

## Navigating Education: The Impact of Pregnancy on the Mental Health and School Reintegration of Teenage Mothers in Hopley, Zimbabwe

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### Abstract

*This research aimed to provide insights that inform educational policies and practices to better support teenage mothers in their educational journeys. It used a qualitative thematic review design guided by the PRISMA framework. The objectives of the study sought to explore the effects and impediments affecting teenage mothers' successful reintegration into school. In addition, it sought to assess the kind of support being rendered by communities to teenage mothers. Furthermore, it examined policies and legislation that govern the reintegration of teenage mothers. Inclusion criteria were based on studies relevant to the area of focus on the reintegration of teenage mothers in school and their overall well-being. Exclusion criteria were based on studies that were quantitative in nature, duplicate studies and studies that were not in English or without adequate translations. The findings indicated that, although many governments have introduced retention policies for teenage mothers, a lot of stigma and discrimination are still being evidenced, and there is a lack of resources and empowerment in the implementation phase. This research paper contributes in developing an emotional-behavioural resilience model for teenage mothers. Furthermore, it informs stakeholders and academic scholars in Zimbabwe and beyond on the need to devise policies of improving measures to practically return teenage mothers to school and promote their overall well-being to augment efforts by different governments around the world.*

**Keywords:** Pregnant, teenage mothers, policy, education, wellbeing, reintegration

### Introduction

Teenage pregnancy, especially among school-age girls, is a global concern. Teenage pregnancy is higher in Eastern Europe (41 per 1000) than in Northern Europe (30 per 1000), while the Southern region has a lower prevalence at 17 per 1000 (Runshare & Gwirayi, 2022). Overall, 18.8% of adolescents become pregnant in Africa, with the prevalence in the sub-Saharan region leading at 21.6% (Runshare & Gwirayi, 2022). According to Richard et al. (2023), Trends show that, despite this policy, a significant proportion (70%) of teenage mothers, continue to have challenges participating in school after giving birth. This lack of participation is mostly attributed to

insufficient support from their families and the broader community. In Zimbabwe, the re-admission and continuation of teenage mothers is supported by constitutional, legislative, and human rights provisions that guarantee the right to education for all children and prohibit discrimination on grounds such as pregnancy. In addition, the Ministry of Primary and Secondary Education count the provision of inclusive secondary education as part of its mission. Despite the existence of these provisions, statistics often place pregnancy among the top three causes of girls dropping out of school (Mtukwa, 2018).

Many teenage mothers are compelled to leave school, disrupting their life plans and reducing their opportunities to enter the labour market, leading to lower productivity and income. Studies have shown that income levels among women who became mothers during adolescence are substantially lower than those of women who delayed motherhood until adulthood, primarily due to educational disparities (Naranjo et al., 2024). However, schools still lack clarity regarding the day-to-day support and management of teenage mothers (Runshare & Gwirayi, 2022), which this study would wish to address. The twin challenges of insufficient resources and little legitimacy hamper the implementation of the re-entry policy at the county level. Without support from parents, the re-entry of pregnant girls or young mothers into school can remain a pipe dream (Kurevakwesu et al., 2023).

### **Objectives of the study**

These sought to:

- i) To explore the effects and impediments affecting teenage mothers' successful reintegration into school.
- ii) To assess the kind of support being rendered by communities to teenage mothers.
- iii) To examine policies and legislation that govern the reintegration of teenage mothers.

### **Methodology**

This research paper employed a qualitative thematic review design guided by the PRISMA framework. The PRISMA method was utilised to ensure a transparent, rigorous and systematic identification, screening, selection and synthesis of relevant literature on navigating education: the impact of pregnancy on the mental health and school reintegration of teenage mothers.

### **Search strategy**

The search strategy utilised a variety of literature databases, including Google Scholar, Web of Science, Science Open, PubMed, and Scopus, to harvest secondary data sources to achieve a comprehensive search. Key words and synonyms used to search for relevant literature included “retention”, “reintegration”, “policy”, “mental health”, “wellbeing”, “pregnant or teenage mothers”, and “education”.

### **Inclusion and exclusion criteria**

Inclusion was based on qualitative studies only, for instance, interviews, focus groups, and ethnographies that explored educational retention and mental health well-being of teenage mothers in school. Publications in reputable journals that were written in English and with accessible translations were taken into account. The paper used studies published for a period of 10 years from 2015 to 2025 to ensure relevance to current literature and trends. Exclusion criteria were based on studies that were quantitative in nature and not related to the topic in question, duplicate studies as well as studies that were not in English or without adequate translations.

