



Young Motherhood: An explanation of the Rise of Teenage Pregnancies in Mutare Rural, Zimbabwe

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Disclaimer:

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CHF	Child Headed Families
DMO	District Medical Officer
ESAP	Economic Structural Adjustment Programme
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
MOHCW	Ministry Of Health and Child Welfare
SRH	Sexual and Reproductive Health
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
WATCH	Women and their Children's Health Program
WHO	World Health Organisation
ZDHS	Zimbabwe Demographic Health Survey
ZIMSTAT	Zimbabwe National Statistics Agency
ZNFPC	Zimbabwe National Family Planning Council

Abstract

This thesis specifically looks at the factors that have caused the rise in teenage pregnancies in Mutare rural. It also analyses the sexual experiences of the young mothers in a bid to explain the trends in unplanned pregnancy. Mutare rural district was chosen as the study site because it is one of the districts with high teenage pregnancy rates in Zimbabwe. The study employed a mixed methods research approach. On the one hand quantitative data was collected through document analysis of Sakubva district hospital's admission registries of April 2014 to April 2015 to show the trends of teenage pregnancies in Mutare rural. From these records, this study found that there were seasonal trends in teenage pregnancies in Mutare rural, with the highest peak noticed during festive periods. Whilst on the other hand, qualitative data in the form of in-depth interviews were carried out with young mothers who have given birth between the ages of 15 to 19 years. Narratives from the interviews attributed the rise of teenage pregnancies to the advent of diamond mining which transformed the economic and social context of the Marange Community. The seasonal dimensions of teenage pregnancies were a result of the sexual relationships which were forged between the young women and the miners especially during Christmas and New Year. However, not all teenage women fell pregnant to the miners, others had relations with older men from the village and others from boys their age. This signals cases of intergenerational relationships, peer pressure and early marriage which are added factors to the rise of teenage pregnancy in the area. The study found that for those teenage women involved with the miners, the relationships were not only for financial gain but were also for love, marriage and sexual gratification. These reasons were found to weaken teenage women's negotiation and bargaining power for safe sex.

Key informant interviews were carried out with representatives from 4 organisations, that is, Ministry of Health and Child welfare, Ministry of Labour and Social Welfare, Plan International Zimbabwe and Youth Alive Zimbabwe. The key informants provided additional knowledge since they have been working to address teenage pregnancies in Mutare rural. Insight into the organisation's programs also provided the contextual background of this thesis. The study used the concepts of gender and sexuality to analyse how the discovery of diamonds in Marange contributed to the rise of teenage pregnancy in the community. The central argument of the paper is that, whilst stakeholders have implemented programmes using the 'abstinence only' approach, the strategy is not only ineffective in addressing the needs of teenage women, but it also bypasses the political economy of Marange and the different experiences of young women as they negotiate with their sexuality. The results of which has been the continued rise in teenage pregnancy in Mutare rural.

Relevance to Development Studies

Mutare rural has high rates of teenage pregnancy as evidenced by survey data of 2014 (Zimstat 2015:143). The trend of teenage pregnancy is problematic as it has been cited as the leading influence upon maternal mortality in Zimbabwe (Morna et al. 2015:222). Hence, the issue of teenage pregnancy is crucial to the development discourse since maternal death impedes women's empowerment and participation in social and political decision-making processes. In response to the health implications of teenage pregnancy, many stakeholders are addressing the problem in Mutare rural by focusing on 'abstinence only' as an intervention strategy.

This approach is problematic because it assumes that if teenage women abstain from sex, then the problem of teenage pregnancy will be solved, thereby also reducing the health risks linked with teenage pregnancy. However, it does not address the root causes of teenage pregnancy nor the sustained rise of the problem (as evidenced by the Mutare rural case). With this in mind, this study argues that rather than addressing teenage pregnancy basing only on health discourses, other forms of social enquiry such as the analysis of social and economic dimensions that influence teenage sexuality need to be analysed as they are critical in influencing the resultant sexual behaviours of teenage women. It is probably through this understanding that effective intervention strategies can be formulated. It is against such a context that we can discern the topic's relevance to policy implications in health and development sector.

Keywords

Teenage pregnancy, diamond mining, sexuality, reproduction.

Chapter 1

Background

1.1 Introduction

This study analyses the rise of teenage pregnancy in Mutare rural. Through a more localised study, the thesis focuses on how the advent of diamond mining has contributed to the rise of teenage pregnancies in Marange. In this introductory chapter, I provide the background to the study. Furthermore, I also present and explain the methodological approaches deployed in seeking to answer the study's research questions.

1.2 Biomedical Discourses and Approaches to Teenage Pregnancy

From the 1980s, human sexuality was limited to biomedical and population discourses presumably because of the inherent assumption that sexuality is a product of bodily function (Parker and Aggleton 2007:1). This assumption was coupled with the emergence of the HIV/AIDS pandemic which confined research on sexual behaviour to biomedical approaches (Parker and Aggleton 1999:1). Research on sexual behaviour lacked any theoretical framework of sexuality or desire and followed a tradition of "sex modernism" (Parker and Aggleton 1999:2) which objectified and naturalised all sexual behaviour. In line with this tradition, research on sexual behaviour was based on quantitative methods in the form of surveys. Perhaps, the positivism approach was chosen for its ability to test objective theories such as 'sex modernism', by analysing the relationship between variables in a given target population (Creswell 2013:4).

Parker and Aggleton (1999) argue that this also had an impact on the interventions which were used to mitigate sexual problems as they also used biomedical principles to explain sexuality within a specific population. However, because the biomedical approach overlooked the sociocultural factors that influenced sexual behaviour, the interventions failed to address sexual problems in different contexts.

Decades later, researchers in other fields provided an alternative to the biomedical approach by looking at the "social and cultural construction of sexual conduct" (Parker and Aggleton 1999:3). This approach offered a multidimensional approach in analysing sexual behaviour. The approach focused on the role of socioeconomic, cultural and political factors in the construction of sexual experiences of individuals in different contexts. Such a multidimensional approach also analysed how individuals and social groups defined the social and cultural constructs of sexuality in relation to their own bodies. As compared to the biomedical approaches, Parker and Aggleton argue that the "social and cultural construction of sexual conduct" (1999:3) approach yielded far greater results in terms of addressing sexual problems such as the prevention of HIV and promotion of health.

Despite the above accomplishments in employing the “social and cultural construction of sexual conduct” (Parker and Aggleton 1999:3) approach, various stakeholders in Mutare rural are influenced by health-discourses to addressing sexual problems such as teenage pregnancy. These interventions, for instance, the government led *‘Life Skills, Sexuality, HIV and AIDS strategic plan of 2012-2015’* is informed by health discourses surrounding teenage pregnancy and HIV/AIDS. In response to the rise of HIV and unwanted pregnancy amongst teenagers in Zimbabwe, the strategy seeks to provide sexual and reproductive health education with much emphasis on HIV prevention and treatment (Washaya 2013). As such, the strategy insists on the abstinence only message to curb teenage sexuality and at the same time does not provide access to contraception (Sibanda 2013).

Similarly, the *‘Education for Life Behaviour Change’* programme in Mutare rural implemented by Youth Alive Zimbabwe, also uses the abstinence strategy as the solution to the health complications of teenage sexuality. The abstinence only strategy is problematic because it assumes that if teenage women abstain from sexual intercourse, then the problem of teenage conception will be addressed. On the contrary, the trend and frequency of unplanned teenage pregnancy in Mutare rural remains inadequately addressed since most of the interventionist programmes focus on behaviour modification of sexually active teenagers. Whilst overlooking the socio-economic context of teenage sexuality.

It can be highlighted that missing from both governmental and non-governmental interventions, is an analysis of the impact of diamond mining since 2006, on teenage women’s sexuality and reproduction. In Zimbabwe, social and economic factors contribute to the rise of teenage pregnancy (Kim et al. 2001:12). For example, the rise of economic poverty increases young women’s vulnerabilities by engendering their economic reliance on men for survival. Hence, contributing to risky sexual behaviours which may lead to unwanted pregnancies (Leach and Machakanja 2001:1). In such a scenario, an abstinence only intervention would not work as trading off their sexuality for survival would seem as a viable option.

With this in mind, this study uses both qualitative and quantitative approaches to investigate and explain the rise of unplanned teenage pregnancies in Mutare rural.

1.3 Situating Teenage Pregnancy in the Mutare Rural Context

Globally, it is estimated that 16 million teenage women give birth each year (Ngome and Odimwegu 2014:2). Of these births, 95% births emanate from developing countries (WHO 2011: ix). Writing on the rise of teenage pregnancies, several scholars noted that teenage pregnancies are a problem which contributes to health complications such as maternal deaths (Ayuba and Gani 2012:46, Magadi et al. 2007:1312, Mashamba and Robson 2002:274). In fact, according to the World Health Organisation, pregnancy related complications are the second main cause of deaths amongst teenage mothers aged between 15-19 years globally (WHO 2015).

In Zimbabwe, the problem of unplanned teenage pregnancies is reportedly more prevalent in rural Zimbabwe than in urban areas as evidenced

by a Zimstat survey which reveals that in 2014 alone 28.7% of rural teenage women had begun childbearing as compared to their urban counterparts at 14.2% (Zimstat 2015: xxix). Of these rural areas, Marange area located in Mutare rural (this study's research site) contributes to these national statistics.

Having grown up in Mutare rural, preliminary observations led me to believe that there was a correlation between religion and teenage pregnancy in Marange. This view is also corroborated by other authors (Machingura 2011:197, Sibanda 2011:5) who have attributed the rise of teenage pregnancy to the Johanne Marange apostolic sect's¹ practices which encourage early child marriages coupled with teenage pregnancies. Whilst, these views collaborate with my own assumptions² this study research goes deeper to analyse the overall socioeconomic context of teenage pregnancy specific to the Marange community.

Marange community is also a site with the highest rise of teenage pregnancy in Mutare rural than in other areas. Why? Because Marange went through a social and economic transformation with the advent of illegal diamond mining in 2006. This transformation coincides with the rising trends of teenage pregnancy in Mutare rural since 2006 as shown by ZDHS data of 2005-2015 (*as highlighted in the problem statement*). The researcher assumed that such a transformation could have had an impact on the sexual and reproductive experiences of young women in the area. Since the discovery of alluvial diamonds in this case study, there was an influx of thousands of artisanal miners and buyers from different social contexts. Thus, the arrival of the miners was followed by new patterns of sexuality and reproduction from other cultures, probably influencing the rise of teenage pregnancy in the area.

1.4 Statement of Problem

Zimbabwe ratified the 1994 International Conference on Population and Development (ICPD) programme of Action. With respect to teenage women's sexuality and reproductive health, various stakeholders have pledged to ensure that all teenage women are supported to complete their education, to prevent early marriages and pregnancies which result in high rates of mortality and morbidity (UNFPA 2004:37).

¹ Machingura explains that, in the month of July every year, teenage girls stop attending school to participate in the church's Passover celebrations. It is during this time that young girls are selected by the church elders for marriage to older men in the church (2011:197).

² My assumption was later debunked by Sakubva district hospital records and data from the semi-structured interviews which showed that whilst teenage pregnancies were high amongst the apostolic churches, the problem was also high amongst other religious affiliations. Thus, the apostolic sect's practices could no longer be isolated as a single influence to the problem. Hence, I was compelled to find out other contributory dynamics that were influencing the incidence teenage pregnancies in Marange.

