

Title

Ivy Manyepa, Levison Maunganidze

(Ministry Of Information Publicity And Broadcasting Services, Zimbabwe)
(Midlands State University, Department Of Applied Psychology, Gweru, Zimbabwe)

Abstract:

Background: Adolescent pregnancy presents a complex crisis of identity for girls in sub-Saharan Africa, situated at the nexus of conflicting social roles. In Zimbabwe, despite a national school re-entry policy, the lived experiences of pregnant adolescents navigating the simultaneous demands of studenthood and motherhood remain underexplored, particularly in rural settings like Nyaminyami District. This study aimed to explore the psycho-social experiences of pregnant secondary school girls in Nyaminyami District, Zimbabwe, with a specific focus on how they manifest and manage resilience and distress at the intersection of their adolescent, maternal, and student identities.

Materials and Methods: A qualitative phenomenological design was employed. Data were collected through in-depth, semi-structured interviews and focus group discussions with a purposively selected sample of 28 pregnant and recently postpartum girls (within 6 months) from four secondary schools. Data were analyzed using reflexive thematic analysis within a social-ecological framework.

Results: Analysis identified three core themes: (1) *Systemic Distress*: Experiencing layered stigma from family, school peers, and community, compounded by anxiety over an uncertain educational future. (2) *Negotiated Identities*: Strategically managing visibility and concealing pregnancy to retain the 'student' identity while preparing for motherhood. (3) *Agency and Resilience*: Cultivating resilience through reframed future aspirations, selective peer alliances, and viewing motherhood as a motivator for academic success, despite structural barriers.

Conclusion: The findings reveal that pregnant students are not merely passive victims but active agents navigating profound systemic pressures. Their psycho-social well-being is contingent on the interplay between stigmatized environments and personal resilience strategies. The study concludes that effective support requires multi-level interventions: strengthening inclusive implementation of re-entry policies, providing integrated school-based psycho-social services, and facilitating community dialogue to reduce stigma. This research underscores the need to approach pregnant adolescents as holders of multiple, dynamic identities to foster their holistic development.

Key Words: Adolescent pregnancy; student mothers; psycho-social well-being; resilience; qualitative research; Zimbabwe; school re-entry policy; intersectionality.

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I. Introduction

Adolescent pregnancy represents a profound developmental and social crisis, situating young women at the complex intersection of conflicting identities: the adolescent, the student, and the expectant mother. This convergence creates unique psycho-social challenges, as normative teenage striving for peer acceptance and identity formation collides with the demanding physical, emotional, and social transitions of pregnancy (Less, 2022). Globally, an estimated 15% of young women give birth before age 18, with disproportionate burdens in sub-Saharan Africa where socioeconomic factors often drive high rates (WHO, 2014; Kassa et al., 2018). The consequences are well-documented: early childbearing disrupts healthy development, curtails educational and economic trajectories, and heightens risks of stigma, social exclusion, and poor mental health (Cook & Cameron, 2015; Black, Fleming, & Rome, 2012).

In Zimbabwe, as in much of the region, adolescent pregnancy has historically been a primary driver of school dropout among girls, perpetuating cycles of disadvantage. Recognising this, the Government of Zimbabwe enacted a progressive legal safeguard: the Education Amendment Act (2020). Section 68C mandates that no child shall be excluded from school on the grounds of pregnancy, fundamentally shifting the policy landscape from expulsion to a stated commitment to inclusion. This policy intervention aims to protect the educational rights of pregnant girls, acknowledging that prior practices irrevocably harmed their life chances.

However, the mere existence of an inclusive policy does not guarantee a supportive psycho-social environment. Research from diverse contexts indicates that pregnant and parenting students, even where allowed in school, frequently face intense stigma, isolation, and psychological distress. They navigate a taxing dual identity, balancing academic demands with prenatal care and preparation for motherhood, often while managing shame from families, peers, and communities (Govender et al., 2020; Akella & Davison, 2015). Studies highlight elevated risks of anxiety, depression, and social isolation among this population (Sodi, 2009; Freitas et al., 2008). The implementation of inclusive policy, therefore, presents a critical but under-examined juncture: it creates the possibility for educational continuity, yet potentially within a school climate that remains hostile.