### **Study selection process**

Articles identified from databases were screened for duplication. Titles and abstracts were reviewed for relevance, followed by full-text assessment for eligibility. Only studies meeting the inclusion criteria were included in the final review. A total of 87 articles were identified. Some 15 duplicate articles and 43 irrelevant articles were removed from the study. After a full-text assessment for eligibility, only 29 peer reviewed studies meeting the inclusion criteria were included in the final review.

### **Data extraction**

Data extracted from secondary data were in a structured way, for instance, focusing on the study aims, texts relevant to the themes, and texts relevant to results, findings, and discussion sections of the relevant literature.

### **Quality assessment**

The quality of included studies was assessed using credibility, transferability, dependability, and confirmability criteria commonly used in qualitative research. CASP checklist was used to determine whether the study was well designed, aligning with the objectives and methodology of the study. Using the checklist, it encouraged deeper analysis rather than simply accepting published findings at face value.

### **Data analysis**

A thematic synthesis approach was utilised to analyse the findings. Initial coding was done to organise, merge, or refine codes into a manageable set. Descriptive themes through identifying patterns and recurring concepts across studies coded, summarising the literature related to the study.

### **Ethical considerations**

#### **Data integrity**

The authors presented findings and interpretations honestly and transparently, avoiding misrepresentation of the literature.

#### **Plagiarism**

The authors maintained proper citation of all sources to avoid plagiarism and acknowledged the original authors' contributions accurately.