Taking the case of Manicaland province in Zimbabwe, several strategies have been implemented by different stake holders such as government and Non-governmental Organisations (NGO) to deal with teenage pregnancy but the problem has risen as shown by ZDHS data (2005-2012) and Zimstat data of 2014.

These policies include; *the Life Skills, Sexuality, HIV and AIDS strategic plan of 2012-2015* (Zimstat 2015:139). Implemented through the Ministry of Sports, Education and Culture, this plan is a compulsory component of the primary and secondary curriculum for all schools in Zimbabwe. It aims to ensure that through education, all students will have access to information and life skills related to sexuality and reproduction. This plan was formulated and implemented based on the premise that young people who received 'age-specific' information from trained teachers were likely to abstain from premarital sex and if they were already sexually active, they would reduce the frequency of their sexual intercourse (Washaya 2013).

At the same time, different programs like *the Education for Life –Behaviour Change* programme have been implemented in Manicaland by Youth Alive Zimbabwe (a local NGO operating in Mutare). These programmes are aimed at providing life skills and improved access to sexual and reproductive health (SRH) services for teenage women (Youth Alive Zimbabwe 2015). Similarly, Plan international- Mutare Programme Unit, has implemented the *Women and their Children's Health (WATCH)* program to promote gender equality by engaging men in addressing cultural and religious practises that determine women's access to sexual and reproductive health services, specifically in Marange village (Plan 2015).

Despite these efforts, teenage pregnancies have risen sharply in Manicaland province. According to Zimbabwe Demographic Health Survey (ZDHS) data of 2005-2006, the percentage of teenage women, aged between 15-19, who were already mothers, was 16.5% in Manicaland as compared to Harare with 11.5% and Bulawayo 5.3 % (Zimstat 2007:54). From 2010-2011, Manicaland province experienced a rise in live births from 16.5% up to 22.9% as compared to Bulawayo 9.6% and Harare 14.7% (Zimstat 2012:87). These figures have continued to increase in 2014, where Manicaland rose to 23.3% as compared to Bulawayo and Harare where teenage pregnancy increased to 12.4% and 14.8% respectively (Zimstat 2015:143).

An analysis of the dynamics and trends of teenage pregnancies in Zimbabwe shows that girls in Manicaland are far more exposed to the problem than those in Harare and Bulawayo. Therefore, this research aims to find out and explain the rise in teenage pregnancies, despite the interventions put in place by the different stakeholders. It will endeavour to seek answers to this problem through the experiences of the teenage mothers themselves.

1.5 Research Objective and Questions

The objective of this study is to **investigate and explain the rise of teenage pregnancies in Mutare rural despite the numerous interventions implemented by various stakeholders in the area aimed at addressing such a trend.**

- To achieve this objective, the study is guided by the following questions: **What are the factors that have contributed to the rise of teenage pregnancies in Mutare rural?**

Sub-research questions.

- **What are the experiences of young women who have been teenage mothers in the Marange Community?**

1.6 Definition of Key terms

Teenage women:	Within the context of this study, teenage women are defined as women who are pregnant or have had their first child between the ages of 15 to 19.
Young Mothers:	Women who have given birth between the ages of 15 to 19.
Young Women	In this study, young women refer to teenage women between the ages of 15 to 19.

1.7 Justification of the Study

Though a lot has been written about teenage pregnancies in Mutare rural, what remains less understood and analysed is the impact of the discovery of diamond mining in influencing the rise of teenage pregnancies in Marange. In my literature review of the existing studies I observed an empirical gap. This study therefore emerges as a timeous and relevant contribution to the existing literature on this significant topical issue. In seeking to address the existing gaps within the literature on teenage pregnancies, the study differs from the existing literature by purely focusing on the impact of the discovery of the di-

amongst in Mutare rural. Issues which I contend have not received sustained academic attention as shown by the scarcity of literature on this theme.

The choice of the study was also guided by the statistics gleaned from the government's national statistical agency which revealed in its 2012 census report, that Mutare rural was amongst one of the eight districts of Manicaland province heavily affected by the challenge of high teenage pregnancies. These census results revealed that 12 664 women aged between 15 to 19 years in Manicaland rural gave birth in 2012 as compared to 1 894 women in urban Manicaland (Zimstat 2013: 118). This then raised my interest as a student – researcher to explore such a contemporary issue which has remained topical in both scholarly, policy and in public discourses, not only in Zimbabwe, but in the entire Sub – Saharan Africa as a whole.

Furthermore, existing Zimbabwean studies on teenage pregnancies tend to focus more on national (macro level) analyses. Rather than, on a micro –level and localised analysis, thus, leaving out some specific micro level issues. It is from this perspective that this study is significant as it adds micro – level analysis to the study on teenage pregnancies in rural Zimbabwe by drawing analysis from the Marange area case study. Thus, bridging the existing empirical gaps.

1.8 Methodological Approach

To answer the research objective and questions a mixed methods approach was used for three reasons that is, corroboration, elaboration and initiation (Blaikie 2000: 267). According to Rossman and Wilson (1985), *corroboration* refers to triangulating to ensure validity, whereas, *elaboration* is when data from different methods enhances the understanding of the problem and *initiation* is the use of contrasting data from different methods in a manner that produces new perspectives (as cited in Blaikie 2000:267) .

A qualitative approach was used to find out how the political economy of Marange influenced the young women's sexuality and reproduction in their community. Data was collected through face to face interviews using a semi-structured interview guide. This method was chosen for its ability to offer an interpretive perspective which enables the researcher to draw meaning and understanding of why and how certain people experience certain aspects of their life (Neuman 1997:69).

Thus, semi-structured interviews provided the respondents a space to explain the circumstances of their pregnancy and at the same time showing how the socio-economic transformations that took place in Marange impacted their sexuality. In addition, key informant interviews with stakeholders also contributed information on the rise of teenage pregnancies in the area as well as how these different stakeholders were addressing this problem.

I also used document analysis of Sakubva District hospital's admission records for triangulation purposes. Before accessing the hospital records, I first obtained informed consent from the District Medical Officer of Manicaland .The hospital registries were then released to me by the hospital's matron.

The documents were recorded in numerical form thus, required a statistical analysis using computer software such as Microsoft excel. This data

showed the trends of teenage pregnancies in Mutare rural and also facilitated the examination of the relationship between teenage pregnancy and other variables such as seasonal trends. The findings from this data set in motion the next stage for my research and provided me with the themes of the questions that I would ask in the field in order to explain the data from the hospital records.

Target Population

The study's target population was the young mothers, aged between 16 and 22, who have given birth during their teenage years in Marange and the various stakeholders working in the same area, namely, NGO and government personnel. Such a research population then comprised the study's unit of analysis. A population refers to the total number of people, occasions or entities with the same characteristics within a specific category (O'Leary 2014:182).

Sample Size

In the above section I discussed the target population, however, in this section I discuss the sample size of this particular study. In this study I limited my sample size to 20 respondents. I tried by all means to come up with a manageable sample size of the target research population. The sample size included 2 NGO workers, 2 governmental personnel and 16 young mothers. A sample size is defined as a section of the population that is selected to take part in a research study (UNISA 2013:32).

1.8.1 Sampling Strategy

Under this section I discuss how I managed to come up with the sample of this study. I also explain the various sampling techniques which I utilised. In the words of O'Leary (2014:183) sampling is the process of identifying specific features of a population that are to be included in a study.

Purposive sampling

In this study I purposively sampled the young mothers in Marange rural. Purposive sampling entails selecting a population with characteristics that are correlated to the purpose of the study (Laws et al. 2003:358). My choice for utilising purposive sampling stood guided by the fact that these young women were knowledgeable on issues of how the social and economic changes that took place during the diamond mining period influenced the rise of teenage pregnancies in their community. Since, most of them had experienced teenage pregnancies, they were better placed to offer insights to this study.

Snowball sampling

This study also utilised snowball sampling. Such a technique was privileged because it enabled the student-researcher to get respondents through referrals. Through this technique, after identifying a young mother who would then help in referring the researcher to another teenage mother. I also used the same technique in identifying NGO workers and government personnel who could also refer me to their colleagues and work mates. Referrals and recommendations helped especially in a context

where most respondents were not comfortable discussing issues of sexuality which were deemed personal and private.

Validity

Scholars such as Gibbert et al. (2008) talk of three types of validity namely, internal, external and construct validity. In this study the researcher was concerned more on construct validity which refers to the level to which a data collection tool produces an accurate reflection of the reality (Gibbert et al.2008:1466).Whereas, external validity is concerned with the level which the study findings can be generalised in other research settings and contexts (Gibbert et al.2008:1468). I managed to cross check validity of the collected data through the use of various methods (methodological triangulation).

Reliability

Reliability in research refers to the degree to which the adopted research methods will yield in consistent findings on several occasions that the same methods are used, whilst validity is concerned with whether the study's findings reflect the reality of the situation (Laws et al .2003:417). To maintain reliability of the study, I first tested the research questions to ascertain that the method would find out what it was meant to establish.

1.8.2 Data collection Tools

Semi-structured interviews

In collecting data for this study I conducted semi-structured interviews with the sample population. I first applied for approval from the District Administrator of Manicaland Province to carry out face to face interviews in Marange community. Upon informed consent, I proceeded to interview sixteen young women on different dates and their ages ranged from 16 to 22 years. The interviews lasted between 20 to 40 minutes per interview and the informants were purposely drawn from 4 locations in Marange, that is, Marange shopping Centre, Chipindirwi, Bakorenhema and Murwira. All young mothers came from various villages within Marange and they were from different socio-economic backgrounds, with 3 women who were employed as vendors, whilst the majority were unemployed.

I chose semi-structured interviews because they allowed the use of a guideline with a list of themes that needed to be covered in the interview. In the context of this research, semi-structured guides made it possible for the researcher to ask probing questions whenever interesting points were raised. Also in cases where respondents narrated their specific situations, the researcher was also able to make follow up questions.

Taking from the respondent's views, I was able to organise my themes according to the objective and research questions. The follow up questions permitted the researcher to get different perspectives on the individual situa-

tions of the respondents. Through face to face interviews I was also able to build rapport with the respondents. This data collection tool enabled the respondents to feel at ease hence opening up at their own pace. This could not have been possible if the researcher had solely relied on structured interviews which provide a list of direct and closed ended questions and therefore do not prompt the respondent to provide information about their experiences in relation to teenage pregnancies.

Key Informant Interviews

Under this section I explain how I utilised the key informant interview technique in gathering data on the topic under study.

After writing 8 application letters, I only received informed consent to interview 4 organisations which offer sexual and reproductive information and services to teenage women in Mutare rural, that is, the Ministry of Health and Child Welfare, the Ministry of Labour and Social Welfare, Youth Alive Zimbabwe and Plan International Zimbabwe. I adopted key informant interviews since they permitted an in-depth interrogation of teenage pregnancy in Marange. The respondents were chosen since they were knowledgeable on the subject as they were already working in this area. Furthermore, the targeted key informants were also working around broad issues of child marriages, reproductive health, empowerment of the girl child and social welfare issues. Hence, the assumption was that they had vast knowledge on the sought study.

The first key informant interview was carried out in Harare with Mr Mhlanga who is the National Health Coordinator for Plan International Zimbabwe. He was responsible for the WATCH program which recently ended in May 2015 after implementation in April 2014 in Marange. The programme was specifically targeted at reducing teenage pregnancy in Marange through a gender mainstreaming approach. After conducting this first key informant interview, I then returned to Mutare where I had the opportunity to interview Mrs Nezandonyi who is the Health Promotion Officer for Manicaland District. Employed under the Ministry of Health and Child Welfare, Mrs Nezandonyi oversees health programmes implemented in Mutare district in partnership with other non-governmental organisations. These programmes also include SRH interventions in urban and rural Mutare.

