 3. ....	56
Appendix 4. ....	59

**LIST OF TABLES**

FIGURE 1.CONCEPTUAL FRAMEWORK ON KEY DRIVERS OF ADOLESCENT PREGNANCIES..... 17

FIGURE 2. DEMOGRAPHIC OF RESPONDENTS ..... 22

FIGURE 3: AGE AT FIRST PREGNANCY..... 23

## Chapter 1: Introduction

### 1.1. Introduction

Zambia has an estimated population of 20,569,737 of which one third are youths (Zambia Statistics Agency, 2023). These youths face several challenges related to their development, including unemployment, gender-based violence, unintended and teenage pregnancies, sexually transmitted infections and HIV infections among other challenges (UNICEF, 2021; UNFPA, 2018).

Young Zambians have reportedly continued to confront difficulties, such as high rates of unemployment and poverty (Restless Development Zambia (2012). In addition to being politically, socially, and economically cut off from the mainstream of national progress, young people also bear a heavy burden due to the HIV/AIDS epidemic and the lack of access to sexual and reproductive health care. Young people in Zambia have a number of issues related to reproductive health, one of which is the low rate of contraception use (Mbizvo, et al., 2023).

According to Ministry of Education policy, condom distribution is prohibited in lower education institutions (Chandra-Mouli, et al., 2020). Early initiation of sexual activity, which is frequently unprotected, is linked to hazards like HIV/AIDS and pregnancy (Mwale, et al., 2021).

Adolescent pregnancy is a serious public health and social issue in Zambia, as it affects the well-being and opportunities of young girls and their children. According to the Zambia Demographic and Health Surveys, the percentage of adolescent girls aged 15-19 who have ever been pregnant or given birth increased from 27.8% in 2010 to 29.1% in 2019. This means that almost one in three adolescent girls in Zambia experience pregnancy before reaching adulthood (Chola, et al., 2020).

The prevalence of adolescent pregnancy varies across different regions and provinces, with the highest rates found in Western (48%), Luapula (42%), and Northern (40%) provinces, and the lowest rates in Lusaka (18%), Copperbelt (20%), and Central (24%) provinces (Mwale, et al., 2020; Zambia Statistics Agency, 2020). Some of the factors that contribute to the high and rising levels of adolescent pregnancy in Zambia include early or child marriage, exposure to media, lack of

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knowledge and access to sexual and reproductive health information and services, peer pressure, poverty, cultural practices, and gender norms(ibid).

Adolescent pregnancy has negative consequences for the health, education, and economic prospects of the girls and their children, as well as the development of the country. According to the Ministry of Education's Education Statistical Bulletin 2020, the dropout rate for girls in primary schools (grades 1-7) was 1.7%, while the dropout rate for boys was 1.3%. The bulletin revealed that the dropout rate for girls in secondary schools (grades 8-12) was 5.9%, while the dropout rate for boys was 4.6%. These statistics show that girls are more likely to drop out of school than boys at both primary and secondary levels in Zambia. (Ministry of Education, 2020).

## **1.2. Background**

Given that adolescents make up a sizeable portion of the Zambian population of 24% and that they have one of the highest prevalence rates of adolescent pregnancy in sub-Saharan Africa (SSA), this could have a substantial negative impact on socioeconomic development (ZDHS, 2018). The 2018 Zambia Demographic and Health Survey (ZDHS) shows that for the past five years, the rate of adolescent pregnancy has remained extremely high at 29.2%, with at least 35% of young females in rural regions giving birth before or by the age of 18 (Zambia Statistical Agency, 2020).

According to, 29% of young women aged 15-19 are already mothers or pregnant with their first child. Rural young women aged 15-19 are twice as likely to have begun childbearing than urban young women (37% versus 19%) (ZDHS (2018). Teenage pregnancies and deliveries often involve complications and greater risk of maternal mortality and morbidity, as compared to pregnancies of women in their twenties (. At national level, half of the women delivering in health facilities were aged 25 years and younger (WHO, 2008).

In rural areas, half of the women delivering in health facilities were below 24 years old, while those from urban facilities were one year older(ibid). Regardless of residence, the most frequent age was 20 making the age group "20-24" the highest contributor amongst all age groups at national (30%), rural (33 %) and 28 percent for urban settings, accounting for roughly 1 in every 4th delivery. Regarding teenage motherhood, this was generally high at 20 percent nationally, with rural areas reporting

slightly higher contributions of about 22 percent compared to 19 percent in urban facilities (Annual Health Statistical report, 2021).

In central Province according to the Annual statistics report from the ministry of health the provinces cater from 23 % in rural areas and 25% in urban areas of the teenage pregnancy recorded during the period 2017- 2021 (ibid).

### **1.3. Statement of the Problem**

Adolescent pregnancy poses a significant threat to young mothers, as their bodies are not adequately prepared to carry a foetus. This condition can result in adolescent mothers being at risk of becoming undernourished and experiencing premature or prolonged labor, which increases the likelihood of permanent morbidity or death (Malunga et al., 2023).

The consequences of adolescent childbearing extend to adversely affect the teen mothers, their families, and their children. Despite these risks, adolescent pregnancy is a growing concern in the Makululu compound of Kabwe District in Zambia. Makululu compound, recognized as one of the largest and poorest slums in Kabwe district, exhibits a high prevalence of adolescent pregnancies. Approximately 22% of girls are married by the age of 14, and 44% are married by the age of 16 (Sondashi, 2018).

Despite the efforts of the government, through the Ministry of Health and its cooperating partners, to reduce the increasing numbers of adolescent pregnancies by implementing the Adolescent Health Strategy, available statistics show that in the first two quarters of 2023 alone, the district recorded 1,513 adolescent pregnancies. Makululu clinic contributed 423 to this record, with 415 of these involving adolescents between the ages of 16 and 18 years, and the remaining 8 being divided between adolescents aged 13 and 15 years (MOH, 2023).

Unwanted pregnancies occur among adolescents, and some marry before reaching biological maturity. Ideally, young people in this age range should be in school during this formative period as they are laying the foundation for their future (Mwale & Siziya, 2016). Furthermore, because of this major problem, young pregnant girls dropping out of school to avoid social humiliation; some girls have turned to induced abortions, which frequently have disastrous outcomes. Therefore, reducing teenage pregnancies is imperative (Warenus, 2008). The frequency of adolescent pregnancy is still high in

Zambia despite multiple studies on the factors linked to teenage pregnancy being carried out in schools and numerous campaigns against teenage pregnancy (Mwansa et al., 2019).

Thus, the aim of the study is to investigate the root causes and key drivers of the surge in adolescent pregnancies in Makululu Compound, shedding light on the multifaceted challenges faced by young individuals in navigating sexual and reproductive health in this specific context.

## **1.4. Research objectives.**

### **1.4.1 General objective**

- To explore the drivers of teenage pregnancy in Makululu compound.

### **1.4.2 Specific Objectives**

- To identify the socio-economic, cultural, and environmental factors that influence adolescent pregnancy in Makululu compound.
- To assess the level of awareness and knowledge among adolescents in Makululu Compound regarding reproductive health, contraception, and the consequences of early pregnancies
- To investigate the role of the community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent pregnancy in Makululu.

## **1.5. General research Question**

What are the key drivers of teenage pregnancy in the Makululu compound of Kabwe?

### **1.5.1. Specific Research Questions.**

- What socio-economic, cultural, and environmental factors contribute to adolescent pregnancy in Makululu compound?
- How aware and knowledgeable are adolescents in Makululu Compound about reproductive health, contraception, and the consequences of early pregnancies?
- How do community-based programs and initiatives in Makululu contribute to mitigating the socio-economic factors associated with adolescent pregnancy?

## **1.6. Significance of the study**

The need to reduce adolescent pregnancy is necessary because of various negative factors associated with adolescent pregnancy which include the following;

**Health complications:** Adolescent mothers and their babies are at higher risk of health complications. Adolescent may not be physically or emotionally ready for the challenges of pregnancy and childbirth, leading to increased risks of complications, preterm birth, and low birth weight.

**Educational Impact:** Adolescent pregnancy often disrupts a young person's education. Adolescent mothers may be less likely to complete their education, limiting their future employment opportunities and economic prospects. This can contribute to a cycle of poverty and dependence.

**Economic Consequences:** Adolescent parents often face financial challenges as they may not have completed their education or gained sufficient skills for well-paying jobs. This can result in increased reliance on public assistance and negatively impact the economic well-being of the community.

The findings from this study may be used to enhance knowledge on factors associated with adolescent pregnancy. This will inform the gaps that currently exist in the implementation of government policies such as the adolescent health strategy, national youth policy and the Re-entry policy. These findings will also inform organisations such as non-governmental organisations that complimenting efforts in identifying gaps and provide a basis for effective advocacy of issues to do with adolescent health.

The lessons that will be learnt from this study could be used in finding the solutions to the major challenges adolescents face, particularly in improving their decision making regarding sexual and reproductive health rights. This, in turn, could positively impact their opportunities for tertiary education, employment opportunities and generation of income which overall contributes to human development and economic growth of the country.

## **1.7 Scope of study**

This study will focus on the adolescent pregnancy in Makululu compound of Kabwe district. It will make use of data from the district health office, district education board secretary and statistics from the Zambia demographic health survey and reports from organisations such as UNICEF, UNFPA and Restless Development Zambia.

## **1.8 Definitions of key terms**

**Adolescent:** An adolescent is a person who is in the developmental stage between childhood and full adulthood, typically characterized by emotional immaturity yet biological adulthood. In this study, an adolescent is defined as a female between the ages of 10 and 19 (WHO, 2023).

**Pregnancy:** Pregnancy is the state in which a foetus develops in the uterus of a woman of childbearing age, from conception to birth. In the context of this study, adolescent pregnancy refers to pregnancy in women aged 15-19 years (WHO, 2021).