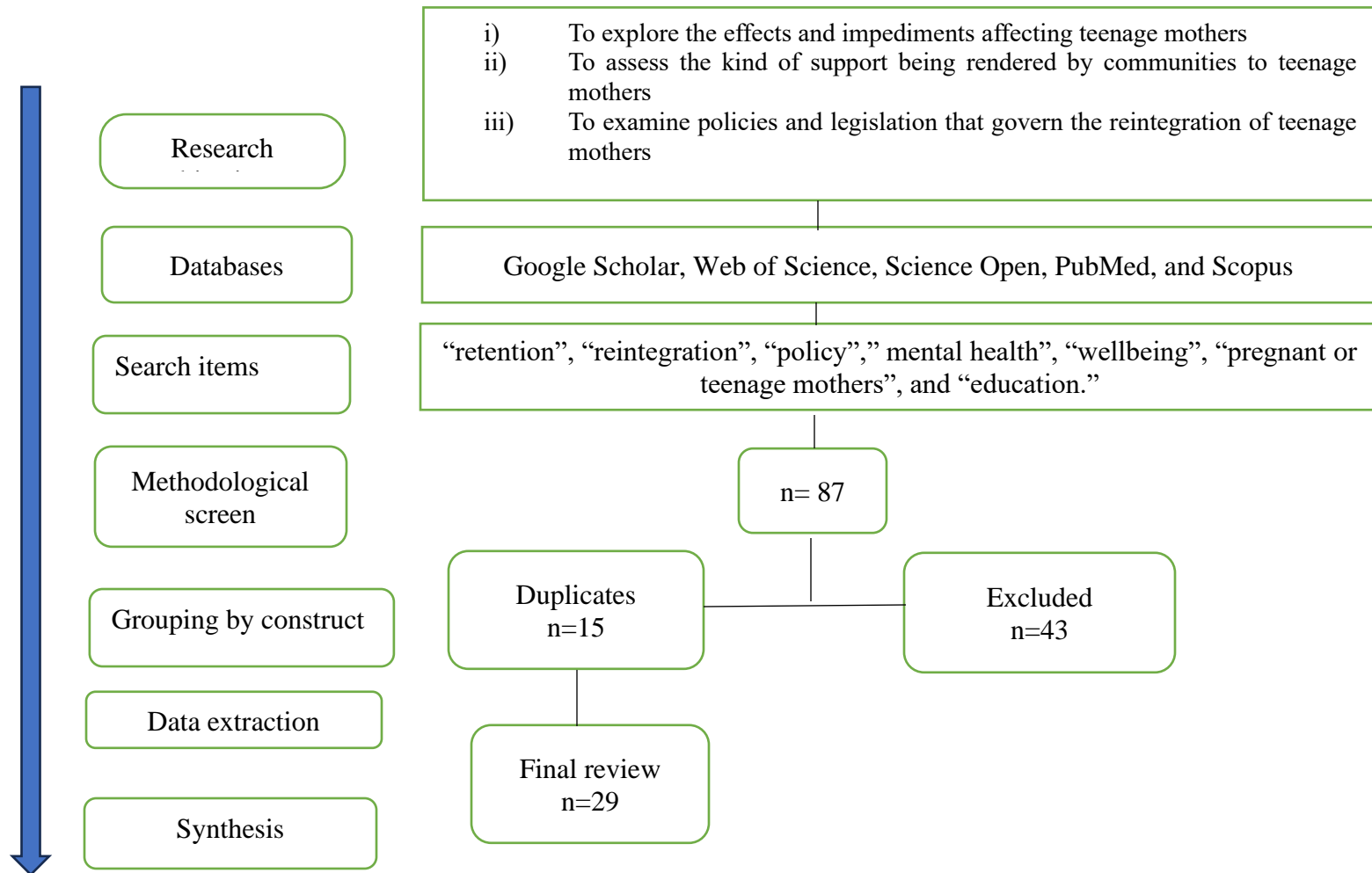


Figure 1: PRISMA framework on the impact of pregnancy on the mental health and school reintegration of teenage mothers

## **Results**

According to Runshare and Gwirayi (2022), the government in Kenya more recently enacted the 2020 National Guidelines for School Re-entry in Early and Basic Education Institutions. This aligns with the aspirations of the Constitution of Kenya, Kenya Vision 2030, the Basic Education Act, 2013, and Sustainable Development Goal 4 on inclusive education. The government was concerned that, despite its efforts to ensure universal quality and affordable education to all school-age children, retention and completion were still a challenge. The 1994 Ministry of Education policy stipulated that pregnant teenage mothers should continue schooling until due and be re-admitted upon childbirth to the same school or alternative school to reduce psychological and emotional trauma. Additionally, it advocated for the sensitisation of teachers, learners, and the entire school community to support the reintegrated teen learners. However, when this circular was sent to the district and provincial offices, uproar ensued against it, forcing it to be shelved. This slowed down the implementation of the re-entry policy since interpretation and decision-making were left to the discretion of individual head teachers (Runshare & Gwirayi, 2022).

While teenage motherhood is acknowledged as a global social concern whose impact on education is far-reaching, countries have devised means of ensuring that girls who get pregnant are enrolled back in school and that young mothers are accorded a second opportunity to complete their education and enjoy its benefits in (Ahabwe, 2022). The outcome is that most girls still drop out of school. Some of the reasons include shame, stigma, and isolation, to name a few. Yet, it is also possible that schools may not be ready to receive the girls who give birth and wish to enrol back in school after childbirth. As the world experiences pandemics like COVID-19, the likelihood that girls will miss out on education opportunities is higher. For example, over 300,000 girls became pregnant during COVID-19 in Uganda (Ahabwe, 2022).

Violent or neglectful parenting styles devalue education, as parental involvement is directly proportional to academic performance. Inadequate support from teachers, institutions, and educational policies can increase dropout rates. Students with early investments in skills from parents or programmes benefit more from staying in school. Subpar education systems that effectively alienate students are among these factors. Bullying and teasing environments affect students, influencing their choice to leave school. poor mental health is also closely linked to

dropout rates. Notably, high school dropouts are significantly more likely to report suicide attempts compared to high school graduates (Naranjo et al., 2024).

In the USA, any school district in Texas may choose to offer services to its pregnant and female parenting teens through Pregnancy Related Services (PRS). Under PRS, a district establishes a Compensatory Education Home Instruction (CEHI) programme to provide academic services to the student at home or hospital bedside when pregnancy prevents the student from attending school and during the prenatal and/or postpartum periods (Modesto et al., 2020). CEHI consists of face-to-face contact with a certified teacher providing academic services to the student. In the school district where this study was conducted, a pregnant or parenting student may continue her education in a traditional setting and be provided PRS, or she may decide to attend the district's stand-alone alternative school designed to serve her academic needs.

More generally, the father's involvement in pregnancy and childbirth is encouraged, as it has been shown to contribute towards positive physical and psychological health outcomes for mothers and children (Shorey & Chan, 2020). However, fathers' experiences of maternity services vary, as some report extreme distress as a result of childbirth, exacerbated by aspects of local maternity care systems, or high satisfaction as they feel involved and included in the health system (Astuti et al., 2021). In addition, the review found that being from a single-parent household or lower income increased the risk of psychological disorders, poor mental health, lower educational attainment, and lower income overall (Astuti et al., 2021).

Twenty-four African nations, mostly North African nations, lack policies on the re-entry of pregnant and parenting school girls, but instead impose heavy penalties and punishment. Morocco and Sudan apply moral laws that criminally judge teen girls for adultery, indecency, or extramarital sex. In Tanzania, the expulsion of a pupil from school may be ordered where a pupil has committed an offense against morality. School officials often interpret pregnancy as an offense. Girls are subjected to disciplinary measures such as forced pregnancy tests and expulsion, causing dropouts. In some communities and cultures, there is a widespread belief that permitting pregnant girls and adolescent mothers to continue their education could normalise extra-marital pregnancy, excuse the girls of their wrongdoing, and encourage more girls to become pregnant (Runshare & Gwirayi, 2022).