I also conducted a key informant interview with Ms Ndadzugira, the Provincial Social Welfare Officer for Manicaland to get further insights on how other governmental departments were addressing teenage pregnancy. Lastly, I interviewed Youth Alive Zimbabwe's Assistant Program Manager, Ms Zviuya. She has been working on sexual and reproductive health programmes for teenagers in Manicaland for the past 6 years.

Documents Analysis

In this section I explain how I used the document analysis method in collecting data. A collection and analysis of written text as a source of primary data can produce quantitative results which require statistical analysis (O'Leary 2010:223). Before the document analysis was carried out, I obtained informed consent from the District Medical Officer of Manicaland Province. Equipped with a signed approval letter, I then obtained numerical data from Sakubva

District hospital's admission registries for the periods of April 2014 to April 2015 to find out the severity of teenage pregnancies in Mutare rural.

I also chose this method because it provided additional answers to the research question through the analysis of information such as religion, occupation and marital status. Use of this tool in conjunction with interviews and secondary data analysis ensured that the study would not be biased as can occur when using a single data collection tool (Bowen 2009: 29).

Secondary Data Sources

This study also relied much on the review of secondary data. As cited in Devine (2003:286), Hinde (1991) posits that secondary data analysis adds onto previous studies and produces new ideas by providing a different analytical angle that can show unanticipated connections between variables. For this reason, I analysed various literature in the form of journals and publications that have been written on teenage sexuality and pregnancy in Zimbabwe and in other countries. This complemented and helped to critically analyse the findings from the fieldwork.

1.8.3 Data Analysis

Data analysis is the process of sorting, categorizing according to themes and analysing data (Laws et al. 2003:382). For these purposes, field notes and recordings from the semi-structured interviews were manually transcribed, organised and coded according to themes set by the research objective and questions. This data was saved onto a Microsoft word document for analysis using the conceptual framework highlighted in Chapter 2. Since the hospital admission records were handwritten, I also manually recorded this data into a book then entered, sorted and coded the data using the themes of the study through a Microsoft Excel worksheet. From this worksheet, I produced tables, graphs, a line chart and a pie chart to show the trends in teenage pregnancy in Mutare rural.

1.9 Challenges and Limitations

The research period was very limited, since I only had barely a month to complete the fieldwork. With this in mind, an ethnographic approach would have been more suitable in analysing the sexual and reproductive experiences of these young women over time.

The study area, Marange rural, is highly populated by the Johanne Marange apostolic sect members. Given that members from this church are very secretive about their practices and that discussing sexual issues is considered taboo, there were high chances that I would face non-disclosure on issues concerning teenage pregnancy from Johanne Marange apostolic sect members. However, I managed to go past this limitation by interviewing young mothers from different religious practices and from different social backgrounds.

While the women shared their sexual and reproductive experiences, there were instances where some of the young mothers revealed their HIV status. Some of them sought for advice on how to deal with the men who had impregnated and infected them with the HIV virus. This conflicted with my position as an academic researcher who is not qualified to offer any counselling services. Having guaranteed them with anonymity and confidentiality, I advised them to independently seek advice from the nurses at the clinics.

I was also confronted by situations where some of the mothers expected financial assistance which I was unable to provide. I managed to navigate past this dilemmas by referring these cases to the organisation I was working with.

Whilst seeking for official permission to carry out research, the District Medical Officer of Manicaland Province informed me that I would have to reconsider carrying out the document analysis at Sakubva District Hospital. This was because documents from Marange rural clinic would not contribute much to the research as most pregnant teenage mothers in Marange did not register their births at the clinic owing to religious practices of the Apostolic sect and some simply followed traditional birthing practices.

Therefore, he advised that I utilise records from Sakubva district hospital as they would provide a much broader representation of the problem in Mutare rural and would also provide other information such as parity, complications at birth, religion and occupation which would not be recorded at a small rural clinic.

1.9.1 Ethical Considerations

Before commencing with the fieldwork, I first assessed my research approaches to make sure that no harm would befall any of my respondents. This was done by re-looking at the research objective and questions as well as the semi-structured themes to make sure that they would not offend, embarrass or cause any feelings of resentment or discomfort to the respondents.

Having done this, I travelled to Marange to acquaint myself with the society. I also visited Marange rural clinic to find out the required procedures before carrying out field work at the clinic. I was informed by the nurse in charge that I had to apply for official permission to carry out my study from the District Medical Officer (DMO) of Manicaland Province. After approval and presentation of a stamped and signed letter, I could then receive any information about teenage pregnancy or access any records at the clinic. In line with research ethics, that is to obtain informed consent before any research procedure, I wrote an application letter to the DMO and received written consent to carry out the document analysis at Sakubva District Hospital.

Similarly, I also applied for consent to interview young women in Marange from the District Administrator of Manicaland Province as well as from the different organisations for the key informant interviews. I also sought informed consent from the young mothers themselves before conducting face to face interviews

Throughout the research process, I ensured that all respondents participated on their own free will (Laws et al. 2003:118). This was done by seeking consent before the interviews as well as permission to take down notes or recordings during the interview. Two key informants declined to be tape recorded because they assumed the research was meant for some other non –academic purpose. This is notwithstanding the fact that I had guaranteed them that the study was only meant for an academic purpose. However, they consented that I could only take notes and that I could refer to their names during the analysis of the data.

Before commencing with the research, I provided background information of the study and also disclosed my identity to the participants. Confidentiality and anonymity were also guaranteed in all interviews. I anonymised the identity of some of the respondents as will be shown later in my data analysis chapter (Chapter 4).

1.9.2 Outline of the paper

The paper is organised into five chapters. The first chapter provides the background and methodology of the study. To answer the research objective and questions, a mixed methods approach was employed with data collection tools such as semi-structured interviews, document analysis and secondary data analysis. Chapter two provides the conceptual framework used to analyse the research findings. The concepts gender and sexuality were employed to analyse the sexual and reproductive experiences of young mothers in Mutare rural. The third chapter is devoted to setting the context of the study. In chapter 4, I present the key findings of the study. The same chapter analyses the major findings of the study on impact of diamond mining on the rise of teenage pregnancy in Mutare rural. To conclude the study, chapter five will reflect on the findings, theoretical concerns and recommendations.

Chapter 2

Gender and Sexuality as Lenses to Analysing Teenage Pregnancy in Mutare rural

2.1 Introduction

This chapter presents the conceptual framework of the paper. Gender and Sexuality are the overarching analytical lens of this paper. These concepts will be used to analyse the young mother's experiences in the Marange community.

2.2 Gender

In this section, I will use Scott's (1986) analytical framework which focuses on gender as a category of analysis. This concept is used to map out the sexual relations between young women and their partners as these shape the decision making processes of the women with regards to their sexuality and reproduction. This framework will also enhance the understanding of how the social construction of sexuality and reproduction influence the rise of teenage pregnancy in Mutare rural.

Scott (1986) proffers a sound conceptual framework which will be used in this study. She conceptualises gender as a socially constructed concept which is constitutive of the social relations between males and females (1986:71). This social construction is also constitutive of the power relations between men and women. In fact, Scott elaborates further by adding that, "*gender is a primary field within which or by means of which power is articulated*" (Scott 1986:72).

This analytical framework is quite relevant and applicable in the analysis of the sexual relations between young women and their partners and the social construction of gender and sexuality in their communities because it is through these that the existent power dynamics are articulated. With respect to the rise of teenage pregnancy in Zimbabwe, Kim et al. (2001:11) advance that socially constructed gender roles and norms contribute to risky sexual behaviour. Young women are socialised into submissive roles and sexual ignorance which disenfranchises them of the power to discuss sexual issues with their partners or negotiate for safe sex. These unequal power relations are exacerbated by their economic dependency on financially stable men who set the rules and conditions in order to part with their money.

Scott (1986) postulates that the social construction of gender involves four (4) interconnected components: firstly, gender is constructed through cultural symbols that define what it means to be a proper woman in society. For example, in a religious or cultural society, a woman is expected to be 'pure', innocent and devoid of sexual knowledge before marriage. Secondly, normative concepts define the meanings of the symbols according to feminine and mas-

culine gender binaries. Gender is also constructed through institutional processes such as the household, the state and the economy. These institutions create distinctions between feminine and masculine gender roles such as, household labour for women and the breadwinner status for men.

Lastly, Scott also considers the role of subjective identity in the construction of gender. Subjective identity which is the intimate sense of self, is created through gendered power relations. Gender does not exist in a social vacuum. It is constructed through other social relationships such as age, race, ethnicity and social class. The subjective identity is reinforced by the compliments one obtains and how one seeks to obtain approval from others. Yet again, subjective identity is not only about social relations of power, but is also about the gendered notions prevalent in the way people live.

2.3 Sexuality

This particular section focuses on how sexuality as a concept can be used to analyse the rise of teenage pregnancy in Mutare rural. Similar to the concept of gender, sexuality is also a result of the social relationships between men and women in a society (Rubin 1984:150). As such, sexuality cannot be fully analysed without considering other social relations such as family interactions, age and cultural background (Correa et al. 2008:3). Furthermore, sexuality is not only about the act itself, but it is also about the intrinsic desires that motivate the act, the meanings drawn from the act and the social relations through which the act is articulated (Jackson and Scott 2010:3).

Simon and Gagnon (1984) provide an approach that is useful in analysing young women's sexuality in Mutare rural. Through the 'sexual scripts' approach, they posit that human sexuality is shaped by three levels that is, cultural scenarios, interpersonal scripts and intrapsychic scripts. The cultural scenarios provide guidelines to which individuals in a society must adhere to. The interpersonal scripts is when the individual internalises the cultural scripts to produce socially accepted behaviour. Thirdly, intrapsychic scripts occur when the individual fantasises about their social life (1984:31)

Nevertheless, as this study is focused on the social construction of sexuality, the study will only analyse how cultural scenarios construct sexual scripts in Mutare rural and the implications of such on teenage women's sexuality. As Mutare rural is populated by the Shona people, Chigidi (2009:185) points out that discussion of sexuality among the Shona people is considered as a taboo. Taboos are important to the Shona as they serve as,

"... Instruments of socialization and social control. They are an indigenous way of educating and knowing that is fundamental to the equilibrium of the social system and therefore to order in society. These avoidance rules are restrictive and not directive in the sense that they only tell the individual what not to do and not what to do"(Chigidi 2009:177)

The central notion behind these taboos is to protect young people from developing interest in premarital sexual intercourse. The result of these assumptions also inform teenage women's experiences with their sexuality and reproduction.

In Marange (this study's site), Shona norms and values often intersect with religious scripts from the Johanne Marange apostolic church so as to subordinate women's sexuality to that of men. Sex is portrayed as something that men do to women, thus, a woman's prospect of negotiating sex becomes an impossible act (Makombe 2015:193). Given the above, the concept of sexuality becomes relevant in understanding how society's 'sexual scripts' shape young women's sexuality.

2.4 Conclusion

As highlighted in the introduction, this study will use gender and sexuality as the main analytical tools. The reason being that, like gender, sexuality is a socially constructed concept and it is also constitutive of the power relations between men and women in the society. The next chapter sets the context of the study by presenting the contextual background of the study in Mutare rural.