**Sexual rights:** Sexual rights are basic human rights that include the highest standard of sexual and reproductive health. These rights encompass the right to make decisions about one's own body, sexuality, and reproductive health without discrimination, coercion, or violence (ibid).

**Reproductive rights:** Reproductive rights refer to the freedom to decide on the number of children one may want to have. These rights also include access to reproductive health services, information, and education (ibid).

**Poverty:** Poverty is defined as the lack of basic needs, including food, shelter, and clothing. Poverty can also refer to a lack of access to education, healthcare, and other essential services (World Bank, 2021).

**Peer pressure:** Peer pressure refers to the influence that individuals within a social group exert on one another, leading to conformity in attitudes, behaviours, or decisions. Peer pressure is mostly associated with adolescents and young adults, as they often experience a heightened sensitivity to social acceptance and a desire to fit in with their peers (Berk, 2018).



Socio-economic factors: Socio-economic factors include region, residence, education, wealth index, ethnicity, and religion. These factors can influence various aspects of an individual's life, including health, education, and employment opportunities (UNICEF, 2021).

## Chapter 2: Literature review

### 2.1 Introduction

This section presents a review of studies on adolescent and teenage pregnancies in both rural and urban areas that have been conducted by researchers. It involves a comprehensive examination of published articles, books, journals, magazines, and official websites. The study presents the literature in a funnel format, starting from a global perspective and progressively narrowing down to a local outlook. The review of these studies is divided into; Early marriages, poverty, individual factors, Breakdown in n Parent-Child Communication, Covid-19 pandemic, Cultural and social Norms, and peer pressure/influence. What was missing in knowledge is also discussed at the end of this chapter.

### 2.2 Empirical Review

#### 2.2.1 Global perspective of adolescent pregnancies

Globally, adolescent pregnancy is a significant concern due to its potential hazards, including fatality, emotional distress, and socioeconomic challenges. While risk factors have traditionally focused on sexual education and awareness, other factors like psychological maturation, behavioural issues, and family dynamics also contribute to this complex issue (Mbizvo et al., 2023).

##### 2.2.1.1 Early marriages, poverty and individual factors

On a global scale, adolescents constitute the largest proportion of children who are deprived of education and encounter substantial obstacles in accessing learning opportunities, as emphasized by UNICEF in 2009. Back in 2006, a staggering 75 million children within the primary school age bracket found themselves excluded from educational institutions. Of this number, a staggering 101 million were unable to attend school due to factors like early marriages, teenage pregnancies, geographical remoteness from educational facilities, poverty, instances of child abuse, gender bias, and a multitude of other challenges. The majority of these primary school age children who are not enrolled in school amounting to 88 percent are concentrated in the regions of Africa and Asia (UNICEF, 2009).

In an investigation that focused on the risky sexual behaviours of adolescents, Price and Hyde explored the impact of individual, familial, and socio-cultural factors associated with the early onset of such behaviours. The researchers proposed the idea that it's not a single factor but the cumulative effect of various factors that heightens the likelihood of adolescents engaging in risky sexual behaviours. According to the cumulative risk model, the greater the exposure to risk factors, the higher the probability of early sexual activity (Price and Hyde, 2009).

#### **2.2.1.2 Media influence and Individual factors**

Similarly, in a longitudinal study involving girls aged 13 to 15, Fisher monitored 273 adolescents (53% girls, 90% European American). The study revealed that, for girls, several factors were linked to the initiation of sexual activity. These factors included: (a) diminished self-esteem, (b) increased time spent watching television with explicit sexual content, (c) strained relationships with parents, (d) living in a non-intact household, (e) elevated levels of misconduct, (f) lower academic achievement, and (g) parents with lower educational levels (Felsher, 2010).

In proposing explanations for adolescent pregnancy, Waddel cautioned against oversimplifying the reasons by attributing them solely to ignorance, carelessness, and imprudence. Waddel viewed adolescence as a challenging phase in one's life and suggested that engaging in sexual activity during this period might serve as an escape, providing physical arousal and excitement amidst the upheaval of change and uncertainty. Furthermore, she asserted that pregnancy often stems from intricate impulses and emotions, whether conscious or not (Waddel, 2009).

#### **2.2.2.1 Sub-Saharan Africa perspective of adolescent pregnancies**

Numerous reports and studies, including those from government health agencies and non-governmental organizations in various sub-Saharan African regions, have confirmed the high rate of unplanned pregnancies among African adolescent girls. Despite a 3% drop in adolescent birth rates noted in 1996, most likely due to different initiatives implemented by different parties, the rate of teen pregnancies in 2001–2002 increased by 1 percentage point from 1996. The implementation of re-entry policies is most likely to blame for this surge. The fact that teen pregnancy rates decreased even more in 2007 suggests that these policies had more short-term effects than reproductive health initiatives (WHO, 2014).

### **2.2.2 .2 Breakdown in n Parent-Child Communication**

Adolescent pregnancy among school-age children is on the rise in South Africa, where it causes school dropouts as the young moms must abandon their studies to tend to their infants. Pregnancy among youth in Matjidileng community in South Africa has reached epidemic proportions. It appears that part of the issue was a breakdown in communication between the parents and their children. The rural people continue to believe that discussing sex with young people is frowned upon (Thobejane, 2015).

### **2.2.2 .3 Covid-19 pandemic**

The Covid-19 pandemic may have worsened the situation, as school closures and limited access to contraception and healthcare services became prevalent during this period. The lockdown measures affecting recreational, sports, and other youth activities that typically engage youngsters might also contribute to the problem. In rural western Kenya, secondary school girls were more likely to engage in sexual activity, less likely to report their first sexual encounter, and reported increased hours of non-school-related work during the Covid-19 period (Zulaika, and Bulberelli, 2022).

South Africa also experienced higher rates of teenage pregnancies in the last two years, possibly linked to the impact of the Covid-19 pandemic. Engaging in unprotected sex, whether consensual or resulting from coercion and exploitation, makes young girls vulnerable to Sexually Transmitted Infections (STIs) and HIV. Current evidence indicates that adolescent girls and young women have the highest rate of HIV acquisition. Most teenage pregnancies are unplanned, often concealed, and not only disrupt children's educational paths but are also associated with complicated pregnancies, challenging labour, difficulties with breastfeeding, and ongoing healthcare issues for the baby ((Kim J. 2022).

### **2.2.3.1 Zambian perspective of adolescent pregnancies**

In Zambia, the National demographic and sexual behaviour surveys point to high awareness knowledge levels on general sexual and reproductive health yet low comprehensive knowledge on correct contraceptive usage and methods including emergency contraception. Compounded by a lack of availability and access to wider reproductive health services (Restless Development, 2013).

### **2.2.3.2 Poverty**

The overall causes of teenage pregnancy, according to, were: lack of access to appropriate sexual and reproductive health information and services, especially contraceptives; poverty, which makes some girls offer sex in exchange for goods and services; social and cultural determinants, like gender inequality (women and girls perceived as the weaker sex); peer pressure; lack of information and education on sex and sexuality; and lack of opportunities for adolescents, especially those living in rural areas (long distances to schools, health facilities, and entertainment (CSO, MOH, and ICF International, 2014).

“Residence influences fertility in some way. Differences in fertility by urban and rural residence occur due to locational factors that affect aspirations and family sizes preferences. Urban places typically offer better educational and modern sector job opportunities, better health facilities and more access to information on contraceptives and supplies. Urban areas also tend to face lower social and financial costs of fertility regulation, a rather lower labour value of children and higher out of pocket costs of having and raising children compared to rural areas. Furthermore, teenagers living in more urbanised countries tend to have lower fertility when compared to their counterparts living in countries with less proportions of urban population” (U.S Bureau of the census, 1995).

Geographical region also plays a role in influencing teenage pregnancy outcomes. Within the provinces of Zambia, local traditions can be contributing factors to the prevalence of teenage pregnancies. Specifically, cultural practices in certain provinces, such as valuing girls as a form of wealth and a willingness among parents to see them off to marriage once they reach a certain age, can contribute to the rise in teenage pregnancies. This practice is often accompanied by the benefits derived from dowry payments, which may address some financial challenges. Consequently, there is an increase in the occurrence of teenage marriages. The UN Population Agency (UNFPA) reports that in Zambia, Luapula Province stands out for its high prevalence of early and forced marriages, estimating that approximately 70 percent of teenage girls in the region experience early pregnancy and underage marriage (UNFPA, 2018).

According to Joar Svanemyr (2018), in his study of adolescent pregnancy in Zambia, findings revealed that “girls who become pregnant do so because of poverty, pressure and the influence of peers. This influence and pressure, however, is not a matter of showing off boyfriends or boasting about sexual experiences. Rather, it relates to the support a boyfriend can provide in terms of necessities. In that sense, one may say that girls follow descriptive norms on how to access such necessities. They are doing what they observe or believe others to do, even if this conflicts with injunctive norms for sexual behaviour. Some informants claimed that girls also have relationships with boys just for ‘fun’ and ‘entertainment’, which may indicate that the dominant norms that prescribe abstinence for young girls are contested, at least by some sub-groups.”

According to Brigdes & Alford (2010), “teenage pregnancy is part of the cycle of poverty” in which very young mothers stay poor, and their children go on to experience teen pregnancy, poverty, and lower academic outcomes. Most teenagers face years of regret for their decisions to have sex, their potential as young adults are never realized, and they become a burden on their families and society because their poor performance at school placed a limit on their educational and economic stability (Gallop, 2004)”.

### **2.2.3.3 Individual Factors**

Individual perspectives on abstaining from sexual intercourse, early initiation of sexual activity, and negative attitudes toward contraceptive use among adolescents can be influential factors contributing to teenage pregnancies. Other identified contributors include sexual coercion, inadequate or improper use of contraceptives, and low self-esteem. Personal considerations may extend to experiencing stigma, fearing disapproval from parents and community elders, and facing discrimination from healthcare providers (Kassa, 2018).