The sub-Saharan Africa (SSA) region has one of the poorest adolescent sexual and reproductive health (SRH) indicators, and a multiplicity of structural and sociocultural factors contribute to these poor adolescent SRH outcomes (Mwoka et al., 2021). Prevailing sociocultural and religious beliefs characterise adolescent sexuality as a taboo. As a result, interventions or policies aiming to improve adolescent SRH outcomes face significant opposition. Additionally, vague and restrictive regulations on the right to privacy, confidentiality, and informed consent to accessing SRH services limit the provision and access to SRH services to adolescents. Also, where it is domesticated, poor prioritisation and resource allocation towards adolescent SRH programming, poor knowledge of the laws and policies by adolescents, service providers, communities, and societal barriers hinder effective implementation. Regional and subregional policy and advocacy actors require robust empirical evidence to facilitate the domestication of the continental commitments on adolescent SRHR.

The effects of culture on a person's development are examined in the zone of proximal development theory (Anjum et al., 2022). The theory suggested that families and parents could help kids reach their full potential. Early parent-child relationships shaped people's attachment styles. The benefits of adult interpersonal interactions, strong self-esteem, healthy intimate relationships, and the capacity for self-disclosure will be experienced by those with secure attachments., This is evidently the opposite in Senegal where teenage mothers with disabilities are a marginalised and stigmatised population and are confronted with significant challenges in their sexual and reproductive health. There remain significant gaps in research on the state of access to SRH services and information for these women (Soule & Sonko, 2022).

According to Choé and Manso (2024), girls face many barriers to completing schooling in Mozambique. The main barriers are linked to gender roles such as domestic tasks, taking care of siblings, poverty, parents' inability to pay school fees, need to work in the field, pregnancy and early marriage, and sexual harassment (Choé & Manso, 2024). Education is a right and duty of all citizens, an instrument for affirmation and integration of the individual into social, economic, and political life, and is essential for the country's development and the fight against poverty (Choé & Manso, 2024).

It is important to note that many girls are either taken out of school or leave due to pregnancy or marriage; on the other hand, it is more likely for out-of-school girls to marry or become pregnant early. Completing school is therefore of utmost importance. Various factors contribute to girls dropping out of school in Africa. They include economic pressures on families and girls, poverty, peer influence, parental negligence, early marriage, menstruation, household size, labour, limited competent teacher counsellors, pregnancy, and motherhood (Letsie, 2021). To address some of these challenges, several African countries have developed some form of law, policy, or strategy to realise the right to education of pregnant and parenting teenage mothers.

Additionally, the street children phenomenon is a characteristic of both developed and developing countries. Ndlovu and Tigere, (2022) posit that, although street children's issues are a worldwide phenomenon, they tend to be highly pronounced in developing nations due to a lack of adequate social infrastructure and socioeconomic programmes. The developmental needs of children are therefore difficult to meet in developing countries. Estimates are that the global street child population could range between 100 and 150 million, and the numbers are increasing. However, Ndlovu and Tigere, (2022) argue that the actual number of children living and working in the streets worldwide is not known.

Masuku (2021) highlights that teenage pregnancy is growing amongst the most vulnerable communities in South Africa. There are many prevention strategies in place, such as health education, skills building, and the improvement of access to contraceptives, adopted by countries in addressing teenage pregnancy (Masuku, 2021). The government and various departments are recommended to initiate programmes to address sexual matters, challenges, and risks that are related to pregnancy. These include accessing appropriate counselling and care, as well as support for providers of these services who are active. Furthermore, parenting techniques should be taught in sex education programmes (Masuku, 2021), assisting teen mothers to take care of their babies. This policy was created to provide an environment that is supportive of pregnant learners. It also ensures that schools are free from stigmatisation and discrimination against learners, thereby affording them the opportunities of equal education during their pregnancy and re-entry into the basic education post-delivery. Lack of social and economic support for the teenage mother may pose a greater risk than even the pregnancy itself (Okine et al., 2020).

The 1948 Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1976, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) of 1979, and the Convention on the Rights of the Child (CRC) of 1989 (Wamahiu et al., 2020). The international community emphasises the need to allow pregnant mothers to continue learning as long as they can remain in school before giving birth, and encourages teenage mothers to go back to school after giving birth. These include the Sustainable Development Goals (SDGs), Article 26 of the United Nations Universal Declaration of Human Rights, and the United Nations Convention on the Rights of the Child (CRC). The African Charter on the Rights and Welfare of the Child, 1990, in Article 11(6) affirms that “State parties shall take all appropriate measures to ensure that girls who become pregnant before completing education can continue with their education (Ahabwe, 2022).