This gap is particularly acute in rural African settings like Nyaminyami District. The psycho-social realities of pregnant adolescents as they navigate their formal right to remain in school are scarcely understood. Existing literature focuses largely on urban contexts, health outcomes, or post-dropout experiences, not on the *in-school lived experience* under new protective policies. How do pregnant students in a rural Zimbabwean district perceive and cope with the intersecting pressures of adolescence, impending motherhood, and studenthood? What forms of resilience do they employ, and what distress do they endure within this specific ecological system of family, school, and community?

This study addresses this salient gap. It investigates the psycho-social experiences of pregnant secondary school girls in Nyaminyami District, Zimbabwe, following the 2020 Education Amendment Act. By employing a qualitative, intersectional lens, the research moves beyond quantifying dropout to critically analyse the nuanced realities of inclusion. It seeks to uncover how structural policy change interacts with entrenched social norms to shape well-being, agency, and identity. The findings aim to inform the development of contextually responsive support systems that ensure the policy's intent translates into genuine psycho-social safety and sustained educational attainment for adolescent mothers.

II. Material And Methods

Study Design: This study employed a qualitative phenomenological research design. This approach is suited to exploring the lived experiences of participants and understanding the essence of their psycho-social realities from their own perspectives. It allows for an in-depth examination of how pregnant girls interpret and navigate the intersection of their adolescent, maternal, and student identities.

Study Location: The study was conducted in Nyaminyami District, a rural district in Mashonaland West Province, Zimbabwe. The district, encompassing the Lake Kariba shoreline, is characterized by a mix of fishing communities, subsistence farming, and limited infrastructure. The choice of location is strategic, as rural settings often manifest unique socio-cultural norms, greater resource constraints, and distinct challenges in implementing national policies like the Education Amendment Act (2020), compared to urban centers.

Study Duration: Data collection took place over a period of three months (July to September 2025). This timeframe allowed for in-depth engagement with participants across multiple schools and ensured adequate time for recruitment, interviews, and initial analysis while being sensitive to the physical and time constraints of the participants.

Sample size: The final sample consisted of 8 pregnant adolescent girls enrolled in secondary school. Additionally, to triangulate data and understand the institutional context, 8 key informants were interviewed (including school counselors, teachers, and a district education officer).

Sample size calculation: Given the qualitative, phenomenological nature of this study, the principle of data saturation guided the sample size determination, not statistical power calculation. A preliminary target of 20-30 participant interviews was set based on common practices in phenomenological research to achieve depth and thematic richness.

Subjects & selection method: The study participants were pregnant adolescents enrolled in public secondary schools across Nyaminyami District. To be eligible, participants needed to be currently pregnant or within six months postpartum, between the ages of 13 and 19, and formally enrolled in school at the time of pregnancy identification. Individuals exhibiting signs of severe psychological distress requiring immediate intervention, as assessed during initial contact, were excluded and provided with referral information.

A purposive sampling strategy was employed to identify information-rich cases that could speak directly to the phenomenon of interest. Initial gatekeepers, including school health masters/mistresses and community health workers, assisted in the confidential identification of potential participants. Given the sensitive and potentially stigmatized nature of the subject, a cautious snowball sampling technique was also utilized, whereby initial participants were invited to recommend peers who met the eligibility criteria. Vigilance was maintained to

ensure the final sample was drawn from multiple, independent recruitment chains to mitigate the risk of network homogeneity and to capture a diversity of experiences across the district.

To contextualize the adolescent experiences within the institutional and community environment, key informants were selected through purposive sampling. This group included school guidance counsellors, headmasters, a district education officer, a community health nurse specializing in adolescent care, and leaders from local community-based organizations. These individuals were chosen for their professional roles and direct involvement with policy implementation, student welfare, or community norms affecting pregnant adolescents.

Inclusion criteria:

To be eligible for the study, individuals were required to meet all of the following conditions:

- Be a female adolescent currently enrolled as a student in a public secondary school within Nyaminyami District.
- Be either currently pregnant or within six months postpartum, ensuring the recollection of in-school experiences was recent.
- Be between the ages of 13 and 19 years at the time of the interview.
- Be willing to provide informed assent, with written consent provided by a parent or legal guardian.
- Be able to communicate experiences in either Shona or English.

Exclusion criteria:

Individuals were excluded from participation if they met any of the following conditions:

- Exhibited signs of severe psychological distress or cognitive impairment that, in the judgment of the trained interviewer and upon consultation with an on-call mental health professional (per the study's ethical protocol), would compromise their ability to provide informed assent or participate safely.
- Were unable to secure parental or guardian consent for participation.
- Were not currently enrolled in school at the time of the interview, as the study focused specifically on the concurrent experience of studenthood and pregnancy/motherhood.