It has been suggested that healthcare professionals might not fully grasp adolescents' concerns about contraception or reproductive health, and adolescents themselves may not fully appreciate comprehensive sexuality education (wood, 2018). Some adolescents may view contraceptive use as something reserved for married couples, leading to low adoption of contraceptives and subsequent pregnancies. Moreover, lack of awareness, misconceptions, and inadequate knowledge about the variety and

use of contraceptive methods are prevalent among some adolescents (Boameh,2017).

According to Saah and Bain (2023), in a systematic review conducted on the Prevalence and factors associated with adolescent pregnancies in Zambia from 2000-2022, findings indicated that the prevalence of adolescent pregnancy in Zambia ranged from 29 to 48%. Additionally, it was found that 29.1% of the country's adolescents, nationally, had given birth as of 2018. Factors at an individual's level such as early or child marriage, exposure to media, knowledge about sexual and reproductive health (SRH) and contraception, contraceptive use, as well as risky sexual behaviours were found to be significantly associated with adolescent pregnancies.

#### **2.2.3.4 Peer Pressure/ Influence**

In a study on Adolescent Pregnancy and social norms in Zambia by Joar Svanemyr (2018), He discovered that, “girls who become pregnant do so because of pressure or the influence of peers. This influence and pressure, however, is not a matter of showing off boyfriends or boasting about sexual experiences. Rather, it relates to the support a boyfriend can provide in terms of necessities. In that sense, one may say that girls follow descriptive norms on how to access such necessities. They are doing what they observe or believe others to do, even if this conflicts with injunctive norms for sexual behaviour. Some informants claimed that girls also have relationships with boys just for ‘fun’ and ‘entertainment’, which may indicate that the dominant norms that prescribe abstinence for young girls are contested, at least by some sub-groups.”

Peer association has been indicated as one of the strongest predictors of adolescent sexual behaviour. Adolescents who do not engage in sex tend to have friends who also abstain. Those who are sexually active tend to believe that their friends are sexually active as well. The social pressure often prevents young girls from using contraception. The girls feel that they would only be accepted as women once they have proved their fertility. Having sexually active friends is also strongly associated with the earlier onset of sexual activity at a young age (Blum, 2005).

### **2.2.3.5 Cultural and social Norms**

According to Heslop and Banda (2013), Study findings suggest that “with girls, there is a double set of norms: some norms tell them that it is not acceptable to show they are ‘sexually desirable and available’, whereas other norms tell them this is how to access goods that will improve their status and make life more comfortable.” Cultural beliefs, encouraging larger families and early childbearing. These norms may contribute to adolescent girls seeing unplanned pregnancies as normal and socially accepted. Similarly, norms governing contraceptive use were found to be a factor in adolescent pregnancy. Community-wide negative perceptions and beliefs regarding modern contraceptives was noted to be a common predictor of adolescent pregnancy in previous studies.

### **2.2.3.6 Media Influence (Social media)**

Most adolescents primarily receive information regarding sexual and reproductive health from sources such as radio, television, publications, and, to a lesser extent, the internet. The media serves as a valuable channel for educating young people about sexual and reproductive health. However, exposure to certain types of media and content has led to a significant number of youths engaging in early sexual activity, as well as alcohol and drug abuse. Content like pornography plays a role in encouraging young individuals to partake in sexual activities, often without protection. Nowadays, parents face challenges in monitoring and controlling their children's media exposure due to the proliferation of outlets like cell phones and the internet (Mwale, et al., 2021).

According to Moore & Rosenthal (1993), in Western societies, the prolonged transition to adulthood has given rise to a distinct youth culture. This culture significantly influences the opinions and behaviours of teenagers, with many conforming to specific fashion trends, music preferences, leisure activities, and sexual attitudes and behaviours. The primary drivers of this culture are the mass media.

Correspondingly, Alabi and Oni (2017), conducted a study on adolescent pregnancy and found out that this is as a result of early marriages and conventional gender norms. In Lusaka district, Katayamoyo (2010) also studied the factors that lead to teenage pregnancy. He discovered that early marriage, condom non-usage, rape, defilement, and incest, wife cleansing, and social economic factors (poverty and ignorance) all played a role. In a similar vein, Sungwe (2015) also investigated the causes of teenage pregnancies in Zambia. Her research revealed that deprivation, ignorance, and a lack



of knowledge about sexual and peer issues strongly influenced teenage pregnancy in Zambia.

### **2.2.3.7 Early Marriages**

Poverty plays a role in elevating the incidence of teenage pregnancy as some adolescent girls engage in relationships with older men to obtain financial support, seeking a sense of security. This economic hardship is linked to higher rates of teenage pregnancy and serves as a significant factor fostering early marriages. In cases of severe poverty, a young girl may be viewed as a financial burden and compelled to marry a considerably older man (Mwale & Siziya, 2016).

When a young girl, aged 14, becomes involved in a relationship, whether willingly or coerced, with an older man aged 25, conflicting opinions often arise, making it challenging for the girl to assert herself. This power dynamic frequently results in the girl being unable to defend her perspectives, ultimately leading to teenage pregnancy. Additionally, early marriages contribute to the issue, as cultural expectations often dictate that a marriage must yield children, disregarding the evident incongruity between the partners (Howard & Marth, 1990).

### **2.3.1 Theoretical Review**

This section lays down the theoretical basis of the study. The theory of Reasoned Action (TRA), proposed by Fishbein and Ajzen in 1975 was used to provide an understanding of the key drivers of increased adolescent pregnancies in Makululu compound in Kabwe District. This theory explains the relationships between attitudes and behaviours within human action. According to TRA, an individual's decision to engage in a particular behaviour is based on the outcomes the individual expects will come because of performing the behaviour.

In the context of investigating the key drivers of teenage pregnancies in the Makululu compound of Kabwe, this theory is particularly relevant. It suggests that adolescents' decisions to engage in sexual activity and the subsequent risk of pregnancy are influenced by their attitudes towards sex, their perceptions of the consequences of engaging in sexual activity, and the social norms and expectations surrounding sexual behaviour within their community.

The Theory of Reasoned Action (TRA) is a social psychological theory that aims to explain and predict human behaviour based on individual attitudes, subjective norms, and perceived behavioural control. The theory suggests that a person's intention to perform a behaviour is the key determinant of that behaviour, and this intention is influenced by their attitudes toward the behaviour, subjective norms (social pressures to perform or not perform the behaviour), and perceived behavioural control (the perceived ease or difficulty of performing the behaviour).

With relation to adolescent pregnancy the theory explores the how individual attitudes, subjective norms, and perceived behavioural control might contribute to the likelihood of a teenager becoming pregnant.

**Attitudes:** A teenager's attitudes towards sex, contraception, and pregnancy can significantly influence their likelihood of engaging in unprotected sexual activities. Positive attitudes towards responsible sexual behaviour, safe sex practices, and awareness of the consequences of teenage pregnancy can reduce the likelihood of engaging in risky behaviours.

**Subjective Norms:** The social environment plays a crucial role in shaping teenage behaviour. Subjective norms refer to the perceived social pressure or approval/disapproval of important others regarding a particular behaviour. For instance, if a teenager perceives that their peers or family approve of responsible sexual behaviour and discourage early pregnancies, they are more likely to adopt these attitudes and behaviours.

**Perceived Behavioural Control:** Perceived behavioural control refers to an individual's belief in their ability to perform a particular behaviour. In the context of teenage pregnancy, this could include factors such as access to contraception, knowledge of contraceptive methods, and the ability to communicate effectively with sexual partners about contraception and sexual health. High levels of perceived behavioural control can lead to more responsible sexual behaviours and a reduced likelihood of teenage pregnancy.