In addition, pregnancy in many African cultures is a blessing; however, when it happens early to an adolescent who is still in school and under the control of her parents, it becomes an unwanted social abomination. According to Baafi et al. (2020), teenage pregnancy has been a considerable obstacle to girls' enrolment and completion of basic and secondary education in Ghana, with a higher prevalence in rural than in urban settlements. The genesis of young mothers' continual struggle and low economic livelihood is their inability to continue their education due to a lack of financial aid and social barriers. Early pregnancy and motherhood among schoolgirls in Techiman have ushered many young women from childhood to adulthood, pushing them to the private role of caregiving and to the informal sector. Schools support teen mothers' choice to breastfeed by providing a room for milk expression and a facility to store milk during the day. The teen mother is allowed to leave school to feed her baby at agreed-upon times if the childcare is close to school. Those under twenty years are entitled to funding to assist them in paying for childcare and traveling allowance under the ‘Care to Learn’ programme (Runshare & Gwirayi, 2022).

**Table 1: Conceptual framework on the impact of pregnancy on the mental health and school reintegration of teenage mothers**

<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Evidence from the Literature</b>
<b>Socio-economic barriers</b>	Financial constraints	Poverty leads to limited childcare choices and a struggle to balance parenting with school fees.
	Competing priorities	Families in marginalized areas like Hopley prioritize food and rent over education.
<b>Psychosocial and cultural barriers</b>	Stigma and mental health	Harsh community treatment leads to depression, anxiety, and a loss of self-confidence.
	Cultural normalisation	Early pregnancy is often normalized in disadvantaged communities, reducing the "zeal" for school return.
	Parental capacity	Parents may lack the educational background to value school re-entry or the means to support it.
<b>Institutional and policy gaps</b>	Implementation failure	While laws exist in Zimbabwe, "informal colleges" often ignore them and exclude mothers.
	Lack of resources	Absence of registered secondary schools and limited access to BEAM (government assistance).
<b>Supportive interventions</b>	Comprehensive services	Needs include on-site childcare, private breastfeeding rooms, and mental health counselling.
	Peer mentorship	Experienced student-mothers provide role modelling and coping strategies for new mothers.
	Flexible academic rules	Schools should allow for prenatal clinic visits, breastfeeding breaks, and extended deadlines.
<b>Global and legal context</b>	International standards	UNCRC and CEDAW guarantee the right to education regardless of pregnancy status.
	Comparative policies	Guyana (elaborate re-entry tracking), UK (Equality Act 2010), and Malawi (continuation policies).

## **DISCUSSION**

### **Socio-barriers and financial constraints**

Evidence from the literature revealed that poverty has adverse consequences on the lives of teenage mothers. This is a result of limited support in terms of finances, childcare choices, and demands of taking care of the child, which becomes a strain to balance pregnancy or rearing of the child with education. The period of pregnancy interrupts schooling, and retention is difficult after childbirth. Non-retention perpetuates the cycle of poverty and dependence, further marginalising the mother and her child. Commercial sexual exploitation of children is reported to have increased in Zimbabwe, raising concerns about its short- and long-term effects on children and society (Murewanhema et al., 2023).

### **Competing priorities**

In the USA, a school is prohibited from excluding teenage mothers from school, except where it is enforced by a medical condition (Runshare & Gwirayi, 2022). Schools are expected to allow absence occasioned by teen pregnancy and related conditions, such as attending prenatal clinics, labour, childbirth, and recovery. Upon return, the teen mothers must be reinstated to the same academic and extracurricular level they were when they started their leave and accorded the opportunity to catch up on missed work. Further support includes giving bigger desks and private breastfeeding rooms, as well as childcare centres near schools (Runshare & Gwirayi, 2022). The retention policy in Zimbabwe calls for continued education for teenage mothers, but due to issues of stigma and discrimination from community members, peers and teachers it become a challenge.

Hopley settlement is characterised by cases of child abuse and domestic violence, as most parents and youths do not have productive things to dwell on. With the sprouting of informal school colleges that charge excessive fees, parents end up neglecting their children to solely focus on providing food on the table and paying rent. Henceforth, education is seen as something of no value. Difficult home environments, domestic issues, and other family stressors can further limit pregnant and parenting teenage mothers' capacity to continue with education.

### **Psychosocial and cultural barriers: Stigma and mental health**

Teenage mothers experience a great deal of mental and physical health challenges. Given the fact that their pregnancy is viewed as an act of delinquent and miscellaneous behaviours, teenage mothers are treated with harshness, and a lot of stigmatization associated with it result in them being mentally disturbed, as well as experience an increase in cases of depression and anxiety.