Chapter 3

Contextualising the Rise of Teenage Pregnancy in Mutare Rural: Towards a Holistic Approach

3.1 Introduction

This chapter sets the context of the study by highlighting the socio-economic and cultural context which has led to the upsurge of teenage pregnancy in Mutare rural. The chapter progresses by first outlining the context and factors which have triggered the rise of teenage pregnancies in Zimbabwe before narrowing down to investigate Mutare rural as a specific unit of analysis. In exploring the reasons on why there has been high rates of unplanned teenage pregnancies in Mutare rural, I also analyse the impact of the socio-economic meltdown in Zimbabwe (as from the 1990s until 2014) on the livelihoods of poor and vulnerable communities. I argue the socio-economic factors played a role in influencing the rate and incidences of unplanned teenage pregnancies. In the final analyses the chapter also discusses the strategies and mechanisms employed by different stakeholders (state and non-state actors) in seeking to address the high rate of teenage pregnancy rise in the Mutare rural.

3.2 Poverty and Household Vulnerability in Zimbabwe

Under this section I contextualise how high poverty levels in rural communities in Zimbabwe, namely Marange rural, have led to the rise in the teenage pregnancy phenomenon. This section argues that there is a correlation between high poverty levels and girl child vulnerabilities. Zimbabwe is a country that was colonised by the British settler regime since 1890. However, the country won its independence in 1980. Since then, to date, the Zimbabwean government has adopted various economic blueprints namely the infamous Economic Structural Adjustment Programme (ESAP) amongst others.

Notably, such economic programmes have brought numerous challenges such as impoverishment to most rural households. For instance the cutbacks in education and health sectors under the ESAP period were heavily felt in most rural communities, particularly in sectors such as health and education. Such challenges have heavily impacted on rural development, employment creation, access to health care and access to primary and secondary education (Mlambo 2013:364)

Furthermore, the economic meltdown which was experienced in Zimbabwe as from the new millennium in (2000) onwards saw numerous households experiencing high poverty levels. As a result most teenagers (mostly the girl child) were forced to drop out of school. This phenomenon has been prevalent in most rural communities in Zimbabwe. That is in spite of the fact that the

government and donor agencies also introduced a poverty alleviation strategy, the Basic Education Assistance Module (BEAM), to cushion the underprivileged rural school dropouts (Mutasa 2015:156)

What the Zimbabwean case study reveals is the feminisation of poverty. In most cases the rural girl child has been most affected in comparison to the boy child when it comes to family decisions on who should drop out of school (Mavhunga and Bondai 2015:9). This trend is still very common in religious communities such as Marange rural. Hence, the affected girl child ends up being idle and at times vulnerable to being married off (by their parents) to the elderly men especially in Vapostori sect (Sibanda 2011:4).

This section has mapped how poverty has contributed to teenage pregnancies in Zimbabwe in general and Mutare rural in particular. In the next section I offer a nuanced discussion on how the HIV/AIDS pandemic contributed to the phenomenon of orphaned and vulnerable children and child headed families (CHF). I then locate how this has left the girl child vulnerable and at risk of male advances and consequently ending up at risk of teenage pregnancies.

3.2.1 HIV/AIDS and Teenage Pregnancies

That the HIV/AIDS pandemic has been heavily felt in most rural communities in Zimbabwe is beyond doubt. Through interaction with officials from NGOs working in Manicaland it came to the attention of the researcher that most families in Mutare rural were child headed. As a result of the death toll emanating from HIV/AIDS, most surviving children became vulnerable to teenage prostitution as a way of fending for their siblings. This trend was also witnessed in rural communities such as in Marange.

Further advancing, this line of argument, recent literature has emerged articulating the rise of teenage pregnancies in Mutare rural to orphanhood (Gregson et al. 2005, Hallfors et al. 2013 and Luseno et al. 2015). These scholars hold that teenage pregnancy amongst orphaned teenage girls could be attributed to poor household situations and constrained access to education.

Hallfors et al. (2013:54) argue that orphanhood in Zimbabwe is accountable for the vulnerabilities to early sexual debuts and teenage pregnancy amongst orphan girls aged 15 to 17. They also state that teenage pregnancy is exacerbated by the fact that early marriages of orphan teenage girls were likely to take place 4 times more amongst Johanne Marange apostolic sect followers than other religious beliefs.

3.2.2 Diamond Discovery: Menace to the Girl Child

In this section I provide the context of alluvial diamond discovery in Marange and how this impacted on the sexual behaviour of the young girls in Marange community. An analysis of such helps in providing a holistic picture on how some teenagers' sexual behaviour was shaped during the period of alluvial diamond mining.

In 2006, alluvial diamonds were discovered in Marange area some 100km from the city of Mutare (Muchadenyika 2015:2). With this discovery, thousands of artisanal miners from across the borders and beyond, thronged the mines in search of the precious stone. Referred to as “panner culture” (Chimonyo et al. 2011 :10) the way of life of the Marange people changed and was replaced by new social ideologies as the villagers interacted with the illegal diamond miners on a day to day basis. The spending behaviours of the panners could not be overlooked as there was sudden rise in shopping, drinking and prostitution at the local bars. It is in these scenarios that young teenage girls were impregnated by the illegal miners.

In explaining the rise of teenage pregnancy, Muchadenyika (2015:4) posits that, as most of the labourers had left behind their wives, they resorted to prostitution at the local shopping centres such as Marange shopping centre, Mukwada and Bambazonke. He notes that the age group most affected by prostitution was the 12 – 16 years age group and this age group accounted for the high rise of teenage pregnancies in Marange. Many of these teenage girls intentionally dropped out of school in pursuance of marriage and prostitution as it was a rich source of income (2015:4).

3.2.3 Religion, Christianity and Rights of the Girl Child

This section focuses on exploring how certain religious practices in Zimbabwean rural communities in general and Marange area in particular has violated the rights of the girl child. Zimbabwe is one of the countries which has a number of forced child marriages out of either religious or traditional practices or families ‘selling off’ their children for material benefits. Despite, the heavy criticism from human rights organisations, children organisations and the government, such practises still continue though at a low scale. Unlike during the 1980s – 1990s period.

African historians and culturists have documented how Zimbabwean societies have perpetuated some African traditional practises such as Kuripa ngozi (appeasing the spirits of a dead person by paying of a young virgin girl to the deceased person’s family) (Banda 2014:496, Shoko and Chiwara 2015:7). On the other hand, in areas such as Marange (focus of this study) there has been a prevalent trend of young women being married to the older men within the church (Machingura 2011:197) .Such practises has then led to the rise of the phenomenon of young motherhood. In some circles these practises have been viewed as a violation on the rights of girl child. In the sense that the

practises disenfranchise the girl child the right to choose their preferred partners. In most cases these forced marriages also portray how the patriarchal society has undermined the rights of the girl child, firstly, by marrying them off without their consent. Secondly, by denying them the right to negotiate for family planning. Consequently, these affected teenagers end up becoming young mothers whilst still below the Legal age of majority.

3.3 Multi- Stakeholder Response to the Teenage Pregnancy Phenomenon

Though I will engage with the NGO and government interventions in addressing the issue of teenage pregnancies in the next section, under this section, I provide the context of NGO interventions in assisting young mothers who would have dropped out of school. In Zimbabwe, numerous NGOs especially those working around issues of children and women's rights have been engaged in lobby and advocacy campaigns against discrimination of young mothers. Most of the organisations such as Msasa Trust, Girl Child Network, Regai Dzive Shiri and Tag a Life Zimbabwe have been advocating for the teenagers who would have been impregnated whilst at school to be re-admitted back and continue their studies. Such calls for re-admission of the girl child into the secondary schools have elicited much criticism from school teachers and parents who argue such would encourage fellow students to engage in premarital sexual affairs as they would be guaranteed of readmission in schools after giving birth (Mugabe and Maposa 2013:119, Sithole et al. 2013:67).

3.4 Implementation of programmes in Mutare rural

This section discusses the various strategies which have been implemented by various stakeholders in seeking to address the phenomenon of teenage pregnancies in Mutare rural.

Following the Dakar Framework for Education for All in the year 2000, all UNESCO member states pledged to provide education programmes that would mitigate the spread of HIV amongst the youth. This formed the backdrop of the Life Skills Based HIV Education and Education for All strategy to be implemented in these member states (Clarke and Aggleton 2012:4). The Life Skills and Sexuality Plan focused on health education grounded on HIV discourses (Samuels 2012:1). As Zimbabwe is one of UNESCO's member states, it also implemented the Life Skills, Sexuality, HIV and AIDS strategic plan of 2012-2015. This strategy was a response to Zimbabwe's own escalating rates of HIV and unwanted pregnancy that compromised the youth's health and wellbeing (Zimstat 2015:139). The Zimbabwean strategy aimed at providing sexual and reproductive health and HIV prevention information to teenagers through the education system. Ac-

According to Washaya (2013), the education system was chosen as a medium because of the assumption that teenagers spend a considerable amount of their time at school.

Retrospect of the sexual education provided in schools highlights that the program is driven by 'abstinence only' messages. The Minister of Health and Child Welfare (MOHCW), Dr. Parirenyatwa has explained ³ that, in conjunction with the Ministry of Education, Sport and Culture, its policy promotes abstinence from sexual activity for all teenagers.

The Ministry's policy is guided by the cultural norms and values of the country as well as the Legal Majority Act⁴ which stipulates the age of majority as 18 years and the Marriages Act (Chapter 5:11) which stipulates the minimum age of marriage as 16 years (Sibanda 2013). According to one key informant, the education programs have been effective in reducing teenage pregnancy to a great extent as evidenced by the enrolment of the girl child in schools (Key Informant interview with the Health Promotion Officer for Manicaland District, 24 July 2015).

Inasmuch as sex education focuses on delaying the sexual debut of teenagers, it is clear that this intervention does not address the needs of all teenage women. With the current economic context, not all teenage women are going to school owing to constraints in paying school fees. Hence, this in itself compromises outreach of the strategy.

Secondly, as evidenced by the Minister's speech, Shona cultural values such as virginity and abstinence still influence the sex educational policy thereby stratifying the unequal gender relations and expectations between girls and boys consequently causing a disparity in their sexual and reproductive choices.

Lastly, the strategy bypasses other economic and social factors, such as poverty and early marriages that may encourage teenage sexuality thereby rendering the abstinence only strategy ineffective.

Other governmental departments such as, the Ministry of Labour and Social Welfare, which offers support for vulnerable individuals of society (who also include teenage mothers) has not implemented any programs to ad-

³ In explaining the sex education programme, Sibanda (2013) quotes the Minister of Health and Child Welfare as follows "*What we have done is actually advocate for as much a delay as possible in a youth's sexual debut. When I say sexual debut, I mean the age at which you start sex. We always advocate that youths delay their sexual debut as much as possible, certainly until marriage, that is what we advocate for. So our policy clearly does not talk about giving contraceptives to under-age children.*"

Accessed on 09 October 2015

<https://www.newsday.co.zw/2013/09/25/minister-speaks-child-condoms/>

⁴ Legal Age of Majority Act of 1982 - A person below the age of 18 is regarded as a child.

Accessed 09 October 2015

http://www.unicef-irc.org/portfolios/documents/459_zimbabwe.htm

dress the problem because there are contradictions existing in the laws and policies of the country (Key Informant Interview with the Provincial Health Coordinator for Manicaland, 20 July 2015). As argued by Khan (2003:9), the contradictions between the Zimbabwean laws and policies increase the rise of teenage pregnancy as they create a gap of vulnerability by leaving no solid law to protect teenage women's rights. The current Marriages Act (Chapter 5:11)⁵ states that a girl between the ages of 16 to 18 can marry as long as her legal guardian or the high court consents to the marriage. Yet, there is also the existence of the Customary Marriages Act (Chapter 5:07)⁶ which provides that a woman and man can marry as long as they are in agreement but it does not state any minimum age of consent. These two marriage acts exist in parallel to the constitution of Zimbabwe⁷ which states that the minimum age of consent to marriage is 18 years.