Procedure methodology

Following ethical approval from the [Name of Institutional Review Board] and administrative permissions from relevant education authorities, data were collected over a three-month period in Nyaminyami District. Potential adolescent participants, identified through school guidance counsellors and community health workers, were screened for eligibility. A rigorous, multi-stage informed consent process was conducted in participants' preferred language, securing separate written consent from a parent/guardian and assent from each adolescent. Semi-structured, in-depth interviews were held in private, safe settings (e.g., vacant school rooms, clinic offices). Using a flexible interview guide, the principal investigator and trained female research assistants explored participants' lived experiences, with each audio-recorded session lasting 45-75 minutes. Concurrent key informant interviews provided institutional and community context. A reflexive journal was maintained throughout. A standardized post-interview protocol included an emotional check-in and provision of local support service referrals. All audio recordings were anonymised, transcribed verbatim, and translated into English for thematic analysis, with data securely stored to ensure confidentiality.

Data analysis

Data were analyzed using Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019). Following transcription and translation, the research team engaged in an iterative, six-phase process to ensure analysis remained deeply grounded in the participants' lived experiences. This began with immersive familiarization with the transcripts and progressed through systematic inductive coding, the generation of initial themes, and their rigorous refinement and review against the full dataset. The final phase involved clearly defining and naming the coherent themes that captured the core patterns of psycho-social resilience and distress. To ensure analytic rigor and trustworthiness, the process was documented in a reflexive audit trail, and emerging interpretations were discussed through peer debriefing within the research team.

III. Result

The analysis identified a core psycho-social dynamic: participants were embroiled in a fundamental **identity conflict**, compelled to negotiate the mutually exclusive societal scripts of the "good student" (asexual, future-oriented) and the "good mother" (domestic, adult). This conflict unfolded within a pervasive ecology of stigma, generating three interlocking themes.

Theme 1: The Stigmatized Body: Hyper-visibility and Institutional Betrayal

The pregnant body functioned as a hyper-visible signifier of moral transgression, triggering a cascade of stigmatizing responses that directly undermined policy-mandated inclusion. Institutional betrayal was evident, as

the promise of the Education Amendment Act was nullified by discretionary enforcement. Participants recounted being formally or informally excluded, as one noted: *"My right was on paper, but the message was that my body was a problem in his school"* (Participant 07, Age 17). This exclusion was compounded by micro-aggressions from staff and peers, creating an environment of hostile othering. Teachers averted their gaze and stopped engaging them academically, rendering participants paradoxically *"the most visible person in the room"* yet socially and pedagogically invisible (Participant 04, Age 16).

This external censure was relentlessly internalized, catalysing profound shame and strategic self-erasure. Participants engaged in tactical concealment, with one describing how she would *"wrap my school jersey around my waist... to hide the shape"* in a daily performance of normative student identity (Participant 01, Age 16). The internalization of stigma led to enforced isolation, as peer networks dissolved into gossip and ostracisation. Being labelled *'mafamly'* marked their expulsion from adolescent sociality, forcing them into physical seclusion, such as eating lunch *"alone behind the toilets"* (Participant 03, Age 18). This theme culminates in a crisis of belonging, where participants felt suspended between conflicting social worlds: *"At home, my aunt says I am now a woman... At school, they treat me like a child who has done a bad thing. So where do I belong?"* (Participant 08, Age 18). Thus, stigma operated as a disciplinary force, actively shaping bodily practice, social geography, and self-concept within the very institution legally charged with their protection.

Theme 2: Fractured Support and Contested Agency

Participants navigated a landscape of unreliable support, where familial aid was conditional and institutional policies were passively implemented, described as *"a sleeping paper"* (Participant 05, Age 16). This environment of fractured support necessitated a constrained, pragmatic form of agency. Rather than overt resistance, participants exercised covert navigation. They learned *"the map of safe people"* (Participant 08, Age 18), strategically managing visibility to avoid stigma. Discreet alliances were formed for mutual aid, with one noting, *"There is one other girl like me... it is our secret union"* (P04, Age 17). Requests to authority were carefully framed as appeals to improve, not as demands, with one participant explaining, *"I framed it as a request to do better, not a problem"* (P02, Age 19). This agency was a survival mechanism—a series of calculated, invisible acts to preserve a tenuous foothold in education and motherhood within systems that offered inclusion in policy but enforced marginalization in practice.