These circumstances may result in teenage mothers having feelings of hopelessness and hopelessness, loss of self-confidence, which might affect academic performance, and loss of courage to be reintegrated back into school. Despite the interventions being made, school dropout persists. One of the reasons for this persistence may lie in differing constructions of marriage, maturity, or readiness for marriage and adulthood across countries and cultures (Sarfo et al., 2021). Cognitive theory describes that humans use assimilation and accommodation strategies to adapt to their surroundings (Anjum, W et al., 2022). In developing countries like Zimbabwe, there is a lack of mental health and wellbeing of teenage mothers as most of them are regarded as social outcasts, which negatively affects their wellbeing.

### **Cultural normalisation**

This research paper revealed that communities lack vital aspects such as psychoeducation to best deal with teenage mothers. They have negative perceptions and judgmental attitudes towards the group, leading to little support in all aspects of the teenage mothers' lives. Teenage mothers without a strong support encompassing health, social, and economic systems may be more vulnerable to domestic violence, sexual exploitation, or other forms of abuse, which can have devastating consequences for their physical and mental well-being. There is also limited family partner support, and social isolation results in instances of stigma, discrimination, and a lack of understanding from peers and the community. Pregnant mothers who lack family or community support may struggle to meet their basic needs, such as housing, transportation, and financial security. Lack of family and community support can force them to make difficult choices between their health and that of their child and limit their ability to provide for the child's well-being after birth.

Scholars suggest that stigmatisation against pregnant schoolgirls and young mothers is a significant factor influencing the decision of young mothers never to return to school after childbirth (Baafi et al., 2020). This has been confirmed by this study as the young mothers interviewed revealed their decisions to re-enter school after childbirth were centred on the emotional conditions such as their stigmatisation experience in the community. Gender discriminatory ideologies and practices around young girls' sexuality make the school environment inconducive to the return of young mothers. The Convention on the Elimination of All Forms of Discrimination against Women (1981) and the Convention on the Rights of the Child (1990)

guarantee everyone the right to education, including adolescent mothers (Runshare & Gwirayi, 2022).

### **Parental capacity**

Most parents and guardians found in marginalised and vulnerable communities as the situation in Hopley, do not have the educational background to make logical and rational decisions when it comes to the importance of education. Lack of educational attainment, coupled with poverty, makes the situation unbearable, as they are not aware of the importance of pregnant and parenting teenage mothers. Most parents fail to prioritise the education of their children, thus for a teenage mother to be reintegrated to school becomes a pipedream. This vulnerable group may lack the knowledge, time, or financial means to provide the necessary support and guidance. In disadvantaged communities like Hopley, early pregnancy and single parenthood can be more normalised, leaving parents or guardians without the zeal to make sure teenage mothers continue with education.

### **Institutional and policy gaps: Implementation failure**

There are no circulars or procedures stipulated on how best to deal with teenage mothers who would have reintegrated into school. Most of these teenage mothers fail to return to school, and there is a need to get accurate statistics to foster positive change. Unsupportive school policies and stigma towards teen mothers result in a lack of self-confidence and reduced amount of self-esteem, which may compromise this vulnerable group's ability to attain education. Zimbabwe has policies and laws aimed at protecting the sexual and reproductive health rights of adolescents, including provisions for adolescent-friendly health services. However, the effective implementation and enforcement of these policies at the community level remains a challenge. Barriers to accessing government assistance and social welfare programmes, such as the Basic Education Assistance Module (BEAM), are one of the barriers in teenage mothers accessing, given that there are no government-registered secondary schools in Hopley. Supportive school policies are important, for instance, flexible attendance and leave policies to accommodate medical needs and childcare responsibilities.

One of the most elaborate in the world today is the Guyana re-entry policy (2018). It was a product of collaborative efforts of a wide cross-section of stakeholders (Runshare & Gwirayi, 2022). The policy goal promotes both the management of the re-entry of teenage mothers into the mainstream

school system and the prevention of teen pregnancy. The policy covers key areas of concern, such as policy environment, guiding principles, tracking of teen pregnancy, reintegration of teen mothers in formal schools, tracking and support after re-entry, as well as the implementation process. It also addresses policy dissemination and awareness, not forgetting monitoring and evaluation of the entire process. Africa offers a mixed situation. Human Rights Watch (2018) states that African countries, among them Gabon and Malawi, have adopted “continuation” or re-entry policies and strategies to ensure that teenage mothers resume learning after childbirth (Runshare & Gwirayi, 2022). Implementation of laws and policies frequently falls short, and monitoring of teen mothers’ re-entry to school remains weak overall. Complex re-entry processes and stringent conditions for re-admission in Namibia negatively affect teen mothers’ re-entry and completion of education.