Thus,

“...There is need to harmonise Acts and policies of Zimbabwe with the constitution of Zimbabwe, for example the issues surrounding consensual sex, marriage and teenage pregnancy...” Key informant interview with Provincial Social Welfare Officer for Manicaland Province, 20 July 2015)

In addition to governmental efforts, the NGO sector has also implemented programmes in Mutare rural using an alternative approach to the abstinence only strategy used by the MOHCW and the Ministry of Education, Sports and Culture. For example, Plan International Zimbabwe has attempted to address the unequal gender relations that influence teenage pregnancy in Marange. The just completed the Women and Their Children's Health (WATCH) program (2014- ended May 2015) was a response to the maternal and child mortality indicators in Marange which were more than 74% of the deaths were amongst adolescents (Key Informant Interview with National Health Coordinator, 15 July 2015).

The program was designed to address cultural and religious gender inequality issues that contributed to the incidence of teenage pregnancy in Marange (Plan International 2015). 80% of people in Marange community subscribe to the Johanne Marange apostolic sect group and at the same time there are Shona cultural discourses such as “*baranai muwande*” [reproduce and become many] that encourage teenage pregnancies (Key Informant Interview with National Health Coordinator, 15 July 2015). The National Health Coordinator explained that by including men as partners in the reproductive

⁵ Marriage Act [Chapter 5:11] section 20(2)

Accessed on 13 September 2015

<http://unstats.un.org/unsd/vitalstatkb/Attachment187.aspx>

⁶ Customary Marriages Act [Chapter 5:07] section 7

Accessed on 13 September 2015

<http://unstats.un.org/unsd/vitalstatkb/Attachment186.aspx>

⁷ Constitution of Zimbabwe section 78

Accessed on 13 September 2015

<http://www.parlzim.gov.zw/attachments/article/56/constitution.pdf>

and sexuality discourse, the program aimed at improving the supply and increasing the demand of sexual and reproductive health services and knowledge.

The WATCH program's outreach was targeted at 500 households. Using the care group approach, peer educators were assigned to 10 households each, with the task of encouraging teenage women from delaying early sexual debuts. The volunteers were assigned according to their age and sexuality status to ascertain reception of the programs amongst teenagers. This is based on the premise that a program is better received if it is initiated by a person in a similar situation.

Volunteers who were young girls and had not yet indulged in sexual intercourse were assigned to lead a group of girls who had not yet indulged in premarital sex, referred to as the Golden group. The second group, the Silver group, those who have indulged in sexual intercourse but have never been pregnant was also led by a peer with the same characteristics. Lastly, the Bronze group composed of teenage mothers was also led by a teenage mother. Results from an evaluation of the programme revealed that it was a success as evidenced by the increase in teenage women's uptake of sexual and reproductive health services in Marange. Furthermore, a comparison between the 2007 baseline statistics and the 2014 end line statistics shows that there was a decrease in maternal mortality and the number of child marriages (Key Informant Interview with National Health Coordinator, 15 July 2015).

Using the same peer group approach, Youth Alive Zimbabwe has also implemented several programmes though they are based on the abstinence only strategy. The organisation's objectives are to "... *empower young people with life skills and sexual and reproductive health and rights information*" (Youth Alive Zimbabwe 2015). The organisation's efforts include the Life skills Program, the Behaviour Change Program, the Treasure life Program and Choose freedom Program. These programmes are directed at disseminating information about sexual and reproductive health and teenage pregnancy but do not focus on contraception but rather on abstinence. This is because Youth Alive Zimbabwe is a faith based organisation, its mission and values promote abstinence although this appears to leave teenagers without knowledge (Key Informant Interview with the Assistant Programme Manager, 14 August 2015).

Though peer education can influence positive sexual behaviour change, it remains to be questioned if it can transform the socially constructed ideologies and the unequal power relations between teenage women and their partners. Stereotypical gender ideologies are difficult to transform through peer education because they are deeply imbedded into the social norms and values that define people's subjective identities, which even the peer educators are also part of. Reaffirming this view, an evaluation of a similar program initiated by the Zimbabwe National Family Planning Council (ZNFPC) in Mutare, Promotion of Youth Responsibility Project, shows that whilst the programme achieved 90% coverage of its targeted audience through peer education (those aged 10-24 years) it was not successful in changing their perceptions of gender roles and relations. Four fifths of the teenagers who had been exposed to the programme remained adamant that men should decide and initiate all sexual and reproductive issues within a relationship (Kim et al. 2001:15).

Whilst the key informants stated that they had implemented the above mentioned programmes in Mutare rural, only 1 out of the 16 respondents reported that they knew of such programmes in Marange. Even though this respondent knew of Plan International's programme, she indicated that she could not participate in the programme due to the biased selection criteria which excluded most teenage women of disadvantaged backgrounds (young mother, aged 16, single). It therefore remains to be established whether the programmes are reaching the target participants and if at all the programmes meet the needs of teenage women.

3.5 Conclusion

This chapter was aimed at presenting the contextual background on the study of the rise of teenage pregnancy in the Marange area. The chapter discussed how the socio-economic factors influenced the trend of teenage pregnancies in the area under investigation (research question 1). However, the chapter did not dwell in depth in analysing the dynamics and effects of such a trend to the sexuality and reproduction of teenage women in Marange. Having mapped the background of the study, in the following chapter I provide an analysis to the study's major findings.

Chapter 4

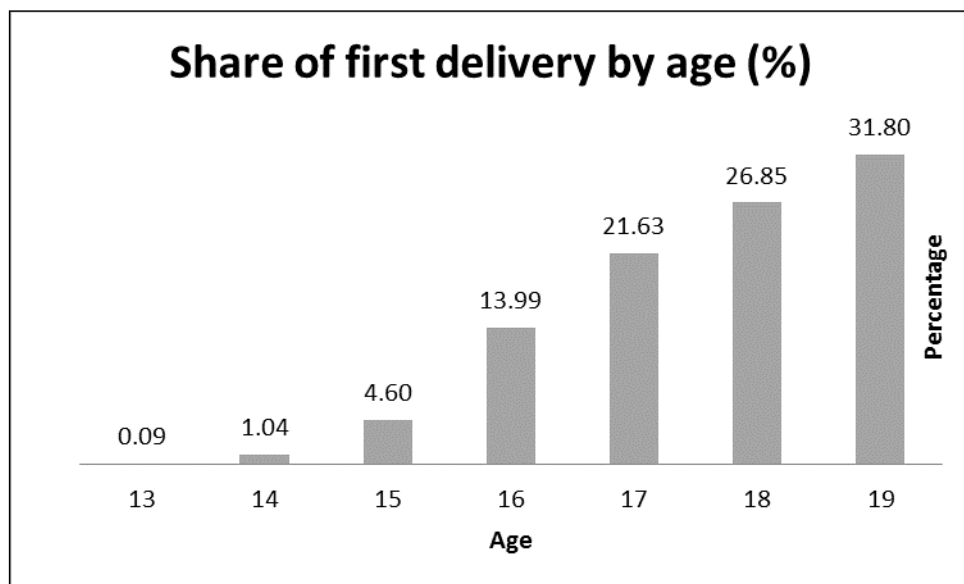
The Dynamics of Teenage Pregnancies in the Marange Community

4.1 Introduction

This chapter on the study's findings and analysis, builds from the contextual background presented in the previous chapter (chapter 3). In this chapter I discuss the main arguments of the paper, that is, the political economy of diamond mining and the ensuing sexual relations between young women and the miners and how these have contributed to the rise of unplanned pregnancies amongst teenage women in Marange. The chapter first provides an overview of the trends of teenage pregnancies before discussing the circumstances of the young women's sexual and reproductive experiences. These findings will be analysed using the conceptual framework provided in Chapter 2.

Figure 1: Distribution of teenage mothers by age at first delivery for the period April 2014-April 2015 in Mutare rural

N = 1 151



Source: Adapted from Sakubva District Hospital Admission Records

Data collected from Sakubva District Hospital admission records indicated that 1 151 teenage mothers delivered during the period of April 2014 to April 2015 in Mutare rural. These young mothers were between the ages of 14 to 19 years. Data provided in Figure 1 above indicates the rates of teenage pregnancy which were more prevalent in the age group of 19 years with 366 births (32%), followed by the ages 18 (27%) and 17 (22%) respectively. These results show that more than 2 out of the 5 first births were delivered by girls under 18 years old. Therefore, these results are indicative of how serious the problem of early pregnancy was in the Mutare rural area

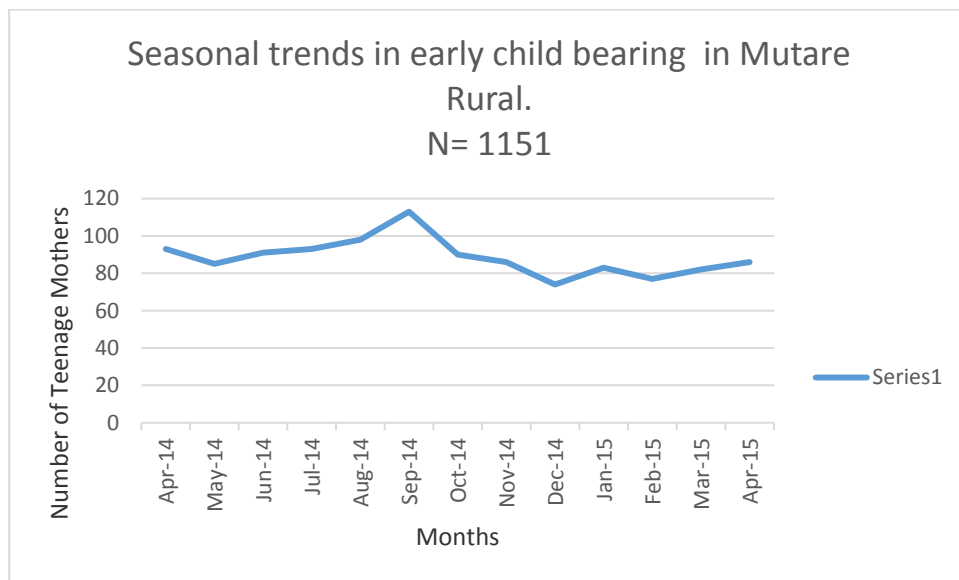
Disappointingly, the records from Sakubva District Hospital could not ascertain why and whom the young women got pregnant to. Nevertheless, through a key informant interview, it came to the attention of the researcher that some young teenagers portrayed ignorance on the men responsible for their pregnancies. This was because some of the men were either close relatives, family friends or older men. Hence, most teenage women felt ashamed to disclose the paternity of the unborn child (Key informant interview, Health Promotion Officer of Manicaland District, 24 July 2015). In my view, I find such evidence having some grains of truth. In conservative societies as rural Zimbabwe, most young women who bear children out of wedlock feel ashamed to disclose the identity of their partners. Hence, some end up being secretive with others only disclosing the identity to their children when they are full grown-ups.

My view is also consistent with the works of Boohene et al. (1991) in their study of teenage sexuality in Harare, Zimbabwe. They found that teenage women may deliberately misrepresent their sexual and reproductive status because they do not want to be associated with premarital sexuality and the shame of out of wedlock pregnancy, which is a taboo in Shona culture (Boohene et al. 1991:266). Such a phenomenon therefore led me to consider the key informant's view who disclosed to me that most young mothers who delivered at Sakubva District Hospital could not disclose the identity of their partners. Thus, the records could not show whom the teenage women got pregnant to.