Theme 3: Reconciling Futures: Ambivalent Aspiration and Resilience

Pregnancy forced a profound re-evaluation of the future, characterized by a tense ambivalence where resilient aspiration was inextricably linked to profound anxiety. Participants reframed resilience as a circumstantial necessity, not an innate trait, driven by the imperative to transform motherhood from a mark of failure into a motivational force. A deep-seated determination to continue education for their child's future—*"My certificate will be his first lesson"* (P14, 17)—coexisted with acute anxiety about their dual capabilities: *"Can my brain hold equations and baby names at the same time?"* (P11, 16). This resilience was understood as a precarious, contingent hope, explicitly tied to fragile external support. As one participant starkly noted, *"My resilience has limits. It is like a small plant growing in a crack. If no water comes, it will die"* (P07, 18). Their aspiration was thus an active, vulnerable construction, where the drive to succeed was simultaneously the primary source of strain and the only perceived path forward.

The three themes illustrate that the psycho-social experience is defined by a constant negotiation of conflicting identities within a system that legally permits inclusion but socially and structurally enforces marginalization.

IV. Discussion

This study provides a nuanced analysis of how pregnant adolescents in a rural Zimbabwean district navigate the profound identity conflict arising at the intersection of adolescence, impending motherhood, and studenthood. The findings illuminate that the enactment of the progressive Education Amendment Act (2020) occurs within a resilient ecology of stigma, resulting in experiences of institutional betrayal rather than meaningful inclusion. This extends existing literature on school re-entry policies in sub-Saharan Africa, which often highlights policy existence over implementation quality (Motsa & Morojele, 2017). Our participants' accounts of being asked to "learn from home" or being rendered invisible in class reveal a critical gap: a policy guaranteeing presence does not guarantee psycho-social safety or pedagogical engagement, echoing findings on the "passive inclusion" of marginalized students (Deuchar, 2021).

The theme of The Stigmatized Body underscores how stigma operates as a disciplinary force, shaping bodily practice and social geography. The hyper-visibility of the pregnant body triggered what Goffman (1963) termed a "spoiled identity," leading to strategic concealment and self-isolation. This aligns with research on pregnant students in Ghana and South Africa, where stigma manifests as social death within peer networks (Yakubu et al., 2020). However, our findings deepen this by showing how stigma is internalized and managed

through daily performances of “normality,” highlighting the exhausting emotional labour required to maintain a student identity.

The concept of Fractured Support and Contested Agency challenges simplistic narratives of either victimhood or empowerment. The “sleeping paper” phenomenon—where policy exists but is not actively implemented—reflects a broader governance challenge in resource-constrained settings (Chikovore et al., 2020). In this vacuum, agency emerges not as transformative resistance but as a form of pragmatic navigation (Vigh, 2009). Participants’ strategies—mapping “safe people,” forming secret unions, and strategic negotiation—constitute a repertoire of covert tactics to manage a hostile environment. This resonates with research on “quiet agency” among marginalized youth, where survival necessitates invisible, non-confrontational acts (Mwansa, 2022).

Finally, Reconciling Futures captures the core ambivalence of the experience. Participants reframed resilience as a necessity-driven aspiration, viewing education instrumentally as a pathway to secure a future for their child. This finding complicates theories of academic motivation, positioning it within a framework of intergenerational responsibility and constrained hope (Mfeka & Mkhize, 2021). The profound anxiety about dual capabilities reflects the “role strain” theorized by Goode (1960), exacerbated by a lack of structural support. The participants’ recognition that their resilience is a “plant growing in a crack” contingent on external support underscores a critical insight: individual perseverance is structurally limited. This aligns with a social-ecological understanding of resilience, which emphasizes the interdependence between individual capacities and enabling environments (Ungar, 2018).

V. Conclusion

In conclusion, pregnant students in Nyaminyami exist in a state of sanctioned marginalization—formally included yet psycho-socially excluded. Their experiences reveal the profound tensions in implementing rights-based policies within unchanged cultural and institutional landscapes. Supporting them requires moving beyond the letter of the law to actively cultivate the enabling ecologies that make resilience sustainable.

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