The Government of Zimbabwe has successfully amended the retention of teenage mothers into law, prohibiting expulsions and barriers to returning these children to the formal education setup. The research revealed that the law is not being effectively embraced by private colleges that are not heeding the call to accept returning teenage mothers back to school in marginalised communities such as Hopley. There is a need to implement policies that prohibit the expulsion or exclusion of pregnant or parenting students from school, even if they do not have school fees, given that they would have missed ample time due to their absenteeism during pregnancy. Schools must provide flexible scheduling, extended deadlines, and other accommodations to help student-mothers balance their academic and parenting responsibilities, as they already have enough on their plate to deal with. The United Nations Educational and Cultural Organization (2019) posits that environmental schooling is not always safe or inclusive, so it is the responsibility of governments, schools, teachers, and students to build a safe school environment, free from violence and discrimination that promotes good quality and gender (Choé & Manso, 2024).

### **Lack of resources**

Zimbabwe has made efforts to improve the availability and accessibility of modern contraceptive methods, including in rural and underserved areas. However, access barriers, such as socioeconomic status and cultural stigma, can still limit teenage mothers’ ability to obtain knowledge and uptake of contraceptives, which may result in a repeat pregnancy and further jeopardise hopes of completing education. Comprehensive sexuality education, particularly in

school settings has been limited, leading to gaps in knowledge about contraception and family planning among young people. In Europe, most countries have allowed teenage mothers to continue schooling for as long as practically possible, and teen mothers to re-enter school after childbirth. In the United Kingdom (UK), for instance, the Equality Act of 2010 is supposed to protect enrolled pupils who become pregnant whilst studying. The law forbids the mistreatment or discrimination of women based on their pregnancy status (Runshare & Gwirayi, 2022). A pregnant and parenting teenage mother is given 18 weeks of maternity leave. However, the teen is allowed to be in school as long as possible before giving birth and is given adequate health aid and transport support to school (Runshare & Gwirayi, 2022).

### **Supportive interventions: Comprehensive services**

The research revealed that schools should offer comprehensive, school-based support services, such as counselling, health services, and parenting classes, as most of these informal schools are concerned about making money and neglecting other important aspects of life. Community engagement and partnerships are essential through collaboration with community-based organisations, healthcare providers, and the Department of Social Development, District Schools Inspectors, to create a holistic support network for student-mothers. Lots of encouragement and engagement with parents, caregivers, and other family members to foster understanding and acceptance of pregnant and parenting students. Communities need to provide access to information and referrals for community resources, including social welfare, housing, and job training programmes. There is a need to establish mentorship programmes that pair student-mothers with older, experienced student-mothers or community volunteers.

In Burundi, becoming pregnant results in the end of education for school girls (Ruzibiza, 2021). A common concern related to adolescent pregnancy is impaired school outcomes of the young mother and, intergenerationally, even of her children. Education is a well-established social determinant of health, and supporting adolescent mothers' continued schooling might provide opportunities to strengthen their long-term health and well-being (Feinstein et al., 2006). Supporting these girls to return to school after childbirth is critical, especially because prolonged absence can increase the risk of a permanent school dropout (Jochim et al., 2023), indicating that lacking financial means and the need for childcare are the main barriers to school return for young mothers. In Zimbabwe, the provision of contraceptives in schools and health institution is

prohibited unless in some instance which is a drawback in that adolescents are indulging in sexual encounters without using prevented methods leading to unplanned pregnancies and eventually dropping out of school.

### **Peer mentorship**

The presence of pregnant and parenting students can foster a more inclusive, empathetic, and supportive school culture, where diversity and the unique needs of all students are recognised and addressed. This can have a positive impact on the overall learning environment and sense of community within the school. Successful reintegration and academic achievement of pregnant and parenting teenage mothers can inspire their own children, as well as younger siblings and community members to value education and strive for their own educational and personal goals. Teenage mothers who successfully reintegrate into school can serve as role models for their peers, demonstrating the determination and resilience required to balance academic responsibilities with the demands of parenthood. Their presence in school can challenge societal perceptions and inspire other young people facing similar challenges to continue their education. Experienced student-mothers can provide invaluable peer-to-peer support and mentorship to other pregnant or parenting teenagers, sharing their insights, coping strategies, and resources. Whilst fathers, in general, may be seen as role models in shifting social attitudes, a systematic review of adolescent fatherhood shows that little is known about the relationship between adolescent fatherhood, the impact of cultural influences, knowledge regarding sex, and becoming an adolescent father (Astuti et al., 2021).