However, on a more localised level, evidence from the fieldwork demonstrated that teenage pregnancy was more common in the age group of 15 years with 6 out of the 16 respondents reporting pregnancy at 15. This was also followed by the ages of 16 (4 young mothers) and 17 (4 young mothers). Whilst only 1 young mother fell pregnant at 18 years and 1 at 19 years respectively.

Narratives from the fieldwork also shows that 5 out of the 16 respondents fell pregnant to the miners within the community. Whereas 3 young women fell pregnant to young boys of their age whilst at school. The study also established that some young women (as in the case of 2 respondents) did not know of the men responsible for their pregnancies. As they had engaged in multiple unprotected sex. Additionally, 5 young mothers attributed their pregnancies to other local men who were older than they were whilst it was sad to note that 1 respondent was a rape victim.

Figure 2: Seasonal Trends in Teenage Pregnancy in Mutare Rural



Source: Adapted from Sakubva District Hospital admission records.

Figure 2 reveals the trends in teenage births with a peak observed in the month of September 2014 which recorded 113 births and the lowest month being December 2014 with only 74 deliveries. By using the gestational period of a human being, which is 9 months, and counting back 9 months from September 2014, it can be noted that these women conceived between the months of December 2013 and January 2014.

Through data gleaned from key informant interviews, the research established that these trends could be attributed to diamond mining in Marange which fuelled risky sexual relationships between teenage women and the artisanal miners. These relationships were particularly rife during festive periods such as Christmas and New Year. 5 out of the 16 respondents interviewed explained that they had engaged in sexual relationships with the miners particularly during Christmas when the miners were on work leave. These five respondents were aged between 16 to 19 years.

However, other respondents in this study also fell pregnant to other men who were not miners. Some of these men were locals from the village and others were employed in the nearby cities of Mutare and Harare as in the case of a 17 year old young mother from Chipindirwi who explained that:

“My boyfriend works in Harare but only comes back for holidays. He lives there with his wife... he comes [his rural home] from Chipindirwi ...”

This narrative indicates that there are other factors apart from diamond mining that influenced the rise of teenage pregnancies in Mutare rural. Factors such as Intergenerational relationships with older married men looking for an extra marital affair seem to account for teenage pregnancies in the area. This finding is also substantiated with the findings of Gregson et al. (2002:1902) who found that a majority of teenage women in Mutare rural were engaging in

‘sexual mixing’, with older men thereby contributing to the rise of teenage pregnancy.

On the other hand, some young women were impregnated by boys their age as elaborated by a young mother who stated that, “...with a boy from school, it was just for fun...we were coming from school...he did not use any protection...” (young mother, aged 18, single)

This illustrates that peer pressure can also be a factor to be reckoned with in the rise of teenage pregnancies in Mutare rural. 3 respondents from the interviews informed me that they had unprotected sex with boys from their school. The sex usually occurred after school when the teenagers were heading towards their respective homes.

Yet, the study also found out from one respondent aged 17 (from the Johanne Marange Apostolic sect) that she had been married at the age of 14 to an older church member in his 60’s. The marriage had been organised by her family and a prophet from the church and she had no choice but to comply as was expected of her. Consequently, she fell pregnant at the age of 15:

“...I was married when I was around 14 years old to a man from the church...but I am no longer married, he passed away last year...I had my child the following year after the marriage...Madzibaba [prophet] and my parents announced in church that I was going to be married to him...I was chosen to be his wife ...that’s how it happened” (young mother, aged 17, single)

From this interview, the thesis found that early marriages amongst the Johanne Marange Apostolic sect were also accountable for the rise in teenage pregnancy in Marange.

With respect to the effects of diamond mining on the rise of teenage pregnancy, there are various studies which arguably stress that teenage women were engaging in sexual relationships with miners for material gain thus weakening their negotiation for safe sex leading to unwanted pregnancy (Muchadenyika 2015:3, Chimonyo et al. 2011:11). Yet, this observation might be too sweeping a generalisation without analysing the voices of the young mothers concerned. Empirical evidence suggests that there were other young women who also engaged in sexual relationships with the miners for reasons other than material gain such as affection and marriage. Love and emotional attachment may also present a vulnerability for a young woman as they may not negotiate for safe sex for fear of losing the relationship with the miner hence accounting to unwanted pregnancy. For example, one young mother had this to say:

“...I loved him [a miner] with all my heart and I sacrificed a lot for him...including my virginity. I thought if I had sex with him he would marry me if he found me a virgin... I only discovered he did not love me when I got pregnant and he disappeared” (young mother, aged 19, single)

Though most of the young women looked ahead to marriages most of the miners were only interested in short term relationships and not lifelong commitments such as marriages. A key informant added that:

“...they [miners] only need these young women to satisfy their sexual desires but they have their own wives and families at home. They do not want commitment...” (National Health Coordinator, Plan International Zimbabwe)

4.2 The Seasonal Dimensions of Teenage Pregnancy in Marange

In this section I interrogate the circumstances under which the young mothers fell pregnant and how these could explain the seasonal trends in childbearing in Marange.

Data gleaned from the fieldwork revealed that, 5 respondents acknowledged that they had engaged in sexual relationships with miners employed in the Marange diamond mines resulting in them falling pregnant. One key informant highlighted that:

Towards the Chiadzwa mining area, the Chinese and other indigenous workers are still impregnating young girls and giving them money. You sometimes see these very young girls with what looks like a Chinese baby on her back and you really wonder what is happening. Most of the times they are lured with as little as USD\$1, but the man disappears as soon as the girl tells the man she is pregnant (National Health Coordinator, Plan International Zimbabwe)

The above revelation by the National Health Coordinator assumes that mine labour mostly of foreign nationals used symbolic power, for instance money to attract the young girls into sexual relationships with the miners. After being impregnated the young girls would be left to fend for themselves. Nevertheless, the narrative from this key informant reflects elements of race and gender stereotyping which presents the young village girl as a ‘victim’ who is ‘lured’ by the old foreign man who is the ‘perpetrator’.

Such a view is problematic because it portrays the foreign man as the ‘problem’ and therefore leaves the assumption that if the foreign man is removed then the problem of teenage pregnancy will be addressed. At the same time it obscures analysis of other factors such as economic poverty, peer pressure and issues of love and marriage which may account for the rise in teenage pregnancy in Marange.

The quote from above also brings to light issues of unequal power relations that should also be questioned in the rise of teenage pregnancy in Mutare rural. Whilst the key informant’s observations might hold in this context, it was imperative to find out from the young women in the area if this was the case.

Judging from this thesis findings, none of the respondents interviewed had engaged in sexual relationships with the Chinese nationals. Such evidence therefore challenges the sweeping generalisations which all pointed to Chinese nationals for the rise in teenage pregnancies in the Marange area (as pointed out by the NGO respondent above). On the contrary, through the face to face interviews, it was established that 5 young mothers in Marange had engaged in sexual relationships with local artisanal miners though some of them were from different towns. The research also ascertained that the sexual relationships between the local girls in Marange and miners were particularly rife during the festive period when the miners were on work leave. One respondent enunciated in her own words that:

“I was impregnated by a man who works at Anjin Diamond mine...we dated for two years ... he used to buy me a lot of gifts especially during Christmas and New year . I fell pregnant this year in January ... so I have since stopped going to school because it is now very visible that I am pregnant...” (young mother, aged 18, single)

From the above quote it can be discerned that young girls in the Marange area received gifts from artisanal miners especially during the festive season. Though, they also enjoyed long term relationships, they also developed affectionate love. For instance in the above quote reveals that the young girl had a love relationship with the miner for a period amounting to 2 years.

For some respondents who were involved with miners, the relationships were a means to an end, that is, to secure financial security. In an interview with one respondent she narrated that:

“The father of this baby has a lot of money which he bought his commuter omnibus...he used to go and mine at Mai Mujuru [a portion in the diamond fields]...It was fashionable here [Muangirwa] to date a man who was doing diamond panning because he had enough money to buy things like phones and clothes for you” (young mother, aged 16, single)

Whilst, the respondent was more fascinated with material goods in the relationship with a miner, experiences from other respondents suggest that some young women were more concerned with establishing lifelong commitments (for example marriage). During an interview with another young woman she narrated that:

“I got pregnant when I was in form 4 at Gwirindindi Secondary school in January last year, ...I had sex with him [miner]because he promised to marry me...he ran away from me when I told him I was pregnant and I have not seen him since”(young mother, aged 19,single).

The fact that the respondent failed to locate the man responsible for the pregnancy speaks of how the miners led to the upsurge in teen pregnancies in Marange. Yet, after impregnating the young girls they would deny responsibility or just run away as corroborated by the above quote. This was a recurrent pattern amongst the young teenage mothers in Marange.

Contrarily, whilst the other young women engaged in the sexual relationships either for financial gain or marriage, in other cases, the relationships with the miners were for both sexual satisfaction and financial gain.

“Sex should be for enjoyment, but you have to have sex with someone who can take care of you, buy you soap and clothes... because when these men approach you, they want to find you smelling nice... so he has to buy the soap for you. So you can't just have sex with anyone... not a poor man” (young mother, aged 17, single)

To what she referred to as ‘means values’, Ms Zviuya, Assistant Program Manager for Youth Alive Zimbabwe in an interview carried out on the 14th of August 2015, explained how teenage girls in Marange were getting into these relationships because they had the wrong values ,*“They want wealth, being materialistic, bling bling [mobile phones and clothes] and the like. Education is no longer a priority”*.

However, this paper finds this narrative problematic because it homogenises teenage pregnancy to be the result of ‘wrong values’. The key informant problematizes the teenage woman’s materialistic desires as a source of her own

problems. The underlying assumption is that, the individual, is the agent of change. This also reflects in the key informant's organisation, Youth Alive Zimbabwe's 'abstinence only' program which focuses on behaviour change as the solution to teenage pregnancy. This bypasses the undercutting roots of teenage sexuality and reproduction. It also ignores the fact that not all teenage pregnancies are the result of 'wrong values' or the need for 'wealth'. Each sexual and reproductive experience is unique and so are the circumstances that shape or determine these experiences.

Analysing the above stories of the young mothers, this paper concludes that the seasonal trends in the rise of teenage pregnancy in Mutare rural can be attributed to the festive season when the miners spent their earnings, buying gifts and groceries to the delight of rural teenage girls who have no source of income. For teenage girls with aspirations of marriage and a stable financial future, these men appeared as beacons of hope. Scholars such as Correa and Jolly (2008:29) further corroborate this point by observing that seasonal dimensions have a great impact in determining the sexual and reproductive disadvantages of teenage women. They argue that during festive periods, many men have more money to spend, whilst an economic climate (like Zimbabwe's very own) increases the need for teenage women to exchange their sexuality in return for this money (Correa and Jolly 2008:29). At the same time, they also illustrate that it is during the festive periods that high rates of pregnancy and abortions are experienced (Correa and Jolly 2008:29).

Amidst the seasonal dimensions, the narratives of the young mothers also show that there are various reasons why the teenage women were engaging in sexual relationships with the miners during the festive period. Sometimes the relationships with the miners had little to do with monetary gain. For example some of the relationships were also about love and marriage. And for some it was both for financial security and sexual gratification. Whilst diamond mining presents an opportunity to escape out of poverty, it also provides options were young women can navigate through the different types of sexual relationships with the miners despite the consequences of teenage pregnancies that may occur.

