



**Laidlaw Leadership and Research Programme: Summer 1 Research Project**

**Teenage Motherhood in Zambia**

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**Acknowledgements:**

I would like to take a moment to express my deepest gratitude to the remarkable individuals whose unwavering support and selfless contributions were absolutely pivotal to the successful completion of this research project:

Dr Gillian Bentley: Your dedication and expertise were instrumental in navigating the intricate world of ethical approvals. Your meticulous guidance, provision of endless readings, and meticulous editing feedback significantly enhanced the quality and integrity of this research.

Kelci Jacoby: Your unwavering support and belief in the importance of this research was a constant source of motivation for me. Your guidance and encouragement from the beginning of my Laidlaw experience has made my work so enjoyable.

Staffson Phiri provided not only professional support but also an unparalleled level of care and hospitality during my time in the field.

Precious: the companionship during visits to schools for data collection added a personal touch to this research. Your dedication and enthusiasm were truly commendable, and I am grateful for your assistance.

Musola Cathrine Kaseketi, your gracious welcome into your home and family during my time in Zambia was a heart-warming and unforgettable experience. You not only inspired my research, but my life altogether with your strength and courage in your unwavering commitment to help others reach their full potential.

**Background and context of research question:**

Early motherhood continues to be studied due to its widely agreed upon emotional, physical, and social-economic disadvantages to the girl and her child (World Health Organisation, 2004). Many studies have found an increase in the risk of mental health issues, particularly depression amongst teenage mothers, as well as behavioural issues for the offspring of such mothers (Stacy Hodgkinson, 2014). Physical risks are both short and long term, involving both the pregnancy and birthing process on the health of both the mother and child (World Bank, 2022). Finally, a mother's ability to pursue her education is hindered by her responsibility to care for her child, which, in turn, may hamper her career progress and diminishes her opportunities to break free from poverty (World Bank, 2022). As a result, adolescent pregnancy becomes a generational trap, leading to decades of continued poverty (World Bank, 2022). Whilst adolescent motherhood encompasses young motherhood between 10-19 years old (Marvi V Maheshwari, 2022), there is substantial difference between a girl at 10 and a girl at 19. Therefore, this paper will focus on girls between the age of 15- 19 years old that become a mother, recognising that this group faces distinct challenges.

### **Geographical focus of the study:**

The country of focus is Zambia which is a large, landlocked country in Southern Africa which, despite being resource-rich, suffers from some of the highest levels of poverty and inequality in the world (World Bank, 2023). In an effort to help development, prosperity and the United Nations Sustainable Development Goals (SDGs) 3, 4 and 5, the Zambian government and international organisations have prioritised the reduction of teenage pregnancy (Malunga, 2023; World Health Organisation, 2023). Yet, despite their continued efforts, the problem is complex and multi-faceted, especially due to significant disparities within the urban and rural setting in Zambia. Whilst rural areas report a 37% prevalence of teenage pregnancy, urban locations have significantly lower rates at about 20% (Population Council, UNFPA, and Government of the Republic of Zambia, 2017).

My research is centred on Livingstone, a historic city situated in the southern region of Zambia. Once Zambia's capital city, Livingstone now stands as the largest city in Zambia's Southern Province (United Nations Human Settlements Programme (UN-HABITAT), 2009). As previously highlighted, Zambia struggles with one of the worst income inequalities in Africa, having a Gini Coefficient of 38.8, a chasm that has only grown over time (World Bank, 2023). Given the stark contrasts within the population, including those residing in Livingstone, this study aims to delve into the issue of adolescent pregnancy, with a specific focus on middle and lower-income families in Zambia. The stratification of these groups is determined by whether the adolescent is enrolled in a public or private educational institution. Consequently, the study's findings will centre on teenagers attending public schools.

**Purpose and objective of the study:**

The research question explores the underlying factors, challenges and implications of teenage pregnancy in Livingstone, Zambia. The research is focused on the experiences of teenage mothers, their families and communities. The implications will include socio-economic, emotional and physical impacts.

**Methods****Location:**

Primary research was conducted on-site in Livingstone over an intensive two-week period spanning July and August 2023.

**Participants:**

I conducted informal interviews with various members in the community including teachers, police, church officials and local charity workers, all of whom play important roles in the local Zambian community. Notably, a spectrum of teachers was the focus as schools remain the heart of the social lives of many teenagers within the community. This included headteachers, vice principals, subject teachers and guidance councillors to gain a broad understanding of teenage motherhood. Overall, over 30 teachers were interviewed at 7 schools in the local area.