### 2.3.2 Conceptual Review

**Figure 1. Conceptual framework on key drivers of adolescent pregnancies.**

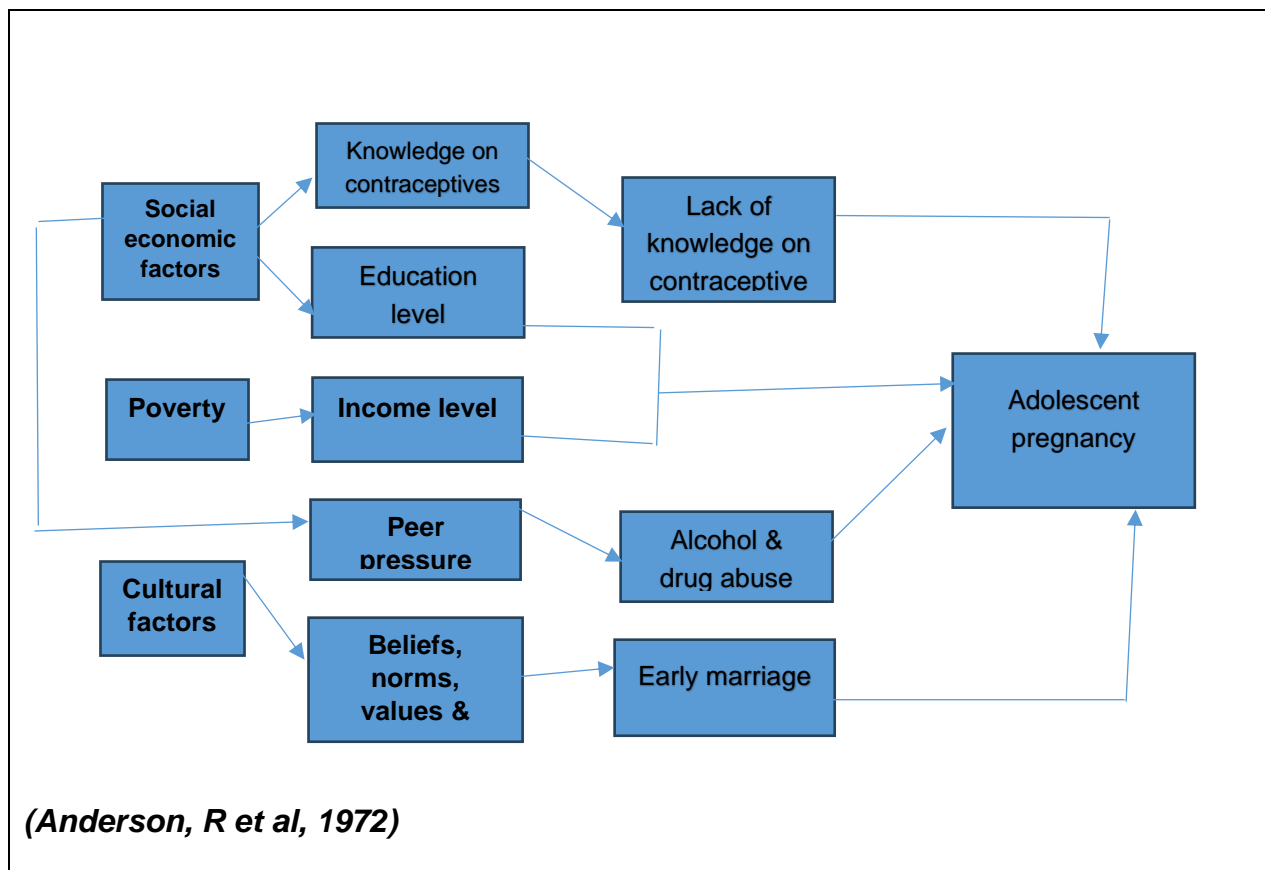


Figure 1. Conceptual framework on key drivers of adolescent pregnancies

The conceptual framework above illustrates selected key socio-economic and cultural drivers of adolescent pregnancies. Socio-economic drivers, including education levels, income, access to Sexual and Reproductive Health and Rights (SRHR) services, poverty, and peer pressure, play a role in influencing teenage pregnancies (Anderson, R et al, 1972).

The education levels and information on Sexual Reproductive Health and Rights services are interconnected, affecting each other, and contributing to a lack of knowledge, ultimately leading to adolescent pregnancy. Similarly, poverty and income levels influence each other and contribute to the occurrence of adolescent pregnancy. Peer pressure is linked to alcohol and drug abuse among adolescents. Influence from peers can lead young individuals towards substance abuse, and this connection is associated with an increased risk of adolescent pregnancy. Cultural drivers, such as beliefs, norms, values, and traditions, also have a significant impact on adolescent pregnancy. Some traditions and customs promote early marriages, influencing the prevalence of adolescent pregnancies (ibid).

In summary, the conceptual framework outlines how socio-economic and cultural drivers interconnect to contribute to the complex issue of adolescent pregnancies.

## **2.4 Research Gap**

The literature reviewed in this chapter provides an overview of the different factors contributing to adolescent pregnancy globally. Most research and studies have been conducted in developed countries, with limited research from less developed countries in Asia and Africa. However, it is unclear how these findings apply to Zambian adolescents, who live in different social circumstances with different values. Previous studies in Zambia have been mostly quantitative, which may limit adolescents from freely expressing themselves on this complex issue. To gain more insight, there was need for context-based research. Therefore, it was imperative to conduct research to investigate the key drivers of increased adolescent pregnancies in Central Province, particularly Makululu compound of Kabwe District.

This research provides a deeper understanding of the factors contributing to adolescent pregnancies in this specific context, which can help to inform targeted interventions and policies to address this issue.

## Chapter 3: Research Methodology

### 3.1 Research Design

The design for this study was qualitative research, utilizing a phenomenological approach to explore the key drivers of teenage pregnancies in Makululu, Zambia. The phenomenological approach focuses on the study of individuals' experiences and perceptions of a particular phenomenon, in this case, adolescent pregnancy. This approach was chosen because it allows for a deeper understanding of the lived experiences of adolescent mothers and other stakeholders in the community. The research involved collecting data through in-depth interviews with adolescent mothers, community members, health professionals, and education officials in Makululu.

The choice of a phenomenological approach is supported by the work of Creswell (2013), who states that phenomenology is particularly useful when exploring complex human experiences and perceptions. In the context of this study, the phenomenological approach provided a basis for understanding of the factors contributing to teenage pregnancies in Makululu, including the social, cultural, and economic factors that shape the experiences of adolescent mothers and other stakeholders in the community.

### 3.2 Population

Makululu is the largest informal settlement in Zambia, with a growing population of 60,000 people out of the 299, 206 Kabwe District population (Zambia Statistics Agency, 2023). According to Habitat for Humanity Zambia (2022), 42% of the population living in Makululu are young people/children and currently, the local health post has 423 adolescents who have been registered for antenatal care services. The study's population involved adolescent females aged 15-19 years who were either currently pregnant or had been pregnant before and had resided in Makululu for at least a year.

### 3.4 Sample size and Sampling techniques.

The criterion that was used to decide on the representation took into consideration the availability of resources in terms of money, time, manpower and transport. Two methods of sampling were applied in this research namely purposive random sampling and Snowball sampling. Purposive sampling was utilized to select key informants (8),

including 2 clinical staff members, 2 guidance teachers from schools and health facilities in the area, 2 ward councillor, and 2 staff members from Restless Development Zambia and USAID DREAMS operating in the area. Snowball sampling was employed to select a sample of 26 girls for interviews. This technique was chosen because the local health facility register had limited contact details, making it easier to recruit participants as they were able to refer others with similar experiences and situations. Therefore, the study comprised a sample size of 34 participants.

The use of purposive random sampling for selecting key informants was based on the need to gather information from individuals with specific knowledge and experience relevant to the research topic (Creswell, 2013). This method allowed for the selection of participants who could provide valuable insights into the key drivers of adolescent pregnancies in the Makululu compound. Similarly, Snowball sampling was chosen for selecting a sample of girls for interviews due to the practical challenges of accessing a comprehensive list of potential participants. This method is commonly used in qualitative research when the target population is difficult to reach or identify (Babbie, 2016). Snowball sampling allowed for the recruitment of participants through referrals from existing participants, ensuring that the sample was representative of the target population.

### **3.5 Data collection procedures**

Data was collected using semi-structured interviews with open-ended questions tailored to each group of participants. The interviews were conducted in a private and comfortable setting, and the participants were allowed to share their experiences and perceptions of adolescent pregnancy without fear of judgment. The interviews were audio-recorded, with the permission of the participants, and later transcribed for analysis.

The use of semi-structured interviews with open-ended questions was chosen to allow for a flexible and in-depth exploration of the participants' experiences and perceptions of adolescent pregnancy (Creswell, 2013). This method allowed for the collection of rich, detailed data that could provide valuable insights into the research topic. The interviews were conducted in a private and comfortable setting to create a safe and supportive environment for the participants to share their experiences and perceptions

(Babbie, 2016). This approach aimed to minimize the risk of social desirability bias and encourage participants to speak openly and honestly about their experiences.

### **3.6 Data analysis procedures**

The data analysis procedures employed a deductive approach, in which emerging themes were identified from the data based on codes of interest. Key themes were then condensed into specific findings, supported by evidence from direct quotations.

The use of a deductive approach to qualitative data analysis was chosen based on the need to analyse the data (Creswell, 2013) systematically and rigorously. This method allowed for the identification of key themes and findings, ensuring that the analysis was grounded in the data and supported by direct quotations from the participants.

### **3.7 Limitations of the study**

The study focused on adolescent girls only, adolescent boys were not part of the study to understand the key driving factors that contribute to the increased adolescent pregnancy in Makululu compound of Kabwe District.

The study was also limited to key driving factors that contribute to the increased adolescent pregnancy in Makululu compound of Kabwe District only, the findings cannot be generalised to rural areas.

It is important to acknowledge methodological constraints in the study specifically; a non-probability sampling method was employed for participant selection. This introduces the potential for selection bias in the study's findings.

## Chapter 4: Presentation of findings

### 4.1 introduction

This chapter presents the findings from this study. The purpose of this study was to investigate the key drivers of increased adolescent pregnancies in Makululu compound of Kabwe district despite the efforts by the government and cooperating partners to redress the problem.

The study was guided by the following research objectives:

1. To identify the socio-economic, cultural, and environmental factors that influence adolescent pregnancy in Makululu compound.
2. To assess the level of awareness and knowledge among adolescents in Makululu Compound regarding reproductive health, contraception, and the consequences of early pregnancies
3. To investigate the role of the community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent pregnancy in Makululu.

To offer context for the responses, a mix of straightforward tables and explanatory notes were used to explain the main findings. The findings were presented according to research objectives and sub-themes generated under those objectives.