The dichotomies of these relationships have also been analysed by Cabezas (2004) who explores the intricate notions of sex for love or money in her study of Sex, Tourism and Citizenship in Cuba and the Dominican Republic. She notes that there has been a tendency of associating sex with financial gain (2004:992). Whereas, there are also other desires such as marriage and affection that may drive a sexual relationship (2004:999). Going beyond the 'sex for financial gain' theme is very important because it also informs the way interventionists look at teenage women who engaged in relationships with the miners. For instance as previously mentioned, a key informant from Youth Alive assumed that teenage women were falling pregnant because they had 'wrong values' and were only after 'bling, bling' (key informant interview, Assistant program Manager, Youth Alive Zimbabwe). Similarly, another key informant assumed that the teenage pregnancies were a result of the Chinese foreigners who engaged in transactional sex with the teenage women (key informant interview, National Health Coordinator, Plan International Zimbabwe). This thesis, thus argues that there are other reasons such as emotional factors such as love and commitment that can weaken teenage women's nego-

tiation for safe sex hence accounting for the rise in teenage pregnancies and not only transactional sex.

In this section I discussed the seasonal trends of teenage pregnancies in Marange .In the next section I present an overview of the implications of the political economy of diamond mining and its effects on the sexual lifestyles of the young women in the Marange area.

4.3 The Political Economy of Marange diamond Mining

In order to understand why teenage women are engaging in risky sexual relationships with the miners it is important to examine the economic and social transformation that took place during the diamond mining process in Marange. In this section I therefore discuss the political economy of diamond mining in Marange and how it impacted on the sexual and reproductive experiences of young women in the area.

As highlighted in Chapter 3, rural poverty exacerbated by the after effects of the Economic Structural Adjustment Programme (ESAP), increased the vulnerabilities of the girl child. With the introduction of user fees mainly in the educational sector, most parents could not afford to pay school fees and in other instances some prioritised the boy child over the girl child. This is supported by the studies of Mavhunga and Bondai (2015:9) who found that, because of rural poverty, it is the girl child who is often treated as a second class citizen when it comes to educating children in the home. This also had implications on the subjectivities of the young women who were affected by rural poverty.

From the data gathered from the interviews, 4 young mothers from the Marange case study, explained that they had dropped out of school because of lack of school fees. As a result, they resorted to relationships with the miners to eke out a living. In one of these cases, the parents prioritised the young woman's male siblings to go to school ahead of the girl child. A single young mother employed as a vendor explained the circumstances of her relationship:

My parents had no money to send me to school, so what could I do? It's so painful to see your friends going to school every day and you think of your future. Now I have no qualifications and I cannot get a good job...So one day I met a man at Matongo where I was selling vegetables ... he still works at Mbada [diamond mine] ...he took good care of me, buying me groceries that I shared with my parents ... (young mother ,aged 19,single)

Another elaborated that:

My school fees were not being paid for a long time, so they sent me away when I was in Grade 7... I had no choice but join the other girls... magweja [miners] were free with their money. I could have even sent myself to school with the money I got from my boy-friends , but I couldn't because I now have a child. What pains me most is that they [parents] sent my two brothers to school and none of them passed their 'O' levels... (young mother, aged 18, single).

Echoing these narratives, one key respondent added that

“We should note that not everyone is going to school because of lack of school fees, the times are tough, so these girls have nothing to do and they have no choice. To make matters worse, some parents just look at their daughters, when they see breasts developing, they think the child is now grown up and they remove that child from school...to save money” (Health Promotion officer, MOHCW)

The economic pressures and circumstances not only directly influenced the sexual behaviour of the teenage women but also disrupted the traditional family setup where parents relocated to neighbouring towns in search for work. They left their daughters behind in Marange under the care of their elderly grandmothers who could not provide financial and material resources for the teenage women. Consequently, the young women resorted to the miners who could provide these necessities albeit the unwanted pregnancies that would follow. Hence, as a young mother elucidated:

“I remained here [Marange] with my grandmother when my parents moved to Mutare to work... But my grandmother is too old and she could not take care of me , I also wanted to fit in just like my friend who got nice clothes from her boyfriends who are miners” (young mother, aged 16, single)

With the exodus of parents in search for greener pastures, this paper also argues that a gap was created as there was no one to fill in the role of providing and teaching the young women of sexual and reproductive matters. Resultantly, this gap was often filled by peers who sometimes gave inadequate advice that would increase the vulnerabilities of the young women. Empirical data gathered from the interviews shows that some of these young women were introduced to the male miners through social networks. One of the respondents explained how she was introduced to a miner:

I had just completed form 3 in December waiting to go to form 4... when my friends introduced me to a man working at the mine. They too had boyfriends working there and were having an easy life. When I began dating him, he bought me a lot of gifts and sometimes gave me money, sometimes USD\$5 and other times as much as USD\$10. We used to go there [Bakorembema shops] to eat and shop because he was on holiday. I decided not to go to form 4 so that I could stay with him ... (young mother, aged 17, married)

Using the *sexual scripts* approach provided by Simon and Gagnon (1984), the advent of diamond mining also set a new cultural scenario which remodelled the previous sexual ideologies existent in Marange before diamond mining. As a result, the community lost its norms and values regarding sexuality as they assimilated new cultures from different contexts. During an interview, a young mother explained the transformations that took place before and after diamond mining thus accounting for the teenage pregnancies:

Parents used to research [virginity testing] their daughters... I also used to be looked at [examined] every time we went to Mafararikwa for our Pasca [Passover], but with the coming of the diamonds, parents did not look at those things anymore, because they were also panning... so even when I began having sex no one cared... they only began caring when I got pregnant and they sent me away to live with the father of this baby (young mother, aged 19, single)

4.4 The Sexual Relations between Young Women and the Miners

In this section, I explore the sexual relations between the miners and the young women to analyse how such led to increased teenage pregnancies in the same area.

Despite the similarities in socioeconomic background, the respondents experienced their sexuality and reproduction differently. Some young women had a weak capacity in negotiating for safer sex, thus, leaving them vulnerable to unplanned pregnancies. In most of these cases (as established in the Marange case study) no protection was used. One respondent enunciated that,

“We first had sex in the bush near the river at Bezely Bridge ... I was 15 ...we went there with his friend’s combi ... he gave me USD\$1 afterwards to buy a drink... He did not use any protection because he said I would not get pregnant the first time and he would withdraw when he felt like ejaculating” (Interview with young mother, aged 16, single)

The above quote therefore indicates how men (from the mining community) engaged in unprotected sex with the young girls in exchange for money, thus, rendering the latter vulnerable to unplanned pregnancies. Such a trend has been documented in studies of the Social, Economic and Environmental Implications of Diamond Mining in Chiadzwa (see Chimonyo et al.2011:11)

In a related point another respondent also made a similar claim by outlining that:

... I have never been to a health centre for any sexual matters ...I only came to this clinic when I discovered that I was pregnant...that is when they tested me and told me that I was HIV positive...I trusted this man because he told me that he was negative and if I thought he was lying he would give me his identity card, his passport and all his belongings... I was shocked when I came here and the nurses told me of my status (young mother, aged 18, single)

On the other hand, some young mothers had some measure of bargaining power on some aspects of their relationships with the miners. For instance, by willingly engaging into the relationship and exploiting their sexuality for material gain shows a great deal of agency. Masvawure (2010:858) also supports my view by pointing out that teenage women do exercise their agency by employing various strategies, such as use of sex to benefit from the transactional relationships. Masvawure (2013) also explains further, that for a long time, young women’s sexuality has always been portrayed as characterised by passiveness and victimhood. However, in a study of teenage wom-

en's sexual experiences in Zimbabwe, she challenges this notion by arguing that young women from her sample also indulged in sexual acts to derive sexual pleasure. Hence, sex is not always about what men do to women and neither are young women passive or victims in the act (Masvawure 2013:244)

However, even though respondents from the face to face interviews were active participants within the relationship, most had little control over the sexual act itself, for example, use of condoms and other contraceptives:

"I suffered from hunger because my aunt was not working...I thought it was better for me to sleep with a man so at least if he gave me a dollar, I could buy mealie meal...but my boyfriend [a miner] said if he was going to take care of me, he would not use protection because it would be like eating a sweet wrapped in its paper" (young mother aged 18, single)

Taking from the above quote I argue that poverty creates a platform through which unequal power relations are forged between the teenage women and their partners. As a result, the young women were unable to negotiate for safe sex because of the desperation caused by economic poverty, whilst men gain an upper hand in the relationship by manipulating their economic status.

From the outline of interventions implemented in Mutare rural provided in Chapter 3, it is evident that interventionists tend to homogenise teenage women's sexual and reproductive needs, as a result they provide a monopolistic strategy such as 'abstinence only' which fails to accommodate these multiple experiences. This probably explains why there is a continued rise of teenage pregnancy despite the interventions that have been implemented in Mutare rural.

4.5 The Implications of Gender and Sexuality on Young Women's Negotiation and Bargaining Power for Safe Sex

Under this section I examine the role the socialization process in influencing the agency of young women in Marange to negotiate and bargain for safe sex.

From the data gathered from the respondents, I found that teenage women's choice of relationships with the miners and the resultant power relations could be traced back to the social construction of gender and sexuality in Marange. One of the young mothers spoke of how her *tete* [aunt] took time to instruct her of how to prepare herself for womanhood. Lessons on how to pull her labia every morning as it was expected by the future husband. She also revealed to the researcher that she was taught how she was supposed to dress and sit as a woman who had begun her menses. However, the respondent acknowledged that some of these talks made her more curious about sex. This also then prompted her to go on a self-discovery with one of the miners despite her parents' teachings (*young mother, aged 18, single*)

Similarly, another young mother, also recounted to the researcher how she was socialised into a submissive role as a wife and mother:

Growing up I used to play mahumbwe [children's play] with a lot of boys....she [aunt] used to say to me mainini [niece] you will never get married because you keep challenging these boys, men should not be challenged because they are going to be the husbands, they are the ones who set the rules...so even when I started having sex with my boyfriend (now husband), I never used to ask him...He initiated sex all the time and of all those times I always I agreed even when I did not feel like it...I was afraid to ask or even deny because he would think I was too forward and then he would not marry me, men don't want women who challenge them (young mother ,aged 17,married)

From the above stories, this thesis notes that the family is an important socialising agent which is partly responsible for the creation of unequal power relations between men and women in a society. As gender and sexuality are constitutive of the power relations between men and women (Scott 1986; Rubin 1984), the above narratives show that the Shona family socializes the boy child into the breadwinner status whilst the girl child is socialised into submissive and non-decision making roles. Teenage women's sexuality is defined for them at a young age and it seems that their sexuality is only meant for the man's satisfaction. In this way, sex now becomes something that men do to women thus weakening all prospects of negotiating in the sexual relationship.

Hence, these demarcations in gender roles and sexuality create a platform for unequal decision making processes in the relationships between teenage women and their partners. Supporting this view is evidence from an evaluation of the 'Promotion of Youth Project' in Mutare, Zimbabwe, which showed that four fifths of the teenagers who had been exposed to the programme had remained adamant that men should decide and initiate all sexual and reproductive issues within a relationship (Kim et al. 2001:15). In my view, such social structuring breeds a spirit of dependency, in this case, of the teenage women in Marange, who depend on the miners for financial stability and in the process parting with their sexuality as socially expected of them.