## **Analysis:**

Interviews were typically 30 minutes long and involved answering a mix of preset questions and follow up questions to the participants' answers. The data were recorded by handwritten notes which were then transcribed onto a laptop, which involved categorising recurring reasons for adolescent pregnancy mentioned by the respondents. Secondary data sources, including statistics on adolescent pregnancy and worldwide scholarly articles on the subject, were then compared to the collected data. This was intended to improve the results' validity. Lastly, I conducted constant and regular debriefings with my mentor to review and refine interpretations.

## **Supervision**

The research was facilitated by Sport in Action Zambia and Vilole Images Productions. Supervision was through a supportive framework both in Zambia and the University of Durham. In Zambia, the research was supported by Staffson Phiri, the district coordinator of Sport in Action and the well recognised and important Zambian figure, Musola Cathrine Kaseketi, founder of Vilole Images Productions. At Durham University, supervision was conducted by Dr Gillian Bentley. During the research period in Zambia, supervision involved daily check ins by Ms Kaseketi, and weekly check ins by Phiri. After primary data was collected, the write up was conducted through systematic and regular feedback by Dr Bentley.

## **Ethics:**

The research was approved by the Durham University Ethics Anthropology Committee on the 28<sup>th</sup> of July 2023 prior to any on the ground research. Written consent was achieved before arrival into Zambia by

the Ministry of Education, with a pre-approved list of schools in Livingstone. Teachers involved gave verbal consent after they were provided with all information, including the study's purpose, procedures and benefits prior to any questions. To ensure anonymity and confidentiality, schools visited were labelled with numbers instead of the school's names and instead of using participant's real times, I assigned unique letters to each participant.

**Funding:**

This study was overseen by the Laidlaw Foundation, a charitable organisation that provides international leadership and research support for undergraduate students.

## Results and Discussion

The Bronfenbrenner's socio-ecological model contains four tiers that affect development of an individual (Bronfenbrenner, 1994). These tiers are the individual (microsystem), the interpersonal (mesosystem); the environmental (ecosystem) and the policy level (macro system) (Bronfenbrenner, 1994). The model has been adapted to encompass the causes and factors of teenage pregnancy, a framework to organise many perspectives (Jacqueline Corcoran, 2000). This section will discuss particular factors that, during my research in Livingstone, I found to be most prominent for teenage girls engaging in sexual activity. These included transactional sex, peer pressure and mass media. I will then discuss the situation of abortion in Zambia and thus why pregnancy in Zambia in most cases leads to teenage motherhood.

The initial focal point within Bronfenbrenner's model, the individual, emerged as a particularly pivotal tier during my investigations in Livingstone. In every school I visited, the prevalence of sexual relationships for material exchange could not be ignored. It became clear that materially beneficial relationships, as underscored by Austrain's (2019) study, highlighted not only individual motivations but also the interplay between personal desires and the surrounding environment's influence. The exchange encompassed a dual purpose - meeting basic needs and elevating one's social standing (Karen Austrian, 2019). Notably, within the relatively affluent urban population I studied, such transactional sexual relationships seemed geared more toward improving social status than fulfilling necessities.

An important anecdote shared by an English teacher encapsulated this phenomenon. A concerned mother had stormed into the school, demanding explanations for her daughter having a new boyfriend, a discovery she made when going through her daughter's phone. The mother's suspicions had started

when her daughter refused to bring Nshima, a traditional dish, to school, and instead, she learned that her daughter had been eating “rich man’s food” chicken and fries from a fast-food establishment known as “The Hungry Lion.” Another illustrative story pertained to the significance of “Civilians Day,” a celebratory school event where students donated money and were exempt from wearing uniforms. According to an English teacher at a school, this led girls to search frantically for a boyfriend to fund their new outfits, whilst spending weeks searching for the perfect “rich person” look. This typically included “skinny jeans.” These anecdotes underscore the girls' involvement in sexual relationships as a means to elevate their social status or simply to “fit in.” As a result, they increase the risk of becoming pregnant.

While less common in the town, the second purpose of transactional sex for basic needs still manifested itself on occasion. During my visit, several teachers shared narratives of adolescents who engaged in alleviating dire economic circumstances were particularly prevalent in child-headed households or for orphans, where students formed financially advantageous partnerships to support their living expenses while pursuing their education. One poignant example emerged from a school where children from remote villages, located over 40 miles away, relocated to Livingstone to attend school. In order to sustain themselves, they entered into sexual relationships, pooling resources to secure basic necessities like food and lodging within the town. This illustrates the resilience of adolescents in resource-constrained environments, as they sought innovative solutions to overcome economic challenges in their pursuit of education. If the girls could not secure a type of relationship that was financially beneficial they occasionally turned to multiple partner sex work, especially lorry drivers, who in passing through the town picked up teenage girls for quick sexual pleasure. I was told that the girls could receive 15 Zambian Kwacha for the sex, just £0.58 British pence.