### **Flexible academic rules**

Partnerships with local organisations, religious institutions, and community leaders through community engagement and multi-stakeholder collaboration in awareness-raising campaigns to reduce stigma and promote inclusion of teenage mothers in all spheres of life, including reintegration into school. Integrated parenting classes, life skills workshops, and child development education are key for teenage mothers. Engaging families and empowering them as active partners in their children's education. Addressing the contraceptive needs of teenage mothers requires a multi-faceted approach, including comprehensive sexuality education, youth-friendly health services, community engagement, and addressing the socioeconomic and cultural barriers that limit their access and use of contraceptives. Formal schools must have flexible attendance policies and accommodations for medical appointments, childcare needs, and so on. Counselling

and mentoring programs to help teen parents navigate academic and personal challenges. Non-formal schools should have specialised alternative education programmes designed for teenage mothers' emphasis being put on flexible, self-paced learning and individualised academic plans. In the context of Zimbabwe, this might be difficult as resources constraints limit robust interventions.

### **International standards**

According to the Ministry of Primary and Secondary Education (MoPSE), 12.5 percent of the country's roughly 57 500 school dropouts permanently stopped attending classes due to early pregnancy in 2018 alone (Ministry of Primary and Secondary Education of Zimbabwe (MoPSE), 2018; Kurevakwesu et al., 2023). Moreover, Kurevakwesu et al. (2023) point out that most young girls who dropped out of school in 2019 alone were from Matabeleland provinces, with Bulawayo being the epicentre. As a result, girls are disadvantaged in education and therefore deserve special attention as they drop out more easily compared to boys. To prevent girls from dropping out of school because of pregnancy, the UNCRC committee emphasises the elimination of the interpretation of pregnancy as a disciplinary offense (Kurevakwesu et al., 2023).

### **Comparative policies**

Reintegrated pregnant and teenage mothers can become actively involved in school and community-based initiatives, contributing their unique perspectives and skills to address the needs of other young parents and families. This might foster a sense of empowerment, community engagement, and positive social impact. Everyone must implement public awareness campaigns to challenge societal stigma and promote the importance of educational opportunities for teenage mothers. Advocating for policy reforms and increased funding to support the educational and social needs of this vulnerable population. Reintegrated teenage mothers can become advocates for improving the educational and social support systems for teenagers, both within the school and in the broader community. Pregnant and teenage mothers' voices and lived experiences can help shape policies, programs, and attitudes that better address the needs of this population.

Building on this overall favourable policy and legal environment, the Ministry of Education and Sports in 2020, issued the revised guidelines for the prevention and management of teenage pregnancy in school settings (Ahabwe, 2022). This sought to promote the education of girls at primary school. The guidelines stipulate the measures and steps that should be taken in the school

setting to prevent and manage pregnancy and re-entry of teenage mothers (Ahabwe, 2022). The measures included but not limited to the following: put in place strategies for counselling, psycho-social support, and child protection, train teachers in general counselling and psycho-social support, disseminate information to the wider community, among others (Muthikwa, 2020).

### **Limitations of the study**

Qualitative research often relies on the researcher's interpretation, which can introduce bias and affect the objectivity of the findings.

### **Conclusions**

This research paper has highlighted key notes on the challenges and coping mechanisms to ensure that pregnant and teenage mothers complete their education and can realise their future aspirations. Stigma and discrimination, poverty and lack of resources, and capacitation of relevant government ministries were major setbacks for the reintegration of teenage mothers into school. Effective policies should provide comprehensive support, including mental health services, childcare, and academic assistance, helping teenage mothers manage both parenting and education. Establishing peer mentoring programmes can provide teenage mothers with emotional support and practical advice from those who have experienced similar challenges. Ensuring access to both physical and mental health resources is crucial. Regular check-ups and counselling can support mothers' and children's health. Engaging with local communities can foster supportive environments where teenage mothers feel welcomed, valued, and more connected. Policies should emphasise the importance of education and vocational training, encouraging teenage mothers to pursue their academic and career goals.

### **Recommendations**

- There is a need for a multi-sectoral approach to conscientise communities on the importance of teenage mothers to continue with education.
- There is a need for the government of Zimbabwe to consider private schools to benefit from government programmes such as the Basic Education Assistance Module, as most of the teenage mothers are vulnerable and suffering from despair.
- There is a need for the government and the civil society to embrace the reintegration policy effectively and capacity building initiatives for training, workshops, and providing

psychoeducation to take on board the vulnerable group in an effort for them to complete their education.

- There is a need to capacitate government ministries such as the Department of Social Development to follow up on teenage mothers' cases to offer the best practical intervention, including the reintegration of this group into school.

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