### 4.2 Demographic of Participants

**Figure 2. Demographic of Respondents**

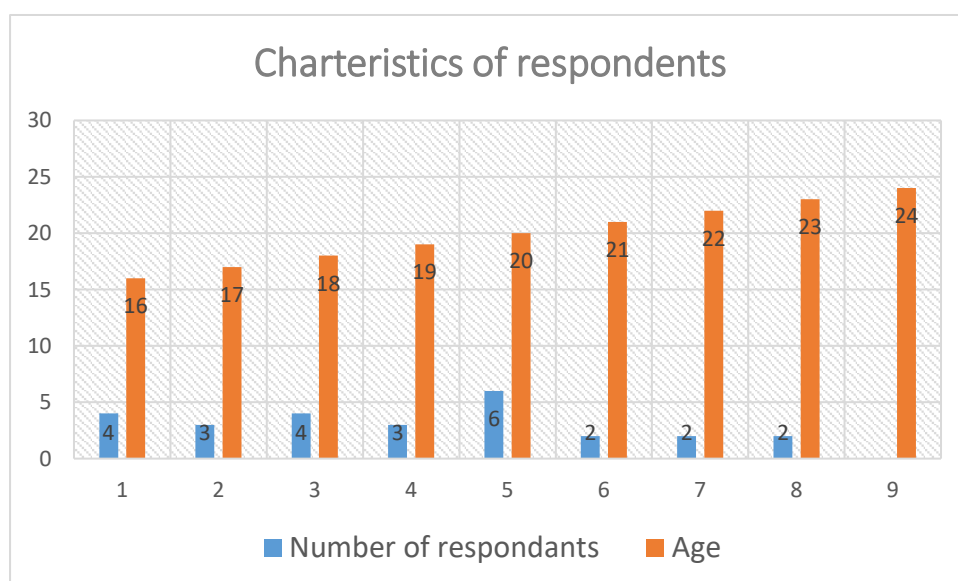
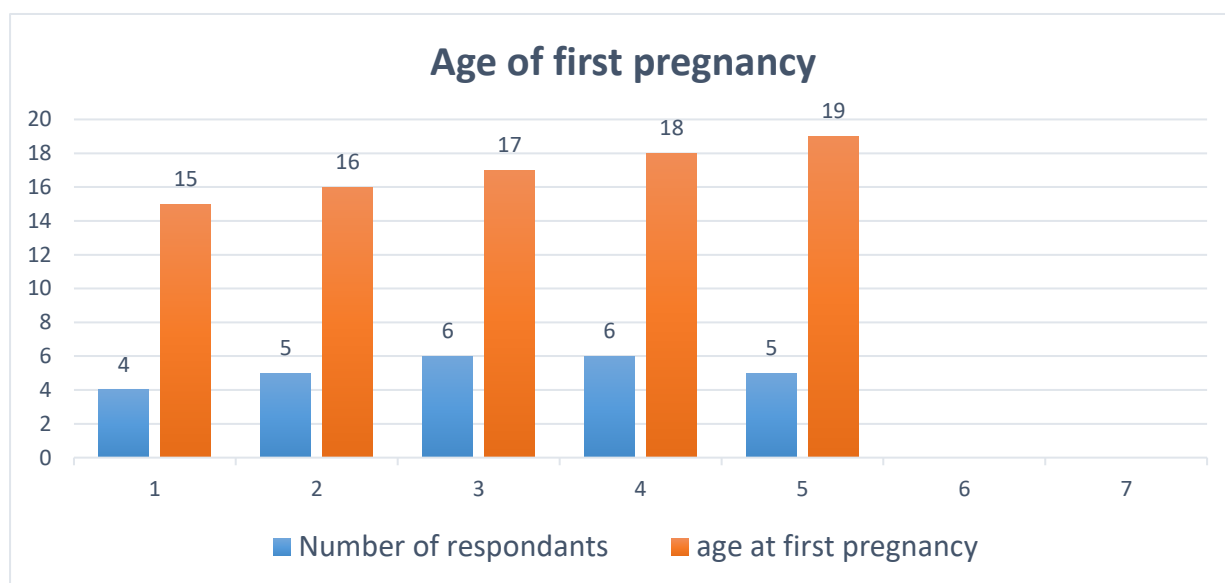


Figure 2. Demographic of Respondents



Results of the study shows the out of the 26 participants interviewed, majority of the participants (85%) were in the age group of 16-20. The minority 15 % were in the age group 21-23.

**Figure 3. Age of first pregnancy**



*Figure 3: Age at first pregnancy*

Results show the age of the participants at first pregnancy, the majority were between the age group of 15-17 and the other distributed between the age 18- 20. This also indicated that the participants in the majority age group of those who fell pregnancy were between grade 8-10. While who fell pregnant between the age of 18-20 were in grade 11-12.

### 4.3 Presentation of Distinctive themes

**Table 1. Distinctive themes**

Presentation of the identified themes and subthemes has been supported by the direct quotes that the adolescent mothers gave. These themes and sub themes are emerging from the data during the analysis process. This is presented in the table below.



Major Theme	Sub theme	Codes
Socio-economic, cultural, and environmental factors that influence adolescent pregnancy in Makululu compound.	<ol style="list-style-type: none"> <li>1. Environmental factors</li> <li>2. Influence of Peer Pressure and Materialism</li> <li>3. Limited Recreational Activities:</li> <li>4. Psychological Impact and Hidden Pregnancies:</li> </ol>	<p>Peer pressure</p> <p>Admiring what others have</p> <p>Transactional sex</p> <p>Early sex debut</p> <p>Drug abuse.</p> <p>Recreational activities</p> <p>judgment from peers and parents</p>
Level of awareness and knowledge regarding reproductive health, contraception, and the consequences of early pregnancies.	<ol style="list-style-type: none"> <li>1. Health complications</li> <li>2. Awareness of Reproductive Health and family planning:</li> <li>3. Access Points for Family Planning Services:</li> </ol>	<p>Pregnancy complications</p> <p>Mental health</p> <p>Level of knowledge and understanding</p> <p>Location of medical facilities and accessibility</p>
Community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent.	<ol style="list-style-type: none"> <li>1. Information on Sexual Reproductive Health</li> <li>2. Contraception education</li> </ol>	<p>Services providers' attitude</p> <p>Services accessible for young people</p> <p>Modes of contraception common among adolescent girls and young women</p>

Support from NGOs	1. Local initiatives	Tikambe- Natulande Dreams Keeping girls in school CAMFED
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#### **4.4 Socio-economic, cultural, and environmental factors that influence adolescent pregnancy in Makululu compound.**

The researcher asked a series of questions on socio-economic, cultural, and environmental factors that influenced adolescent pregnancy. The responses given were grouped according to the sub-themes.

This lack of positive outlets increased the likelihood of engagement in risky behaviours, including unprotected sex.

##### **4.4.1 Psychological Impact and Hidden Pregnancies**

The narratives shared by the respondents reveal the psychological toll of adolescent pregnancies in Makululu. Fear of judgment from peers and parents was cited as a reason for secretive abortions, indicating the stigma associated with early pregnancies.

*“.....So, in that, there are two consequences which you will either get HIV/AIDS or unwanted pregnancy. So, if I do not use a condom, I will fall pregnant at a young age. Additionally, I will be faced with a dilemma to either keep the pregnancy or abort because I am afraid that my friends will laugh at me some of us do even hide it from our parents and secretly abort.*

A guidance teacher also added; *“A good number of our learners stop school once they get pregnant, mainly because they fear being laughed at by their friends in schools. We have tried following up on good number of them even after giving birth, but results have not been so good..... We have a lot of work to do! “*

#### **4.5 Level of awareness and knowledge among adolescents in Makululu Compound regarding reproductive health, contraception, and the consequences of early pregnancies.**

The findings from the assessment of awareness and knowledge among adolescents in Makululu Compound regarding reproductive health, contraception, and the consequences of early pregnancies reveal several significant insights. The researcher first asked respondents a series of questions relating to their level of awareness on the health complications of early pregnancy. The researcher observed that most respondents had a high level of awareness on the questions. The respondents even went further to give examples of the associated complications. Two respondents went further to indicate that;

*“As a teenager, when you get pregnant, there are complications that arise especially at birth. So, in most cases you will find that you have to undergo an operation because the body is not ready to facilitate that”.*

And;

*“: when the pregnant mother is too young, the process of childbirth may result into Vaginal Fistula which is a complication. There are a lot of expenses involved in addition to the health complication as people with this condition are taken to specialist facilities, so it is very costly in my case I was taken to St Francis Hospital”.*

The thought was further collaborated by another respondent who explained that;

*“When you have a child, as a mother you need to be eating good food and at a certain stage the baby will need to be eating good food as well in order for there to be proper growth of the child even as you breastfeed. The challenge will arise when you are pregnant, and you give birth but there is no money to buy food as a result the child will have malnutrition. You as a mother not having enough food and food id also a problem.”*

Overall, the level of awareness on consequences was high.

#### 4.5.1 Awareness of Reproductive Health and family planning by Adolescents

The responses indicated a level of awareness regarding reproductive health and family planning methods among the adolescents in Makululu. While some respondents acquired knowledge after giving birth during a vaccination visit, others, heard about it in school. This suggests that there are different avenues through which adolescents are exposed to information about family planning, emphasizing the importance of multiple educational channels.

When asked about the level of awareness on family planning, one respondent was of the view that;

*“Yes, I am. I knew about family planning after I gave birth when I came to have my baby vaccinated. I was told family planning helps to avoid unwanted pregnancies. It also helps to avoid falling pregnant shortly after giving birth. Family planning is very important. It comes in the form of condoms or injections”.*

Another respondent explained that.

*“I just used to hear about it but did not know how to use or access it and that’s how I fell pregnant.”*

Other respondents indicated that they have heard about family planning but they never used the information acquired. They went further to narrate that;

*“I heard about it in school, but I have never used it before”*

The researcher then asked respondents about their level of knowledge on the use of contraceptives. The findings revealed that most respondents use different contraceptives methods. The respondents even mention various injectable contraceptives they have used before and these included Depo, Sayana, Zinnia F family planning. However, usage of these family planning contraceptives had side effects and many respondents were in agreement. The respondents who expressed a level of awareness on family planning were even more knowledgeable about the side effects of injection contraceptives One respondent went further to explain that;

*“I have used Depo which is an injection, but it had side effects as I used to have heavy bleeding. So I changed and started using Sayana which gave me the same problems. So right now I use Zinnia F family planning pills”*

Another respondent expressed herself that;

*“Due to the same reasons given [effects of injections], I also stopped using injections and pills. I just condomize or abstain”*

Another respondent was also of the view that.