The sex that the girls are involved in was typically unprotected, leading to high chances of pregnancy. When questioning why contraceptives were not used, teachers told me girls were too afraid of judgement in the sexual health clinic by both the nurses and their community to get hormonal contraceptives and that the male partners did not want to use condoms. One boy, after getting his girlfriend pregnant was asked why they did not use protection. He simply laughed and told his guidance teacher that it was like “eating a sweet with the wrapper on.” As the girls are desperate for financial benefits, it is difficult to insist that their partners wear a condom. Regardless of the primary motivations for transactional sex, the girl ends up with limited control over the experience and sometimes becomes pregnant. Statistical evidence has backed up the claim that the use of contraceptives is very low, adolescents between 15 and 19 years old used any method of contraception just 12% of the time. Condoms were used in just 1.6% of cases despite 98% of teenage girls aware of contraceptives (Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF, 2019).

The second dimension of the model delves into the interpersonal aspect of adolescence, which represents another influential factor contributing to teenage pregnancy. Specifically, peer pressure emerges as a significant component in this context. Numerous scholars, such as Theresia Njeri Waraga (2018), Gift Malunga (2023), as well as researchers from Uganda (Kukundakwe, 2021) and Kenya (Waraga, 2018), have extensively examined the phenomenon of young girls entering relationships to gain social acceptance. In the context of Livingstone, public non-selective schools have identified peer pressure as a prominent concern among teenagers. Interestingly, a stark contrast emerges when we examine a STEM-focused school, renowned as one of Zambia's premier government institutions, which boasts a remarkably low rate of teenage pregnancy. According to the former principal, during his 19 years at the school, there was only one recorded case of teenage pregnancy. However, at his current assignment in a non-selective government school, the incidence of teenage pregnancies has surged to as

many as eight cases annually. The principal attributes this difference to the distinct peer pressure dynamics within each school. The STEM-focused institution has fostered a culture of diligence and academic excellence, where having a boyfriend and spending time with them is regarded as embarrassing and unproductive. In contrast, at his current school, popular teenagers are more likely to engage in relationships and sexual activities. This divergence in peer pressure dynamics underscores the significant impact of social influences on teenage pregnancy rates.

Within Zambian families, effective communication about sexual health is often limited, with discussions primarily centering around preaching abstinence to young girls and neglecting boys. Consequently, the growing access to media, particularly the internet, has become an informal avenue for understanding sexual matters, allowing girls to seek information without fear of judgment. This shift has contributed to a decline in teenage pregnancy, exemplified by instances such as a young charity worker utilizing internet resources to explore birth control options and locate a clinic. This relationship between media access and reduced teenage pregnancy rates in Zambia aligns with findings from Sserwanga's qualitative study in 2022, which, although emphasizing newspapers more than internet access, reaches a similar conclusion that girls with media access tend to be better educated about sexual matters and, consequently, less likely to become pregnant. Notably, this trend extends beyond Zambia, as Fatema observed a similar correlation in three Asian countries, and Worku et al. found comparable patterns in East African nations. However, some educators, including teachers, a nun, and a priest, have expressed concerns about the negative influence of internet access, attributing it to an increase in teenage pregnancy rates. They point to foreign and explicit content as encouraging early sexual experimentation. Despite these concerns, teenage pregnancy rates have actually decreased in recent years, coinciding with continued growth in media access, making it unlikely that media content is the primary driver of such pregnancies. Over the years, teenage motherhood has declined from 34% in 1992 to 29% in 2018,

signalling a noteworthy trend. Concurrently, the percentage of individuals with weekly access to mass media has risen, climbing from 33% in 2007 to 34% in 2013-14 and ultimately reaching 46% in 2018. Instead, it appears that media access has had the opposite effect, contributing to the reduction of teenage pregnancies. (Source: Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF, 2019)

Zambia's abortion laws are considered relatively liberal, especially compared to their Sub-Saharan neighbouring nations (Jenny A Cresswell, 2016) (Marte E. S. Haaland, 2019). Nevertheless, considerable obstacles persist for teenage girls seeking pregnancy termination, primarily at the policy and community level (Jenny A Cresswell, 2016). Zambian abortion laws can be seen as mere "paper laws," citing a lack of adequate resources and a convoluted legal process for childbirth (Tamara Fetters, 2017). That there are fewer than two physicians for every 10,000 people in Zambia is just one of the hurdles women face when seeking a legal abortion (Tamara Fetters, 2017). However, whilst physical barriers are a problem in the whole of Zambia, Livingstone has a slightly different situation.