4.6 Conclusion

In this chapter I discussed and analysed the study's findings collected from the hospital records and from the different respondents that were interviewed. Emphasis was on the impact of diamond mining on the sexual and reproductive experiences of teenage women in Marange. Emerging from the findings is the fact that diamond mining provided a breakthrough to escape out of poverty for the teenage women but also an opportunity to explore different relationship outcomes with the miners such as financial gain, emotional attachment, marriage and sexual gratification. Though these relationships were for different reasons, they all accounted for the incidence of teenage pregnancies in the area. Apart from diamond mining, there were other factors such as intergenerational relations, early marriages and peer pressure which also accounted for the high pregnancy rates. The next chapter will conclude by synthesising the study's findings and highlighting the paper's contributions and recommendations regarding teenage pregnancy in Mutare rural.

Chapter 5

Conclusion

5.1 Introduction

The chapter concludes by synthesising the study's key findings. The chapter also reflects on the key questions, study objective, methodological approach and concepts used in the study. This conclusion is anchored on the subjective experiences of young women who were also teenage mothers in Marange village. Using a gender and sexuality approach, the study concludes that the rise of teenage pregnancy in Marange can be attributed to socio-economic transformation that took place with the advent of diamond mining. This transformation also influenced the sexual and reproductive choices of the teenage women in Marange. The last section of this chapter is devoted to suggesting recommendations that could be used to reduce teenage pregnancy in Mutare rural. Borrowing insights from limitations of this current study, I also outline some areas of future research which merits scholarly inquiry.

5.2 Reflections on Key Findings

This study raised the main question, *“What are the factors that have contributed to the rise in teenage pregnancies in Mutare rural”*. To answer this question, gender and sexuality lenses were applied to analyse how the advent of diamond mining shaped young women's experiences in Mutare rural. Document analysis of Sakubva District hospital's admission records were used to illustrate the rise of teenage pregnancy in Mutare rural. To explain this rise, a localised study in Marange village was carried out with face to face and key informant interviews as data collection tools to find out how young women experience their sexuality in the Marange community.

Firstly, through document analysis of Sakubva district hospital records, the study found that there were seasonal trends in the teenage pregnancy rates in Mutare rural. Analysis of the seasonal trends provided a platform to understand the circumstances under which the young mothers fell pregnant. Drawing from the empirical data, the seasonal trends could be attributed to the festive season where sexual relationships between teenage women and miners were particularly rife. As added by Chimonyo et al. (2011:10), the advent of diamond mining constructed new sexual ideologies in Marange that influenced the rise of teenage pregnancy in Mutare rural. How were these new sexual ideologies constructed? Empirical data showed that, with the influx of artisanal miners from across the country and abroad, came a concoction of cultures and new lifestyles such as spending during festivities. Coupled with the declining economic climate of the country, this fuelled sexual relationships between the miners and the teenage women. The teenage women began exchanging their sexuality in return for money and at times even marriage. It has been shown that transactional sex increases unequal power relations between women and their partners which also compromise their negotiation for safe sex (Luke et al. 2002:25).

However, not all of these sexual relationships with the miners were for financial gain as some were for emotional attachment, sexual gratification and desire for marriage. In all these relationships, the teenage women did not negotiate for safe sex in order to protect continuity of the relationship. This then explains the rise in teenage pregnancies.

In addition not all relationships with miners account for the rise in teenage pregnancies in Marange. Through the interviews, other factors such as intergenerational relationships, peer pressure and early marriages also emerged. Some young women had engaged in relationships with their peers from school, whilst those from the Johanne Marange Apostolic church had been married early. Yet others also engaged in risky sexual relationships with older married men who worked in the neighbouring towns of Mutare and Harare.

To understand how the young mother's experiences related to the socio-economic changes in the community, the study also analysed the political economy of diamond mining in Marange. This provided an understanding of why young women were engaging in risky sexual behaviours with the miners. Through the narratives of the young mothers, the study found that there were several transformations that took place with the advent of diamond mining. Such transformations as economic poverty, disintegration of the family unit, peer pressure and introduction of new sexual cultures influenced many young women to engage in unprotected sexual relationships with the miners, hence accounting for the rise in teenage pregnancy.

The paper showed the relevance of the concepts of gender and sexuality as analytical tools by illustrating that the sexual relations between the teenage women and the miners emanated from the social construction of gender roles and sexuality in the Marange community. By defining their sexuality at an early age, teenage women grew up into submissive, passive and sexually ignorant women. From the interviews, it was evident that they carried these notions into their relationships, consequently relegating all decision making to their partners. By so doing, this breeds a spirit of dependency and it also weakens their bargaining power for safe sex.

Given the experiences of teenage women in Marange, it is worthy to note that approaches to mitigate teenage pregnancy in Mutare rural should be modelled around addressing these different experiences. As shown in Chapter 1 and 3, some of the programmes centred on the abstinence only strategy to address the health consequences of teenage sexuality. This thesis argues that interventions should first address the roots of teenage sexuality such as economic poverty, premature desires of marriage and inadequate access to sexual and reproductive knowledge before addressing the end result which is teenage sexuality. In my view, abstinence only addresses the end, which is teenage sexuality and the related health consequences but it bypasses other social and economic factors such as economic poverty or even teenage women's own desires of being married or falling in love that may influence their sexuality, hence the continued rise of the problem.

5.3 Recommendations for further research

This section outlines the possible recommendations and suggestions for future researches on the subject of teenage pregnancies in Zimbabwe in general and Marange in particular.

Even though the thesis highlighted in Chapter 1 and 3, the interventions that have been implemented to address teenage pregnancy, this could not be further addressed within this paper due to my research focus as well as time and space limitations. The first and third chapters showed that the current interventions being used to address teenage pregnancy are modelled on health discourses. Thus, this study could not explore the ways in which these interventions can be remodelled to go beyond behaviour change strategies such as abstinence and address the socio-economic impact of diamond mining on teenage women's sexuality and reproduction in Mutare rural. Instead, the thesis focused on the impact of diamond mining on the sexual and reproductive experiences of teenage women in Marange.

It further examined the sexual relations between teenage women and their partners to explain their sexual and reproductive experiences. In that respect, future studies may also use gender and sexuality as lenses to analysing the role of institutions such as the society, family and policy frameworks in constructing the sexual and reproductive ideologies that have an impact on teenage sexuality, this would then help future interventions to go beyond a focus on behavioural change. Methodologically, future studies might better understand the phenomenon of teenage pregnancies through an ethnographic approach and through a longitudinal study.

5.4 Theoretical and Policy Implications of the Study

In this section I outline both the theoretical and policy significance of the study. This study hopefully contributes to policy making amongst children rights activists, NGO workers, child parliamentarians, legislators, donor agencies, human rights organisations, health workers, opinion leaders in communities and the general community members. The study has outlined various policy relevant discussions which might be considered in seeking to address the teenage pregnancy phenomenon.

In terms of empirical contributions the study managed to contribute new insights on how issues of socio-economic factors and sexual relations between the teenage women and their partners were impacting on teenage pregnancy in Marange. Though, not claiming to be breaking new grounds on this topic, it was highlighted that there exists numerous gaps in the literature on these themes. Hence, the study managed to contribute insights to the ongoing debates on teenage pregnancy and children's rights.

It is also evident in the Zimbabwean studies that there has been no rigorous and sustained deployment of Scott's framework, 'Gender as a historical category of Analysis' (1986) that is if there are any studies which has utilised

this concept at all. Such lack of theorisation of teenage pregnancy studies using this theme exists despite the analytical relevance offered by Scott's (1986) conceptual framing. Through the utilisation of such a theory, this study managed to contribute localised empirical insights to Scott's concept of gender as a category of analysis.

5.5 Conclusion

This study was aimed at exploring and understanding why there is a rise of teenage pregnancies despite the various stakeholder interventions in Mutare rural. Through the use of quantitative and qualitative data collection tools it managed to explore how social and economic transition in Marange influenced teenage pregnancy in Mutare rural. The study also managed to note how unequal power relations also contributed to the rise in unplanned teenage pregnancies in the same area of study. In a nutshell, the study managed to answer the posed research questions and in fulfilling the set objectives.

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Appendix A: Characteristics of young mothers interviewed

N=16

Participant	Age	Marital Status	Religion	Occupation	Educational Qualifications	Location	Number of Children
1	19	single	Mirirai Jehovah Apostolic Church	vendor	Form 4 (did not complete)	Mundingi	2
2	18	single	Methodist	vendor	Form 4 (3 O level passes)	Marange	1
3	22	divorced	African Apostolic	none	Grade 7	murwira	2
4	20	single	Masowe e chishanu apostolic church	vendor	Form 4 (7 o levels)	Marange	1
5	18	single	Seventh day Adventist	none	Grade 7	Machedye	1
6	16	single	PHD Ministries	none	Form 3	Muangirwa	1
7	17	single	Methodist Church	none	Form 3	Gwindingwi school	1
8	18	single	Johanne Marange Apostolic Church	none	Form 2	Murwira	1
9	17	married	Johanne Marange Apostolic Church	none	Form 3	Bakorenhema	1
10	18	single	Methodist	none	Form 4(did not complete)	Marange	1
11	18	married	Roman catholic	none	Form 3	Murwira	1
12	19	married	None	none	Form 4 (did not complete)	Marange	1
13	19	single	Roman Catholic Church	none	Form 3	Gonon'ono	1 child + 1previous miscarriage
14	16	single	PHD Ministries	none	Form 4(did not collect results)	Chipindirwi	1
15	21	married	PHD Ministries	housewife	Form 4 (did not complete)	Nehwangura	1
16	17	single	Johanne Marange Apostolic Church	non	No education	Chipindirwi	1

Source: Fieldwork.

Appendix B: List of organisations interviewed

Organisation	Name	Designation
Ministry of Health and Child Welfare.	Mrs S. Nezandonyi	Health Promotion Officer for Manicaland District.
Youth Alive Zimbabwe.	Ms N. Zviuya	Assistant Program Manager.
Ministry of Labour and Social Welfare.	Ms C. Ndadzungira	Provincial Social welfare Officer for Manicaland.
Plan International.	Mr M. Mhlanga	National Health Coordinator for Mutasa, Chipinge and Mutare.

Source: Fieldwork.

Appendix C: Key Informant Interview Guide

1. Could you describe your work and area of responsibility in this organisation?
2. What programs have been implemented by your organisation to address the problem of teenage pregnancy in Mutare rural?
3. What encouraged the implementation of this program?
4. May you please provide me with a background of this program?
5. How are teenagers receiving this program?
6. Has there been a reduction in teenage pregnancy cases in Manicaland?
7. Can you estimate the cases of teenage pregnancy in Marange?
8. What in your opinion are the factors that increase the incidence of teenage pregnancy in Marange?
9. Does this program address these factors?
10. Does this organisation maintain any statistics of teenage pregnancy in Manicaland?

Appendix D: Face to Face Interview Guide

1. Where do you live?
2. What is your marital status?
3. What is your highest level of education?
4. Are you employed?
5. How many children do you have?
6. How old were you when you had your first child?
7. What is your view of teenage pregnancy?
8. Do you think there is a rise of teenage pregnancies in this area?
9. What do you think are the factors that contribute teenage pregnancy in this village?
10. Are there any particular seasons or periods that teenage pregnancies increase in this area?
11. Could you explain more why this area is populated by high pregnancy?
12. How did your family view your pregnancy?
13. How does your religion/culture/community view teenage motherhood?
14. Are there any expectations relating to sexuality and reproduction when you reach adolescence?
15. Can you tell me a bit about your first sexual experience?
16. At what age was it?
17. Tell me more about your partner?
18. How was the experience?
19. Have you ever been to a health centre for any sexual and reproductive issues?