*“I hear that it is the injections make you sick and you can become barren that’s why I don’t use any other than condoms”*

#### **4.5.2 Access Points for Family Planning Services**

The researcher then asked respondents if they are aware of any family planning services provided by their local medical facilities. The respondents unanimously agreed that family planning services are provided at their local health centre. However, the results indicated that respondents expressed some challenges with the services. Notably, one respondent narrated that;

*“I think the only challenge that is there is the health facility runs out of family planning methods.”*

While another indicated that;

*“Sometimes you will be told that they have run out of the option that you prefer. For example, at one point I found that they did not have the one I wanted which was for three months but the only had for three and five years”*

However, views were also aired about accessibility of the services. These views were that they are able to access the services without any challenge but the contraceptive service provided caused harmful side effects. They noted that;

*“Accessing is not a problem but the challenge was that after I am getting injected, my arm would swell for about a week on end and that continued for a long time and I had to stop”*

A clinical staff also added on access to family planning, she said, *“We offer a good number of family planning services here to adolescent and all our services are offered without discrimination, no judgemental tone or ridicule”*.

*“We also have youth friendly spaces around this area with well-trained people there. These spaces provided different SRHR services to these adolescents in a youth friendly manner”*, explained another clinical staff.



#### **4.6 The role of the community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent pregnancy in Makululu.**

The researcher then asked the respondents various questions relating to community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent pregnancy in Makulu Compound. The respondents noted to have attended activities provided by organizations like the Restless Development Zambia, Churches Health Association of Zambia (CHAZ) and CAMFED which provided them with knowledge on sex education. One respondent narrated that;

*“There came an organization in school called CHAZ (Churches Health Association of Zambia) and I was among those involved in their activities. We were taught about HIV/AIDS, teenage pregnancies and other sexuality related issues. We would learn on Thursdays which was clubs day and then on Sunday evenings we would also teach our fellow pupils. At times we would go in the surrounding villages to take the information to the people there.”*

Another respondent noted;

*“Having been under Camfed, we used to have programs about this especially that were all female. They taught us about HIV/AIDS, teenage pregnancies and gender-based violence. In addition to that, we had lessons from DREAMS that were just like we were learning with Camfed. We would also teach our fellow pupils within the school as well as other schools about what we learnt”.*

One respondent indicated that;

*“Yes, there were different groups that would come to school and they would teach us about this, such as Tikambe- Natulande”.*

Similarly, a key informant from an organisation added;

*“We have been using a peer-to-peer approach to raise awareness on the dangers of adolescent pregnancies and educating these adolescents on how they access sexual reproductive services. This approach is working in the communities because young people feel free talking and accessing these services from their peers”,* explained a key informant from an organisation.

Another Key informant from an organisation added saying, *“what is key are outreach activities so that even those adolescents found in the outskirts of Kabwe can have the same information as their peers found in urban areas”*

#### 4.7 Impact Adolescent Pregnancy on Education.

The researcher then asked additional questions regarding how early pregnancy affected their education. The idea of feeling shy and the negative impact on education is a sentiment echoed by many adolescents. This highlights the social stigma attached to early motherhood, which may influence decisions to stay at home, leading to the potential discontinuation of education. Notably, one respondent indicated that;

*“If I fall pregnant as a young person, I will be feeling shy to go to school because of the ridicule I would be facing from my peers. The best option is to remain at home and the result will be negative as that may be the end of your education”.*

Other views which stood out from the discussion were that;

*“There is no concentration because pregnancy is uncomfortable. You cannot be in one place for a long time, you feel nauseous so it is not easy.*

And;

*“Sometimes you would want to sleep because it is tiring. As a result, there will be no concentration”.*

Most respondents expressed mockery and were often demoralized. The discussion uncovered that schoolgirls who had kids were forced to carry their kids to school and during the rainy and winter season, they missed classes as the seasons were not conducive to carry their kid along. A thought strongly echoed by one respondent;

*“I used to go for preventive maintenance with my baby on my back. Even when collecting results, I used to go with the baby and people would be happy to see me with her. I was fortunate to be under the sponsorship of Camfed (Campaign for Female education) so everyone knew that I was a mother. Even the teachers were there to support me and would usually ask me about how she was doing”*

Other respondents however noted that it had a minimal impact on their education. Notably, one voiced out that

*“on my part, attendance was not bad because a lot of people did not know that I have a child because I had a small body so I was able to blend in just fine.”*

Respondents who dropped out of school as a result of early pregnancy were asked if they are aware of the re-entry policy. They unanimously agreed view that they are aware. One of them went further to note that;

*“I know about the re-entry policy because that is what made me complete school”*

Some respondents also expressed appreciation for the policy. They noted;

*“when I went back to school, my attendance was also not bad because I went back to boarding school which is in Mafinga which is in Malawi. I would miss my child but I had no option because it was too far”*

However, despite returning back to school, one indicated that she felt marginalized. She noted that;

*“My attendance was also good because I started from where I left and had the same friends. They would mock me at times, but I stood my ground and would tell them that there is nothing wrong with being a mother”.*

While another narrated that;

*“for me it was not good because my friend used to mock me. They would laugh at me for being a mother so that was very demoralizing for me so I had to stop. But I will go back next year.”*

## 4.8 Conclusion

The findings from the data on the causes of adolescent pregnancies in Makululu reveal two primary factors poverty and environmental influences. Poverty drives young girls to seek material possessions through relationships with men, leading to unintended pregnancies. Environmental factors, such as peer pressure and limited recreational activities, contribute to engaging in risky behaviours, including early sexual activity. The effects of adolescent pregnancies are significant and multifaceted. Health complications during childbirth and the risk of vaginal fistula are highlighted by the respondents. Additionally, the impact on education is evident, with feelings of shame, discomfort, and reduced concentration leading to potential discontinuation of schooling.

## Chapter Five: Discussion of Findings

### 5.0 Introduction

This chapter of the study is a discussion of findings that were presented in the previous section in relation to the literature reviewed and the theoretical framework. The discussion is presented in line with the objectives of the study. The objectives that guided the study were:

- i. To identify the socio-economic, cultural, and environmental factors that influence adolescent pregnancy in Makululu compound.
- ii. To assess the level of awareness and knowledge among adolescents in Makululu Compound regarding reproductive health, contraception, and the consequences of early pregnancies
- iii. To investigate the role of the community-based programs and initiatives in mitigating the socio-economic factors linked to adolescent pregnancy in Makululu.

### 5.2. Causes of Adolescent Pregnancy

The findings from the study indicate that the main reasons for adolescent pregnancy in Makululu, Kabwe district were consistently mentioned by all participants in both the semi-structured one-to-one interview guide and focused group discussions. These factors include:

#### 5.2. 1 Poverty

It is essential to note that Makululu is an unplanned settlement in Kabwe district characterized by widespread poverty, with most residents facing financial difficulties. Most people are unemployed and often struggle to meet basic needs as well as meeting the both the demands of paying school fees and providing support to their children simultaneously. As a result, most young people indulge in transactional sex for them to afford a certain lifestyle such as having a smart phone and for most girls and young ladies being able to look good by wearing the clothes that are fashion and being able to afford hair maintenance.

Similarly, Sungwe (2015) conducted research on the factors contributing to teenage pregnancy in Zambia, revealing that poverty, lack of education on sexual matters, ignorance, and peer pressure were significant influencers. Similar studies by

researchers such as Katamoyo (2010), Konkco (2010), and Alabi and Oni (2017) supported these findings, underscoring the impact of early marriage, poverty, parental absence (resulting from divorce or separation), alcohol consumption, peer pressure, and the cultural and traditional aspects of the child's environment on teenage pregnancy.

### **5.2. 2 Peer Pressure or Influence**

With the increase in the use of technology and social media, young people are now not only being influenced by those who live within their locality but also are those who are far away from them and the issue of sexuality has also not been spared. In both individual interviews and focused group discussions, all participants highlighted peer pressure as a contributing factor to adolescent pregnancy. This is similar to study Alabi and Oni (2017) revealed that media impact, peer pressure, missing parents, the glamorization of teen pregnancy, ignorance, sexual abuse or rape, and teen drinking are among the factors mentioned.

### **5.2.3 Early sex debut**

Findings show that early sex debut as a result of initiation ceremonies is part of the cultural factors that is a key driver is adolescent pregnancy this is similar with the findings from Muchuruza (2000) from his study factors contributing to high adolescent pregnancy rate in kinondoni municipality show that initiation ceremonies for girls meant for educating girls on how to take care of their bodies as they become of age and also respecting elders, it is contrary. Some girls are further educated on how to take care of homes, husbands and children. They are also taught bedroom issues which arouse their sexual desire as they come out of the initiation period.

### **5.2.4 Lack of communication between Parents and Children of sexuality**

The findings presented above showed that poor communication between parents and children is seen as unconventional for most parents. This is because of cultural norms where parents find it embarrassing to their children and sexuality once they hit puberty. As a result, adolescents are left to learn about sexuality from peers and social media where information can be full of misconceptions. This is consistent with the findings from Micheal etal, (2012) study on youth and parent respondents that there is poor communication between parents and youths on sexuality issues. The youths in most

cases attributed this to cultural norms where it is almost taboo to discuss sex issues with parents; that parents scold them and make them feel embarrassed when they start talking about sex; and that when youths reach puberty, they feel they can make independent decisions, and this brings conflict between them and their parents. The parent respondents emphasized that youths are unruly and disrespect parents because they are influenced by their peers and the media. Since parents hardly provide guidance on sexuality issues, the youths reported that many young girls have ended up pregnant because they were curious to discover what their parents were hiding.