In Livingstone, obtaining an abortion is more accessible than in rural areas, thanks to the presence of several nearby facilities that provide this service. Nevertheless, it is surprising that a significant number of young women still feel reluctant to consider abortion due to the impact of religious beliefs, misinformation, and societal stigmas.

This is not surprising seeing the country remains strictly Christian, embedded within its constitution with a report suggesting that over 95% of the country is of Christian faith (Office of International Religious Freedom, 2022). As a result, abortion amongst many is seen as murder and a sin. During my discussions with various religious leaders, I encountered many pro-life views. One priest in particular told me that in

his church, abortion was never an option, that of course he is pro-life. Instead he highlighted the prevailing sentiment that the community would raise any child when the mother could not.

Misinformation remains widespread, even in urban areas. Schools predominantly emphasize contraception as a means of preventing pregnancy, with little to no focus on options for students after they become pregnant. Parents and church officials often prioritize preaching abstinence, inadvertently neglecting the importance of providing comprehensive guidance and support for individuals facing pregnancy. Even worse, two teachers I spoke to, despite their pivotal roles in educating young women, have propagated harmful misinformation by incorrectly asserting that legal abortion does not exist in Zambia. This is supported by Geary's situational assessment study that also showed many people believed it was illegal in all cases and entirely unavailable to them in any clinic in the country (Cynthia Waszak Gearya, 2012). This misinformation has had severe consequences for those who believed it.

Notably, this false information has become deeply ingrained in the minds of young girls, as demonstrated by one girl who, despite participating in multiple sexual education talks and completing secondary school, erroneously believed that legal abortion carried a 50% mortality risk. Another girl provided me with the misleading information that abortion could lead to an incurable disease, a myth that a nun seconded. In Lusaka, another urban area of Zambia with similar socio-economic setting, only 55% of women knew that abortion could legally take place to save the mothers life (Jenny A Cresswell, 2016). The widespread prevalence of such misconceptions poses significant challenges in promoting informed choices and comprehensive reproductive health education for young women.

In the context of abortion, even individuals who possessed an understanding of its safety and legality often harbored deep-seated fears regarding the social repercussions associated with seeking abortion

care. Their concerns extended to the apprehension that someone within their community might spot them at the clinic, leading to potential judgments of their perceived sexual promiscuity. This fear of ridicule and judgment within their close-knit community served as a significant barrier to accessing abortion services.

A study conducted by Hendrickson further illuminates the challenges surrounding abortion access. The research revealed that a substantial 80% of healthcare facilities had staff members who opposed the provision of improved abortion services, potentially obstructing access to safe and legal abortion care. Another study found that, in two districts over in 2001, over 94% of nurse- midwives felt that abortion should not be legal for adolescents who become accidentally pregnant (Linnéa U Warenius, 2006). This moral disagreement sometimes is shown towards those attempting to access the care through their treatment. Despite a decline in the reported hostility of pharmacy staff towards customers, decreasing from 22% in 2009 to 10% in 2011 (Hendrickson C, 2), it is evident that the pervasive stigma and judgment associated with abortion persist as formidable obstacles in ensuring comprehensive reproductive healthcare for individuals seeking such services.

## **Conclusion**

In conclusion, motivations for teenagers to engaging in sexual activity vary significantly, both at the individual and interpersonal levels. At the individual level, some individuals may be driven by material gain out of necessity, while others may pursue it to enhance their social status. Particularly in urban areas, where wealth is typically greater, the quest for social standing can exert a notable influence on one's decision to engage in sexual activity. On an interpersonal level, the powerful force of peer pressure often leads to experimentation among teenagers, as individuals strive to fit in and be accepted among their peers by having a boyfriend and having sex. Interestingly, in the context of addressing

teenage pregnancy, the role of media access is noteworthy. Despite persisting rates of teenage pregnancy, media has emerged as an informal channel of information dissemination, challenging conservative family norms and providing adolescents with alternative perspectives and knowledge about sexual health and relationships. This shift signifies a potential avenue for positive change in mitigating the challenges associated with teenage pregnancy. In Zambia, abortion laws are relatively liberal compared to neighbouring Sub-Saharan nations, but significant barriers exist for teenage girls seeking pregnancy termination, including policy and community-level challenges. In Livingstone, access to abortion is comparatively better due to nearby facilities, yet religious beliefs, misinformation, and societal stigmas continue to deter many young women from considering abortion as a viable option, exacerbated by the prevailing Christian faith, widespread misinformation, and social taboos surrounding abortion care.

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