### **5.2.5 Limited recreational activities in the community**

The lack of recreational activities in the community such as libraries and play parks in the community only leaves drug abuse and alcoholism as a form of entertainment for young people to be part of. This unsupervised environment contributes to the development of relationships and involvement in activities such as prostitution, ultimately increasing the risk of Adolescent pregnancy. This is consistent with the findings from Brahmhatt H, et al (2014) in his study of the Prevalence and determinants of adolescent pregnancy in urban disadvantaged settings across five cities. His research suggests that residing in an impoverished residential setting, where basic amenities are scarce, fosters detrimental peer influence, contributing to an early initiation of sexual activity among participants. The socio-economic status was recognized as a poverty indicator within the community, rendering teenage girls susceptible to premature social independence and potential negative peer pressure. Additionally, the absence of sexual health facilities, recreational opportunities, or community involvement for teenagers in the area amplifies the repercussions of risky sexual behaviour, elevating the likelihood of unintended pregnancies.

### **5.2.6 Knowledge and use of contraception**

Findings reveal that adolescents not only have knowledge but also have access to contraception from the youth friendly space at Makululu clinic. All participants both in one-one interview and focus group discussion confirmed that there are all on contraceptives and have access to contraception from the local clinic. The only challenge experienced is the availability of preferred contraceptives as clinic sometimes runs out. This is consistent with a study conducted by Silumbwe (2018)



findings show that stock-outs of preferred contraceptive methods and unavailability of long-acting reversible contraceptives (LARCs) in some facilities, negatively affected contraceptive utilisation, as it meant that communities could not use nor access such services when they wanted to. Furthermore, it was reported that some healthcare facilities were unable to offer LARCs because some of the health personnel had not undergone training to provide these methods.

### **5.2.7 Effects of Adolescent Pregnancy**

Findings from the study underscore the multifaceted challenges and consequences associated with adolescent pregnancy. Social stigma and peer ridicule are highlighted, with the fear of mockery from peers leading some young individuals to shy away from school, potentially truncating their education. The physical discomfort of pregnancy, as described by respondents, contributes to a lack of concentration, impacting academic performance. School attendance varies among the respondents, with factors such as secrecy, distance from home, and personal resilience influencing their ability to continue education after childbirth.

Likewise, health complications emerge as a significant concern, including the need for surgical interventions during childbirth, potential malnutrition due to financial constraints, and the risk of vaginal fistula for young mothers. Financial and emotional challenges are evident, with limited resources affecting proper nutrition and emotional well-being. Despite the hurdles, some young mothers navigate school successfully, while others face demoralization and interruptions to their education. The findings underscore the importance of addressing the complex interplay of social, educational, and health factors surrounding teenage pregnancy to support the well-being and academic success of young mothers.

Similarly, these findings are consistent with Kamwengo (2018) in his study on an exploration into increasing teenage pregnancy in government secondary schools in Lukulu district of western province. Top findings in his study were poor academic performance, absenteeism, school dropout, delayed completion of education, economic difficulties and hardships, family conflicts, health complications, abortions, suicide, and transmission of sexually transmitted infections. The pregnancy itself brings with it psychological effects which might lead to total withdrawal of the teenage mother from school if not carefully handled by Guidance teachers in school. Parents

and learners who participated in the study indicated that they were aware of some effects which they were able to discuss such as absenteeism, economic difficulties and hardships, school dropout, health complications, abortion, suicide, family conflicts, and transmission of sexually Transmitted Infections (STIs).

### **5.2.8 Community – based programs employed in mitigating socio-economic factors linked to Adolescent Pregnancy in Makululu.**

Based on the findings from the one-on-one interviews conducted with staff from the local clinic, Makululu secondary school and the development organisations working makululu such as restless development and Dreams. The Organisation take a community led approach where the members from the community take ownership of programmes aimed at redressing the issues to do with Adolescent pregnancy and it is through programmes like Tikambe- Natulande where young people are empowered with skills not only to do with Sexual Reproductive Health rights but also with financial literacy by encouraging them to form savings groups which will in turn enable to embark on a financial freedom journey. Organisations such as CAMFED sponsor girl's education through their sponsorship programs and thus keeping girls in school.

### **5.3 Conclusion**

This chapter presents the findings from the study, which revealed significant insights into the causes, knowledge and use of contraception, effects, and community-based programs addressing adolescent pregnancy. The major causes identified included poverty, peer influence, limited recreational activities, alcoholism, and drug abuse, all exacerbated by the challenging socio-economic conditions in the unplanned settlement. Despite challenges, adolescents demonstrated knowledge and access to contraception, with stock-outs posing occasional difficulties.

The effects of adolescent pregnancy encompassed social stigma, academic challenges, health complications, and financial and emotional struggles. Community-based programs, led by both local organizations and development agencies, showcased a collaborative approach, emphasizing community ownership and empowerment. Initiatives such as Tikambe-Natulande focused not only on sexual reproductive health rights but also on financial literacy, aiming to address the root socio-economic factors contributing to adolescent pregnancy. The study underscores the need for holistic interventions that integrate social, educational, and health

components to support the well-being and academic success of young mothers in Makululu.

## Chapter 6: Conclusion and recommendation

### 6.1 Introduction

This Chapter presents the conclusion of the study, and it further makes recommendations on strategies that could be employed in the redressing the complex issue of adolescent pregnancies in Makululu, Kabwe District.

### 6.2 Causes of Adolescent Pregnancies in Makululu

The findings of the study revealed several significant factors contributing to adolescent pregnancies in Makululu, Kabwe district. Poverty emerged as a prominent issue, with most residents facing financial hardships and unemployment. This economic strain often leads young people to engage in transactional sex to afford desired lifestyles, such as owning smartphones and fashionable clothing. Early marriage, parental absence, alcohol consumption, and cultural factors also contribute to this issue. The prevalence of poverty and unemployment in Makululu creates an environment where young people are compelled to engage in risky behaviours such as transactional sex, to meet their basic needs and desires. This economic strain exacerbates the risk of adolescent pregnancies.

Peer pressure was identified as another key factor influencing adolescent pregnancies. With the rise of technology and social media, young people are influenced not only by local peers but also by those far away. Participants in the study highlighted peer pressure as a contributing factor to adolescent pregnancy. It was found that media impact, peer pressure, missing parents, glamorization of teen pregnancy, ignorance, sexual abuse, and teen drinking are among the factors mentioned. The influence of peer pressure, particularly through social media and other digital platforms, plays a significant role in shaping the behaviours and decisions of adolescents. This influence can contribute to the normalization and glamorization of teen pregnancy, leading to increased rates of adolescent pregnancies.

Early sex debut, often due to initiation ceremonies, was identified as a cultural factor driving adolescent pregnancy. It was found that initiation ceremonies, meant to educate girls on body care and respect for elders, sometimes include teachings on household management and sexual matters, which can arouse sexual desire. Cultural practices, such as initiation ceremonies, can inadvertently contribute to early sexual

debut among adolescents. These ceremonies, intended to impart important life skills, may also introduce sexual knowledge and behaviours prematurely, increasing the risk of adolescent pregnancies.

Poor communication between parents and children on sexuality was also identified as a significant issue. Adolescents often learn about sexuality from peers and social media, leading to misconceptions. Cultural norms and lack of parental guidance contribute to this issue. The lack of open and honest communication between parents and children on sexuality creates a gap in knowledge and understanding, leaving adolescents vulnerable to misinformation and misconceptions. This lack of guidance can contribute to risky sexual behaviours and increase the likelihood of adolescent pregnancies.

### **6.3 Effects of Adolescent Pregnancies**

Based on research findings, the effects of adolescent pregnancies are diverse and can have long-lasting consequences on the health, education, and socio-economic well-being of young mothers and their children. Adolescent mothers are at a higher risk of experiencing health complications during pregnancy and childbirth, including premature labour, low birth weight, and anaemia. These health risks are exacerbated by the socio-economic conditions in unplanned settlements like Makululu, where access to quality healthcare and nutrition is limited.

Additionally, adolescent mothers often face educational challenges, such as dropping out of school due to pregnancy or being unable to return to school after giving birth. This can perpetuate the cycle of poverty and limit their future opportunities for economic advancement. The socio-economic conditions in unplanned settlements exacerbate the identified causes of adolescent pregnancies, creating a complex and challenging issue that requires comprehensive and targeted interventions to address. Ultimately, these effects are a blow to the socio-economic development of Mukululu compound and Zambia as a whole.

## 6.4 Conclusion

In a nutshell, the study highlights the complex issue of adolescent pregnancies driven by socio-economic, cultural, and individual factors in Makululu. Addressing this issue requires a comprehensive approach that includes poverty alleviation, improved sexual education, increased parental involvement, and enhanced access to contraception. Community-based programs should focus on empowering young people and promoting positive social norms to reduce the risk of unintended pregnancies.

## 6.5 Recommendations

The study emphasizes the importance of holistic interventions to address the different challenges associated with adolescent pregnancies in Makululu. Such interventions may include:

- Integrating social, educational, and health components to support the well-being and academic success of young mothers. Additionally, the collaborative approach demonstrated by community-based programs. These programs should not only focus on sexual reproductive health rights but also incorporate elements like financial literacy to tackle the root socio-economic factors contributing to adolescent pregnancies.
- Improving access to Reproductive Health Services can be achieved by enhancing access to affordable and diverse contraceptive methods, as well as reproductive health services, especially in low-income areas like Makululu Compound. This can be achieved through frequent mobile clinics and community-based outreach programs that provide confidential and non-judgmental services.
- Addressing economic challenges by implementing poverty alleviation programs that specifically target families living in Makululu Compound. These programs should aim to improve socio-economic conditions, empower women and girls, and provide financial support to help meet their reproductive health needs. This can include vocational training, microfinance initiatives, and income-generation projects.
- Engaging community leaders and parents through collaboration with key gatekeepers such as community leaders, religious leaders, and parents to challenge harmful cultural norms and practices that contribute to increased adolescent pregnancies.

- Conducting further research is essential to gain a deeper understanding of the cultural and social factors that contribute to increased adolescent pregnancies in Makululu Compound. This can include qualitative studies and participatory research methods to involve community members in identifying context-specific solutions. Additionally, longitudinal studies can assess the long-term impact of interventions aimed at reducing adolescent pregnancies.

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## Appendices

### Appendix1.

#### Interview Guide for Guidance Teachers

I am Mulubwa Mergan Michelo a student at the University of Lusaka undertaking a course of Master of Arts in Development Studies. As part of my course, I am required to undertake this important research work. The purpose of the study is investigating the key drivers of increased adolescent pregnancies in Makululu compound of Kabwe district despite measures taken by government and stakeholders to redress the problem, establish causes and solicit for solutions to curb this continuous problem of teenage pregnancy.

You are kindly requested to respond freely to the questions to the best of your knowledge as it will bring vital information to the successful report. All information will strictly be confidential and be used for academic purpose only.

1. For how long you have been serving in the capacity of guidance Teacher?.....
2. Do you currently have any adolescent- mothers at your school?  
.....
3. How many adolescent mothers have made use of the re-entry policy? .....
4. What do you think there has been an increase or decrease in the number of adolescent pregnancies at your school in the last 2 years.
5. What do you think are the contributing factors to the adolescent pregnancy?
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  - II.  
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  - III.  
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  - IV.  
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6. How do you perceive the impact of economic conditions on adolescent pregnancy within Makululu compound?

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7. In your opinion, how does the financial situation of families contribute to or mitigate the risk of adolescent pregnancy?

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8. Can you share specific instances where socio-economic factors influenced decisions related to adolescent pregnancy in Makululu?

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9. Do you explain the Re- entry Policy to the Learners?.....

10. Do you have any record of Re-entry cases this year?.....

11. Does your school offer sexuality education?.....

12. Are your learners aware of Family Planning methods?

13. Who provides the Family Planning services in your school?.....

14. How often does your school conduct guidance services for Adolescent - Mothers?.....

15. What are some of the strategies do you think you should be put in place for there to be a reduction in the number of adolescent pregnancies recorded at the school ?

THANK YOU FOR YOUR COOPERATION

## Appendix 2

### INTERVIEW GUIDE FOR HEALTH STAFF

I am Mulubwa Mergan Michelo a student at the University of Lusaka undertaking a course of Master of Arts in Development Studies. As part of my course, I am required to undertake this important research work. The purpose of the study is investigating the key drivers of increased adolescent pregnancies in Makululu compound of kabwe district despite measures taken by government and stakeholders to redress the problem, establish causes and solicit for solutions to curb this continuous problem of teenage pregnancy.

You are kindly requested to respond freely to the questions to the best of your knowledge as it will bring vital information to the successful report. All information will strictly be confidential and be used for academic purpose only.

1. Name of the clinic

2. What SRH services for teenagers are available at this clinic?

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3. How would you describe the current level of awareness among adolescents in Makululu regarding Sexual reproductive health?

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4. What type of SRH services do teenagers demand?

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5. How often does the clinic conduct community outreach programs specifically targeting adolescents? .....

6. What are some of the challenges faced in providing SRH services to young people?

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7. In your opinion, what factors contribute to the accessibility or lack of access to contraceptives among adolescents in Makululu?

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8. How many adolescent pregnancies have you recorded in the last six months? .....

9. What was youngest age of an adolescent recorded? .....

10. In your own opinion, what do you think are the new trends leading to adolescent pregnancies in this community?

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11. Makululu being a densely populated set up, what are some of the unique factors influencing Adolescent pregnancies?

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12. What the challenges faced in addressing adolescent pregnancy in Makululu?

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13. What positive impact would you say the implementation of the Adolescent health strategy has had in the provision of adolescent health services and more specifically how has it contributed to addressing adolescent pregnancies in the community

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14. How would you describe the impact that local organizations working in SRH have had in addressing adolescent pregnancy related issues?

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THANK YOU FOR YOUR COOPARETION

### Appendix 3.

Interview Guide for the adolescent mothers- In school.

I am Mulubwa Mergan Michelo a student at the University of Lusaka undertaking a course of Master of Arts in Development Studies. As part of my course, I am required to undertake this important research work. The purpose of the study is to investigate the key drivers of increased adolescent pregnancies in Makululu compound of Kabwe district despite measures taken by government and stakeholders to redress the problem, establish causes and solicit for solutions to curb this continuous problem of teenage pregnancy.

You are kindly requested to respond freely to the questions to the best of your knowledge as it will bring vital information to the successful report. All information will strictly be confidential and be used for academic purpose only.

1. How old are you?.....
2. At what age did you first fall pregnant? .....
3. Do you have a child? .....
4. What do you think could have caused to indulge in sexual activities at an early age?  
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5. What are the causes of teenage pregnancy in your area?
  - a) Early marriages
  - b) Lack of Knowledge on Sexual Reproductive Health
  - c) Low contraception use
  - d) Transactional sex
  - e) Peer Pressure
6. What are some of the effects of teenage pregnancy?
  - a) Health complications for both mother and child
  - b) Increased number of girls dropping out of school
  - c) Emotional crisis
  - d) Others(.....

7. Do you get support from your parents or guardian in term of taking care of the child?

a) Yes

b) No

If yes, what kind of support do you receive?.

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8. Are you aware of the Re-entry Policy?

a) Yes

b) No .....

9. How is your attendance at school?.....

10. Do you experience challenges in attending lessons?

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11. Do you have sexuality education programmes at school?.....

12. Are you aware of any Family Planning Methods?.....

13. Which method of Family Planning do you use?

a.

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b.

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14. Where do you get Family Planning services?.....

15. Do you experience any challenge in accessing Family Planning services?.....

16. Do you have guidance and counselling department at your school?.....

17. How often do you have guidance services at your school?.....

18. What do you think the School Administration should do to curb teenage pregnancies in schools?

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b.  
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c.  
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d.  
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19. What do you think the government should do to curb teenage pregnancies in secondary schools?

a. ....

b. ....

c. ....

THANK YOU FOR YOUR CO-OPERATION

## Appendix 4.

Interview guide for Focus group discussions – Out of school adolescent mothers.

I am Mulubwa Mergan Michelo a student at the University of Lusaka undertaking a course of Master of Arts in Development Studies. As part of my course, I am required to undertake this important research work. The purpose of the study is investigating the key drivers of increased adolescent pregnancies in Makululu compound of kabwe district despite measures taken by government and stakeholders to redress the problem, establish causes and solicit for solutions to curb this continuous problem of teenage pregnancy.

You are kindly requested to respond freely to the questions to the best of your knowledge as it will bring vital information to the successful report. All information will strictly be confidential and be used for academic purpose only.

1. How old were you when you first fell pregnant?
2. Is the man responsible for this pregnancy taking care of you? (Probe: how often does he remit you if he is away?)
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4. What do you think was the cause of your pregnancy? (Probe: Peer, parental or societal pressure, norms, money, rape etc.)

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5. What are the social norms regarding adolescent pregnancy in this area?  
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6. What cultural practices in this environment do you think might have influenced your decisions concerning this pregnancy?

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7. Can you share insights into the sources of information adolescents in Makululu rely on to learn about reproductive health?

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8. What specific topics within reproductive health do you think are well-understood by adolescents in Makululu, and which areas might need more attention?

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- b. ....  
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- c. ....  
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- d. ....  
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9. How aware are adolescents in Makululu about the potential consequences of early pregnancies on their health and overall well-being?

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10. Can you identify any existing support systems or educational initiatives that address the consequences of Adolescent pregnancies in Makululu?

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11. Are you aware of any Family Planning Methods?.....

12. Which method of Family Planning do you use?

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13. Where do you get Family Planning services?.....

14. What challenges do adolescents in Makululu face in accessing information about the consequences of early pregnancies, and how can these challenges be addressed?

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15. How knowledgeable do you believe adolescents in Makululu are about various contraceptive methods?

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16. Are there any prevailing misconceptions or gaps in understanding regarding contraception among adolescents in Makululu?

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## Appendix 5.

Interview Guide for Local NGOs implementing SRHR programs in Makululu.

I am Mulubwa Mergan Michelo a student at the University of Lusaka undertaking a course of Master of Arts in Development Studies. As part of my course, I am required to undertake this important research work. The purpose of the study is investigating the key drivers of increased adolescent pregnancies in Makululu compound of kabwe district despite measures taken by government and stakeholders to redress the problem, establish causes and solicit for solutions to curb this continuous problem of teenage pregnancy.

You are kindly requested to respond freely to the questions to the best of your knowledge as it will bring vital information to the successful report. All information will strictly be confidential and be used for academic purpose only.

1. Name of Organisation?
2. How long has the organization been implementing its SRHR program in Makululu?

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3. What services does the organization provide in Makululu?

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4. In what ways does your organizations supplement government efforts in addressing adolescent pregnancies in Makululu?

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How would you describe as the major causes of adolescent pregnancy in the Makululu?

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5. How would you assess the effectiveness of your programs in addressing socio-economic factors associated with adolescent pregnancy in Makululu?

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6. Can you provide specific examples of successful interventions that have positively impacted the socio-economic conditions of families in relation to adolescent pregnancies?

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7. What communication channels are most effective in reaching adolescents in Makululu with information about reproductive health, contraception, and the consequences of early pregnancies?

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8. How can community and educational institutions collaborate to enhance awareness and knowledge among adolescents on these critical topics?

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9. Are there any innovative approaches or technologies that could be employed to improve communication about reproductive health in Makululu?

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10. How do your community-based programs contribute to the long-term sustainability of efforts to reduce adolescent pregnancies by addressing socio-economic factors?

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THANK YOU FOR YOUR COOPERATION.